Call for new stories: Exploring the etiology of suicide in Iran (Causal layered analysis)

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Abstract

Background: Despite many studies on suicide, the causation remains ambiguous, and there is a necessity for new all-inclusive methodology. Causal layer analysis (CLA) is a relatively new technique to deeply explore the etiologies of suicide in Iran.

Methods: Causal layered analysis (CLA) combines empirical, interpretative, critical, and action research methods in comprehensive hierarchical layers of causality, like an iceberg. Layers begin from the first observable layer called litany to the deeper underneath layers, including systemic, worldview, and metaphor. In the litany layer, the general appearance of suicide in Iran was extracted through published evidence. In the systemic layer, observed quantitative results of litany was interpreted based on the short-term historical facts by conducting 30 semi-structured interviews with experts. In the worldview layer, 40 deep interviews with suicide attempt cases, 10 focus-groups among adolescents, and 20 semi-structured interviews with nurses and experts were conducted. In the myth and metaphor layer, the Persian poetry of the last century was studied and suicide notes and stories were reviewed.

Results: Three causal models of CLA 1 (self-burning of women as an objection to the closed society), CLA 2 (duality of parent's addiction- divorce), CLA 3 (suicide as a reaction to the identity crisis) were extracted.

Conclusion: Macrohistorical changes such as war, urbanization, and modernity have confronted the new the new generation with distinctive and unexpected realities in life, which are not similar to their dreams and old stories. Suicide is a reaction to this silent inner battle between old metaphors and new realities.

Keywords: Etiology, Suicide, Iran, Metaphor, World view, Causal layered analysis (CLA)

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Introduction

Despite the large number of studies on suicide since the 17th century, its causation remains almost unclear between conjectures of the 2 main fields of sociology and psychology. In 1897, a French sociologist, Émile Durkheim, wrote a book on the etiology of suicide. This was the first methodological work on suicide in Western countries in an era when the approach of positivity was predominant in the sphere of science. After studying the ecological data on suicide cases in different European countries with different cultures, ethnicities, religions, and geographies, he came to his novel theory based on 2 crucial factors: integration and law. High and low levels of integration and law could lead to one of the 4 types of suicide (1). More or less, sociologists after Durkheim have studied the causes based on his

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↑What is "already known" in this topic:
Social and psychological factors, including depression, unemployment, low education level, economic problems, familial quarrel, and addiction are the main known causes behind attempting suicide in Iran.

→What this article adds:
The deeper layers of worldview and metaphor for the etiology of suicide were explored. This study showed that macro historical events in the country have led to change in worldview and old stories. Suicide is the reaction of the new generation to the clash between old and new metaphors.

positivistic point of view. In contrast to sociology, psychologists as the second group who were highly concerned with the causality of suicide, tried to find the causes inwardly through mental and emotional assessment of the individuals. Edwin Shneidman, the founder of the American Association of Suicidology, considered the common purpose of suicide as an ending of human consciousness (2) and seeking a solution for their chronic psychological pains (3). Sociologists mostly refer to the outward social causes such as social capital (4-7), economic crisis (8-12), and education level (13, 14), while psychologists talk about its correlation with depression (15, 16), hopelessness (17, 18), religious beliefs (19), and cognitive distortions (20). Although scientists have studied the causality of suicide in different views, because of their methodologies, they looked at the problem with a horizontal view and had not gone deep into the subject to find the underlying roots. Consequently, in the 21st century, after conducting thousands of studies on the etiology of suicide worldwide, we see a high number of studies about suicide incidence and mortality in developed countries like the United States, Japan, and Korea (21). These modern countries have significant achievements in public health and controlling biological diseases, but they have trouble with the psychological dimension of humanity. Thus, in the present study, causal layered analysis (CLA) was used as a new approach in social epidemiology to explore the underlying causes of suicide in Iran.

Sohail Inayatullah introduced the causal layered analysis as a new methodology for future studies in 1998 (22). In his unique technique, Inayatullah combined empirical, interpretative, critical, and action research principles in one model, which is comprehensive and consists of the hierarchical levels of causality beginning from the first observable layers of the problem called litany to other deeper underneath layers which are systemic, world view, and metaphor (23). Data of empirically observed evidence from superficial levels were explained and questioned in the lower unconscious levels. His idea was based on the fact that how a researcher frames the problem, defines the results, and how to approach the solution. The hypothesis behind the causal layered analysis is that there are several layers to reality. CLA is a suitable approach for joining the past and future and is a method to create various ways of understanding (24).

Methods

This study consisted of several hierarchical layers; deeper layers explained the state of the upper layers and each one was measured through its approach. Then, results in different layers were linked based on CLA assumptions.

