



AT THE BRINK OF DEATH: UNVEILING THE REASONS AND FEELINGS OF HIGH SCHOOL STUDENTS WITH SUICIDAL TENDENCIES

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Abstract

This study focused on the lived experiences specifically the reasons and feelings of the high school students with suicidal tendencies. Precisely, through the use of the qualitative-phenomenological method of research, it determined the perceptions of the informants, their reasons for attempts, and their feelings after their suicide attempts. This was conducted in Colon National High School, Brgy. Colon, Maasim, Sarangani Province, and had requested three (3) high school students, and since they are minors, parental consent was secured. The data gathered were subjected to consolidating, reducing, and interpreting of what the informants had said, and what we had seen and read thereby making a thematic analysis. With the findings of the study, it was revealed that the informants, being hopeless in life, thought of suicide as their easy way to escape from their problems especially when it concerns their family. Also, it was revealed that they were depressed and emotionally pained as their reasons for attempting to commit suicide, and the informants felt guilty for what they did. Hence, a program called SAVE LIFE is therefore recommended to be implemented in the school in order to buttress the intervention or strategy in combatting the increasing number of suicide attempts among the youth nowadays.

I. Introduction

"The youth is the hope of the fatherland." - Dr. Jose P. Rizal

This assertion of our great national hero has been our basis and our drive to keep our hope in our youth being considered as the treasures of the nation and the prime movers towards nation-building. Our nation looks up to them as its future leaders. However, the increasing tendency of suicides poses a threat to the future of humanity as such. The problem of suicide amongst youth is taking unprecedented dimensions in modern times, especially in our country- The Philippines. Suicidal tendency is the attempt to intentionally take one's own life (Quintos, 2017).

Additionally, in the study of Quintos (2017), the results showed that roughly one in every ten Filipino youth aged 15 to 27 years old have thought of ending their life through suicide before, though only around one in every twenty pushes through with an actual attempt. When they do attempt to commit suicide, this is most frequently because of problems in the family, and they utilize a violent method of suicide in the form of slashing of the wrist(s) or the non-violent method of ingesting poisonous substances. Nevertheless, overall, the use of violent methods is more prevalent. When it comes to the factors correlated with suicide ideation and suicide attempts, this study found significant relationships between integration in the family and suicide. The study emphasizes the importance of a strong relationship between the youth and the other members of the family to curb the probability of suicide.

In Colon National High School, the number of students with suicidal tendencies seems to be undeniably a pressing dilemma. From the Guidance Counselor's record, it was noted that the ones who committed suicide were those whose personality is weak to face problems, and their suicidal behavior resulted from their disengagement from loved ones more importantly their family. Further, they were observed to be a loner and did not even care enough to share their problems with others.

Considering this issue, we, the researchers were pressed to conduct a qualitative study focusing on the reasons and feelings of the high school students in our school in order to save the life of the students through the possible solutions we consider beneficial.

Research Questions

In this research, it found out the lived experiences particularly the reasons and feelings of Colon National High School students who have suicidal tendencies. Specifically, it provided answers to these questions:

1. What are the perceptions of the informants regarding suicide?
2. What are their reasons for attempting to commit suicide?
3. How do they feel after they attempted to commit suicide?
4. What save-life program could be formulated out of the results of the study?

II. Brief Review of the Literature

Concept of Suicidal Tendency

According to Berman and Cohen-Sandler (2015), adolescent suicide risk behaviors are one of the major mental health problems which cause death among youths between 15 and 24 years of age and have been increasing in number over decades globally. Adolescence is a period of life changes and most teenagers struggle with issues such as independence and developing a sense of identity and a system of values and responsibilities. May (2016) added that these struggles manifested in the high incidence of non-fatal self-harm in this age group worldwide.

Moreover, most studies on teenage and adolescent suicide have been focused on living subjects as such lack of standardized definitions of different suicidal behaviors, bias in selection, and ignoring control groups have led to inconsistent findings (Berman and Cohen-Sandler, 2015). Chesley and Loring-McNulty (2015) recommended that in order to avoid misinterpretations, specific life-threatening behaviors studied should be clearly well-defined, and that different forms of self-destructive behaviors – suicide ideation, suicide attempts, and completed suicide –should be studied separately.

