**PHENOMENOLOGY OF ADOLESCENT SUICIDE ATTEMPT:
BASIS FOR PROGRAM DESIGN WITH A TRANSCENDENCE FOCUS**

A Dissertation Presented to the Graduate Faculty

Department of Psychology

Silliman University, Dumaguete City

Philippines

In Partial Fulfillment of the Requirements for the Degree

Doctor of Philosophy

Major in Clinical Psychology

ROWENA A. BALOYO

March 2020

Distributed under Creative Commons CC BY-NC 4.0 OPEN ACCESS

ACKNOWLEDGEMENTS

Throughout the writing of this dissertation, there were many from whom I received a great deal of support and assistance; without them my PhD degree would not materialize. Thus I would like to thank all for their support.

First and foremost, I would like to thank the Commission on Higher Education (CHED) for a scholarship for graduate studies and the SDSSU administration for allowing me a study leave.

I would like to express my gratitude to our Dean, mentor, and editor Dr. Margaret U. Alvarez for her patience in editing and encouragement, pushing me to finish my studies despite the trials and challenges I went through. I am also grateful for the expertise of Dr. Nelly Z. Limbadan and the extra time and efforts in guiding me in writing my paper; my adviser, Dr. Rogen Ferdinand E. Alcantara, for his patience in reading and giving advice and suggestions regarding my research; and, the other panel members, Dr. Betsy Joy B. Tan and Dr. Myraluz Waddington, for their valuable ideas to enrich my paper. Thank you also, Ms. Loyda M. Fontelo, for her patience and assistance.

I am grateful to the participants who expressed their willingness to take part in this study even if it meant a revival of painful memories. I thank them for their openness. I also thank my classmates who in one way or another gave their help in terms of moral support.

I am grateful to my sister in law who extended much help and for her encouragement and inspiration and to my husband, my daughter, and my son for their never ending support. They are the source of my strength and inspiration.

Finally, all honor to our Almighty God, who gave me the gift of life and talents as well as wisdom.

ABSTRACT

This study explored the lived experiences of seven adolescents who had attempted suicide and to determine the factors associated with their decision to commit suicide, the coping mechanisms they adopted after the suicide attempt, and the possible intervention program that can be implemented in order to prevent suicide in the first place. A multiple case study and phenomenological approach was used to delve into the experiences and real-life stories of adolescents who had attempted to end their life. Data were gathered through the use of semi-structured interviews. Respondents ranged in age from 16 to 21 years old and were from a selected high school and college in Surigao del Sur. Thematic analysis of recordings revealed several factors associated with adolescent suicide including family issues, stressful life events, low self-image, helplessness, hopelessness, lack of coping skills, and coping. Contributory factors were family conflict, family disruption, rejection, maltreatment, and history of family suicide. The most common themes relevant to coping were acceptance, realization, focus on studies, presence of supportive people, positive thinking, prayer, and faith in God.

Based on the findings, a school-based intervention program to promote mental health as well as early detection and appropriate interventions for students who are at risk for suicide is proposed.

TABLE OF CONTENTS

	<u>Page</u>
Approval Sheet	i
Acknowledgments	ii
Abstract.....	iii
Chapter	
I INTRODUCTION.....	1
Background of the Study.....	3
Review of Related Literature.....	4
Theoretical Framework.....	13
Statement of The Problem.....	18
Significance of the Study.....	19
II METHOD.....	21
Variables.....	21
Participants.....	21
Instruments.....	22
Procedure.....	22
Data Analysis.....	23
Ethical Considerations.....	25
III RESULTS.....	27
Profile of Respondents	28

	<u>Page</u>
Ann, 19.....	30
Pia, 21.....	40
Andrew, 19.....	43
Vick, 17.....	48
Maria, 20.....	51
Jen, 17.....	57
Linda, 16.....	63
Themes.....	67
Coping Strategies.....	71
IV DISCUSSION.....	73
Limitations of the Study.....	77
Recommendations.....	77
V SUMMARY AND CONCLUSIONS.....	79
References	82
Appendix	
A Letter for the School	91
B Letter for the Guidance Counselor.....	92
C Informed Consent for Participants.....	93
D Informed Consent for Parents/Guardians	94
E Parents’/Guardian’s Certificate of Assent.....	95
F Clustered Themes	96

G	Adolescent Care Program.....	98
---	------------------------------	----

LIST OF TABLES

	<u>Page</u>
Table	
1 Profile of Respondents	28

LIST OF FIGURES

	<u>Page</u>
Figure	
1 Schematic Diagram of Factors Associated with Adolescent Suicide and Coping Mechanisms	18

CHAPTER I

INTRODUCTION

Suicide attempt is defined as an attempt on one's life, where a person tries to commit suicide but survives (Wasserman, 2004). It may be referred to as a failed suicide attempt or non-fatal suicide attempt. According to the World Health Organization (WHO, 2018), suicide attempt behaviors during adolescence have become global phenomena in all regions across the world. Based on 2016 statistics, 79% of the global suicidal cases fall among low and middle-income countries. Roughly 800,000 people died due to suicide every year, making it the second leading cause of death among individuals 15-29 years of age. One person dies by suicide every 40 seconds, according to WHO (2017); it is the leading cause of death across all age groups. Suicidal thoughts among youth has the sharpest increase in number through out the life span (Nock, Borges, Bromet, Alonso et al. 2008).

There are varied factors why adolescents make suicide attempts. They differ in how they deal with the different stressors that may come into their lives. Considering the many changes and complexities in adolescence, individuals face a lot of challenges, including the crisis between identity and role confusion. Adolescents who experience or are exposed to more than one risk factor are at an increased risk of suicidal behaviors (Mazza, 2006). Thus, the aim of this study was to understand the lived experiences of adolescents who attempted suicide, including the risk factors and how adolescents coped with their situation. With the increasing rate of adolescent suicide, it was deemed necessary to develop some form of intervention. There have been numerous studies

regarding adolescent suicide but not much on understanding the phenomenon from the perspective of those who survived an attempt.

According to the study of Yterdal (2016), suicide ideation is most common in adolescents. Females have one or more thoughts of suicidal tendencies than males (Zemaithene & Zaborskis, 2004). For every completed suicide case it falls among youth ages 15 to 24 years old. Between 100 and 200 suicide attempts, the most common methods of suicide globally are done by ingestion of pesticide, hanging, and through the use of firearms (WHO, 2014).

In the study of Levinson and colleagues (2007), suicidal behavior might be regarded as a long process usually stretching over many years, from suicidal ideation to planning and culmination. Suicidal ideations are basically the thoughts of ending one's life due to some problems and hopelessness in life. Individuals see death as a better option to end their sufferings. About one million people die by suicide each year globally and majority of them belong to developed countries.

In Asia, a higher suicidal rate is reported among countries having larger populations such as China and India, accounting for a greater part of the world's suicides (Hendin, 2008). In the Philippines, Redaniel, Lebanan-Dalida and Gunelli (2011), found that suicidal deaths occurring between 1974 and 2005 in males increased from 0.23 to 3.59 per 100,000 between 1984 and 2005 and 0.12 to 1.09 per 100,000 in females. Family and relationship problems were the most common precipitants. Suicidal rates were highest among females aged 15 to 24 years old, while in males, rates were similar in all age groups throughout the study period. While suicidal rates are relatively low in the Philippines, the cases continually increase among adolescents and young adults.

In a study made by Quintos (2017) results showed that CARAGA ranked fifth in the regional ranking throughout the country based on the number of suicide cases among the youth.

Roughly one in every ten Filipino youth aged 15 to 27 have thought of ending their life through suicide before, though only around one in every 20 pushes through with an actual attempt. The leading causes for this attempt are family problems and a violent method of suicide in the form of slashing of wrist was utilized. Further, Quintos (2017) found a strong correlation between integration in the family and suicide, emphasizing the importance of a strong relationship between the youth and other members of the family to curb suicide.

However, suicide can be prevented with timely, relevant and highly effective intervention, proper education about mental health and substance abuse, and training of non-specialized health workers in the assessment and management of suicide behavior.

Background of the Study

According to Portes, Sandhu, and Longwell-Grice (2002), there are many factors why adolescents attempt suicide. They internalize rejection and respond with suicide; other troubled adolescents engage in homicide before ending their own lives. One factor underlying suicide concerns is the failure to construct healthy identity. With increasing competition, confusion, and complexities in relationships, present day adolescents find it difficult to adjust to all the uncertainties of life. Suicide rates in adolescents have heightened and such problem needs immediate attention. Suicide has been defined as intentional self-inflicted death. Suicidal ideation will occur prior to suicide attempt and adolescents have varied reasons why they commit suicide.

Caraga Region in Mindanao registers the highest percentage (9.2%) of youth who ever thought of committing suicide; the percentage who attempted to commit suicide increased substantially contradicting the declining national trajectory between the years 2002-2013 (Serrano, 2013a). Serrano (2013b) has also reported about the college student who committed suicide

because his parents could no longer finance his studies; in June and November 2013, another two suicide cases were reported (Serrano, 2013), the latter was the 13th reported suicide case in Caraga Region in 2013. In November 2018, another 18 years old (a first-year college student) committed suicide due to academic failure and extreme loneliness being away from his mother who had been working abroad since he was six years old.

Serrano (2013) pointed out that a number of those succumbing to suicide deaths were aged between 13 and 18 years of age, and mostly college students. To this effect, Garcia, the then Minister of Health suggested that the Department of Health officials in Caraga region should conduct studies to address depression and mental health issues among students in the region. The data would serve as benchmark for viable plan of action to better address the issue as well as explore the contributory factors to depression and suicide among high school and college students.

Indeed, suicide is a detrimental and alarming global concern that affects everyone. Thus, it is in these contexts that this study wishes to ascertain the phenomenology of adolescent suicide attempt. The result of the study will be used as basis for an intervention program designed with a transcendent focus.

Review of Related Literature

This section examines the existing literature on suicidology, suicidal behavior, and the risk factors of suicide.

Suicidology

Durkheim, in his preeminent treatise *Le Suicide*, first hypothesized that suicide was not random, and facts existed that correlated the act of suicide with specific sociological variables. Emile Durkheim, the renowned French sociologist, published the prototype of systematic

quantitative research on suicide in his classic *Le Suicide* (1897/1951). As the founder of modern sociology, he first applied the scientific method in discovering social facts. Durkheim conceptualized suicide as the manifestation of the breakdown of social bonds and moral community (Emirbayer, 2003) and as a failure of society, not the psychology of the individual. Durkheim regarded suicide as symptom of mental alienation (Berrios & Mohanna, 2001), not insanity, which was an accepted position through the preceding centuries.

Durkheim is widely considered the founder of suicidology. Durkheim's conceptualization of suicide as the choice between integration and disintegration is the paradigm of modern suicidology (Huff, 2000). Since publication of *Le Suicide*, suicidology has advanced the scientific study of suicide and its complex, multi-dimensional variables and has engaged an entire community of investigators, educators, and others seeking to understand this poignant phenomenon.

Suicidology is the science of the study of suicide and suicide prevention. It is the behavioral science of a continuum of suicidal behaviors. It encompasses not only completed suicide, but also attempted suicide, self-destructive behaviors, and suicidal gestures. The continuum expands to include the non-lethal and the serious near-fatal attempted suicides; self-destructive behaviors and attitudes; self-mutilation and other suicidal gestures; ideations, threats, and communications; and the psychodynamics, motivation, and intent of suicide (Maris, Berman, & Silverman, 2000). Because suicide is not one thing but many related overlapping phenomena, it follows that neither does it have one cause or etiology (Maris, Berman, & Silverman, 2000). Implicit in this self-destructive act is the intent to die.

Risk factors for the completed suicide encompass many facets of adolescent experience such as psychosocial dynamics, substance abuse issues, family history and challenges, psychiatric

issues, and societal expectations (Dougherty, 2007). All of which may lead to suicide via particular methods. Lethality is derived from the Latin word 'lethum' meaning death. Suicide by firearm is considered the most lethal method; although not always ending in death, it is generally not without serious life-altering consequences. It is doubtless that survivors would have chosen such outcomes for themselves. Suffocation by hanging is also among the more lethal methods (Shenassa, Catlin, & Buka, 2003), although it is slow and apparently painful with much time to regret the action. Lacerations range from serious disfigurement, requiring multiple surgeries if not fatal, to barely visible scratches. Overdoses are among the least lethal, yet many succumb (Shenassa, Catlin, & Buka, 2003).

Suicidal Behaviors

The configurations of self-destructive behaviors are diverse. They have been divided into categories of completed suicides, non-fatal suicide attempts, and suicidal ideations (Maris, Berman, & Silverman, 2000). The suicide attempt is a non-fatal, self-inflicted destructive action coupled with the intent to die. It is the person's perception of its likelihood to result in death. The near-fatal suicide attempt combines a significant degree of risk with little probability of rescue.

Suicidal Ideation

Suicidal ideation refers to thoughts about taking one's own life, with some degree of intent. However, while an individual may experience suicidal thoughts, it does not mean he or she is in impending danger of committing suicide. According to Runeson and Asberg (2003), suicide ideation may vary in seriousness depending on the specificity of suicide plans and the degree of suicide intent. Adolescents seem to think that ending their own life can rescue them from circumstances that they feel are intolerable. Suicide ideation is defined as the manifestation of ideas and/or desires to end their life, and in such individuals, the innate severity of the suicide is

high. The literature suggest that suicidal cognitions may be discerned as a constant substitute in a situation of tremendous stress and emotional imbalance at any point of life (Borges & Werlang, 2006; Donath, 2014). In addition, suicidal ideation refers to suicidality without action, which includes all kinds of suicidal thoughts and schemes. A “suicide attempt” can be referred to as an unsuccessful suicide and it also constitutes intentional acts of lower fatality and intention.

Durkheim defined anomic suicide as a self-annihilation triggered by a person's inability to cope with sudden and unfavorable change in a social situation (Davison & Neale, 2001). Anomic suicide includes a situation where an individual is socially isolated from significant others. This may occur for reasons including changes in family structure and reduced employment opportunity. An individual does not benefit from societal normative restraints because he or she no longer participates in society. This shows how the boundaries between the family system and the wider social environment pose challenges to the adolescent living within the family, in terms of building a healthy autonomous identity and disengaging from the family, in order to become an independent individual. The challenges these adolescents face, often result in feelings of hopelessness and helplessness, associated with depression, which in turn is associated with suicidal behavior including suicide ideation.

A study by Huff (2000) identified factors that related to adolescent stress and predicted suicide ideation in these individuals. These factors included depression, family disruption, poor grades, drug and alcohol abuse. These findings are consistent with theory that speaks about the individual being interconnected with their environment and it is a combination of many internal and external factors that bring about stress for the developing adolescent.

A review also made by Mc Quillan (2000) indicated that there is an interplay of multi factors including depression and homosexuality—due to the hostility that is often experienced by

the person. Sexual abuse, lack of coping, social problem-solving skills stemming from family dysfunction, feelings of isolation and helplessness, contagion, gender differences, alcohol and drug abuse, psychiatric disorders, biological factors, as well as natural disasters are also risk factors.

Although the link between hopelessness, depression and suicide has been stressed above, it is important to be aware that the common psychological assumption that depression causes suicide is more complex than this one-to-one association. Zhang and Jin (2000) speak about a model that integrates individual characteristics (depression and attitudes toward suicide) and social structural characteristics (including gender and family cohesion). This model assumes that suicide ideation is an individual behavior that is influenced by social structure, both directly and indirectly through individual attitudes and behaviors. Suicide ideation is predicted simultaneously by the two characteristics mentioned above.

According to (Pillay and Schlebusch, 1987). Attempted suicide refers to the failed attempt to take one's life. It is the intention of the individual to take their own life, but for whatever reason, the attempt fails. This differs from parasuicide, which is distress behavior. It is a cry for help. The individual intends to inflict self-harm upon themselves without fatal injuries. It has been found by, MacLeod, Pankhania, Lee and Mitchell (1997, as cited in O'Connor, Connery and Cheyne, 2000) that individuals who engage in deliberate self-harm irrespective of intention are impaired in their ability to generate positive future thoughts, when compared to controls drawn from either hospital or non-hospital settings. MacLeod (1992, as cited in Williams and Pollock, 1993) found that while both parasuicide and completed suicide are related to depressive experiences, they differ to the degree of anger expressed. Parasuicide is related to the experience of anger, whereas suicide is more related to giving up. Suicidal people are often poor at solving interpersonal problems.

Hopelessness mediates the relationship between depression and suicidal intent within a parasuicide population.

According to Runeson (2002), parasuicide can be a predictor of suicide and the risk persists without decline for two decades. McLeod (as cited by Williams and Pollock (1993) state that parasuicide is assumed to be an attempt to communicate, to manipulate or influence others or to die. They argue that there are other possible motivations behind a parasuicide, such as mood regulation. In other words, each case needs to be individually assessed. The only way anyone can really know if suicidal behavior is in fact a suicide attempt or a parasuicide is by asking the individual. Hence, it is difficult to determine the difference between a suicide attempt and a parasuicide without honest answers from the individual.