Litany layer: Causal layered analysis has a vertical view like an iceberg with the small observed peak called litany. This is the visible quantitative aspect of suicide, which is reported in mass media, journals, and magazines and includes incidence rates, subgroup prevalences, and time trend changes. To measure this layer, in the first step, all published evidence dealing with suicide in Iran were gathered and reviewed by searching in global databases, including ISI Web of Sciences, PubMed, Scopus, Google Scholar, and Iranian national databases, including SID, Magiran,

and IranMedex. After abstracting the papers and reports, key features of the epidemiology of suicide in Iran were extracted.

Systemic layer: In this layer, the observed quantitative data found in the litany layer are analyzed and interpreted according to the short-term historical facts, including social, political, economic, and cultural factors. A total of 30 personal semi-structured interviews were conducted with experts in sociology, psychology, health, religion, and Persian literature. The selected scholars were working in Tehran University of Medical Sciences, Tehran University, Tarbiat Modares University, Kerman University of Medical Sciences, Shahid Bahonar University of Kerman, Razi University, and Kermanshah University of Medical Sciences. The majority of interviewees were researchers in the field of suicide. A few days prior to the interview, an appointment was scheduled and the aims of the study were explained to them. On the day of the interview, after presenting the findings of the litany layer, the experts were asked about the causes of the current condition of suicide in Iran based on their point of view. All interviews were recorded and then wrote down on the paper to extract the main themes.

Worldview: This is the first unconscious layer of CLA, which clarifies the hidden discourse behind the systemic causes in the upper layers. This layer is also known as the layer of stakeholders. Values, ethics, and beliefs in these layers create a certain social state in the systemic layer. Routine studies do not deal with this layer and this layer always remains veiled. In this layer, 3 approaches are used to find the dominant discourse responsible for the social causes.

1. Deep interviews were conducted with suicide attempt cases in the burn and poisoning wards of the referral hospitals of the main western and central provinces of Iran as the riskiest regions of the country (Kermanshah and Kerman) for suicide attempt. After explaining the purpose of the study for the nurses and the patients, 40 interviews were conducted at the patients' bedside or at the nurses' stations. The participants were encouraged to share the problems that pushed them to commit such an act.

2. Focus groups were formed among adolescents from different ethnic backgrounds in Iran. Ten targeted discussions were conducted among university students aged 18-35 years who studied in different fields. After describing the objectives of the study, they were asked to explain their earlier experiences about suicide.

3. Semi-structured interviews were conducted with nurses and staff in mentioned hospitals wards and with experts of forensic medicine. Eighteen interviews were conducted with this group, and most of them had a long experience in working with suicide cases and believed that the characteristics of the patients' worldview had led them to commit suicide.

Myth and metaphor: This is the latest layer concerned with the deeper metaphors, stories, and traditions, with a long historical consequence.

The following steps were taken to realize the elements of this layer:

1: A part of the questions in the systemic layer concerned

metaphors, especially those produced by Persian literature scholars.

2: Reviewing the Persian poetry in the last century and old ethnic myths.

4. Studying suicide notes and stories on the web.

Analysis of the CLA in the following coding steps

Open coding: In this step, the main points were extracted as codes (concepts) from interviews, focus groups, and literature appraisals. The aim was to detect, name, classify, and label clues found in the text. Concepts were coded regardless of the layers of CLA.

Coding between the layers: After open coding, all extracted codes were classified between 4 layers of litany, systemic, worldview, and metaphor based on each assumption. In this step, based on some crucial factors, including gender, ethnicity, geography, level of social development, education, and level of modernization, the final model of CLA was built.

Coding within the layers: This process is similar to axial coding in grounded theory. The relation between concepts in each layer was considered to combine and select the most important concepts that showed the features of each layer more clearly.

Coding between the models: This model should cover the features of suicide nationwide, considering the vast geographical and ethnical diversity of the country. Therefore, the overall CLA model was divided into 3 unique models, and each had its unique components in its layers.

Validity: (Proper Procedure / Best explanation)

Peer coding method, which is essential for improving the rigor of CLA, was used. It was done by checking the appropriateness of models as well as components in each layer. Finally, the number and title of the models were decided and there was a need for a combination of the models or additional categories for some cases beyond the ultimate CLAs. Also, the rigor of our explanation for the results was checked using 2 techniques:

Opinion of participants (Credibility): Master and PhD students were part of the study samples in focus groups. After building the CLA models, a session with 15 students was held to find how they think about our interpretation and final CLA models and whether the models could explain the etiology of suicide in Iran with precision. At the beginning of the session, the assumptions behind the causal layered analysis, characteristics of each layer, how the study was conducted, and how final models have been constructed were described. We adjusted our explanations based on their feedbacks.

