

Post Facto Denial of Suicidal Intent in Suicide Attempts by Self-Burning in Kurdish Women

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Abstract

Introduction: A wave of suicides by self-burning in young to middle-aged women was recently observed by medical staff in the ethnically Kurdish region of Northern Iraq.

Materials and Method: The present study evaluated 15 female Kurdish patients (average age 26.7 years, SD=8.8) hospitalized for severe burns in that geographic region.

Results: The area of the afflicted body surface ranged from 17% to 100% (average at 49.4 %, SD=26.7). The severity of the burns was determined to be of 3rd degree in 11 of 12 patients for whom these ratings were available.

While medical staff rated the burns in 14 of the 15 women (93.3%) as self-inflicted, only two of these patients (13.3%) admitted that their burns were intentional.

Discussion: Perhaps these patients' denial was an attempt to avoid social or religious sanctions because Islam considers suicide as a major sin. Suicidal immolation has been more extensively studied in the neighboring Iran where it was also observed more frequently in females. Self-immolations are certainly not unique to the Middle-East as shown by a meta-analytic review by Thombs and Bresnick on US patients.

Conclusion: Suicides by self-burning observed in this sample of Kurdish women were mostly of a very severe nature (3rd degree burns) and involved predominantly young married women.

Keywords: suicide, self-immolation, 3rd degree burns, denial

INTRODUCTION

Self-burning is a very violent method of suicide which may involve cultural factors. For example, a few decades ago, culturally motivated self-incineration of young women in India had been documented in connection with dowry or marital problems [1]. In the past, Husni's study [2] surveyed political views of refugees from Kurdistan, i.e., from the region where self-immolations occurred as a form of political protest against the oppression of Kurds during the rule of Saddam Hussein. At that time, the majority of Kurdish

refugees (74.1%) indicated that they did not expect self-burnings to help obtain freedom for Kurdistan. It is also noteworthy that, at that time, almost all political self-immolators in this ethnic group were males.

In more recent years, physicians in Kurdistan have become increasingly aware of an epidemic of suicides by self-burning among young females in the Kurdish region of Iraq. A recent study of suicides by self-burning in the neighboring regions of Northern Iran by Ahmadi's team [3] also noted a preponderance of women among the self-immolators (70.3% of 101

patients in the Burn Care Centre of Zare's Hospital). Fathollahi's study [4], published in 2018, also reported a higher rate in females (70.4%), especially among those young and married (i.e., in the age group of 15 to 24 years).

A meta-analysis by Parvareh's team [5] of suicidal self-immolation in Iran, published in 2018, encompassed twenty-nine published studies and the total of 5717 patients. The estimated average age of individuals who attempted self-immolation was 27.3 years. Women accounted for 70% of the patients. The presence of mental disorder was noted in 19% of these self-immolators.

Another Iranian study [6] published in 2019 determined the prevalence of suicidal immolation as 4.5 per 100,000 persons, with mortality in 62.1% of the burned patients. Mental health issues and family problems were cited as probable causal factors.

Very little is known about these unusual cases within the Kurdistan region of Iraq and about their particular socio-demographic and psychiatric background. This is the first attempt at collecting relevant clinical data.

MATERIALS AND METHOD

Medical staff of a burned unit of a general hospital in the Kurdish section of today's Iraq evaluated 15 female patients hospitalized for severe burns and compiled demographic data on these patients, the ratings of the degree of burns, and data on the percent of burned body surface. The medical staff also provided their evaluation of whether they judged the burn to be accidental or intentional.

RESULTS

All except two of the patients claimed their burns were accidental: only two admitted their burns were intentionally self-inflicted. In contrast, almost all (14 of 15) of these female patients were rated by medical staff on the basis of available contextual and collateral evidence as suffering from self-inflicted burns, presumably in a suicide attempt.

Four of these patients were diagnosed with depression, one with another chronic mental illness, one with borderline personality, and the diagnosis of the remaining patients remained unknown.

The degree of burns was determined on 12 of the 15 patients: all of these were rated as 3rd degree burns, except for one patient whose burns were 2nd degree.

The area of the afflicted body surface ranged from 17% to 100%, with the average at 49.4 % (SD=26.7).

The age ranged from 18 to 44 years (average at 26.7 years. SD=8.8).

Most of these patients were married. Only three of the 15 were single and one was widowed. Five (33.3%) had no formal education, seven (46.7%) had only primary grade school, and 3 (20%) had a secondary school. All were Kurdish Muslims, except for one Christian.

All except four were housewives: those remaining four were a school employee, a student, a cleaner, and a peshmerga (a female Kurdish soldier).

DISCUSSION

Suicidal self-immolations are not unique to the Middle-East. Thombs and Bresnick [7] conducted a meta-analysis of data from the National Burn Repository that covered 70 burn centers within the USA. Their study involved 30,382 US adult patients of whom 593 were admitted with self-inflicted burn injuries between 1995 and 2005. With respect to sociodemographic trends in Europe, a study in Finland [8] reported higher incidence of suicidal self-immolation among the unemployed (28.2 versus 12.9%) and persons on a disability pension (30.8 versus 7.1%). In Tunisia, the rates of self-immolations have been observed to increase over the recent years [9].

Particularly noteworthy in the present study of Kurdish patients is the discrepancy between these patients' self-reports and the staff ratings of suicidal intent. Only two of these 15 ladies (13.3%) at least once described their burns as self-inflicted, however, the staff rated 14 of the 15 patients (93.3 %) as experiencing intentional burns. Of the two ladies who at least once admitted that their burns were intentional, only one did so consistently over time. This was an illiterate and less affluent woman who reported that she was angry at her husband and mentioned that she burnt herself because "she was working while he did not."

As already mentioned here, medical ratings classified the burns of most patients in this study as reaching the 3rd degree, i.e., with damage that progressed to the point of skin death, leaving the skin insensitive. The severity of their suicide attempts is also shown by the fact that their burns involved, on the average, approximately half of the entire body surface. Islam views suicide as a major sin. Suicide has not been culturally approved in Kurdistan, except in the past as

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a public political protest against ethnic oppression by Saddam Hussein (see Husni et al. [2]). It is possible that the denial of the suicidal intent was motivated by a wish to avoid social or religious censure.

CONCLUSIONS

At this time, suicides by self-burning in Northern Iran and in Kurdistan occur more frequently among young married women. There is a need for a preventive intervention by the public health system to provide psychotherapeutic counseling services, e.g., via social workers, to reach out to and help those young females who struggle with emotional difficulties and with the challenges of cultural adjustment to their married roles.

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