Adolescence

According to Stang and Story (2005), adolescents undergo major transformations in their propensity to evaluate and understand intricate situations and they aspire to become autonomous and eccentric individuals. This phase of transformation brings about various desires, difficulties and responsibilities in addition to manifold changes in different aspects of the personality of the adolescent. These changes could also result in emotional vulnerability, anxiety, and a number of other pessimistic emotions in them. However, adolescents are often in a chaotic state in their quest for self-identity and stature of their lives. They are recurrently in disarray with the right and wrong orientation of life. The relationship between parent and child is among the most behaviors of adolescents (Hair, Jager & Garrett, 2002). The basic responsibility of the parents is to mold and shape their children into adults by virtue of their guidance (Baumrind, 1971). The relationship of parents and children is associated with self-confidence, empathy, and harmonious personality (Barber & Erickson, 2001).

According to Erickson 1963 (as cited by Portes, Sandhu, Longwell & Grice 2002), the way adolescents are brought up plays a paramount role in influencing and anticipating their behavior. The equilibrium of the family is disrupted when a child enters adolescence due to the transformations in the behavior of one or more family members or in the circumstances of the family. Abrupt mood swings do strike the mind of adolescents, but hormonal changes are not entirely responsible for their behavior. The state of mind of the adolescents is concomitant with their behaviors, companions, and other circumstantial factors, suggesting that adolescents may be more temperamental than adults as their activities and circumstances are changed more often when compared with adults.

Risk Factors of Suicide

There are lots of studies on risk factors of suicide among adolescents. According to WHO (2014), these include depression, poor self-esteem, hopelessness, suicide of family members or peers, bullying, poor school performance, and family problems. Individuals with a history of suicidal behavior and coexisting mental disorder are also at risk. A study by Van Orden (2010) revealed that adolescents commit suicide because of a thwarted sense of belonging. Fundamentally, adolescents want to feel a sense of belonging and connection with his or her family.

Another study by Beautrais (2001) revealed that more than 90% of youth suicides have had at least one major psychiatric disorder, although younger adolescent suicide victims have lower rates of psychopathology, averaging only around 60%. In addition, Brent (1996) stated that disruptive disorders are another risk factor common in male teenage suicide victims. Approximately one third of male suicides have had a conduct disorder, often comorbid with a

mood, anxiety, or substance abuse disorder. Substance abuse/dependence is more strongly associated with suicide attempts than with ideation (Garrison, 1993).

History of a prior suicide attempt is also one of the strongest predictors of completed suicide, conferring a particularly high risk for boys (30-fold increase) and a less elevated risk for girls (3-fold increase), according to Shaffer (1996). Between one quarter to one third of youth suicide victims have made a prior suicide attempt.

Forman and colleagues (2004) also found in a cross-sectional study that elevated hopelessness distinguished multiple suicide attempters from those who had made just one suicide attempt. Additionally, hopelessness was a reliable predictor of completed suicide among psychiatric patients followed for 10 and 20 years (Beck, Brown, & Steer, 2004). Poor interpersonal problem-solving ability has also been reported to differentiate suicidal from nonsuicidal youths (Asarnow, Hughes, Babeva, & Sugar, 2017). Social problem-solving has been found to partially mediate the influence of life stress on suicide, although life stress was a stronger predictor than social problem-solving (Chang, 2002). In addition, aggressive impulsive behavior has also been linked with an increased risk of suicidal behavior (Apter et al., 1993). In a Finnish school study (Sourander et al., 2001), aggressive 8-year-olds were more than twice as likely to think about or attempt suicide at age 16.

Life stressors, such as interpersonal losses (e.g., breaking up with a girlfriend or boyfriend) and legal or disciplinary problems, are also associated with completed suicide. Stressors also vary by psychiatric disorder. Interpersonal losses are more common among suicide victims with substance abuse disorders (Brent et al. 1993) and legal or disciplinary crises are more common in victims with disruptive disorders. This study is also consistent with the study of Esposito (2006)

that revealed that interpersonal losses, death of friends, and peer rejection may have a great impact in youth and are found in one fifth of youth suicide cases.

A study conducted by Nansel and colleagues (2001) revealed that there is also strong evidence that bullying (i.e. peer victimization) are also risk factor for suicidal thoughts and behaviors among youth. Bullying consists of intentionally harmful or disturbing behavior that is repeated and invokes a power differential. Longitudinal studies have demonstrated the impact of social exclusion, verbal/physical abuse, and coercion by peers during childhood and early adolescence on later suicidal ideation, suicide attempt, and suicide death (Geoffroy et al., 2016). These associations largely hold up when controlling for depression and other psychiatric symptoms (Kim et al., 2009) Furthermore, there are also robust impact of peer victimization on female adolescent's suicide (Klomek et al., 2009). Importantly, any involvement in bullying whether it is as a perpetrator, victim, or especially both heightens risk of subsequent suicidal thoughts and behaviors (Kim et al., 2009).

The study of Brown (2007) revealed that there is strong evidence indicating that various forms of childhood maltreatment such as sexual, physical, and emotional abuse predict future suicidal ideation and suicide attempt among youth. Sexual abuse has also been shown to have longer-term effects than physical abuse (Fergusson, 2008), and it is another potent risk factor of suicidal ideation and attempt (Dunn, McLaughlin, Slopen, Rosand, & Smoller, 2017).

Moreover, interpersonal difficulties during middle adolescence, such as frequent arguments with adults and peers and having no close friends, were found to mediate the association between child abuse and later suicide attempts (Johnson, Cohen, Gould, Kasen, Brown, & Brook, 2002). Johnson et. al (2002) suggested that children who are physically abused may have difficulty developing the social skills necessary for healthy relationships, which leads to social isolation

and/or antagonistic interactions with others, which in turn puts them at increased risk for suicidal behavior. Adolescents who experience or are exposed to more than one risk factor, are at an increased risk for engaging in suicidal behaviours (Mazza, 2006).

Theoretical Framework

This study is guided by Erikson's Theory on Ego Identity in understanding adolescent suicide (cited in Portes, Sandhu, & Longwell-Grice, 2002). According to Erik Erikson, youth must resolve two life "crises" during adolescence. He used the term "crisis" to describe a series of internal conflicts that are linked to developmental stages. According to him, the way a person resolves the crisis will determine their personal identity and future development.

The crisis to be resolved during adolescence is that of "identity versus identity confusion". This crisis represents the struggle to find a balance between developing a unique, individual identity while still being accepted and "fitting in." Thus, youth must determine who they want to be, and how they want to be perceived by others. Erikson believed that when youth successfully navigate this crisis they emerge with a clear understanding of their individual identity and can easily share this "self" with others; therefore, they are healthy and well-adjusted. As a result, they are confident individuals who can freely associate with other people without losing their own identity. However, when youth fail to navigate this crisis successfully, they are uncertain about whom they are. Lacking this understanding, they can become socially disconnected and cut-off from others or conversely, they can develop an exaggerated sense of their own importance and may adopt extremist positions. According to Erikson's theory, when youth become stuck at this stage, they will be unable to become emotionally mature adults.

The second crisis, occurring between late adolescence and early adulthood, is called the crisis of “intimacy versus isolation”. This crisis represents the struggle to resolve the reciprocal nature of intimacy such as to achieve a mutual balance between giving love and support and receiving love and support. Thus, youth must determine how to develop and to maintain close friendships outside the family, as well as how to achieve reciprocity in romantic relationships. Erikson believed that when youth successfully navigate this crisis, they emerge with the ability to form honest, reciprocal relationships with others and have the capacity to bond with others to achieve common goals. When youth fails to navigate this crisis successfully, they can become distant and self-contained; or conversely, they can become needy, dependent, and vulnerable. If youth do not resolve this crisis, their emotional development becomes stalled, and as a result, they will remain isolated and lonely without social supports.

Moreover, adolescents differ in coping with stress. Some adolescents internalize rejection and respond with suicide; other troubled adolescents engage in homicide before ending their own lives. One factor underlying suicide concerns the failure to construct a healthy identity. The reasons for suicide vary but seem to cluster around disruption of specific developmental tasks, vulnerability of the individual, and risk conditions in the immediate situation of the individual, such as lack of emotional support. From a socio-cultural perspective, new norms may emerge, for instance, legalization of assisted suicide. Both the characteristics of the individual and the culture appear much of the research on this issue which focuses on adolescence. This is the period of time when individuals are most engaged in developing a healthy identity.

According to (Erickson 1963), suicide is a complex problem with ideology or belief as a common element that interacts idiosyncratically with any number of emergent identities pressing on the individual. One factor underlying suicide concerns the failure to construct a healthy

identity. It was noted that in extreme instances of delayed and prolonged adolescence, complaints of giving up a more than signs of mild depression and they are expressions of despair. Erikson acknowledged that suicide itself is an identity choice for some adolescents.

Furthermore, according to Erikson (1968), there are eight stages in the lifespan, each of which pose conflicts or crises that need to be resolved positively and in a pro-social manner. Failure to do so may impact a person's personality development in a negative and cumulative way. Such failure may be understood as an important risk factor in the etiology of suicide and violent behavior. Moreover, suicide is increasingly occurring among people who are not adolescents, which may have to do with the inability to master Erikson's stages of development throughout the lifespan, beginning early in life. Accomplishing developmental tasks in each cultural context requires a sense of connectedness. As the institution of the family, which is the primary engine for healthy socialization, has weakened in modern society, individuals' risk for disturbances in identity formation mounts. For suicidal individuals, the family and society may have failed to provide the necessary conditions for sound development. New trends in suicide are emerging for practically all ages and walks of life. Children, adolescents, and young adults appear to share in this "mis-solution," yet for quite different reasons.

Moreover, according to Erikson (1963 & 1968), there are eight stages in the lifespan, each of which poses conflicts or crises that need to be resolved positively and in a pro-social manner. Failure to do so may impact a person's personality development in a negative and cumulative way. Such failure may be understood as an important risk factor in the etiology of suicide and violent behavior. How each developmental task is resolved (e.g. infancy: trust vs. mistrust; early childhood: autonomy versus doubt and shame; preschool: initiative versus guilt; school age: industry versus inferiority) defines to a considerable extent how healthy or unhealthy the person becomes and how

she or he is able to deal with future crises. Failure to establish trust contributes to insecurity and poor adjustment in later life. Similarly, failure to establish autonomy leaves the individual subject to shame and doubt, which again can be carried over to the next stage. These may be a part of the maladjustment problems of children who internalize or externalize their anger. Anger emerges when socio-emotional needs are not met in the context where development takes place, and this anger precedes violence. The antecedents of life-threatening behavior thus appear related to what may be regarded as a developmental sequence or syndrome rather than to any specific experience. If during this period prior to adolescence children can develop confidence by doing something well (i.e. learn to be competent and productive), they will be more likely to carry that confidence in the future. If during this time they fail at their endeavors and do not have a nurturing environment to give their support, they will more than likely carry feelings of inferiority and low self esteem into their future developmental tasks. Parental separation and family dysfunction are generally associated with violent behavior at this age, particularly where conflict and anger have been present in the child's experience. In his view, failure to resolve preadolescent crises successfully does appear to present a cumulative risk for suicide. The failure generally signals interference in the bonding process. Individuals attempt to resolve the issue of identity versus role confusion during the teenage years. Adolescents try to answer the question on establishing an identity in sexual, social, ideological, and career domains. They often experience considerable stress in a variety of contexts as they attempt to forge an identity. For example, the changing sex of men and women may exacerbate identity confusion. In addition, environmental stressors such as parental pressure for academic achievement, family mobility, the availability of drugs, and peer pressure can lead to depression (Capuzzi & Golden, 1994). Suicide seems to occur when stress, cognitive maturity, and

lack of emotional bonding interact and overwhelm an individual's ability to cope and to reason clearly.

Figure 1. Schematic Diagram of Factors Associated with Adolescent Suicide and Coping Mechanisms.

The different factors associated with adolescents who attempt suicide are revealed through multiple case study analyses as well as their coping mechanisms (Figure 1). The coping mechanisms are classified as either adaptive or maladaptive. As an output of the study, an intervention program was designed to first address suicide prevention among adolescents.

Statement of the Problem

This phenomenological study attempted to investigate adolescent suicide attempts as basis for an intervention program designed to address the prevention of adolescent suicide.

Specifically, it sought to answer the following:

1. What are the factors associated with adolescent suicide attempts?

2. What coping mechanisms did adolescents adopt after the suicide attempt?
3. What intervention program may be proposed based on the findings of this study?

Significance of the Study

According to Cheng (2009), the rate of suicide among adolescents is increasing far more than any age group. It is for this reason that this study focused on youth aging 12 to 21 because they are a high risk group. Therefore, this is helpful to adolescents, in providing them information on risk factors, strategies for coping, and so that, overall, suicide may be prevented.

Parents and other family members play a big role in child development; they need to be made aware of environmental conditions affecting the growing child especially adolescents who are in the transitory period facing lots of pressures and challenges. They are also the primary source of emotional support.

School administrators, teachers and community can continuously support mental health programs and take steps in educating individuals on the warning signs and risk factors associated with suicide that may help prevent suicide. Supportive school environments and communities serve as a protective factor for youth at risk.

Clinical psychology practitioners should be able to understand more on adolescent suicide behaviors, helping them to envision psychotherapy based on this knowledge. Similarly, counsellors can strengthen their counselling program especially in detecting and assessing or evaluating adolescents with high levels of suicide ideation. This study provides them with beneficial information about a family systems approach intervention that aims to assist parents and their children in coping with /or combating suicidal identity.

CHAPTER II

METHOD

This study used a qualitative research design involving in-depth interview with different cases to explore specific bounded systems. This study made use of phenomenological approach, an inductive and descriptive method used to investigate and describe phenomena as they appear in their full depth and breadth (Pretorius, Chauke, & Morgan, 2011).

This study delved into the experiences and real-life stories of adolescents who attempted to end their lives. Data analysis was built inductively from particular to general themes. The researcher made the interpretation of the meaning of the data (Creswell, 2009). The data were collected through in-depth interview.

Variables

This study was intended to investigate intensively on suicide attempt which refers to a fatal act of ending one's life and other related suicide behaviors and thoughts of completing or committing suicide. It explored the various factors that contributed to the adolescent's suicide attempts and the coping mechanisms they adopted after the suicide.

Participants

The participants of this study were seven adolescents who were purposively chosen based on the following inclusion criteria: a) the adolescent must be aging 12-21 years old and b) must have experienced suicide attempt. Six of them were college students from Surigao del Sur State University and one was a senior high school student from St. Theresa College, a private school in

Tandag City. Four of the participants were not living with both parents and three of them have parents who had separated. Four of the respondents made a suicide attempt through slashing their wrist, while three were through the use of a rope. Sampling was coursed through the guidance counselor who can identify the suicidal cases from the selected high school and university in Surigao del Sur.

Instruments

The study utilized a semi-structured interview guide consisting of open-ended questions as the main instrument in gathering the necessary data for the case studies. Semi-structured interview is a mix of unstructured and structured questions. Some of the questions and their sequence were determined in advance while other questions evolved as the interview proceeded. The interview lasted for more or less 30 minutes. The case study method was used in this study to understand the phenomenological experience and factors associated with suicide attempts. This methodology focused itself on the retelling of distressed emotions that surrounded the participant's decision to make suicide attempts. The participants were asked the following questions: 1) Can you share with me what happened? 2) Can you tell me more about your thoughts and feelings prior, during, and after your suicide attempt? 3) What prevented you from pursuing your suicide attempt? and 4) How are you coping now?

Procedure

A letter requesting permission for the conduct of the study (Appendix A) was addressed to the head of the selected high school and university. After permission was granted, another letter was made for the guidance counselor (Appendix B), for he/she is the person who can identify the

cases of suicide attempt. The description of the study and its objectives were also included in the letter. Informed consent form (Appendix C) was signed by the identified participants who expressed their willingness to participate in the study. For minor participants, parent's consent (Appendix D) and certificate of assent (Appendix E) were also sought before the conduct of the interview. These were made possible through the coordination of the researcher and guidance counselor.

Data Analysis

The study employed a phenomenological research design using case study. After the data were audio-recorded, transcribed, and analyzed, thematic analysis was used to examine the thoughts and feelings of the adolescents within the context of the phenomenon of their suicide attempt and to ascertain common patterns and consistent themes. The data were coded with themes and sub-themes.

Thematic Analysis. Phenomenological research is a design of inquiry coming from philosophy and psychology in which the researcher describes the lived experiences of individuals about a phenomenon as described by participants. This description culminates the essence of several individuals who have all experienced the phenomenon. This design has strong philosophical underpinnings and typically involves conducting interviews (Creswell, 2014). Thematic analysis on the other hand is simply a way of organizing qualitative data. It seeks to unearth the themes salient in a text at different levels and thematic networks aim to facilitate the structuring and depiction of these themes (Braune & Clarke, 2012). The thematic analysis involves a six-phase analytic process.

Phase 1: Familiarizing with the data. This first phase is about generating very early and provisional analytic ideas, and this requires being curious and asking questions of the data. The sorts of questions vary by form on thematic analysis and combined with the research question. They could be about the way participants orient themselves to questions; about assumptions they make about worldviews they are drawing from about the implications of their accounts for themselves and those around them; about (more semantically) the different emotional responses to the research topic and so on (but keeping the general research question in mind).