Reasons for Suicidal Tendencies

Suicidal behavior is very complicated. A lot of factors affect suicidal behavior which is grouped into four key main areas: health systems, society, community, relationships, and individual. The societal factors are access to means, inappropriate media reporting, and stigma associated with help-seeking behavior. Community factors are disasters, wars, conflicts, stresses of acculturation and dislocation, discrimination, and trauma or abuse. Relational factors are the sense of isolation and lack of social support. Individual factors are previous suicide attempts, mental disorders, harmful use of alcohol, job or financial loss, hopelessness, chronic pain, family history of suicide, and genetic and biological factors (Berman and Cohen-Sandler, 2015).

The World Health Organization stresses the fact that suicide is a global phenomenon affecting all countries, but it is also preventable. The effort to mitigate suicidal risks is multi-sectorial and demands the cooperation and collaboration of the government, the communities, the media, and many more institutions. It has been noted by Cho et al (2016) that physical illnesses and disorders are correlated with suicide risk thus, the importance of access to health care in reducing the risk. In particular, mental disorders are present in up to 90% of high-income countries (Chesley and Loring-McNulty, 2015). People with more than one mental disorder have higher risks of suicide.

Furthermore, relationships with other people are significant factors affecting suicide behavior. Young people who have experienced childhood and family abuse like physical violence, sexual or emotional abuse, and maltreatment among others have a high risk of committing suicide (May 2016). Traumas arising from disciplinary or legal crises, financial problems, academic or work-related problems, and bullying are also significant factors affecting suicide (Reagan, 2018).

Additionally, people who lack relational and social support compounded with other factors increase the risk of suicide. Conflicts like separation and losses like the death of a partner or any loved one can cause psychological stress and grief which causes an increase in suicide risk. Those who have a family history of suicide have an increased risk of suicide or mental. Also, chronic suicidal thoughts are a major factor affecting suicide. Previous suicide attempts are a strong indicator of future suicides. Moreover, consumption of alcohol increases the risk of suicide. Of all deaths from suicide, 22% were attributed to the use of alcohol according to the World Health Organization's report on alcohol and health. Job loss and financial uncertainty are associated with depression, anxiety, violence, and the harmful use of alcohol which increases the risk of suicide (Quintos, 2017).

Hopelessness which is associated with thoughts such as “things will never get better” and “I do not see things improving” is associated with depression which when coupled with mental disorders and prior suicide attempts could lead to an increase in suicidal risk (Chesley and Loring-McNulty, 2015).

Feelings of A Person with Suicidal Tendency

Chesley and Loring-McNulty (2015) surveyed 50 people who had made a suicide attempt. Participants were recruited through newspaper advertisements or stories in several US states. The suicide attempt was self-defined and, unlike the Beautrais study, there were no criteria concerning medical seriousness. The sample was 86% female and 52% had made more than one suicide attempt. Average time since the last attempt was 10 years, although some participants had made an attempt in the previous year. Overdose of prescribed or non-prescribed drugs was the most common method (62% of all attempts), with other methods including cutting wrists, strangulation, jumping, asphyxiation, use of a firearm, and deliberately driving off-road. In a mail-out survey, participants were asked open questions about feelings after the suicide attempt and protective/preventive aspects of their current situation.

Chesley and Loring-McNulty (2015) also asked participants about preventive factors past and present. When asked whether someone or something had made a difference in keeping them alive (subsequent to the attempt), the most common response was children (32% of the sample), followed by treatment with a health care professional, a sense of empowerment, improved self-esteem, stronger sense of self, spirituality, relationship with significant other, and/or relationship with family and friends. These responses are consistent with Reagan's (2018) comment about the likely role of life events and treatment in influencing long-term outcomes. A question about what is keeping the respondent from attempting suicide now, yielded many of the same categories, treatment with a health care professional being the most common response (26%), with a new outlook on life and/or achieving personal or professional success emerging more prominently. Asking participants how they learned to cope with suicidal feelings yielded a wide range of responses. Most commonly mentioned were treatment with a health care professional (36% of the sample), sharing feelings with others (28%), and involvement in activities/hobbies (28%). Other responses included relationships with friends, improved self-esteem, spirituality, recognizing that suicidal thoughts are transient, involvement in support groups, having a sense of control over one's life, medication, journaling, and professional success.