Expert opinions on suicide: In the final step of checking validity, the results of the study and our interpretation were sent to 8 experts in the field of social epidemiology, suicidology, and future studies. Two of the experts were part of our sample and were more familiar with CLA and research process. Based on their comments, our explanation and interpretation were improved. Our method of analysis was comparatively similar to the approach of Bishop and Dzidic (4) as a barely practical guide for CLA.

Results

After reviewing the published evidence, the overall findings of the first layer (litany) for the whole country were as follows:

Similar to Islamic countries, suicide rates are very low in Iran compared to the West or Southeast of Asia; however, this trend has changed and increased in the last decades. Western Kurdish-Lorish provinces have the highest suicide rates compared to the other regions of the country. There is a correlation between suicide rates and unemployment, low development, ethnicity, geography, and addiction. The 20-40 years age group are the high-risk group by some variation in different regions. Self-immolation is the problem of women in the west of Iran and among Afghan refugees in the Southwest provinces. Hanging, poisoning, and self-immolation are the most common types of suicide in Iran.

Based on our analysis, the CLA model of suicide among Iranians was divided into 4 unique CLA models, with each having its own characteristics in different layers and its interpretation.

CLA (1): Self-burning of women in tribal-based provinces: The most painful type of suicide in Iran is self-burning among young or early married women in the western provinces which predominantly belongs to the 2 ethnicities of Kurds and Lors. Tribal customs and cultural integrity are dominant among middle-aged people, while young women's beliefs about old values have been changed by media. Low education, living in rural regions, conflicts between parents and their children, and marriage among young people are the main factors in this model.

A 25-year-old married woman living in a remote village said: "*My husband beats me frequently in front of others. Besides beating, he also insults me. It is very tragic when no one loves or supports you. Once, when I had an argument with my husband and I returned to my father's house, he disappointed me. He told me to never come back to his house again when I have problems with my husband. He told me I should listen to and obey my husband* ".

There is an exaggeration in reports by the mass media, and it causes sympathy among the families. In this model, based on the Durkheim's theorem, the main reason for self-burning is that there are too many customs in traditional societies. In the systemic layer, it was found that macro social changes such as the long war between Iran and Iraq and large immigration from small villages to big cities are the main elements of mental problems such as suicide. In the worldview layer, there is a transformation from the old style, closed, tribal-based society to a more open, self-independent, and supporting freedom of choice society in the modern world. In the last layer (myth and metaphor), old metaphors which supported limited social rules for women are against the new reality. There is a battle between dominant old stories and the new altered realities. The main components of each layer are summarized in Table 1.

CLA (2): Duality of parent's addiction- divorce: The second model of the causality of suicide in Iran showed itself through the 2 most significant social problems: substance abuse and divorce between parents of the young generation. The most common methods of suicide among these young men, who are mostly in the 18-35 years age groups,

Table 1. Components of different layers of CLA (1): Self-burning of women in tribal-based provinces

Litany	The increasing rate of suicide attempts, 18-30 age group, hanging and poisoning, addicted parents, unemployment, poverty, and low education level Anomic type of suicide Government should take necessary measures to reduce suicide rates
Systemic causes	Iran-Iraq war Imigration to major cities, poverty Immigrating from homogenous small villages and cities to heterogeneous big cities, a large gap between social classes Easy access to narcotic substances Decrease in the power of fathers over their families
Discourse/worldview	The tribal values demolishing in new families The decrease in social trust A wealthy man is the best choice for marriage in the new society.
Myth/Metaphor	The son is the light of the family and should always shine Man should not cry (denying their chronic mental problems) Money is better than knowledge Only think of your interests A real man should always work (feeling of shame for unemployment) Be a hero like Rostam (an Iranian version of superman) Hope to see one's funeral day and to see all family grieve Deep regret (Death is better than life.) A high tendency towards individualsim (fear of the society)

are hanging and gunshot. Almost all cases suffer from unemployment and dropping out of school. The majority of them belong to crowded families with a low level of social network and integration. They came to major cities from their native land looking for better income and more comfortable life after the Iran-Iraq war.

A 26 year-old man said: "*My older brother is addicted and his wife has divorced him. The majority of people in my village are addicted. Suicide is prevalent there because of unemployment and poverty. Employment gives value to a man and unemployment destroys his pride. We decide to use narcotic drugs to flee from the misery of life. For me, death is much better than this life. My father says he is very unhappy that I am his son and he is disappointed in my lack of achievements. My Lord, why is there injustice in my life?*"

In the first layer (litany), high suicide attempts were found among broken families. Low levels of income and education are the other key factors of this type of suicide in Iran. Systemic causes underlying this anomic type of suicide (based on Durkheim classification) are mainly related to immigration from villages or small towns to big cities

after the Iran-Iraq war, which have led to disappointment and family disintegration. In the metaphoric layer of CLA, there is a battle between old respected myths and the new stories about life. In the old myths, young sons were seen as the treasure to the family and powerful creatures who should never cry. Such burdens impose heavy responsibility on them, while the achievement of such goals in the new society is not so easy. The consequence of such a significant social change shows itself as depression and suicide in the young generation and divorce or addiction among the parents (mainly fathers). Fathers in old rural societies had power and control over the whole family; however, now, they have lost their dominance. More characteristics of each layer are presented in Table 2.