Phase 2: Generating codes. Coding involves identifying these relevant data within each data item, and then ‘tagging’ them with a few words or a pithy phrase that captures the meaning of that data segment to the researcher. Codes vary in what they capture or highlight, from the semantic obvious meaning through to more latent or conceptual ideas.

Phase 3: Constructing themes. Theme development first involves examining codes (and associated data), and combining, clustering or collapsing codes together into a more meaningful patterns. Sometimes, this is as simple as identifying a rich and complex code that potentially captures several other codes within its boundaries. Such codes can be ‘promoted’ into a provisional theme (Charmaz, 2000).

Phase 4: Reviewing potential themes. The reviewing phase is like a quality control exercise to ensure that the themes work well in relation to the coded data, the dataset, and the research question. In some instances, the review of themes alongside the dataset confirms that they do work well and tell a distinctive and meaningful story that answers the research question.

Phase 5: Defining and naming themes. By this point in the analysis, the researcher should have started to move away from a summative position (thinking about these themes as lists of codes and collated data) to an interpretative orientation. This involves telling a story that is based

on the data that makes sense of the patterning and diversity of meaning. This involves writing the analysis. The analytic narrative that encases the presented data extracts. This phase is about ensuring clarity, cohesion, precision and quality of the developing thematic analysis (Appendix F).

Phase 6: Producing the report. Here, the researcher moves from a ‘purely’ analytic point in the research process, coming back to the bigger picture of the overall project. Broadly, there are two styles for writing around data in thematic analysis: illustrative and analytic. If data extracts are used primarily as examples within the analytic narrative, evidence from the data that illustrates key elements of the story, they are being illustratively. Writing analytically about the data is quite different: particulars of extracts are discussed by the researcher, with specific aspects or features forming the basis for analytic claims (Terry, Hayfield, Clarke & Braun, 2017).

Ethical Considerations

This study adhered to and respected the ethical standards of the Silliman University Research Ethics Committee in conducting a qualitative research. Before an interview was conducted, a rapport between the interviewer and the participant was established. Explanation of the objectives was done during the first meeting with the participants. It was also discussed with them that their participation is only voluntary and they can withdraw if they wish to any time in the course of the interview. The researcher also made sure that the venue for interview was conducive. One of the rooms in the guidance office was used. Furthermore, it was clarified to them that if the study can cause them psychological distress, they would be referred to a professional clinician who can handle the case. The interviews were audio-recorded with the permission of the participant after which the recordings were transcribed and translated. Audio recordings were

erased after the data were analyzed to ensure confidentiality of data. After the interview, debriefing sessions were conducted with the participants to diffuse and vent negative emotions.

Moreover, consent was asked from those who were willing to participate in the study. They were asked to affix their signature on the Informed Consent Form as proof of their voluntary agreement to be included in the study. Parent's consent was also sought for participant who were below 18 years old and they were asked to sign the Parent's Consent Form. They were informed that the results of the study are held with utmost confidentiality. Permission was also sought from the participant that the interview would be audio recorded and the data would be erased after they were used in the study. They were made aware that they may have the benefit of referral to a professional clinician if the interview causes them psychological distress. Furthermore, if the participants feel uncomfortable, they may withdraw anytime they wish.

CHAPTER III

RESULTS

Seven adolescents who had attempted suicide were purposively selected to participate in the in-depth interview. Participants were five females and two males with age range from 16 to 21 years old (Table 1). Fictitious names were given to the participants in this study to protect their identity. Six of them were in the college level, while only one was in the senior high school level. Four of the participants made suicide attempt through slashing of the wrist and three of them were using rope.

During the study, the participants had been asked the following psychological guide questions:

1. How have you been? How do you feel today?
2. Can you share with me what happened? Can you tell me how you were feeling and thinking prior, during and after your attempt?
3. How did you cope after your suicide attempt?
4. Is there anything else you want to talk about? (as closure)

Each case is presented here following this outline: a) what happened, b) thoughts and feelings before, during, and after the suicide attempt, and c) coping mechanisms.

Table 1.

Profile of Respondents, n=7.

Participant	Age	Brief Description
Ann	19	A second year college student. She is the second child among the two siblings in the family. Her father had a mistress and this caused conflict between her father and mother. Her brother is also a drug addict who constantly exhibits violent behaviors at home. Her friends were dismayed because they were accused by her brother that she is taking drugs like him. Her peers always talk ill against her. The stressful events in her life caused her to be confused and triggered a suicide attempt.
Pia	21	A second year college student She is the second child of three. She was always disliked by her father. They were always in conflict She was always blamed whenever there were misfortunes that comes into the family. The kind of treatment that her father is showing her caused her to Be defiant. She tried to look for her father's emotional support by engaging in a relationship but her love for her boyfriend was tarnished by because he only cheated on her. These were all triggers to a suicide attempt
Andrew	19	A third year college student. He is living with his grandparents, two cousins and an Aunt. He is the eldest of seven. family. He was left by his mother to the care of his grandmother who was financially hard up. All of his other siblings were given up for adoption. But when his aunt who was his mother figure got married, she began to be distant from him. He was wanting for the love of his parents and he found that affection from his aunt who has now been neglecting him. The feeling of being abandoned triggered the suicide attempt.
Vick	17	A first year college student. He is the eldest of two. His brother is still a high school student. Their father was stabbed to death and their mother had not been communicating with them and eventually abandoned

them. His grandmother also left them due to a conflict with his live-in partner. He was left so sad and devastated. Extreme loneliness led to the suicide attempt

Table 1 continued...

Maria	20	A second year college student, the eldest of six. She takes the responsibility of being a mother and a father to her brothers and sisters because their mother left them and went with another man. She is burdened with such responsibility. She committed a relationship with a married man. Such situation caused her to be confused. One time they had a quarrel because of his wife. She felt very insecure and downhearted. It caused her to make a suicide attempt.
Jen	17	A college student, the youngest of three. Her problem started when she was living with her aunt when she went to college in Tandag City. She had a very strict aunt, and this caused conflict in their family. She felt she was given all the blame with such a big trouble in their family.
Linda	16	Linda is a senior high school student. She was left by her mother who decided to go abroad to look for work after her father left them. She was still three when her grandmother took care of her but after a while, her aunt decided to get her from the care of her grandmother who was quite old. Her suffering started with the aunt's controlling attitude. The unjust treatment of her aunt caused her too much pain and triggered her to attempt suicide.

Ann, 19

When Ann was asked how she was feeling during the interview she replied: “*Naglibog ko mag unsa ko. Nalibog ko sa mga problema sa balay*” (I am so confused on what is happening to our family). When asked about her suicide attempt, Ann narrated:

It started man gud ma'am tong sige ug away si Mama ug si Papa. Daun murag ato nga time kay sige ra'g under si mama (kahilakon ako). Dayon after a while kay murag nakarealize si mama nga nganong sige siya ing-anion man ko? Hantud na mosokol na si mama. Adto na murag mi-worse ang tanan. Didto morag naka feel na nganung deli mi ing ani sauna. Nalibog ko sege sela away. Tungud kay namaye si Papa. Malipayun man unta mi sauna. Every Sunday naa jud mi lakaw. Dayun grabe gyud si Pa mangisog kay iya'g kuanon si Mama og posil. Mao tu nga gawish ko maayu pa deli nalang sila magtagdanay para wala pay samok ang balay. Then after ana nagdugang pod og problema si kuya kay murag nasobraan siya og drugs. Aggressive na siya kaayu. Wala ko kabalo asa ko moadt. Ako nalang i-trap akong self sa bathroom para e prevent nako pag stab akong self og pencil og better nalang magkolong ko sa cr or kwarto. Mahadlok ko matulog sa kwarto kay duol man gud akong kwarto sa sala og dira man tigtambay si kuya. Sege man gud niya ingun sa among helper na iya mi pangdunggabon. Mao tu sege ko hangyu ka mama na adto ko matulog sa iyang room. Kay de gyud ko katulog. Unya ang akong studies di na ko katuon kay iya i-high ang volume ang TV. Iya ko sege palagutun. Mao nang if naa koy vacant time adto ko magpalayu ko sa balay. Muadto ko sa flowershop sa akong tita adto ko magstudy. Dayon bag-o lang gyud ni nahitabo, nasubraan na kaayo si kuya ba, usa ka sayu sa buntag nangisog siya kay nasakpan man siya nagbaligya siya og shabu. Ga wild

siya. Ako ta siya kasab-an. Iyang gisolong ang bana sa among helper. Ako giingnan si Papa nga ipadakop siya sa police. Among helper nakakita adto na time og misombung ka Mama. Nagsogud man gud na naay nagsige og gawas solod sa balay. Naay onetime na giingnan siya ni mama na if naa kay makit-an laing tao sigeg sulod sa balay tawagi ko dayun. Mao to miuli si mama sa balay, nasakpan si kuya nga naay gitunolan ba. Mao tong galagut siya sa helper. Pagsulong ni kuya sa bana sa helper nagwild jud siya didto hangtod pagkabie murag naparanoid siya ba, miingun siya gilangat kono siya og kutsilyu sa bana sa among helper. Pero wala gud, galingkod lang. Mao to na miadtu si Mama sa police og gipablotter siya kay di na gayod madala. (It all started when my mother and my father always had a quarrel. My mother has been so patient with my father. Later, my mother realized why she was always maltreated by her husband. When she learned to fight back and defend herself, everything got seemingly worse. At that time, I asked myself why we were not like this before. I got confused why they kept on fighting. They began fighting when my father had a mistress. We were once a happy family. We went out every Sunday. Then, when my father gets angry, he threatens my mother with a gun. So, I wished that it would be best if they should not talk with each other to avoid trouble at home. Also, my brother added another problem to our family for he was thought to be taking illegal drugs. He was so aggressive. I did not know where to go. Instead, I just stayed in the bathroom to prevent stabbing myself using a pencil or I lock myself in the comfort room or bedroom. I am afraid to sleep in my bedroom because it is near the living room where my brother usually stays. He always told our helper that he would stab us. So, I asked my mother to allow me to sleep in her bedroom because I could hardly sleep in my room. Then I could not study my lessons because my brother maximized the volume of the television. He

always makes me irritated. That is why if I had a vacant time, I stayed out from our house. I went to my aunt's flower shop to study. Just recently, my brother got worsened with his vice. He got exasperated because he was caught selling an illegal drug named "shabu". He went wild.)

"Usahay depressed pod ko tungud sa akong peers. Tingala ko nganong deli sila managad. Nganu ila ko inganaun. Nakabalo ko sa rason kay giingnan ko ni star palabaw sila og estorya. Gahimo-himo og palabaw sila ug estorya. Di man pud ko magpasagad ug storya kung walay muingon nako, murag dili pud sila mismo muingon pero maingon na jud nako kay amiga baya, lain pud ng amiga mo unya di kabalo. Unya kato misumbong sya murag sayop-sayop iyang giingon ba mao tong gaaway mi then after ana nasamutan pa jud kay gipasanginlan mi sa akong brother ilang e prove nga nag inaddict addict kono mi. Nagdecide mi na deli nalang magkoyug. Mao na ako nalang alone sege. Mao pod usa pod ka reason na madepress ko sege. Ako nalan gidawat ang advice sa akong friend na dawatun nalang nako ang nahitabo. Ako nang giingnan si mama, katong nakabalo siya sa akong grades migamay ba kay first sem murag ok pa jud kaayo akong grades then, karon second sem akong gipabayaon akong grades kay gasalig lagi ko nga mag-maintain lang wala ko nag-expect nga maghatag diay ug grades si maam, gamay gayud kaayo siya pero igo da makapasar. Pero ingon sila na taas na to nga grades kay igo raman sa passing. Murag didto nanawag na ko kay mama ug murag nakasabot pud siya ato. Wala pud ko gi-pressure kay kabalo man sila nga dili ko katuon kay naa si kuya mao to, naa jud one time, di man kayo ko kaestorya kay papa, grabe kaayo si kuya muhimo ug estorya murag palabaw ba. Naay time giingnan si papa sa iyang igsoon na "mahimo ka'g criminal tungod sa imong anak" kay pataka siya ug sumbong kato lagi gilangat siya ug kutsilyo pero wala

gud. Mao tong murag nakarealize pud ko na dapat akong ingnan si papa sa mga nahitabo. Kay gaplano siya na iyang e-confront ang tao na akong giingnan naminaw pud si papa. After ato murag na ok napud ang tanan. Akong gi-texan si papa nga 'unsa paman atong gihulat kay kuya, nga makapasakit na siya 'g lain tao, murag wala siya gibuhay nga maayo, dili ra baya mo ang naapektuhan, naapektuhan na baya ko, migamay na baya akong grades' mao to, then nakasabot rapud si papa, if muingon ko nga 'pahatod ko pa' iya gayod ko ihatod. Ang helper jud sige hilabtan ni kuya mao nang makuyawan mi, na ang bana sa helper kay isog kaayo samot to nakabalo siya na gi threaten daw mi sa balay na mao tong gi blotter namo si kuya. Sige hilak si mama, sige gakasaba kay kuya. Si papa ug kuya ang magkasinabtanay sa ilang sugal pero dili pud ingon na suod kaayo sila kay usahay kabalo man si papa pud nga spoiled kaayo si kuya. Karon kay dili na kaayo sya muhatag ug kwarta kay kusog kaayo si kuya mangayo ug kwarta ba. Kay adik pud siya ug sugal. Naa ko'y cousin suod kaayo mi murag pareha gi huna-huna daun miana to 'nay gani kita sang nakarealize unsay maayo ug dili', mo make joke pa gani ko ato" (Sometimes I feel depressed because of my peers. I was shocked why they ignored me. My friend let me know the reason why they did it to me. They made their own stories about me with exaggeration. I usually don't talk/share [about my problems] unless my friends tell me to do so, but I could not bear it anymore. So, I told them about my situation since they are my friends and they should know about it. However, we fought because they mistakenly reported about what happened to my family. The situation became worst when they accused me and my brother for using illegal drugs. We decided to stay away from each other. I always chose to be alone, which is one of the reasons why I sometimes get depressed. Nevertheless, I just accepted everything as what my friends advised me to do.

But my studies had been negatively affected. In effect, I got low grades, but I was still happy though, I was not failed. My mother understood why I got such grades in my subjects).

“Tapos sa balay mahadlok ko pero if buntag ok ra kay naa ra man si papa. Ing-ana ang iya way of thinking ba, di siya kabalo mo mind ug lain tao, mao nang akong gi-text si papa kay nagstart pud ang akong phobia katong naa ko’y bag, akong mga backpack naa niya ang tulo, ang usa nawala na basig iya nato gibaligya ang usa akong gibawi, then ang usa naa niya iyang gi-borrow. Iyang kuhaon ang naa sa akoa mao tong iyang gusto nga naay may mga books akong mga gamit, mao to nangisog man dayun siya iyang gipatidan akong door ka tulo, daun didto nako nakuyawan kung unsay akong buhaton, unya wala koy lain choice ato. Mitawag ko sa akong tita sa silingan ug giadto didto sa balay. Sukad ato mahadlok nako. Palagot ang iyang katawa. Mukalit ra sya pagkatawa, kana nga mahadlok ko kay sa sala man siya matulog unya pahagok-hagok siya, wala diay siya natulog, an aba, mao nang ako kahadlukan. Makaingon ko natulog na siya matulog na lang pud ko, pero wala diay. Dili pud siya ma estoryahan aw gi-estoryahan siya ni papa. Milarga na ang car iyang giabrihan, misulod siya then gapahagok-hagok nga open iyang eyes, ako syang gibuyag kay langas gud kaayo ga-estoryahanay mi ni papa, ako syang gibuno ug air freshener ‘unsa man ka di ka muhilom dira?’ ana ba kay samok ba kaayo. Mao to miana sya ‘isumbong tika kay papa ga inadik ka’ ana napud siya sa iyang estorya ‘adik, adik’ mao na grabe sya muhimo ug storya nga ako daw mangisog daw ko if di ko hatagan ako syang giingnan ‘wala ka kadungog sa imong gipan-estorya ron kung sakto ba na or dili’ ako siya giingnan daghan pa sya’y gipanstorya ako pud gi ingnan ‘aw isumbong ka kay papa na imong gi prenda imong phone ug naghulam ka sa kwarta sa patay’ giingnan ko

siya ana. Didto siya naglagot tung gapadayon gihapon siya sa iyang estorya, ako ato wala rajud, then hangtud napul-an na si papa pagpaminaw niya ba giingnan siya na 'nganong manghilabot man ka sa imong igsoon?' miana sya 'pa kabalo ka unsay musunod na mahitabo' giingnan pud siya 'aw ikaw kabalo pud ka nga mao nang musunod mahitabo nganong gapadayon pa gihapon ka, may pa ang imong panghilabot sa laing tao imo nang iayo sa imong kaugalingon kay gulang na ka' kasab-an gayud siya maayo ni papa. Dayon after, miana siya 'akong bulungon ang tawo nga gapasulay kanimo'. 'bulunga maayo pa'y makit-an pa nimo' mao to migawas siya sa compound, namukbok siya sa kinsay tawo, iyang panghangaron, iyang hagiton sinumbagay, bisa'g kato pa lang daan strike na unta to ba, then nausban pa lagi tong bag-o pa nahitabo katong gi blotter siya, unya wala ra gihapon. Kaingon ko walay gibuhay sila papa pero nakadungog ko na nakaplano na baya ug e-rehab as soon as possible. Gabie pako murag naka gain ug tulog, murag one week nako natulog sa kwarto ni mama. Naay time nga gaprito si kuya, human ug prito iya napud gidugangan, sige ana-anaon ug tubig kay para mulagsi ang oil ba, iyang palaguton ang helper, unya ang mga tiles sa walls sa tanan-tanan, puno jud og oil mga luwag hugaw kaayo ang table pud, mamundak siya ug iyang e try e buak ang glass na table. Ang tiles pud iyang giibot. Kanang granite gni lisod baya na siya ug tanggalon pero kato natingala mi pagkabuntag wala naman. Sige ra mi'g kataw-anay wala lang namo to gi-mind. Sa tanto ng pinangita namo ang tiles gilabay sa trashcan, mao to gipataod balik ni papa. Ambot giunsa to sige sya kuan-kuanon sa tindahan kay didto man sya sege tambay giingnan siya 'ngano man to toy?' ingon siya 'hala basin ang iring to'. Mao to pag-uli sa balay ako siya padunggan 'ah grabeha sa iring kabalo man manglimpyo' murag ato ba sign na gani to murag wala ra gihapon dili gihapon siya motug-an sa tinuod, magpalabaw

siya sa storya. Sauna close kaayo sila sa helper kalit na dayon sa pag-ing-ana nasubraan na. dili najud ko motagad ni kuya. Ako ra sige storya, hinay-hinay lang si papa kung unsay feeling sa balay. Kanang problema diri sa school ako na lang e set aside kalimtan na lang nako kay kabalo ko na mas daghan pa'y problema sa balay ug karon better na lang di na lang ko motingug."