Synthesis of the Theoretical Framework

To get closer to the concept of suicidal tendency and understand its prevalence among individuals who have this kind of behavior, this study made use of the Interpersonal Theory by Thomas Joiner (2015). This theory of suicide attempts to explain why individuals engage in suicidal behavior and to identify individuals who are at risk. It was developed by Thomas Joiner and is outlined in *Why People Die By Suicide*. The theory consists of three components that together lead to suicide attempts. According to the theory, the simultaneous presence of thwarted belongingness and perceived burdensomeness produces the desire for suicide. While the desire for suicide is necessary, it alone will not result in death by suicide. Rather, Joiner asserts that one must also have acquired capability (that is, the acquired ability to overcome one's natural fear of death) (Quintos, 2017).

III. Methodology and Research Design

Participants and/or Other Sources of Data and Information

This research used the qualitative-phenomenological design to analyze the three (3) selected high school students of Colon National High School as informants who answered the questions during the interview about their lived experiences on their perceptions regarding suicide, reasons, and feelings for committing suicide. We utilized the purposive sampling technique by asking the Guidance Counselor's list of students who have experienced the phenomenon. According to Ashley Crossman (2015), purposive sampling is also known as judgmental, selective, or subjective sampling and can be very useful in situations when you need to reach a targeted sample quickly, and where sampling for proportionality is not the main concern.

Data Gathering Methods

Before gathering the data, we asked permission from the school principal to conduct the study in the school. Upon her approval, we personally talked to the parents or legal guardians of the informants asking them for their consent to let their children participate in our study. We gave them a parent consent form stating the procedures, purpose, and confidentiality of the study.

The in-depth interview was conducted for at least ninety (90) minutes for three (3) sessions for a total of two hundred seventy (270) minutes or four hours and thirty minutes. Moreover, the in-depth qualitative interview was used in planning and evaluating. Boyce and Neale (2016) characterize the in-

depth interview as open-ended questions- questions need to be worded so that the informants can expound on the topic.

IV. Results and Discussions

This part is the analysis of the data gathered using a consensual qualitative research method by which we as the researchers arrived at a consensus on the meaning of the data collected such as interview transcripts. To do this, we coded into domains by segmenting the data according to the topics they covered. Then, we developed core ideas within domains by reducing original ideas into fewer words, and finally did cross-analysis where we grouped the core ideas into categories or theme clusters based on similarities or commonalities of their responses. To determine the internal stability of the responses, we determined the extent to which the category/theme cluster was general, typical, or variant.

Further, for a better presentation of the discussion of their lived experiences, we opted to present it according to the research questions asked of the informants: (a) What are the perceptions of the informants regarding suicide, (b) What are their reasons for attempting to commit suicide?, and (c) How do they feel after they attempted to commit suicide. Results are presented in excerpts from the transcripts and were analyzed to answer the questions posed in this study.

PERCEPTIONS OF STUDENTS WITH SUICIDAL TENDENCIES

From the excerpts below, concerning the perceptions of the informants on suicide, a common theme did emerge- hopeless.

Int: Other people encounter similar problems, and sometimes they lose hope; have you? why?			
Significant Statements	Codes	Formulated Meaning	Theme Cluster
<i>"Oo, nawalaan gyud ko ug paglaom kay wala ko kabalo unsaon pagsolve sa akong problema."</i>	SI-1 (King)	Hopeless	Hopeless
<i>"Oo, nawalaan ug hope labaw na kung pamilya ang hinungdan sa akong problema."</i>	SI-2 (Queen)	Hopeless	
<i>"Oo, hopeless akong bation basta naa koy problema."</i>	SI-3 (Prexy)	Hopeless	

This means that the informants felt hopeless when they encountered problems. It was even evident that one of them is clueless about how he would find a solution to his problem. The other informant on the other hand, clarified that it was the family problem that made her become hopeless.

Studies of hopelessness in adolescence have, for the most part, used psychiatric samples. In younger children, Asarnow, Carlson, and Guthrie (2017) found a relationship between hopelessness and suicidal ideation and behavior. Another study of young psychiatrically hospitalized children has also demonstrated that feelings of hopelessness are positively correlated with suicidal behavior.