CLA (3), Suicide as a reaction to an identity crisis in the metropolis: The third type of suicide in Iran is almost restricted to the new generation in major cities. This group did not grow in a closed family like those in traditional families. Furthermore, they did not have a financial problem nor suffered from unemployment. On the contrary to the above models, individuals categorized in this model have total economic welfare. This group uses softer methods for

Table 2. Components of different layers of CLA (2): Duality of parent's addiction- divorce

Litany	The increasing rate of suicide attempts, 18-30 years age group, hanging and poisoning, addicted parents, unemployment, poverty, low education level Anomic type of suicide The government should develop and impliment plans to reduce rate of suicide
Systemic causes	Iran-Iraq war Imigration to the major cities, poverty Immigrating from homogenous small societies to heterogeneous big cities, and the large gap between social classes Easy access to narcotic drugs Decrease in the power of fathers over their families
Discourse/worldview	Demolishing tribal communities and their values The decrease in social trust A wealthy man is the best choice for marriage
Myth/Metaphor	Boys are the apple of the eye of the family and should always shine Men should not cry (denying their chronic mental problems) Money is better than knowledge Think only of your interests Working gives value to a man Be a hero like Rostam (Iranian version of superman) Hoping to see one's funeral day when all family grieve over such a loss (Deep regret) Death is better than life A high tendency towards individualism (fear of the society)

suicide because of having knowledge and access to modern drugs. In this generation, old Islamic principles and values are seen as useless rules for life, and in contrast, the Western values are accepted deeply. These are the key features of the 2 upper layers (litany and systemic).

Sadegh Hedayat (an Iranian writer): "*In life, there are certain wounds that, like leprosy, crack the soul in solitude and whittle it down. One cannot speak about these pains to others. Because people are accustomed to attribute these incredible pains to rare and strange happenings. If someone speaks or writes about them, in view of their own prevalent beliefs, people try to interpret them with mocking and incredulous smiles*" (2).

Worldview: This population is deeply impressed by the Western existential worldview through the written materials of Iranian writers and poets in recent decades. On the contrary to Muslim worldview, the poet mentioned below has depicted future for the younger generation as a dark and meaningless chaos. Such authors doubt about the existence of God and other pillars of the Islamic teachings like prophethood. This type of worldview does not invite one to face life's problems but suggests that giving up is the only choice.

Mehdi Akhavan-Sales: "*I am like a storyteller who tells the horrible and gloomy stories, stories with thousands of gardens of regret and moaning, I spend my days like stepping the old yellow leaves down the abused moments.*" "*Only the lover knows the love, only I know the life, I have seen its high and low. Spit on its face, curse on its meaning*" (6).

Myth and metaphor: Pseudo-mystical thoughts are coming from Hindu and Buddhist thinkers that have affected the mind of some in this generation. Compared to Abrahamic religions, they tell the story of life in quite a different way. Therefore, they feel and live like a stranger in the society. Additional characteristics of each layer are presented in Table 3.

The combination of 3 CLAs: It is hard to define all suicide cases only based on one of the 3 models above because there are some similarities and overlaps between patterns in the layers. Eight years of war between Iran and Iraq is a crucial factor which fertilized the ground for psychological problems and suicide, and led to immigration and an enormous change in the traditional lifestyle in the Western provinces. This is a common condition for CLA1 and CLA2 models in some layers. For example, in 2 models, harmonious societies with similar values of life among all members have changed into complex societies in major cities (Fig. 1).

Table 3. Components of different layers of CLA (3): Suicide as a reaction to identity crisis