(At home I am afraid of him. I would feel okey if my father is around. My brother is so self-centered. He doesn't consider other people. I also had a phobia of him. It started when he borrowed my three backpacks. I suspect he sold one of them. I got the other one which I used to place all my things. He got mad and kicked the door three times. I was really afraid. I didn't know what to do. I had no choice I called my aunt at my neighbor's house and he was reprimanded. After that incident I was so afraid of him. He always laughed and provoke us. I am afraid when he slept at our sala. He pretends to sleep and snore. My father can talk to him. One time also he opened our car. He went inside and again pretends to sleep. He snored and I told him he was so noisy. I was talking to my father that time. I throw to him the air freshener because I got irritated. He got mad and told my father that I am addicted to drugs. He was making false accusations against me. I told him "I don't know if you know what you are talking about." I also told him I will also tell my father that he pawned his cellphone and got the alms, He got very mad and continued talking until my father got angry. He was scolded why he keeps on making false stories against me. He asks my brother if he knows what will happen if he continues. He scolded him saying it was better if he fixed himself. He said he will look for the person who made give me addicted drugs. After that he went out and challenged a fight outside. He boxed anyone he met. I thought my father would not do something but I heard he would put him at the rehabilitation center. It was only then that I was able to sleep well. One time my brother was cooking. He was only playing. The entire

utensil became messy including the all tiles. He also tried to break the tiles on the table. He also pulled the tiles on the wall. We just ignored him. He threw away the tiles in the trash and said that the one responsible for it as the cat. He still keeps on telling a lie and makes false stories. He used to be closed with our helper but since he always exaggerates stories our helper will not mind him anymore. I always tell my father how I felt at home. Regarding my problems in school. I just come to decide to put it aside because there are lots of problems I had to attend at home.”)

When asked about her thoughts and feelings during her suicide attempt, Ann responded:

“Nagtanga lang ko. Murag sa akong mind kay galagot na ko. Morag deli nako mahelp na macontrol akong gipangbuhat mao tong nabuhat nako. Nalibog na kaayu ko. Dili naku macontrol akong self. Pero after atong nahitabo nakarealize ko na deli maayu pasakitan akong self. Mao nang mag lock nalang ko sa bathroom para wala gayod mahitabo. Tungod pud sa mga tambag sa akong friends. Naay one time nakakita ko nga naay naglaslas tapos murag nakarealize pud ko na hala nganong siya nag-ing-ana, murag mangita na lang ko ug alternative ways para dili mapasakitan ang self” (I stared blank. In my mind I am angry. I cannot control myself with what I did. I am so confused. But after what happened, I realized that it’s not good to hurt myself so it’s better to lock myself in the bathroom so that nothing will happen. My friends also advised me. There was one time I saw somebody who cut his wrist I also realized why I should not do such. I’d better look for alternative ways in order not to hurt myself.)

After her suicide attempt, Ann narrated:

“Human ko mag attempt, murag wala gihapon ako marelieve sa naka stress kanako. Kay naa pa man gihapon akong brother wala pa marehab. Akong papa mao ra gihapon sige magoul si mama tungud sa iyang kabit. Pero lately nag ingun man akong papa naa siya

himoun para masolve ang sitwasyon sa akong kuya. Sa eskwelahan wala na ko mag mind sa akong mga amiga nasige panglibak nako. Lami sa feeling nga naay kaestoryahan ba pero karon murag ma-feel ko na confused na kaayo ko. Nganong sige sila'g ing-ani, nganong kailangan pa ko muagi ing-ani. Ako jud e ask nganong ako pa man e stress out akong self na dapat magtuon rako sige. Murag gikapoy najud ko sa nahitabo” (After my suicide attempt, I am not relieved with my stress because my brother is not yet rehabilitated. My father still gives problems to my mother because of his mistress. But lately, my father said he will do something to solve the situation of my brother. In school, I don't mind my friends who always talked ill about me. It's nice to feel there is someone you can talk to but now I feel confused. Why are they like this? Why do I need to experience this? Why should I stress myself out instead of focusing on my studies? I am tired of what is happening.)

When asked about how she was coping after the suicide attempt incident, Ann disclosed:

“Diri sa school kay murag naa pud issues bahala'g unsa-unsan, pabungol-bungol lang jud ko, di ko sila e-mind. Sa balay pud dili nalang nako tagdon si kuya kay kon deli nako sya tagdon deli pod siya manghilabot nako, wala pay samok. Pero dira nako motingog if si mama na iyang hilabtan. Usahay ako ra e timing nga motingog ko unya si papa ako nang giestoryahan sa akong feelings na deli ako safe. Kay para nako murag wala siyay gibuhat pero naa diay pero wala mi kabalo unsa iyang plano. Daun akong tita nakadecide na ipa-rehab si kuya pero dili lang sa karon kay bag-o pa na rehab akong cousin. Then nangita pa sila ug lain place kay sa Cebu man akong ig-agaw. Pero ilang gihulat rapud if mowild na sad si kuya then madakpan sa police before e rehab kay lain man daw e rehab diretso if dili niya will mao nang sa balay pud maghilom na lang ko. Karon mas better na

lang na di na lang ko motingug. Ako na lang hunahunaon kung unsay pagpabetter sa among life sa balay. Murag usahay di na lang ko mag think sa ako self, ako na lang e set aside ang akong gusto para unahon sa si kuya. Mo pursue na lang ko pag school murag mkaingon ko nga naay pay one of the best pre-dent kay bio man, so what if magbio sa ko diri ako na lang hulaton ang dentistry, mao nang akong gi huna-huna para mauna pud si kuya ba. Naa man pud si mama murag luoy na kaayo si mama tungod kay kuya. Denial ko sa mga panghitabo karon, di ko ganahan e accept pero hinay-hinay, ako na lang gipang accept and dili kaayo worse na situation akong na feel sauna. Ang nahitabo ra sa balay karon ang akong gi atubang, then di na makatuon usa pud na sa reason kay usahay man gud makawala ug interest. Ang baye ni papa naa ra gihapon, pasagdan lang namo mga gulang naman sila makarealize rana sila. Ako na lang gilantaw kung unsay positive side bahala'g puro negative ang nahitabo, di na ako parehas sauna na murag kanang go na lang tanan pero karon ako sa huna-hunaon, mas unahon na lang nako si mama, sauna sige'g hilak si mama kay unahon nako akong mga amiga, pero karon gibiyaaan nako nila ka realize nako na maghatag ko'g time ila ni mama. Ok na karon, lami ang feeling nga naa ko'y kaestoryahan. Mas better na murag ma amuse nalang ko sa mga tao na kanang makakita nako murag happy kaayo'' (In school I have issues also. No matter what my friends do to me, I just ignore then. At home, I will just ignore my brother if he will quarrel with me so that there will be no conflict. I told my father about my feelings of not being safe. I thought he doesn't have a plan to put my brother in the rehabilitation center. My father and auntie are planning to put my brother to another rehabilitation center. She plans that if he gets wild again, they will let the police pick him up. At this point I prefer to keep quiet. I just think how to have peace in our house. I'd rather not think of myself. I prefer

they give attention to my brother. I am thinking of pursuing my studies. I planned to get pre-dentistry. I pitied my mother because she is always having a problem with my brother. I keep on denying what happened, but I tried to accept it little by little. Sometimes I lost my interest in my studies. My father is still having an affair with his mistress. I started to ignore what is happening. I just think positive rather than negative. For now, I am concerned with my mother, unlike before I prioritized my friends. They all left me. I realize I should give time to my mother. I am ok now; it's nice to talk with somebody. I feel better and feel amused with people.)

Pia, 21

Pia was a little bit nervous during the interview. She was still feeling the pain of what happened between her and her boyfriend but she is slowly accepting what happened. When asked about her suicide attempt, Pia narrated:

“Nagsugod akong problema maam sa among balay. Sige raman gud mi away sa akong papa. Kontra kaayu ko sa akong papa maam. Ingun sa akong papa gusto siya ug lalaki na bata kay gusto siya na pareho niya na pulis. Sugud pa sa una gamay pa ko every time naa siya problema ako dayun niya ingnun ‘ikaw gadala ug dimalas.’ Unwanted child ko ingun niya. Wala ko kadumdum naa siya maayu ug pagtagad nako. Sige ko kasab-an ug maayu kon masayup. Ako ra mama sige ug sabot nako. Ako ra mama concern nako. Pag-abot ko sa college akong gikuha BS Pharmacy sa Davao. Gipa enroll na ko sa akong mama. Ako papa way gusto mopa-eskwela nako kay wa man iyang maayong pagtagad nako kay mao lagi to maam makaingon ko nga unwanted child ako. Unya, one day naka-uyab ko. Suko kaayu akong Papa hantud mibalhin ko ug eskwelahan. Sa Tandag na me nagpuyo sa

*akong uyab ron, miuban ko. Nag-ipon mi ug balay. Akong uyab gashoulder sa amo expenses sa among pag-ipon. Siya man ang may trabahu. Usa ka adlaw, ako siya nasakpan nay lain uyab. Nangisog siya naku og gikulata human ko nangisog niya. Buntis diay ko two months ug na abort. Wala naku ganahi magtuon, nahagbong ko sa akong mga subjects. Wala ko musolti sa ako ginikanan labi na sa akong Papa. Hantod ang resulta sa among away gipapahawa ko sa akong uyab sa apartment. Milakaw ko gidala nako akong bag. Wala siya malouy nako. Hantod nalouy akong classmate nako iya ko gipatulog sa iyang gipuy-an. Goul kaayu ko adtong panahona. Nangita ko og boarding house. Gisakitan og nagoul kaayu ko sa nahitabo. Desperada gyud ko. Sige ko hilak hantod nakahunahuna ko maghikog. Akong gi laslas akong wrist. Wala na gani ko kabalo mag-
unsa ko mao to ang nahitabo”* ((I am often in conflict with my father. This caused me to be defiant and stubborn. Ever since I was a child, my father repeatedly told me that he disliked me because he wanted a son to someday become a policeman like him. Whenever my father had a problem, he often blamed me for his misfortunes. He always said I was an unwanted child. That was the reason why every time I commit mistakes, I am scolded badly. Whenever there are problems, I am always blamed by all the misfortunes that happened in our family. It was only my mother who always cared for me. When my mother enrolled me for college to take BS Pharmacy in Davao, he disagreed with it for he did not want me to go to school especially when I had a boyfriend. Because of this, my parents always argued. My father believed that my mother always consented me. Until, I decided to transfer to another school here in Tandag and lived with my boyfriend. My boyfriend shouldered all our expenses because he had work. One day, I found out he had cheated on me. We had a huge fight then. My boyfriend beat me and caused to abort the baby for I

was two months pregnant that time. As a result, I lost interest in my studies and failed in my subjects. I could not tell my parents about my situation especially my father. One day, because of our arguments, my boyfriend kicked me out of the apartment. I recalled that I was walking under the heavy rain with my bags that time. Fortunately, my classmate helped me out and offered me a place to stay. My situation brought me so much pain. I always cried until I thought of committing suicide. I slashed my wrist. My boyfriend did not care for me at all. My friends were the ones who helped me and brought me to the hospital.)

When asked about her feelings and thoughts during her suicide attempt, Pia recalled:

“Syempre, upset kaayu ko sa gibuhay sa akong uyap. Feel nako na it was the end of everything. Dili ko ka accept sa nahitabo. Desperado ako. Nabuang gyud ko ug naglibog. Afraid kaayu ko mouli sa among balay kay isog kaayu akong Papa. Ako ra mother mosabot nako” (Of course, I was so upset with my boyfriend. I felt it was the end of the world. I can't accept what happened. I was so desperate. I got crazy and confused. I was afraid to go home especially that my father would really be angry. It's only my mother who can understand me.)

After the attempted suicide, Pia narrated:

“Human ko mag suicide narealize nako na dili diay maayo tong akong gibuhay. Sala man gud maam dako gyud nga sala sa diyos ang buhaton to. Naka huna-huna ko na dili nako usikan akong kinabuhi sa isa ka lalaki nga waray baruganan bisan ato guol kaayo ko pero narealize nako na kinahanglan nga maningkamot ko para makamove-on ug para sab sa ako future” (After my suicide attempt, I realized that committing suicide is not good. It

was a great sin to commit suicide. I realized that I should not waste my life for an unworthy man. I need to go on even if I was so upset.)

When asked about how she coped, Pia answered:

“Deli tiaw akong na experience. Gisakitan gyud ko kaayu sa gibuhay sa akong uyab. Abe ko mamatay nako ato. Pasalamat ko sa akong mama og mga amiga nga supportive kaayo, nag care nako ug naghatag pud sila sa mga tambag ug ideya unsay akong buhaton aron maka move on. Sila maam ang akong inspirasyon to go on living, ang akong plano magpadayon na lang ko sa akong kurso ug inubanan sab sa akong mga pag-ampo” (My experience was not a joke. I was really hurt of what my boyfriend did to me. I thought I was going to die. I am thankful I have my friends and my mother who unconditionally love me. She is my inspiration to go on living. My plan is to finish my studies in our place.)

Andrew, 19

Andrew was feeling quite fine during the interview as he said that he was trying to cope with what had happened to him. When asked about his suicide attempt, Andrew narrated:

“Mula po kasi nung bata pa ako mga almost three years pa po ako nun, iniwan na ako ng Mama ko tapos hindi na siya nag-asawa tapos marami po kaming magkakapatid, pito po kaming lahat panganay sa iba’t-ibang lalaki then she went to another guy at lahat po ng kapatid ko pina-adopt niya tapos pinaadopt niya sana ako pero hindi po pumayag ang lola ko at lolo ko tapos bumalik lang siya noong 2009 when I was 13 years old, kinuha niya po ako sapilitan at dinala sa Quezon City at dun nadin po ako nag-aral at grumaduate po ng grade 6. Yung auntie ko lang po ang nagpapaaral sa akin tapos, nung nakaraan po bali pagpunta ko sa Quezon City nalilito po ako ba’t ba ganito, tapos tinatanong ko ang sarili ko kung mahal ba ako ng mama ko, kung may paialam ba siya sa akin morally, spiritually

at tsaka financially tapos ang auntie ko lang po ang nagsusuporta sa aking pag-aaral. Hindi ako nangarap dati na makapag-aral pa ng college dahil pangarap ko lang po talaga high school lang dahil sa kahirapan. Si mama po kasi pag nakahanap ng lalaki iiwan niya lang ako ng basta-basta na kung saan-saan. So that time, I was motivating myself na kailangan kong humanap ng paraan. I can find a way para makapag-aral ako ng high school para makapagtapos ako. So ayun, nung nakahanap ako ng paraan pumunta po ako sa Cavite sa tita ko po, nagself-supporting ako nun pagkatapos nung grumaduate po ako first honorable mention sa Amadeo Cavite National High School, bumalik po ako dito sa tago. Naging iskolar ako ng SDSSU main campus at Tandag City, tapos isang araw po bali iyak ng iyak ako kasi ako po ang governor at meron kaming field trip halos hindi po ako makakasama dahil wala akong pera, that time kapos na kapos po kasi ang tita, tito ko po. Sa hindi pa po ako nag commit ng suicide attempt upset po talaga ako, bali sinisisi ko ang mama ko tapos talagang nahiya ako na hindi ako makakasama, kinuha ko ang kutsilyo tsaka yung lubid, iyak ako ng iyak pumasok ako sa kwarto yung para bang nagmumukmok lang ako hindi ako lumalabas, kumakain tapos feeling ko walang nag-aappreciate sakin at yung bang masasabi mong I'm so useless, walang nag care sa 'kin, para akong baliw na tinatanong ko sarili ko bakit ako lang nag-iisa. Nung kinuha ko na po ang kutsilyo, nakita ko po yung parang gillete at yun naglaslas ko in my right hand tapos naalala ko ang sinabi sa akin ng grandparents ko na kailangan hindi ako susuko na ako na lang ang kanilang pag-asa para makabangon sa kahirapan, yung ganun, so that time bali nag-iba na ang isip ko, nalinawan ako” (Since I was a child, when I was almost 3 years old my mother abandoned me. She was not married. We were seven with different fathers. All of my brothers and sisters were all given up for adoption except me, but my grandparents

disagreed to her decision. In 2009 she came back to Tago. I was 13 years old at that time. She brought me to Manila. I was there until I finished my elementary years. It was my aunt who supported my schooling. When I went to Quezon City, I was confused why I am like this. Then I asked myself if my mother really loved me, if she really cares for me morally, spiritually, and financially. I never dreamed of pursuing studies in college because we were financially hard up. My mother always left us whenever she found another man. So that time, I was motivating myself and looked for a means to be able to pursue my studies. I went to Cavite to be a self-supporting student in my aunt's house. I graduated in high school as first honorable mention at Amadeo Cavite National High School. Then I came back here in Tago, I enrolled as a scholar. One day I cried so hard because I am the student governor and we have our planned field trip. I cannot go because of financial problem. My aunt was financially hard up. Before I attempted suicide, I was feeling very upset. I blamed my mother for my situation. I got the knife and rope. I cried so hard when I entered my room. I was alone and didn't go out and escaped meals. I felt I was never appreciated. I find myself useless. Nobody cares for me. If I am a crazy person, I asked myself why I am alone. When I got the knife and blade to slash my wrist, I recalled what my grandparents told me, that I should not give up because I am the only hope to uplift my economic condition. So that time, I changed my mind and it gives me a clear understanding.)