Concerning the second question of their perceptions towards suicide, the informants confirmed that suicide is the easy way for them to escape from their problems, as an emergent theme. Read the snippet of transcripts below:

Int: With this much stress caused by the problem you face, is killing yourself a way to escape and solve the problem? Why?			
Significant Statements	Codes	Formulated Meaning	Theme Cluster
<i>"Oo, kay tungod kana siya nga pamaagi mao na na siya ang pinakasayon para makaikyas ko sa tanang problema."</i>	SI-1 (King)	Easy way to escape problems	Easy way to escape problems
<i>"Oo, always jud mao jud na akong gihuna-huna nga maypag mamatay nalang ko para wala nay problemahon kay dali ra himoon."</i>	SI-2 (Queen)	Easy way to escape problems	
<i>"Oo, pinakasayon nga way aron mawala na tanan nakong problema."</i>	SI-3 (Prexy)	Easy way to escape problems	

Some researchers have detected that committing suicide or attempting to commit suicide is one of the easiest ways for a depressed person to escape his problems because he perceives differently and might have lost hope due to an unfavorable situation he is in (Asarnow, Carlson, and Guthrie, 2017).

REASONS FOR ATTEMPTING TO COMMIT SUICIDE

Regarding the informants' reasons for attempting to commit suicide, two themes emerged – Depressed and Emotionally Pained. On the next page is the set of transcripts from the interview for confirmation.

Int: Sometimes people have many reasons for harming themselves in addition to wanting to die, what might have been some of your reasons for self-harm or suicide?			
Significant Statements	Codes	Formulated Meaning	Theme Cluster
"Nahimo nako ang magpakamatay ato kay dili na nako kaya ang problema tungod sa kadako. Depressed na kaayo ko ug sakit na kaayo sa dughan."	SI-1 (King)	Depressed and Emotionally Pained	Depressed and Emotionally Pained
"Tungod sa ano depressed gud ug kanang sakit na kaayo sa dughan ug isip mao to na naisip nako nga magpakamatay nalang ko total wala may nagapaminaw sa akoo."	SI-2 (Queen)	Depressed and Emotionally Pained	
"Nag-attempt kog hikog ato kay tungod nadepressed nako sa problema sa akong pamilya labaw na sa akong papa ug pirmi nalang ko masakitan kada may problema sa balay."	SI-3 (Prexy)	Depressed and Emotionally Pained	

May (2016) believed that the reasons for the attempt to commit suicide are depression, hopelessness, extreme emotional pain, a need to escape, and other distressing emotional or cognitive states. The second domain captures communication (other-oriented) motivations, such as a desire to communicate with, influence, or seek help from others. The fact that multiple independent lines of inquiry converge on these two factors increases confidence in the validity and clinical utility of these domains.

FEELINGS OF INFORMANTS AFTER SUICIDE ATTEMPTS

It can be construed that the informants felt Guilty (an emergent theme) about what they did. This means that though their perspectives in life are somehow negative, once they feel the love and concern of the people around them, especially their parents, it can change the way they perceive things. Hence, the treatment of individuals showing their love and thoughts to these risk of suicide persons can be of great help in making them feel loved and understood. Take into account the excerpt below from the transcripts:

Int: How did you feel after your attempt of killing yourself?			
Significant Statements	Codes	Formulated Meaning	Theme Cluster
"Nakonsensiya ko sa akong gihimo kay daghan man diay concern pa sa akoo wala lang ko nasayod."	SI-1 (King)	Feeling Guilty	Feeling Guilty
"Nakafeel kog guilt kay didto nako nahibal-an nga naa man sad diay mga tao nga naay pagtagad sa akoo. Akong mga friends gibista ko sa balay ug akong parents nabalaka kaayo nako ato."	SI-2 (Queen)	Feeling Guilty	
"Makakonsensya ug nalooy ko sa akong mga parents kay pirti nilang kabalaka sa akoo ato. Wala man gud ko nagdahum nga tungod ato mabal-an nako nga concern pud diay sila nako."	SI-3 (Prexy)	Feeling Guilty and Pity	

According to Reagan (2018), persons who had attempted suicide felt guilty because of the effects it has on the families of the attempter. He further asserted that those who survived suicide

attempts, also known as those with lived experience, were feeling intense guilt, and on the margins for a long time due to stigma and shame.

V. Reflection/Conclusion & Recommendation

With the findings of the study, it was revealed that the informants, being hopeless in life, thought of suicide as their easy way to escape from their problems especially when it concerns their family. Also, it was revealed that depression and emotional pain were their reasons for attempting to commit suicide, and the informants felt guilty about what they did. This means that the treatment of individuals showing their love and thoughts to these risk-of-suicide informants can be of great help in making them feel loved and understood amidst life creative tensions they face. Hence, a program called SAVE LIFE is therefore recommended to be implemented in every school in order to buttress the intervention or strategy in combatting the increasing number of suicide attempt amongst the youth nowadays.

VI. References

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