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Litany	The high prevalence of depression, suicide attempt in transgenders, remaining single until old ages. Egoistic type of suicide, decreasing trend of happiness, and generally high education level
Systemic causes	Social network as a chemical bomb (long-term and chronic effect) Immature personality (growing in total welfare) Being affected by Western values in the big cities Decrease in the level of social cohesion and cultural integration
Discourse/worldview	Postmodern Nihilism A shift from the Islamic worldview to Western secularism Individualism vs humanism Identity Crisis From traditional music to the Western types The loneliness of existentialist worldview Accepting secularization as a separation of religion from science Tendency toward fake mysticism
Myth/Metaphor	From traditional homes and safe neighborhood to huge apartments with strangers as neighbors (change in architecture) The Western motto of life: The duality of winning or losing life. Westernization is the only way for development and should be gone (world destiny). Life is a delusion From the old romantic story of grandmothers to new horrible movies
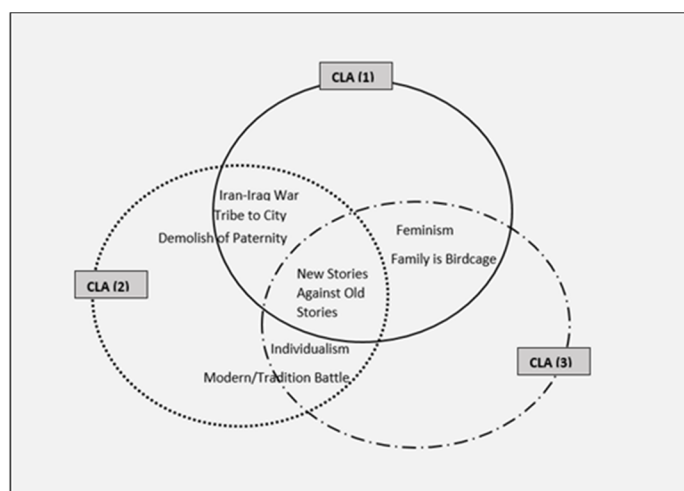
Fig. 1. Overlaps between 3 main CLA models of suicide in Iran in some layers

New Western values and philosophy of life have affected the young women and men through mass media and academic teaching. In this case, people in CLA1 and CLA3 had been affected more or less by the new beliefs in the same way. Alternatively, individualism could be the same worldview among citizens in CLA2 and CLA3. The common issue for all 3 models is the shift from old stories of life to new ones. There is a battle between these 2 different paradigms or system of living regarding worldviews and metaphors.

Other types of suicide: Three defined models of CLAs covered characteristics of the most common types of suicide cases, and there are exceptional circumstances beyond this classification, which need attention. Therefore, we have clustered all other types of suicide in this category. Love failure is a conventional example of such cases, which is common between all 3 defined models and has occurred in various conditions. Another example is attempting suicide by individuals whose private photos or videos have been distributed on the web or social networks. Furthermore, there are many cases of suicide among military personnel, which has its risk factors and causes.

Discussion

The basic findings of this study presented causality of suicide in Iran through a new etiological approach with different hierarchical layers and broke down the overall structure into 3 unique patterns based on causal layered analysis. To explore the deep unconsciousness layers of causation, the phenomenon was not just explained through the horizontal dimension using psychological and sociological theories, but it went deep into the subject vertically through macro historical analysis. Furthermore, for the first time, the new methodology of causality was applied in the field of social epidemiology.

The main findings can be summarized as below:

Rapidly moving toward urbanization and the effects of the Iran-Iraq war have changed the natural structure of living in the Western part of the country and have led to a radical shift in the family structure and role of parents.

The new reality of life is not consistent with the old stories and metaphors. Therefore, it causes an inner battle between old stories and the new reality.

Globalization or, more specifically, westernization in worldview and defining the final purpose of life has obsessed the new generation with a sense of loneliness and hopelessness.

Old stories and metaphors have been wiped out. Therefore, poets and storytellers should tell the new stories or recite the old stories in a new way.

The battle between stories: Self-burning of young women is a unique feature of suicide in Iran. Previous studies argued that family conflict (25) and cultural context (26) are its predisposing factors. In other studies, self-burning of young women was seen as a complex problem (27). When considering the causal layered analysis, the 2 following questions come to mind: (1) What types of worldviews support this type of suicide? (2) What kinds of metaphors are feeding such a painful decision?

Old traditional culture has its typical form of thinking and

values that are supported by the tribal community, while the new generation of young girls are occupied by the new values which come from the major cities or social networks. Therefore, there is a silent battle between 2 divergent worldviews, each having its metaphors. For example, in a tribal-based small community, all men and women should obey the rules and try to leave their desires to satisfy basic principles of the family and society, while in the new world, egoism is the dominant factor, and it stands against the society in some aspects. Consequently, there will be a quiet, inward clash between 2 systems of thought. In the old worldview, parents see their girls as part of the family, and they should obey the traditional rules in their personal decisions such as marriage and social interaction, but for the new generation, all these principles are seen as a limitation against their free will. This is the main root of the problem which shows itself in the upper levels of a family conflict and clash between young couples.