During his suicide attempt, Andrew disclosed:

“Nung time po na nag-suicide attempt ako, down na down na talaga dahil sa mga problema ko po tapos yung mama ko kasi walang pakialam feeling ko I'm worthless, walang nag care sa akin feeling ko na parang napakamalas ko yata sa mundong ito, parang bakit ako? Bakit ako yung pinili ng diyos na magkaganito? Hindi ko alam kung

ano ang nararamdaman ko, yung bang I feel not enough, I'm not a kind of person na valuable. I asked myself that if I will commit suicide will anyone cry for me? Yun po" (That time that I attempted suicide, I was feeling down to myself because of my problems and my mother didn't care for me. I felt that I am worthless; no one cares for me and I feel very unfortunate. Why me? Why I am chosen to be like this? I can't understand how I feel, feeling I'm not enough. I'm not a kind of valuable person. I asked myself that if I will commit suicide is there anyone who will cry for me?)

After his suicide attempt, Andrew narrated:

"Kinakabahan po ako na gawin yun, syempre, alam ko pong kasalanan sa diyos, kasi isipin mo siya yung nagbigay ng buhay tapos sasayangan lang? dahil sa mga pagkakamali ng mama mo tapos ano ba, hanggang dito na lang ba talaga ang buhay ko o kailangan pa magpatuloy para sa sarili ko, kailangan kong tumayo, sabi ko, kailangan ko talagang bumangon para sa pamilya ko. Kailangan hindi mag-iisip ng mga negative thoughts na dapat ay ganito dapat ako, I have to be strong, I have to stand for me with myself para sa pamilya ko" (I was so afraid of course; I know that committing suicide is a great sin against God. Just think that he's the one who gave us life and then you just waste it? Just because of the mistakes of my mother? And should I end my life? Or I should go on. I should stand up for my family. I should not think about negative thoughts. I should be strong for my family.)

When Andrew was asked how he coped with his suicide attempt, he said:

"Pagkatapos ko na magsuicide attempt narealize ko na para akong baliw. Naalala ko na kailangan hindi ito ang tamang gawin, hindi ko dapat sayangin ang sarili ko dahil binangon ako, binihisan, pinakain, pinaaral ng maayos ng mga grandparents at auntie ko.

So that time, nagbago po ang isip ko. Meron akong mga classmates nagpapaalala na huwag ang ganun at ganyan alam mong bawal, masama yan, malaking kasalanan yan. Pinapasali ako sa mga bible study sa school at church, na-encourage ako dahil narealize ko po na maraming pang tao na nakapalibot na concern pa sa 'kin, marami pang nagca-care yung bang may pakialam sila sayo, masasabi mo talaga na kahit wala kang halaga sa mama mo hindi man lang ka biniyayaan ng pag-aaruga ng mama mo at least nararamdaman mo yun sa kaklase mo although hindi mo sila kapatid biologically pero mararamdaman mo na parang kapatid mo sila yung buong-buo talaga. Kaya dapat positibo lang palagi sa life at kailangan hahanap ng paraan na kung saan ka masaya, yun ang dapat gawin and it doesn't matter how intelligent and smart you are as long as you have perserverance, when you go hardships everything is possible you can reach out all your goals in life and always put in life that God always be there for you. So ngayon, 4th year college na ako, masaya na po ako, I am a dean's lister, happy napo ako ngayon sa naging estado ng buhay ko, nakapagtrabaho na din ako kahit hindi pa po ako gumradyate. A lot of huge people or yung may mga posisyon na kinukuha ako as assistant manager in agency but im still thinking of way dahil ano po isang taon nalang gagradyate na ako tapos kailangan tapusin yun kasi sayang naman, ang trabaho ay hindi umaalis, a lot of opportunities naman na maghihintay if you are totally graduated as a college level" (After I made suicide attempt, I realized that it seems that I feel like crazy. I really thought that it is wrong to do such act. I should not waste my life. I should stand up. I was being taken care of and sent to school by my grandparents and auntie. So, by that time, I changed my mind. My classmates advised me not to do it because it was a great sin. My friends asked me to join their bible study in school and church. I was encouraged thinking that there are

still lots of people who are concerned of me and they also care for me. Even if my mother abandoned me, there are still people who care for me even if they are not related to you biologically. I can feel that they were that concerned of me just your true brother or sister. I should think positive and find ways how to feel happy. It doesn't matter how intelligent or smart you are if you have perseverance one should reach his goals despite of the hardships everything can be possible with God. He is always there for you.)

Vick, 17

When Vick was asked how he was feeling during the interview he said he was still quite lonely after what happened to their family. About his suicide attempt, Vick narrated:

“Wala na mi ginikanan. Akong Mama wala nay pakialam sa among duha. Sa adtung 7 months old pa ko, gipatay akong papa. Gidunggab siya. Daghan kaayu siya ug bisyu kay maldito man lagi napilde siya sa sugal ug nakakita siya ug away. Mau ng gipatay siya. Human namatay akong papa nagdecide akong mama moadto mi sa Manila. Iya mi gidala didto ug didto mi gaeskwela. Tulo pa ka tuig akong edad nagdecide siya magtrabahu sa Saudi Arabia. Maayu man iya amo kay boutan man. Maayu man una akong mama very supportive sa among schooling. Pagkadugay nawala na siya misulat sa amo. Hantod nakatapos mi sa akong igsoon sa high school, gadece me na mobalik sa probinsiya diri sa Surigao del Sur. Nakipoyu mi sa among lola na nay basakan (ricefield). Maayu man ang pagtagad sa among lola kanamo. Pero usa ka adlaw naglalis kami tungud kay iyang live-in partner sige lang siya ilarun. Iya tanang kwarta isugal. Hantod isa ka adlaw nagdesisyon siya na molakaw. Sugod niadto wala na siya mobalik. Gipasagdan na mi niya. Mingaw kaayu ug akong feeling, upset kaayu ko. Usa ka adlaw nag-away mi sa akong igsoon kay ang among kwarta gihurot niya sige uban sa barkada ug ako pod nakabalo ko

ug inum inum sa akong mga barkada. Lonely kaayu among life. Among mama wala na gyud nagtagad namo. Usa ka adlaw sige ko ug hilak. Wala ko kasabot sa akong gibati. Akong sister adto wala pod deha sige pod inum inum sa barkada. Sa dihang nagdecide ko na ako nalang taposon akong kinabuhi. Gikuha ko ang pisi ug nag suicide attempt ko but suddenly akong sister miabot og iya ko gipogngan. Ug miingun siya 'kita nalang duha kuya ayaw ko pagbiyae.' Mao to nga wala na lang ko gidayon ang pagsuicide” (We have no more parents. Our mother abandoned us. When I was seven months old, my father was also stabbed to death. He had lots of vices. He was a troublemaker. He lost in gambling and got into a fight that cost him his life. After my father’s death, my mother decided to bring us to Manila where to study. When I was three years old, my mother decided to work in Saudi Arabia. She was lucky enough to have a good employer. At first, my mother was very supportive in our studies. After a while, she stopped communicating with us and neglected her responsibility. When we finished high school, we decided to go back here to stay with our grandmother in her rice field. Our grandmother treated us well but one day, I had an argument because my grandmother’s live-in partner took advantage of her money for gambling. Until, she decided to leave us and never return. Because of this, I felt so lonely and upset. As a result, me and my sister always hung out with friends and often get drunk. I felt hopeless and lonely for I had no one to talk to. I found myself crying so hard and felt desperate as if the whole world was against me. I was alone that time and got the rope and attempted to commit suicide. Suddenly, my sister came home and stopped me. We cried so hard together. My sister said that we only have each other and asked me not to leave her alone. I then realized that I still have a sister.)

In narrating his suicide attempt, Vick said:

“Akong gibati grabe kamingaw. Wala ko kasabot. Ambot, akong feeling worthless ako kinabuhi. Mingaw akong gibati. Wala ga care namong duha sa akong igsoon. Ako giandum naa unta ko’y parents, akong gibati walay kapuslanan akong kinabuhi.” (I was really feeling lonely. I didn’t understand anymore. I feel my life was worthless. I really feel lonely. Nobody cares for both of us. I was wishing my parents were around. I really find my life worthless.)

When Vick was asked about his thoughts after his suicide attempt, he said:

“Human ko magsuicide attempt, nakadecide ko na dawatun nalang nako ang tanan nga deli na ma-osab ang sitwasyon na wala na akong ginikanan. Nakarealize ko na naa pa koy sister na nagkinahanglan nako og deli pa deay kataposan sa kalibutan. Nakarealize pod ko na ang pag unay is murder og dakong sala. Nahadlok ko sa Ginoo maam” (After my suicide attempt, I decided that I should accept everything, that my situation will never be changed. I realized that my sister still needs me, and it’s not yet the end of the world. I also then realized that committing murder is a great sin. I really fear God.)

When Vick was asked how he has coped after the suicide attempt, he said:

“Ako ra giampo na lig-onon ko akong kaogalingun pinaagi sa pag ampo sa Ginoo kay siya lang ang makagiya sa akong insaktung dalan sa kinabuhi. Ug nay nag-imbatar sa ako nga magserbisyo sa simbahan mao to nag alagad ako sa ginoo ug naga ampo ako ‘na ginoo unta e guide mo ako sa ako mga gipanbuhat’. Ug naa ako karon sa simabahan may nagpa skwela nako mao to na hantud karon kaluoy sa diyos wala ako pasagdi sa Ginoo. Gapasalamat gayod ako ug dako sa Ginoo maam kay wala gayod niya ako pasagdi” (I prayed that God will strengthen me because he is the only one who can guide me. I was

invited to serve the church; I am now serving the church. I am thankful to God he took care of me.)

Maria, 20

When Maria was asked about her feelings during the interview she said she was still worried about her relationship with her married boyfriend but somehow she was already coping with what happened to her. When asked about her suicide attempt, Maria responded:

“Wala gayod to sa akong bout nga magbinuang akong Mama. Abi lagi nako na ok, ok ra baya sa amoa murag giila pud namo siya na angkol ba. Miabot ang time na murag nakabati ko ug storya na uyab lagi kuno sila unya di pud ko mutuo gusto ko ipranka nako siya mao to nasakpan nako sila maam, natulog ko nga ang lalaki midulog sa balay. Nakita gyud sa akong duha ka mata nga midulog siya, syempe natulala ko ako na lang gipasagdan. Hantud sa miabot ang time na miuli akong papa gikan sa Cebu, mao sige sila ug away unya akong mama mulakaw ra’g kalit muoli ra’g kadlawon ug akong papa nakapaniid na, sige pangutana akong Papa kun gabinuang ba akong Mama. Kabalo ko nga gabinuang si mama mahadlok lang tug-an kay papa tungod kay dili ko gusto nga broken among family. Ang akong uncle sige na’g storya na mao ni, mao na. Ug miabot na gyud ang time na grabe na ilang away. Tingala ko mga alas singko yanghipos sa iyang mga sinina tapos mao na dayon to wala na siya mobalik dayon, miana siya nga naa ra daw iyang paliton, mao na dayon to miabtan na pagkahapon niapas na deay siya sa iyang laki. Karon naa ra si papa sa Cebu dugay naka recover halos, goul kaayu akong Papa sa nahitabo. Hapit na siya magpakamatay kay gisakitan siya kaayu. Syempre sakit sa akong part na makit-an imong amahan nga mag-suffer ana, luoy kaayo siya kay gibiyaan man gud mi unya ako perminti siya sisihon, kulatahon, musabot pud ko pero kaluy-an sa Ginoo

nadawat-dawat ra niya, naka recover rapud siya. Gitabangan siya sa iyang amigo. Mag storya-storya mi, 'nakamove-on nako sa imong inahan, unsaon man mao man gayod' pero nagkontak akong mama ba kay akong manghod buntis man lagi, niuli siya tong imaging buwan, pero usahay lagi mingawon pud ko sa among mama ba, usahay nawad-an ko ug respeto unya maghuhuna sa iyang pagbiya grabe jud kaluoy ato nga time, unya wara lang sa iya, murag wala lang nahitabo iyang laki, ma bwesit jud ko maam iyang laki nga manawag mag I love you murag lain kayo pamation, usahay maka huna-huna ko nga unta si papa na. Mao to last week nawala ko ug kalit kay nanganak akong manghod. Ambot wala na gani kabalik ron, nag-ingon man to siya na mobalik pero wala na, sila pa gihapon. Ako ang kamagulangan, mga manghod ko naa ra sa balay, sila ra didto mao nang usahay makauli ko ug ahat kay 'te, ali sa, uli sa diri' atimanon sa nako sila didto balik dayon ko kay skwela lagi. Bug-at kaayu akong role sa balay. Mura na ko ug Mama og Papa. Lima ka bouk akung manghud. Tanan sila gaeskwela except sa ikaduha kay gipaangkan man siya. Ako gaatiman nila. Usahay makahuna-huna ko na kapoy na. Akong papa ga work as a tourist guide pero wala ko nakabalo kung unsa to nga company maam kay igo ra siya mag assist sa mga guest. Pagdako ang hatag ipadala dayon. About tuod sa ako uyab maam, kana laging relationship na at first wala ko kabalo nga minyo siya pero dili sila kasal, naa lang sila'y anak wala ko kabalo nga minyo siya. Syempre na fool ko, na fool pud siya. So gidawat nako siya, gidawat pud ko niya pero ang ilahang sitwasyon complicated naba, wa na sila magkasinabot kay naminyo siya'g ahat. Amo yadton time na natingala lang ko nga miana siya na pag once daw na magbinuang ko mobiya gayod siya, murag nabuang gayod ako sa iyaha murag na-inlove na kaayo ko. Iya kong gi-block sa fb, aware kaayo ko ba unsay sala nako, gitawagan nako siya di siya makontak pero kadto diay

nga time gauban siya sa iyang asawa, nakatug-an ko ba syempre abi nako wana mi, ang akong huna-huna ato blanko jud kaayo grabe akong hilak-hilak, wa ko'y kaon, sige ko ug inom pero di lang sobra, kana ganing broken ta, gusto nako siya storyahon, duolon di ko kaduol kay naa lagi ang isa. Mao to nasud sa akong huna-huna naglitlit jud ko, naglaslas jud ko. Akong mga classmates nataranta, grabe akong hilak-hilak mao to miskwela gihapon ko. Bisa'g lipong, ga dugo-dugo na akong kamot, ga kurog-kurog pa miana sila 'unsa man, ok raka?' gitabunan lang nako ug jacket taod-taod ato nalipong akong pananaw, yadto na dayon ko natumba. Gitan-aw nila ako kamot mao to maam nag breakdown gyud ko, di na nako kaya. Lalaki ra'y hinungdan ug mao na dayon to. Ingon sila 'nganong hilak-hilakan man nimo ang laki, syempre wala ka kabalo sa tao gud labi na'g ikaw ra'y isa, wala ka'y maka storya-storya.' Usahay makauli ko mga lunes, makauli ko'g ahat, mao nang rason. Gi-storya to sa doctor maam sa Adela iyaa kong gitagaan ug advice lagi, ingon siya nga aside sa ako daghan pa kuno nakaagi ana, dapat magstorya lagi kuno sa akong uyab dapat careless jud ka ayaw lang gud ug e laslas daun. Naghilak jud ko sa iyang atubangan wala ko naulaw kay di na gyod makaya. Mao to nga stress na kaayo ko wa gyud ko katulog murag two weeks sige ko hinuktok ato sa boarding house maam, unta mutunga siya kalit makapiyong ko ug duha ka oras, momata napud ko mingawon ko ba hanap-hanapon ko sya ba, pero pagkabalo niya ato, nag-estoryahay mi at first miingon syang buwag, wajud ko misugot, nagluhod-luhod jud ko maam ingon siya 'nganong naglaslas man ka?' 'abi naman gud nako na wa nata ba syempre down nako, wala nako laing kadaganaan mao tong gi-settle nam, gi-explain niya ug maayo tapos nagbulag sila. Nag-storya mi sa bae, ingon nga 'mao mang iyang gusto di ako syang e set free' pero usahay pud maam maglibog pud ko, maluoy ko sa bata, nay muingon nga nakaguba ko ug

pamilya. Naglibog ko tapos makahuna-huna ko nga ibalik nako siya, naa muingon 'daghan pa'y lalaki' pero unsaon man sa kadamo sa lalaki kung isa raman ang angayan'. Pero usahay pud mag-away pud mi pero ihilak lang nako kay basin maunsa napud. Kabalo na akong papa ato nga time, kay iyang lagi anak ingon siya 'sagdi lang kay lalaki lang na pareha ragud sauna sa imong mama naka huna-huna ko magpakamatay na'. nag storya-storya lang gud mi. Adto ko sa simbahan maam, naghilak gayud ko sa atubangan sa altar ingon ko nga 'lord, unsa man gud ni' hilak jud ko daghan nag-advice nako ana lagi daw natural mn gud na ayaw lang ug paglaslas, be strong, be brave lang gayod laban lang. usahay muhilak siya sa akong atubangan maam nga wan a daw iyang feelings, sa bata na lang daw, napugos radaw sila kay tradisyon sa mga waray. Miana siya na 'unsaon man nato nga karon lang ta nagkita pero lang gayod akong mingyuan, tuo lamang gayod. Usahay makabantay ko pag manawag iyang bae iyang yawaon 'ayaw na pagtawag kay wa na ko ganahi nimo' na corner lang sya ba. Maluoy lagi ko sa bata pero love nako siya naglibog ko asa nga part akong barugan labi na nagkaguba na 'g pamilya lag.' (I was not expecting that my mother will cheat us. I thought that the person whom we considered as our uncle afforded to cheat my father. Until time came, we heard rumors that my mother has an illicit affair with him. I really see in my both eyes, the guy slept with my mother. I was shock and don't know what to do. I was not able to do something. One time my father came home from Cebu. He kept on asking if my mother is cheating him. They had a fight. I knew the truth that my mother was cheating him, but I was afraid to tell him the truth because I don't want to have a broken family. My uncle told the story to my father that this is so. So, it resulted to their quarrel. My mother packed her clothes and went away around 5 am and since then she didn't cameback. Now my father is working in Cebu after she had

recovered. He was really upset of what happened. He almost commits suicide. Of course, I was also hurt seeing my father suffer. I really pitied him being left by my mother. I also committed suicide attempt because of my boyfriend. I fell in love with him. I got crazy about our relationship even if he was married. I got really in love with him. One time he blocked me in the Facebook. I know that he was with his wife. I thought we were already breaking up. I cried so hard. I can't eat anymore. I got drunk. I really got desperate. I want to talk to him, but I just can't because his wife was around. That's why I decided to commit suicide, I slit my wrists.)

During her suicide attempt, Maria said:

“Ang akong huna-huna ato maam nga feel nako nga wa najud di na nako kaya, gusto najud nako magpakamatay, gusto na nako undangon akong kinabuhi. Wala ko kahuna-huna ato nga positive, wala nako ka huna-huna ng ginoo ato. Ang akong huna-huna ato demonyo na, nay side sa ako miingon na ‘magpakamatay na’ naa pud gaingon na ‘ayaw, ayaw’ mao to maam grabe hilak-hilak nako. Down na gayod ko maam, sakit kaayo, libog kaayong akong utok ato. Feel nako nga mao na gyud siguro ni wala na kaya. Gusto ko taposun ang tanan. Gusto naku mamatay. Gusto na nako na undangon na akong kinabuhhi, gikapoy na ko. Broken hearted maam aside ato sa family nako kay usahay man gud mag-away mi ni papa ba financially. Syempre, sakit pud ingnan ka sa imong papa na ‘ikaw bigaun ka, liwat ka sa imong inahan’ di ko katubag kay imo man amahan, pasagdan na lang nako. Bully ko sa mga tao kay mupatul lagi daw, murag sakit sa ako buot kay syempre love gud nimo. Muingon siya sa ako na ‘fight lang ba ana, unsaon taman karon lang ta nagkita, magsettle rata’. Sakit kaayo sa akong buot na mipatul, ‘di ka mauwaw?’ tapos pakapinan dayon sa storya na sobra daw kaayo. Biskay ang imong problema sa pamilya ra, lahi napud nga

storya, dautan pud, sakit gayod sa buot nga wa kay lain kaestorya, syempre down ka sa imong kaugalingon, maka huna-huna ka na undangon na nako ni” (In my mind, I felt that I was already desperate. I really wanted to die and end my life. I didn’t have any positive thoughts. I forget God. As if I was dictated by demonic thoughts. I was really confused as if somebody is dictating me to really end my life. That’s why I cried so hard I was feeling down and upset. I thought it was end of everything. I really want to die. I was broken hearted and I also have my family broken. I am always blamed by my father according to him I am like my mother who is like a whore. I will just keep quiet. I was being bullied why I committed myself to a married man. I am also hurt because they criticize the person I love. My boyfriend said don’t give up just fight we cannot do anything we can settle things. Moreover, they commented that it is a great shame to be involved with a married man. Those comments make me more upset.)

After her suicide attempt, Maria noted that:

“Human ko gidala sa clinic gi refer ko sa guidance counselor. Ingun siya kinahanglan ko mostorya sa psychologist sa Provincial Health Office. Gapasalamat ko. Morag ang among estorya nakatabang nako. Nakarealize ko na deli ra ako ang may sad experience na masakit og kinahanglan mopadayun ko sa akong kinabuhi. Morag narelieve ko gamay human sa among pagstoryahanay sa psychologist sa iyang clinic” (After I was brought to the clinic, I was referred to the psychologist by the guidance counselor. I was thankful with our talk. I realize that it is not only me who has a sad experience. I must go on living.”)

In describing her coping, Maria related,

“Human sa akong pag suicide attempt, syempre wala na ko’y time mag-inusara try ko mag storya-storya sa ginoo mao to misimba ko murag naka ease sa akong feeling ba nga naa

pod ko'y mga amiga na mag storya-storya sa mga problema, bahala magamay-gamay, lingaw-lingawon ko nila pero kung naa ko'y problema di ko kadayaw gi dibdib ba kay basi'g unsa na pud mahitabo mabuang napud ko. Makahilak na jud ko gipalabaw na gayod nako ang side na positive” (After my suicide attempt, I had no time to be alone. I tried to pray to God. I keep on going to church so that my feelings will be eased. I also have some friends who tried to cheer me up, whenever I have some problems. I don't want to take seriously all my problems. It will make me go crazy. I tried to think positively.)

Jen, 17

When Jen was asked about her feelings over her attempted suicide, she said she was already fine because she had since transferred to a boarding house. The change of environment had really helped her a lot. Jen narrated,

“Kibali amo ini, namatay akong Papa, mga September 2017. Tungod da sad sa depression, sa lingig amo dan akong pagapasaway ba tapos pag-abot ko ngadi, nagpoyu ako sa ako tito dali ra ko masakitan bisan gamay ra na storya ba. May asawa sa akong tito na ang mama ng asawa ng ako tito storyador gani maam pero sa punto kuman nasabot ko na siya. Wala ko maanad sa ingun na batasan. Tapos amo pa ko tuntong sa ngnha na bahay wala ko maenad kay ang ako ingkaandan yaon pasabton gayod ako sa mga storya siya kay direct raman diretsuhan gayod sa ako na part insult na gayod kibali. Tapos miabot ang punto na nagbikil sa balay ang deli nako gusto na moabot ang estorya sa akong Tito bahala ako ang estoryahon kay amo gayod yaon ako kahadlukan. Tungud adto na panultihun wa gayod ako kaangay tapos nakadungog ako ng lahi na storya. Misolti ko ka Mama ang mga nahitabo kay sa iya raman ako mag open. Ang gusto ni mama mo transfer

ako ng boarding house kay layo sa sab min-abot sa punto na wa ako kahibawo na si daddy bia, ang akong lolo ug ang ako uyuan galalis na baya tungud nako. Ang miabot sa iya na storya nagtubagtubag kono ako. Naay tindahan akong auntie og usually motabang ko human sa akong klase. Kay freshman pa man ko busy kaayu ko sa among school daghan e-memorize. Mag sirado sila ng 11. One day minsud siya sa tindahan tapos pagtan-aw niya lipae, murag wa gayod kahinloe pero may trabahante yadto. Tapos ng gabie kami sab ng akong ig-agaw ng memorize kami ng vision, mission tapos damo ang assignment. Tingala kami na paggawas namo ng around 6 may yagkalagatak sa gawas tapos siya baya yadto ga wild kay na nga kuno dili kami hibawo magtan-aw nan malipa na wara gud kami kahibawo kay lahi ang tindahan alangan mugawas pa kami ug 11 pero wara sa punto ko gihimo kami ng uno. Tapos wa ako kahibawo ang storya ngadto na gihimo kuno kami na ulipon lahi na ang storya. Tapos may mga dungog-dungog na gilikayan ko sa tanan na muabot ang storya kay tito na lahi nasad na mga storya. Tapos ako gamay ra na storya sakit na dayon. Amo yadto laong ni tito gitubag-tubag ko kuno si auntie wa da ako maka defend sa ako kaugalingon. Grabe dayon ako hilak tapos wa ako kahibawo na si daddy baya ngadto minkuan kan tito kung unoy mga panghitabo. Nagtinibagay na nuon sila. Storya lang gud dili sa ingon nga away. Tapos min-abot nasad sa upat na igsoon kibali puro laki mga uyuan ko, igsoon gihapon ni mama, na ok na ang tanan pagkagabie amo dan ya depressed da ako sa mga sulti-sulti plus skwelahan pa gayod pero gina settle ko ako self sa school. Tapos halos kada gabie ako nagahilak tungod lagi ng mga panultihon. Amo da ng nagkaweak ako, pag-abot sa skwelahan luntay ako permi daan sa pagkamatay ni papa depressed kibali ako. Miabot sa punto minchat si tito na nga kuno gipalalis ko si tito. So natinga ako, na nga uno baya nahitabo nga ako ang hinungdan? So grabe akong

paguna-huna ming blurred ngaud, nagdugom gaud, nagkuan ko na magbigti dakan kay murag wara na tanan. Ako ilang gibasol sa tanan pati si mama nadamay tungod da ng haod ng yaon, tapos pagsud ko sa kwarto gitan-aw ko si auntie amo dan lagot gaud. Gusto ko mo bless pero amo dan lahi ang tadong na tao kung tadong ang pagdala sa life. Ya feel ko gayod ang lahi sa palibot. Ang mga tao murag lagot sa ako, sa skwelahan murag dili ko gusto makisalamuha. Pagsud ko sa kwarto, nakit-an ko ang pisi, pagtanggap ko ng pisi may nanuktok kay kuhaon ang bugas na yadi sa kwarto, gitago ko ang pisi sa likod pero ang ako mata wara laong pa nila adto na kuno ang kalagot ang tanan, tapos paggawas nang ako ig-agaw nakabantay na baya siya, nagabitay baya ang pisi sa ako kamot tapos gi dali-dali dayon ko pagsirado mintulak siya na pinakalit na mopalock na tana ako. Pagtulak niya hapit maguba ang lock minlaong siya 'ate ambi ang pisi' laong ko 'huh? Uno na pisi?' pagtan-aw ko gabitay na baya so gitago ko. Laong ko 'huh wara sa gud', 'te itug-an takaw kan mama' 'uno mark? Wara sagud'. Tapos wara kami maggawas ng pila ka minute kay langoti na gayod siya sa ako na wara na sab sa ako utok na yaon ang kalangot tanan. Bug-ati na gani ang palibot mo lahi na ang panan-aw tapos yatingala ako na mitawag si makmak sa gawas 'kuya ali naa ngadi', 'na nga dugayi kamo manggawas, wala na kamo magdung-ag' pagtan-aw niya sa ako luntayi sa kuno ako puwahi na ako mata amo dan ako ng ingkademonyohan lahi na gayod ang minsaka sa ako huna-huna. Miatras ako kay ako huna-huna wara na gayod since wara na bitaw si papa, minbiya si papa na way pananghid sa ako dapat ako sab. Tapos si kuya bisan hubog kaanawan tungod sa ako gibuhay. Gipangutana ako ni kuya na 'day adi lang ako, dili ako mawala sa imong kilid, sulti kung unoy problema mo'wala ko sultiha, silent lang ang tanan si makmak ga hilak-hilak. Pagtagdo gayod sa akong luha diretso gayod blurred ako panan-aw, ya

collapse dayon ko pagbutang ni mark ng cellophane kay paginhawaon gihimo ng oxygen, modan minmata ako tapos min-ingon dayon si kuya ko na 'day unoy problema? Storyahe ako' na wara ako ka estorya tungod da ng depression. Nanggahi gani na once na muhilak lang dibdibon, dili ipagawas, e shagit man lang tungod dasab ng pagkamatay ng ako papa. Grabe ako hilak yadto gilang-an ko si kuya, wala ko paminawi sa akong side. Akong gibasol ang tanan gikan pag-uli sa skwelahan instead na good mood kaw pag-abot sa bahay murag dili kaw ganahan pag-uli kay wara nila ako paturuga sa balay yadto gitapad ako nila. Pagkabuntag after sa nahitabo gisultihan ni kuya si tito kibali na pagkabuntag ng yadto min skwela nako gipa skwela ako ni mama kuman kay mintawag ang tita ko yadto sa gawas nakabalita na sad yadto sa nahitabo kabiena hapit na di na magkabuntag. Gi storya unoy rason giingnan ko sila na ako ang rason tanan. Wala ako paminawi sa akong side kay kung uno gaud ang nahitabo na gitubag-tubag na bisag wami magkastoryahanay. And ginaduolan ko lang kibali ang ako barkada pero usahay masipog na ako. Tapos yaturug ako sa boarding house ng ako classmates, amo dan lain gayod ang ako pagabati, hubago pa ang ako mata kay ga skwela ako pagalagnat na ako yadto. Yadto na time wala na ko miuli gipadala ako ni mama sa akong barkada sa boarding housepag-abot ko sa skwelahan wa ako kahibawo na yakaturug na baya ako sa bangko, tanto na kapoyi na gani luntayi na gani waray tulog pagmata ko ako luha gatagdo na baya tapos humana ang klase gitan-aw nila ako tanan na puwahi na luntayi na taglang-an ako ng ako classmates na unoy problema gigakos ko da siya kay lipongi na. bitbit ako niya pababa, minbinhod na ang ako lawas di na mulihok, dili ko sab gusto na ihigda kay amo dan di ako ka ginhawa, pag-abot namo sa pathway yaluntay ako diretso gidala na ako sa clinic, pag mubangon ako murag dili ako ka ginhawa murag may mobara sa ako tutunlan na wa ko kasabot. First

ko na attack sa tandag amo yadto ikaduha na ang sa clinic. Gitawagan ng nurse si mama nay a depressed na baya sa tungod da lagi sa yahitabo. After ng yadto yalimtan ko tanan mga problema ton gipabalhin ako ni mama. Permi bibo da ngadto. The way na makisama sila feel mo na yaon gayod. Tapos sige na sab ako ngadto ng kasakit pag di mabantayan.”

Isa pud sa factor na nga wala nako gidayon to kay tungod dasad nabantayan da kay tungod rapud sa bugas na yaon sa kwarto, ang ako emotion kun okay lahi na, pulahi na kadayaw ako mata. Sa relationship ng akong papa kami gayod ang pinakadikit, siya ang maduolan ko tanan pag mag-away kami ni mama, siya musagop nako. Tapos kuman, ako dasab ang pagabasol ng ako kuya kibalik kay wa kami makapangayo ng tabang. Turog si papa ato nga time na cardiac arrest instead na mangayo mi ug tabang murag blanko akong utok kay ikaupat niya na atake amo dan di gayod madawat. Three days ako sa unit meet, four days ako sa hospital kay gilagnat tapos amo daun yadto pag-uli nako, ngadto nasaydan ko. Hubog man to si papa nga time giplastar namo sa higdaan. While nag chika-chika mi sa ako mga uyuan gitawag ko ni mama sa kwarto. Pag adto ko morag naghihingalo na si papa nan lagom na tapos mga around 12 giataki siya na min otong na gayud” (This is what happened. My father died last September 2017 because of depression in Lingig. When I came here, I lived with my uncle I consider myself as a very sensitive person; I am easily hurt. My uncle’s wife was the type of person who is really very frank. It was the first time adjusting with her. I can’t understand her. I am type of person who can understand if things are explained to me until one day a conflict happened between me and my aunt. I didn’t want that to reach my uncle’s attention. I didn’t want this to happen because I don’t want him to be involved. One day, she entered the store complaining that the store was a mess. My cousin was not able to help because we were so busy with studying our lessons

especially memorizing the vision, mission of our school. My aunt was upset because of the hearsay that reaches to her ears. I was accused of saying that I was treated like a helper. I felt upset hearing such rumors. My uncle reacted because of the rumor that I talked back to my aunt. I was not able to defend, I cried so hard every night after knowing that such incident caused a family conflict. This made me worried a lot. I didn't like that my mother was affected. One day when I went home, I saw my aunt who seemed to be very angry with me. I wanted to greet her, but it seems that there was a different atmosphere. So I went inside our room. I saw a rope. When my cousin got inside, he saw the rope in my hands. He tried to push the door because he knew and understood what I was going to do. I thought of doing the act because anyway my father is dead already. He left us; my brother comforted me after what happened. He assured me that he is always there for me. After what happened I collapsed and fainted. I cried so hard telling him I never had a chance to explain my side.)