Another key aspect of self-burning, which distinguishes it from other types of suicide is a dramatic objection to the solid rules of the society so that the person tries to reveal her/his long-term suppressed feeling in a way which shocks the whole society. This phenomenon has been observed in other societies such as self-burning of a young Tunisian man (Mohamed Bouazizi) to protest against the political power at the beginning of the Arab Spring; and other places (28, 29). According to Durkheim theory, this type of suicide could be classified as an altruistic suicide, in which the person tries to attempt suicide when the society has too many rules against individual freedom (30). In the metaphor layer, there is a kind of clash between the 2 classes of stories about life. Unlike the traditional view, the new emerging worldview has metaphors that support individualism and independence. For example, in an old story, separation of couples was the worst scenario in marital life. Therefore, women tolerated most of the problems to save their marriage, while nowadays there are no such restricted red lines for free egoistic decisions of couples. Based on the interpretation of experts in this study, the increasing rate of divorce in Iran, has decreased the rate of suicide in this population. A recent study showed a silent change in the feature of suicide among Kurdish women in the west of Iran. The pattern has transformed from the old feature (most rural, illiterate, and self-burned) to the new one (most urban, highly educated, and hanging) (31). Rezaeian, one of the prolific authors in the field of suicidology, recently has pointed to the geographical belt of self-immolation among young married illiterate women in Asian countries, including India, Bangladesh, Sri Lanka, Pakistan, Afghanistan, Iran, and the Kurdish Regions of Iraq (32). He calls for exploring the social issues to find the common causes among these countries.

The rise of urbanization and change in the meaning of life as a dilemma: In CLA (2), the 2 most significant visible problems of suicide attempters were parents' addiction and divorce. Such circumstances take place in the regions of the country with high rates of migration from villages to major cities. Possessing robust and clear principals about the meaning of life is the vital issue protecting humankind

against challenging spiritual situations (30, 33). This protective element shows its power in difficult circumstances, where patients with an incurable illness try to commit assisted suicide (34). Studies have demonstrated that urbanization increases the suicide rates as a consequence of an interruption in the social support and the consistency of family relations in the community (35). In the case of Iran after the revolution in 1979, the rate of urbanization increased and reached 71.4% of the population in 2011 (36). This substantial change in the structure of demography indicates a significant transformation in people's lifestyle, education level, worldview, income, and social status. With such a dramatic movement from rural life (majority nomadic) to major cities, people saw themselves in a new atmosphere which was rather different from their natural birthplace regarding spirituality, family relationship, social support, community values, and meaning of life. This transition has changed the family members' occupation from respected independent farmers to workers or the sellers working for others. Furthermore, along with a change in the style of living, the worldview and the metaphors of life had evolved silently. In the new system, they are far from the natural environment, warm tribal community, and the family. In the new environment, the social values and the moral principles are more or less strange for them. They find themselves living in a strange land. The youngest and the oldest generation have been affected more than the other age groups by this fundamental change. Therefore, they get more upset emotionally and psychologically. Although other studies have supported this inference and show that migration or change of habitation increases the risk of suicide, especially for middle age people (37), they did not find deeper layers of its causation.

Demolishing paternity in the typical Iranian families: Another crucial aspect of the change in the structure of families is immigrating from small villages to major cities. Another fact, which helps to find the causes of increased rate of suicide is destroying the substantial role of men or fathers in typical Iranian families. Parents have a protective role in supporting their children spiritually (38, 39) and any problem prevents the achievement of their duty, influencing the healthiness of children and their personality. Paternity had a pivotal role in solidarity with nomadic families, which legitimatized and controlled the consistency of families. Such a transition to the urban areas helps to alleviate the function of the fathers in the family and leads to the weakness and inconsistency of the relations in their new arrangement. Consequences show themselves in the form of a familial and personal problem, including a quarrel among family members, the clash between parents and children, unemployment, addiction, and depression, which predispose social conditions toward despair and increase the susceptibility of people for attempting suicide.

Identity crisis: Identity crisis and obscurity in the meaning of life in the Western civilization have affected the Eastern civilization, particularly Muslim countries, silently through translated literature of the Western educated intellectuals in the last century. Secular culture, is an educational system which has defined humanity as a developed generation from nature and denies spiritual dimensions of life. It also rejects the existence of the Almighty God and ultimate purpose of life. Iranian thinkers, especially new poets, have been affected by such a critical worldview and its metaphors. Unlike famous Persian poets like Saadi and Rumi, in this period, poets spread the spirit of grief, worthlessness of existence, and emptiness of life.