During her suicide attempt, Jen disclosed,

“Murag kagustuhan ko gayod para wara na silom, peaceful na tanan, problemahon dakan ang paglubong, amo yaon ang ako paga huna-huna tapos basta amo da, dugom permi ako panan-aw ang ako sige pagahuna-huna walay kaestoryahan, sipog sab ako mo storya sa lain na tao kibali kay basin di pud ko paminawan nila kay amo yaon nakita nila wara na gayud tanan para dili ako makadungog tanan mga estorya na moabot na ang feel ko na dili na matapos ug walay mamati nako” (As if I really wanted to end my life so that the following day everything would be at peace. That's what I was thinking. I felt blurred, I felt ashamed of what happened. I thought nobody would listen to me. I wanted to end my life so that I can't hear anything because nobody will really listen to me.)

After her suicide attempt, she said, *“Gilang-an ko ni mama na erelax ko da permi ako self kay yaon da siya permi mamati”* (My mother told me that I should relax myself because she’s just around to listen). When Jen was asked about how she coped with her situation, she expressed:

“Ok na tungod sa akong barkada na supportive sila sa ako. Makita mo na the way sila makisama, andam mo estorya. Gipangutana ako ni mama sad kung unsa koy problema kung ok da ako. Nakatabang nako ang pagbalhin sa laing boarding house. Makatoun nako pag ayu. Mag toun nalang ko ug maayu para naa koy maayung kaogmaon” (I felt okay because of my supportive friends. I can see that they were always supportive. Transferring to a boarding house really helped me. I can already focus on my studies. I will study hard for my brighter future.)

Linda, 16

When asked about her suicide attempt Linda disclosed that:

“Sa bata pa ko gibilin ko sa akong Mama sa akong Lola. Tulo pa ako ka tuig ato. Wala magminyu akong mama og papa kay nagbulag ra man sila. Akong mama is third year college lang unya ang akong papa nursing graduate. Katong nag ipon sila og gipoy an, sege man sila og away luoy kayo akong mama maintain sya naghilak everytime mag-away sila ni papa, grabe ang kulata sa iyaha mao to naluoy na kayo ko sa akong mama tapos katong nag decide sila sa akong papa na magbulag na lang nag decide na lang pud si papa nga mag abroad na lang tapos ang akong mama wala na muhuman sa iyang pagskwela so after pag abroad sa akong papa wala na ko makadungog niya wala na ko’y balita sa iya, wala nay padala ug wala na pud siyay sulat namo mao to nagdecide na lang pod akong mama nga mag abroad og magtrabahu didto. Nakaminyu siya og foreigner sa London. Siya ra nagsupport nako financially kung unsay ako ayuon ihatag sa ako pero talagsa rami

magstorya sa phone kay kabalo man ko nga busy siya sa iyang trabaho didto. Hantud miabot ang time na gikoha ko sa akong Auntie kay gulang na man akong Lola wala ko'y gusto na muiban niya kay kabalo ko nga strikto siya kaayo. Wala koy choice kay siya man ang gabout. Kabalo man ko nga dominant kaayo akong auntie. Strikto kaayu siya. Ga suffer ko sa iyaha emotionally. Wala ko kadamdom kung nalipay ba ko sa iyaha. Tanan akong buhatun under her control including my finances. Tanan ko pagsakit na experience ko sa iyaha. Usahay dili ko tagaan og kwarta nga padala ni mama para sa akoo. Mura ko og langgam na gipriso ato nga time. Misamot pa gaud akong kinabuhi pagkamiserable tung miipon iyang amiga namo. Sege sila magmajong unya og mapilde sila ako ilang himoong shock absorber. Singgitan ko sa akong auntie. Nang high school nako wala nako kaantos sa iyang treatment nako. Nagsogud nako pagtubag tubag niya. Deli na gyud ko kapogung unfair siya kaayu. Deli ko sa una motubag pero karon mutubag na ko sa iyaha tapos para niya gahi kono akong ulo. Usa ka beses maam naglagot kayo ko na late lang ko og oli kay na gama mi og requirements. Iya ko gi accuse na nag drugs kono ako kaoban sa akong mga classmates. Galagot kayo ko ba kay dili siya mamati bisag unsay explanations nako, dili gyud siya makasabot nako mao to wala na nako maantos iyang batasan. Mao to nga misulod ko sa akong room sige ko ug hilak tapos nakahuna-huna ko sa pagslash sa akong wrists. Ato nga time naa ra sila auntie sa gawas ng kwarto maam with iyang amiga, busy sila sige mahjong, wala gayud ko magtug-an sa iyaha kung unsay nahitabo nako kay kabalo ko na masuko napud siya sa akoo. Sige rako hilak na pinasekreto kay basin madunggan niya ako” (When I was a child I was left by my mother with my grandmother. I was three years old back then. My parents were living together but things did not work between them, so they separated. My mother was still in her third-year

college when they had me. She did not pursue her studies while my father graduated as BS in Nursing. My father went abroad to work, and I never heard and saw him anymore. My mother decided to go abroad for work also. She met and got married to a foreigner in London. She supported me financially, but we seldom talked over the phone until the time came, when my aunt got me from the care of my grandmother because my grandmother was already quite old. My aunt was so strict, and I suffered emotional turmoil. As far as I could remember, I was never happy as a child. I was always under her control. I am like a bird that was imprisoned. My aunt controlled everything including the financial support from my mother. I became more miserable when my aunt's close friend stayed with us. Both were fond of playing majhong. Whenever they lose in the game, they took their frustration out on me. My aunt usually yelled at me. I cannot reason out because she took it as a sign of being disrespectful and defiant. I recalled that when I reached high school, I started to defend myself and reason out because my aunt being unfair seemed to be intolerable. One time, my aunt got mad because I went home very late due to school requirements. She would not listen to my explanation. She accused me of using drugs and for hanging out with friends who influenced me badly. My aunt could not understand me. I could hardly bear all the pain and injustices she did to me. I cried so hard, so I slashed my wrist.)

At the time of her suicide attempt, she recalls:

“Ang akong gibati sa akong pag suicide attempt kay goul kaayu ug libog akong ulo. Wala na ko kasabot, blanko na kayo akong huna-huna feeling ko nawala ang meaning sa akong kinabuhi. Wala koy kaestoryahan kay saud ako nga walay maminaw nako walay makasabot nako. Mao to hopeless na kaayu ko maam. Maayu pa magpakamatay na lang”

(I felt very upset and confused during my suicide attempt. I didn't understand, my mind was empty, I find my life so meaningless. I had no one to talk to because I know nobody will listen and understand me. It made me feel hopeless. It's better to die.)

When Linda was asked about her feelings after she attempted suicide, she responded,

“After ato sa nahitabo natulala gayod ko nakahunahuna ko na sayup diay ang magsuicide attempt. Nakareflect ko sa ako kaugalingon nga siguro challenge lang ni tanan on how strong I am in terms sa paghandle sa mga problema in all of my aspects. Ug I know pud nga daghan pay tao na always mutabang nako bisag dili ako kadugo pero gitagaan pa nila gihapon ako ug importansya” (After my suicide attempt, I stared blank and realized that it was wrong to commit suicide. I reflected that maybe they were all challenges on how strong I am in terms of handling problems. And I realized also that there are still people who can help me even if they are not related to me. They gave me importance even if they were not my loved ones.)

Finally, Linda was asked how she coped after her suicide attempt and she answered:

“Human ko nag suicide attempt, nakarealize ko na deli pa kataposan sa kalibutan. Gidala ko sa akong mga amiga sa mga religious activities. Mi join ko sa ilang church og miapil pud sa mga worship band. Naka feel ko og belongingness. Supportive sila kaayo. Ila ko gi encourage na isalig tanan ang nahitabo nako sa Ginoo ug miapil pod ko sa ilang mga ball games nagadula mi as akong recreation. Ang akong plano sa akong kinabuhi na kung unsa ang naa sa ako karon ipadayon na lang nako ug katong na-experience nako nga sakit kayo himuon na lang nako to nga inspirasyon para sab sa ako future. Ako pud ipadayon ang akong pag eskwela para makatabang pud ko sa akong mama, magtuon ko ug tadong para sa akong future” (After my suicide attempt, I realized that it was not the end of the world.

My friends asked me to join their religion activities. I joined with their worship band. I felt I belonged there. They were very supportive. They encouraged me that I should trust everything to the Lord. I joined also with their ballgames as my recreation. I plan to keep my life going and I will take my sad experience as a challenge. I will just continue with my studies so that I can be of help. I will really study hard for my bright future.)

Themes

Results of this study revealed the following factors that caused the respondents to have psychological distress: family issues, stressful life events, helplessness, hopelessness, and lack of coping skills. On the other hand, their coping skills were acceptance, focus on studies, realization, presence of supportive people such as mother, friends and classmates, and prayers. The sub-themes were family conflict, rejection, family disruption, maltreatment, history of family suicide, and low self-image.

Theme 1: Family Issues

Sub-theme 1: Family Conflict

Family conflict is reflected in the constant quarrels of family members. This subtheme is evident in the case of Ann who had a family problem and had no one to rely on and triggered her decision to attempt suicide. Recall that she had disclosed that her parents kept fighting because of her father's infidelity plus her brother turning to drugs. In her words, "*Na trauma ko maglantaw sa ila away*" (I was traumatized by their constant fighting). She added, "*Nahadlok pod ko sa akong kuya*" (I was also scared of my brother). Such kind of environment placed Ann in a very stressful situation that even affected her studies and social life: "*Nawala nako gana pagstudy. Gamay kaayu*

akong grades. Daghan akong problema sa balay, akong brother og akong mga friends” (I lost interest in studying; my grades went down. I had many problems at home, my brother, my friends).

Recall, as well, that Pia was rejected by her father who had wanted a son, referring to her as an “unwanted child”. There were constant reminders of this rejection.

Family conflict is also evident in the case of Maria whose mother left them for another man; her father was devastated by this. In addition, conflict with her boyfriend over her pregnancy caused her to lose her baby.

This is also true in the case of Jen who was very upset because of the conflict between her and her aunt who refused to listen to her. Jen was really worried because her uncle and grandfather were already affected by such trouble. Linda also had conflicts with her aunt.

Subtheme 2: Rejection

Rejection is defined as the spurning of a person’s feelings—true in the case of Pia whose boyfriend was unfaithful to her and who then kicked her out of their apartment. Rejection is also evident in the case of Maria whose married boyfriend had returned to his wife and blocked her on social media.

Theme 2: Stressful Life Events

Sub-theme 1: Family Disruption

Family disruption refers to events that destabilized the structure of the individual’s family. For example, Andrew’s mother left him and six other siblings when he was very young. His mother then returned for him when he was 13 years old and brought him to Manila, but it was his aunt who sent him to school. Vick had also been abandoned by his mother and subsequently, by his grandmother. Maria also felt abandoned when her mother left the family for another man. She

denied to herself and her father that her mother was unfaithful so that she could save the family, but still, her mother left them.

Sub-theme 2: Maltreatment

Linda said (of her living with her aunt), “*Mura ko og langgam na gipriso ato nga time*” (I felt like a bird in a cage).

Sub-theme 3: History of Family Suicide

Maria’s father took a while to recover after her mother left them; he almost committed suicide after the betrayal of her mother.

Theme 3: Low Self- Image

Ever since she was a child, whenever there were any problems, Pia’s father always said to her, “*ikaw gadala ug dimalas*” (You are the one bringing all this misfortune), adding you are an “unwanted child.” Pia felt she was always blamed, causing a low self image and poor self esteem.

This was also evident in Andrew’s narrative where he disclosed that he felt worthless, asking “*Bakit ako yung pinili ng diyos na magkaganito?... I feel not enough, I’m not a kind of person na valuable*” (Why was I chosen by God to be like this? ...I feel as though I am a person of no value.)

Maria also expressed having a low self-image—how her father scolded her for getting involved with a married man, likening her to her own mother (a whore, he said) and she felt belittled.

Theme 4: Helplessness

Helplessness means the experience of losing control over events and subsequently having difficulty obtaining a desirable outcome, making life miserable for the adolescent left with no one to turn to during hard times. Ann narrated confusion over what to do; she hoped her parents would

just not mind each other to keep the peace, but she also found no support from her friends. Ann pitied her mother over the problems with her father and brother, but she did not know what to do. The pain, she said, was unbearable. Andrew, meantime, felt he was going crazy while Maria felt burdened by responsibilities at home, saying, “*Gusto nako taposun ang tanan*” (I just wanted everything to end.). Similarly, Jen said “*Maayu pa matapos na para wala na ang tanan*” (It’s better to end everything.)

In the case of Linda, she revealed, “*Wala nay meaning akong kinabuhi wala koy kaestoryahan og deli sila kasabot kanako*” (My life had no meaning; there’s no one to talk to, and they wouldn’t understand me.)

Theme 5: Hopelessness

Another main factor why adolescents attempt suicide is hopelessness. It is the feeling that hope has been destroyed from facing life’s dilemmas that seem to have no solution. Hopelessness threatens one’s physical and psychological well-being. The following narrated their sense of hopelessness.

Ann felt so much pity for her mother who had problems with her father and her brother. Pia was upset after her break up with her boyfriend. The situation made her hopeless and confused. In the case of Andrew, hopelessness was evident when he said: “*Sinisisi ko ang Mama ko. Iyak ako nang iyak. Feeling ko walang nag appreciate sa akin and I am useless*” (I blamed my mother; I cried a lot. I felt unappreciated and useless.). Vick felt the same hopelessness after being neglected by his mother and similarly, Maria felt hopeless after her married boyfriend could no longer be contacted.

Theme 6: Lack of Coping Skills

Linda's narration revealed she lacked a way of managing her life because at a young age, she was abandoned by both of her parents and was left to the care of her grandmother and later a strict aunt who curtailed her freedom. This unjust treatment compelled her not to reason out for her aunt might interpret it as a sign of disrespect and defiance.

Coping Strategies

From the narratives of the participants, it was revealed that they have different ways of dealing with their circumstances, including acceptance, realization, positive thinking, presence of supportive friends and other members of the family, prayers and faith in God. These were the adaptive ways in which the participants were able to cope with their sad experiences. For example, Ann would not have moved on if she did not learn to accept what happened. She said she just denies what's happening now and gradually accepted it and looking more positively at everything. Vick has also moved in the direction of acceptance, especially of the fact that his parents are no longer around.

Vick's realization was also his means of coping with his situation, acknowledging that he had a sister who needed him. Linda realized that it was not the end of the world and Maria realized she was not the only one who had had a sad experience. Andrew realized that he had done something wrong, that people had raised him and took care of him, and it was a sin to have contemplated ending his life. He had supportive friends and so did Pia and Jen.

Positive thinking was also Andrew's way of coping: "*Kailangan pa akong magpatuloy para sa sarili ko, kailangan kong tumayo, sabi ko, kailangan ko talagang bumangon para sa pamilya ko. Kailangan hindi mag-iisip ng mga negative thoughts na dapat ay ganito dapat ako*" (I should go on with my life. I should stand up for my family. I should not think about negative

thoughts that I should be like this.). Ann also said that she just looked at the positive side, despite the negative that happens. Maria felt the same.

Prayers and faith in God was evident in Vick's prayer to become a stronger person. Maria also prayed and went to church to find some peace. Linda began joining religious activities and was much encouraged by her friends to trust God with her problems. In addition, Linda had renewed focus on her studies, for the sake of her mother. Pia determined to pursue her studies while continuing to pray.

CHAPTER IV

DISCUSSION

From the narratives of seven adolescents who had attempted suicide, six themes emerged, namely family issues, stressful life events, helplessness, hopelessness, lack of coping skills, and coping. The following were the sub-themes: family conflict, rejection, family disruption, maltreatment, low self-image, and history of suicide. According to the World Health Organization (2014), depression, poor self-esteem, hopelessness, helplessness, the suicide of family members, bullying, poor school performance and family problems are the risk factors of adolescent suicide. The results of this study are consistent with these findings.