Moreover, modern Iranian thinkers were impressed by the Eastern Hindu-Buddhist view about the existence of God and nature of life. The main concept of this teaching is pantheism, which introduces the existence of God and his relationship with humanity that contradicts Islamic teachings. Briefly, in this worldview, life is a painful phenomenon, and God is nothing but the whole physical world. Between the Western and the Eastern invasion of worldviews, our new generation is living in an atmosphere which could be known as a climate of emptiness and hopelessness. For such reasons, studies have shown the low level of quality of life and social relationship between students in the best Iranian universities (40). These young students have a high social respect and future job opportunity. However, they are suffering from a sense of disparity in life. This can be explained by weakness in religious teaching for the new generation. Religion has a protective power against suicide. However, its influence differs in different cultures and contexts (19, 41, 42). Durkheim discussed the effect of religious confession on suicide rates by showing that Jews and predominantly Catholic societies have a lower rate of suicide compared to Protestants (1). In contrast to the Western countries, in Iran, mental illness is not the main factor for attempting suicide (43). This indicates that the civilization of the West is the origin of such mental problems, and it came to the Eastern countries like an epidemic disease. The new generation needs to be prepared for such a huge change (44) because attempting suicide is a reaction to this stressful state of mind.

Limitation: This study, as a part of a Ph.D. thesis, did not cover all provinces and the causal models merely explain the dominant cases of suicide in Iran, and not all the cases (45).

Conclusion

Rapid shifts in the rate of urbanization and macro historical events in politics as well as the effect of the Western civilization on Iranian poetry and literature have led to fundamental shifts in the social and familial values in addition to change in the meaning of life. As our younger generation have not been prepared spiritually for such a macro social change, they have come to find themselves lonely and hopeless against such a terrible wave of change. The solution for this historic change is not only the duty of the governments, but demands collaboration of religious men, poets, writers, and storytellers to retell the story of life in a new perceptible way for the young generation.

Conflict of Interests

The authors declare that they have no competing interests.

References

1. Durkheim E. Suicide: a study in sociology [1897]. Translated by JA Spaulding and G Simpson (Glencoe, Illinois: The Free Press, 1951). 1951.
2. Shneidman ES. The suicidal mind: Oxford University Press, USA; 1998.
3. Shneidman ES. Commentary: Suicide as psychache. J. Nerv. Ment. Dis. 1993;181(3):145-7.
4. Kelly BD, Davoren M, Mhaolain AN, Breen EG, Casey P. Social capital and suicide in 11 European countries: an ecological analysis. . 2009;44(11):971-7.
5. Okamoto M, Kawakami N, Kido Y, Sakurai K. Social capital and suicide: an ecological study in Tokyo, Japan. Environ Health Prev Med. 2013;18(4):306-12.
6. Recker NL, Moore MD. Durkheim, social capital, and suicide rates across US counties. Health Sociol Rev. 2016;25(1):78-91.
7. Smith ND, Kawachi I. State-level social capital and suicide mortality in the 50 U.S. states. Soc Sci Med. 2014;120:269-77.
8. Chan CH, Caine ED, You S, Fu KW, Chang SS, Yip PS. Suicide rates among working-age adults in South Korea before and after the 2008 economic crisis. J. Epidemiol. Community Health. 2014;68(3):246-52.
9. Dumitru M, Constantin B. The effects of the last global economic crisis on the suicide rate in Europe. Eur. Psychiatry. 2016;33:S111.
10. Gunnell D, Platt S, Hawton K. The economic crisis and suicide. BMJ. 2009;338:b1891.
11. Masedo-Gutierrez AI, Moreno-Kustner B. Economic crisis and mortality by suicide: two concepts hard to link. Eur. J. Public Health. 2015;25(5):900.
12. Vlachadis N, Vlachadi M, Iliodromiti Z, Kornarou E, Vrachnis N. Greece's economic crisis and suicide rates: overview and outlook. J. Epidemiol. Community Health. 2014;68(12):1204-5.
13. Leenaars AA, Wenckstern S. Suicide prevention in schools. New York; London: Hemisphere; 1991. xvii, 268 p p.
14. Rachiotis G, Stuckler D, McKee M, Hadjichristodoulou C. What has happened to suicides during the Greek economic crisis? Findings from an ecological study of suicides and their determinants (2003-2012). BMJ Open. 2015;5(3):e007295.
15. Groff EC, Ruzek JI, Bongar B, Cordova MJ. Social Constraints, Loss-Related Factors, Depression, and Posttraumatic Stress in a Treatment-Seeking Suicide Bereaved Sample. Psychol. Trauma. 2016.
16. Kroning M, Kroning K. Teen Depression and Suicide, A SILENT CRISIS. J Christ Nurs. 2016;33(2):78-86.
17. Kleiman EM, Law KC, Anestis MD. Do theories of suicide play well together? Integrating components of the hopelessness and interpersonal psychological theories of suicide. Compr. Psychiatry. 2014;55(3):431-8.
18. Rosellini AJ, Bagge CL. Temperament, hopelessness, and attempted suicide: direct and indirect effects. Suicide Life-Threat. Behav. 2014;44(4):353-61.
19. Wu A, Wang JY, Jia CX. Religion and completed suicide: a meta-analysis. PloS One. 2015;10(6):e0131715.
20. Jager-Hyman S, Cunningham A, Wenzel A, Mattei S, Brown GK, Beck AT. Cognitive distortions and suicide attempts. Cognit Ther Res. 2014;38(4):369-74.
21. WHO. WHO Mortality Database Geneva: WHO; 2016 [Available from: http://apps.who.int/healthinfo/statistics/mortality/whodpms/.
22. Inayatullah S. Causal layered analysis - Poststructuralism as method. Futures. 1998;30(8):815-29.
23. Inayatullah S. The causal layered analysis (CLA) reader. Theory and Case Studies of an Integrative and Transformative Methodology. 2004.
24. Inayatullah S, Wildman P. Futures Studies: Methods, Emerging Issues and Civilisational Visions: Prosperity, Press; 1999.
25. Ahmadi A, Mohammadi R, Schwebel DC, Yeganeh N, Soroush A, Bazargan-Hejazi S. Familial risk factors for self-immolation: a case-control study. J Womens Health (Larchmt). 2009;18(7):1025-31.
26. Rezaie L, Hosseini SA, Rassafiani M, Najafi F, Shakeri J, Khankeh HR. Why self-immolation? A qualitative exploration of the motives for attempting suicide by self-immolation. Burns. 2014;40(2):319-27.
27. Ahmadi A, Mohammadi R, Stavrinos D, Almasi A, Schwebel DC. Self-immolation in Iran. J Burn Care Res. 2008;29(3):451-60.
28. McGranahan C, Litzinger R. Self-immolation as protest in Tibet. Cult. Anthropol. 2012.
29. Aliverdinia A, Pridemore WA. Women's fatalistic suicide in Iran: a partial test of Durkheim in an Islamic Republic. Violence Against Women. 2009;15(3):307-20.

30. Heisel MJ, Flett GL. Do meaning in life and purpose in life protect against suicide ideation among community-residing older adults? Meaning in positive and existential psychology: Springer; 2014. p. 303-24.
31. Heidari M, Khanjani N, Haghdoost A. Silent Change of Suicide in the West of Iran (Kermanshah): Joinpoint Regression Analysis. IIran Red Crescent Med J. 2017(In press).
32. Rezaeian M. The geographical belt of self-immolation. Burns. 2017.
33. Fitzpatrick JJ. Preventing suicide: developing meaning in life. Archives of psychiatric nursing. 2009;23(4):275-6.
34. Little M. Assisted suicide, suffering and the meaning of a life. Theor Med Bioeth. 1999;20(3):287-98.
35. Boor M. Relationship of 1977 state suicide rates to population increases and immigration. Psychol Rep. 1981.
36. Center IS. Genaral Population and housing census Iran 2016 [Available from: http://www.amar.org.ir/].
37. Yiannakoulias N, Sanchez-Ramirez D, Svenson L, Voaklander D. A cohort study of regional migration and the risks of attempted suicide and violent assault injury. Inj. Prev. 2016 Dec 1;22(6):407-11.
38. Duara R, Chukkali S. Role of Parental Attachment and Family Connectedness as Protective Factors against Suicide among Early Adults. Int J Physic Soc Sci. 2013;3(4):14.
39. Sharaf AY, Thompson EA, Walsh E. Protective effects of self-esteem and family support on suicide risk behaviors among at-risk adolescents. J Child Adolesc Psychiatr Nurs. 2009;22(3):160-8.
40. Heidari M, Majdzadeh R, Pasalar P, Nedjat S. Quality of life of medical students in Tehran University of Medical Sciences. Acta Med Iran. 2014;52(5):390-9.
41. Ali-Akbar Haghdoost M. Risk and protective factor for suicide attempt in iran: A matched case-control study. Arch Iran Med. 2015;18(11):747.
42. Baneshi MR, Haghdoost AA, Zolala F, Nakhaee N, Jalali M, Tabrizi R, et al. Can religious beliefs be a protective factor for suicidal behavior? A decision tree analysis in a mid-sized city in Iran, 2013. J Relig Health. 2016:1-9.
43. Chen YY, Wu KC, Yousuf S, Yip PS. Suicide in Asia: opportunities and challenges. Epidemiol Rev. 2012;34:129-44.
44. Safari R, Khanjani N, Najafi F. Self-immolation causes and preventive strategies from the viewpoint of healthcare providers: A qualitative study. J School Pub Health Institute Pub Health Res. 2015;12(3):37-51.
45. Heydari M. Etiology of suicide in Iran: Causal layered Analysis: School of Health, Kerman University of Medical Sciences, Kerman, Iran; 2017. (Doctoral thesis)