The adolescents had varied family issues, such as having parents always in conflict, being an unwanted child, thus always in conflict with a parent, and conflict with extended family. These adolescents were living with a very stressful environment that caused them pain. They expressed how difficult their situation was having such kinds of parents and other family members. They were feeling psychologically distressed by the events that had happened around them. According to Kohlberg, Peña, and Zayas (2010), adolescents who attempted suicide described their family as stressful, unsupportive, highly conflicted, and emotionally distant.

Some of the adolescents had experienced rejection—one from both an unsympathetic father and from a love relationship. According to Beautrais (2000), life stressors such as interpersonal losses (e.g. break up with a girlfriend or boyfriend) and legal or disciplinary problems are associated with completed suicide. Those participants who experienced such problems were triggered to attempt suicide.

Similarly, there were experiences of abandonment among the adolescents in this study, usually by one or the other of the parents and usually at a very young age. From their narra

they revealed how hard it was having no parents while growing up. They were disconnected from their parents and felt that they had no emotional support that could have been given by their mother. They also became lonely, helpless and desperate. According to Durkheim (1827/1951), despair is a consequence of isolation from a family and can be a driving force behind suicide. This results from a failure to build on the tasks in life and this left out an adolescent from his inner self. This was evident in the reasons why adolescents attempted suicide. According also to Zhang (2016), social withdrawal and disconnectedness from a family have been identified as factors in suicide. The adolescents were left to navigate all by themselves through their crisis. Conversely, De Luca (2016), the family is a key source of connectedness or youth and serves as a protective factor against suicide.

Moreover, Kidd, Henrich, Brookmeyer, Davidson, King, and Shahar (2006) stated that adolescents who are more connected and supported by their family have lower risk of engaging suicidal behaviors. According to Huff (2000), depression, family disruption, drug and alcohol abuse are factors in suicide. Brown et al. (n.d.), also stated that there is a strong evidence indicating that various forms of childhood maltreatment, and sexual, physical and emotional abuse predict suicide ideation and attempts among youths.

The World Health Organization (2014) also reported that having poor self esteem is a factor in suicide attempt. It is also consistent with the study that poor social skills, low self concept and social self-concept, and feeling rejected or isolated by peers can serve as a risk factor for adolescents (Reed, Bell, & Edwards, 2011). The adolescents had shared their feelings of being hopeless. According to the study of Howard-Pitney et al. (1992), hopelessness has also been linked to suicidality. The participants lost a sense of meaning in their lives, so it caused them to make suicide attempt.

On the lack of coping skills, participants who have no emotional support from their parents triggered them to make suicide attempt.

Family is the basic unit of society and parents especially are a source of emotional support. The absence of this results in an unhealthy ego. According to Erikson, adolescents in this stage face identity crisis. He further stated that when adolescents fail to successfully navigate their crisis, they can become distant and self-contained or conversely, they become needy, dependent and vulnerable. If they do not resolve their crisis, their emotional development becomes stalled and as a result, they will become isolated and lonely without social supports. Erikson further said that when youth become stuck in this stage, they will be unable to become mature adults.

Adolescents in this study also expressed how they coped after their suicide attempt. Their ways of coping included acceptance, realization, positive thinking, presence of supportive friends, classmates and other members of the family, prayers and faith in God, joining in religious activities, and by focusing on their studies and future. Two of the participants expressed that they have learned to accept the things that happened with them. They have accepted it little by little and begin ignoring what has happened. In that way they will be able to go on with their studies. They also realized that ending their life is such a great sin and they are afraid of God. Two of the participants also tried to develop positive thinking for they want to move on with their lives. Three of them expressed also that with the help and the presence of their classmates and friends they have learned to cope and give themselves another chance.

Two of the participants also expressed that due to the unconditional love of their mother they were able to transcend of what had happened to them. It has been said that the family is a basic unit of the society. Parents are the source of emotional support and the absence of this will result in inferiority. This results from a failure to build on the previous tasks in life and this left

these adolescents isolated from their inner “self” (Erikson, 1968, p.124). The absence of parents as they were growing up tendered them emotionally unstable due to the lack of adult support. According to Erikson, adolescence is called the period of “identity versus identity confusion.” This crisis represents the struggle to find a balance between developing a unique, individual identity while being accepted and “fitting in.” Thus, the youth must determine who they want to be, and how they want to be perceived by others. Erikson believed that when youth successfully navigate this crisis, they emerge with a clear understanding of their individual identity and can easily share this “self” with others.

Adolescents who attempted ending their lives felt blessed to survive and be given a second chance at life. They lived to tell their tale. And most of them were thankful they did not die and that they were given the opportunity to correct the mistakes they committed in the past. They may not be able to change the past completely but there is hope to better themselves and their future. They also regained their self-worth and their value in their group of friends and by joining religious activities. They now had a sense of direction and felt that they belonged. And in this new-found family, they were able to receive spiritual and psychological intervention as well as counseling that played a big role in their recovery.

Some of the young people in this study turned their focus on their studies in order to have a better future. They found that by aiming to have good future they wallowed less and less in their anxiety and depression and developed resilience in facing life’s challenges. They eventually turned to positive coping styles to weather the storms that they faced every day.

Limitations of the Study

One of the limitations of this study might have been its phenomenological research design. The accuracy of the results depended on the credibility of the respondents and researcher's mitigating biases. In addition, because the target population only included those who made suicide attempts in late adolescence, the sample size was very small, the results cannot be considered as conclusive to the general population of adolescents. To have a meaningful interpretation of data, there could have been other participants from other schools. But due to the scarcity of respondents, the researcher was able to get only seven participants who met the criteria.

Recommendations

In the light of the foregoing findings and conclusions of the study, the following are recommended:

1. That preventive measures are necessary to curb the incidence of adolescent suicide. This is the purpose of implementing intervention program. Adolescents should be taught on emotion management skills especially on anger management and nurturing maturity of defense mechanisms;
2. That there should be a close coordination between the home and the school, as well as the community. Parents should be educated on how they can help prevent adolescent suicide;
3. That a program is necessary to address this problem that may include psycho-education and information, support groups, and individual intervention. Furthermore, advocacy campaigns are important to raise awareness among people especially parents, teachers, and the community

surrounding the growing adolescents. They should be educated on the risk factors. A responsive and relevant support system is necessary to prevent adolescent suicide;

4. That an individual program in a form of one-on-one therapy between the clinician and the adolescent could help address the issue of suicidal ideation. There should be a talk with mental health specialist so that the feelings of the adolescent can be processed with the other members of the family who can be factors in suicide attempts; and

5. That integration of psycho-spiritual approach as a complementary approach to post-suicide attempt intervention including enhancement of the ministry of prayer and maximizing adolescents' faith resources in coping and moving towards transcendence. This approach also suggests the collaboration of the clergy, faith group leaders, and mental health professionals to assist individuals and families in mitigating negative psychological consequences by facilitating positive spiritual responses to contributory factors of suicide attempts. Recognizing the positive approach will help adolescents at-risk get through the difficult times and focus on things that can give their lives. meaning and purpose.

All of the recommendations are covered in a comprehensive proposed intervention program for adolescents at risk (Appendix G).

CHAPTER V

SUMMARY AND CONCLUSIONS

A suicide attempt is defined as an attempt to end one's life but the individual survives. There are various factors why adolescents attempt suicide. Risk factors include depression, family issues, academic problems, alcohol and drug substance abuse, stressful life events, bullying, maltreatment, sexual abuse, hopelessness, psychiatric disorders, history of suicide, biological factors, and natural disasters. Adolescents who face multiple factors are more at risk. Adolescent suicide is common to female than male, but males usually die compared to females.

This study used a qualitative design. Seven adolescents were selected through purposive sampling from a selected high school and college in Surigao del Sur. In-depth interview with semi-structured questionnaire was used to understand the lived experiences of adolescents who had attempted suicide.

The result of this study revealed that the factors that triggered these adolescents to attempt suicide included family issues, stressful life events, hopelessness, helplessness, and lack of coping skills. The coping mechanisms that the participants adapted were acceptance. According to Bhugra (2010), religious beliefs act as buffers against emotional distress and provide a factor of comfort to distressed individuals. Thus, it can be said that religion serves as a protective factor against suicide attempts. Furthermore, in this study the protective effect of religion was found. Social support is also one of the protective factors of suicide, according to Meadows, Kaslow, Thompson, and Jurkovic (2005)., focus on studies, realization, presence of supportive friends or loved ones, and prayers.

It was revealed that these coping mechanisms enabled them to go on with their lives after they had attempted to end their lives. In spite of their situation, they were still able to surmount the odds by making use of adaptive coping mechanisms.

The discussion of this study was grounded on Eric Erikson's Theory. Emergent themes were considered to investigate the responses of the participants. The adolescents felt helpless and incompetent at facing their family and personal crisis because they were too emotionally immature. This also caused them to have psycho-emotional problems and in turn causing them to be in deep loneliness and despair thus made them respond maladaptively.

The adolescents in this study were devastated by the family problems and conflict, abandonment by their own parents, and unsympathetic or unsupportive relatives who were supposed to be caring for them. As a matter of fact, in the case of one participant whose parents were always fighting and with a brother who was a drug dependent who was violent at home, the stressful life events caused her much confusion, distress, and impairment in academic functioning. Family issues such as abandonment also caused the participants to be left lonely, helpless and hopeless. They experienced pain and struggle when they were left uncared for. They were triggered to attempt suicide because there were so many other stressors that surrounded them. They were left on their own to make decisions. They attempted to end their lives because the pain they were experiencing was intolerable. They were suffering from sense of isolation. They were disconnected to their loved ones due to family problems and conflict. Their sense of isolation caused them to feel lonely and desperate.

Based on the findings of this study, it is concluded first of all that much of what is associated with adolescent suicide has to do with family issues, as evidenced in such factors as family disruption, abandonment (by a significant family member), and rejection as "an unwanted

child” (by a parent). This primarily led to feelings of hopelessness, helplessness, low self- esteem, and the non-development of appropriate coping skills. However, adolescents do try and adapt through the development of a spiritual life, by a renewed focus on studies, and by the presence of supportive people.

The adolescents in this study felt that their sufferings were unique only to them. They were left to their own in navigating their crisis because of the absence of family support. According to Erikson (1968), these adolescents are adults in the making. They may appear an adult but no doubt, they are young, immature, and impulsive. Heightened emotionality and negativity may be triggered by untoward circumstances and stressful life events.

When adolescents can not solve the crisis in this stage, they will become emotionally immature adults. However, as shown in this study, adolescents are able to transcend or surmount their painful situation. They are able to rise above negative circumstances through various ways of coping. They have the capability to transform themselves into a more mature stance and this more positive outcome is worthy of our attention as well.

An intervention program is vital for these young people so that they may continue to develop in a positive direction. A school-based intervention program can also include early detection and emphasize suicide prevention.

The family and parents, in particular, are undeniably an integral part of the child’s identity and personality development. The adolescent’s sense of “self” and their orientation of what a family should be, and respect for others and life itself is all learned in the context of a loving and affectionate family. Parenting seminars are thus also recommended.

REFERENCES

- Asarnow, J., Hughes, J., Babeva, K., & Sugar, C. (1987). Cognitive-behavioral family treatment for suicide attempt prevention: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56, 506– 514
- Barber, B.K., & Erickson, L.D. (2001). Adolescent social initiative: Antecedents in the ecology of social connections. *Journal of Adolescent Research*, 16(4):326-354.
- Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology Monograph*, 4 (1).
- Beautrais, A.L. (2000). Child and young adolescent suicide in New Zealand. *Australian New Zealand Journal of Psychiatry*, 35. 647– 653.
- Beck, A.T., Brown, G., & Steer, R.A. (1989). Prediction of eventual suicide in psychiatric inpatients by clinical ratings of hopelessness. *Journal of Consulting and Clinical Psychology*, 1989;57:309–310. [PubMed]
- Berrios, G., & Mohanna, M. (2001). Durkheimian and French psychiatric views on suicide during the 19th century: A conceptual history. In W. Pickering (Ed.) *Emile Durkheim: Critical assessments of leading sociologists*, 4 (pp. 116-131). New York: Routledge.
- Bhugra, D. (2010). Commentary: Religion, religious attitudes and suicide. *International Journal of Epidemiology*, 39:1496– 8.
- Braun, V. & Clarke, V. (2012) Thematic analysis. In H. Cooper, P.M. Camic, D.L. Long, A.T. Panter, D. Rindskopf, & K.J. Sher (Eds). *APA handbook of research methods in psychology, 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57-71). Washington, DC: American Psychological Association.

- Brent DA, Johnson B, Bartle S, Bridge J, Rather C, Matta J, Connolly J, Constantine D. (1993) Personality disorder, tendency to impulsive violence, and suicidal behavior in adolescents. *J Am Acad Child Adolesc Psychiatry*. ;32(1):69–75.
- Brown, J., Cohen, P., Johnson, J.G., & Smailes, E.M. (2007). Childhood abuse and neglect: Specificity of effects on adolescent and young adult depression and suicidality. *Journal of the American Academy of Child and Adolescent Psychiatry*, **38**, 1490– 1496.
- Borges, V.R. & Werlang, B. S., & Donath, E.S., (2014). A Study of Suicidal Ideation Aged 13-19 years: *Psicologia, Saude and Doencas*, 7(2) 195-209.
- Castellví, P., Miranda-Mendizábal, A., Parés-Badell, O., Almenara, J., Alonso, Blasco, M.J., & Piqueras, J.A. (2017). Exposure to violence, a risk for suicide in youths and young adults: A meta-analysis of longitudinal studies. *Acta Psychiatrica Scandinavica*, 135, 195–211.
- Capuzzi, D., & Golden, L. (1994). Preventing adolescent suicide (ERIC Document Reproduction Service No. 383 964)
- Chang, W., Yao, Y., Yuan, H., Chen, B., Liang, Y., Chen, Y., (2013). Prevalence of suicide ideation among middle school students in China: A systematic analysis of studies between 2000 and 2012. *Chinese Journal of Epidemiology*, 34, 515–519.
- Charmaz, K. 2000. Grounded theory: Objectivist and constructivist methods. In *The Handbook of Qualitative Research*. Edited by N. K. Denzin and Y. Lincoln. Thousand Oaks, CA: Sage Publications, Inc.
- Cheng, Y., Tao, M., Riley, L., Kann, L., Ye, L., Tian, X., . (2009). Protective factors relating to decreased risks of adolescent suicidal behaviour. *Child: Care, Health and Development*, 35, 313–322.

- Chioqueta, A.P., & Stiles, T.C. (2007). The relationship between psychological buffers, hopelessness, and suicidal ideation: Identification of protective factors. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 28(2):67.
- Creswell, J.W. (2014). *Research design: Qualitative, quantitative and mixed method approaches* (3rd edition). Thousand Oaks, CA: SAGTDeLuca, (2016). Latina adolescents suicide ideation and attempts: Associations connectedness to parents, peers and teachers. *Suicide and Life Threatening Behavior*, 42(6), 672-683.
- Davison, G. C., & Neale J. M. (2001). *Abnormal psychology* (8th ed.). New York, NY: John Wiley & Sons, Inc.
- De Luca, V., (2016) Childhood maltreatment increases the risk of suicide attempt in schizophrenia. *Schizophrenia Research* 176:2-3, 572-577
- Dougherty, P. (2007). Research synthesis: Adolescent suicide and substance abuse in the United States, 1990-2002. *Journal of Addictions Nursing A Journal for the Prevention and Management of Addictions*, 18(2), 81-91.
- Dunn,E.C., McLaughlin,K.A., Slopen, N., Rosand, J., & Smoller, J.W. (2017). Developmental timing of child maltreatment and symptoms of depression and suicidal ideation in young adulthood: Results from the national longitudinal study of adolescent health. *Depression and Anxiety*, 30, 955– 964.
- Durkheim, E. (1978). *On institutional analysis*. Chicago and London: The University of Chicago Press, S.229-239. Originally published in *Revue Philosophique*, 90, 1-14
- Durkheim E. In: *Suicide: A Study of Sociology*. Spaulding JA, Simpson G, translators. New York: Free Press; 1897/1951.
- Emirbayer, M. (2003) (Ed.). *Sociologist of modernity*. Oxford: Blackwell Publisher

Erikson, E. (1963). *Childhood and society* (2nd ed.). New York: W.W. Norton.

Erikson, E. (1968). *Identity: Youth and crisis*. New York: W. W. Norton.

Esposito, C, (2006). Affective behavior and cognitive functioning in adolescents with multiple suicide attempts. *Suicide & Life-Threatening Behavior*.

Fergusson, D.M., (2008). Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1365-1374.

Forman, E.M., Berk, M.S., Henriques, G.R., Brown, G.K., & Beck, A.T. (2004). History of multiple suicide attempts as a behavioral marker for severe psychopathology. *American Journal of Psychiatry*, 161:437–443.

Garrison C.Z., (1993) Aggression, substance use, and suicidal behaviors in high school students. *Am J Public Health*. ;83(2):179–84.

Geoffroy, M.C., Boivin, M., Arseneault, L., Turecki, G., Vitaro, F., Brendgen, M. & Côté, S.M. (2016). Associations between peer victimization and suicidal ideation and suicide attempt during adolescence: Results from a prospective population-based birth cohort. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55, 99–105.

Hair, E. C., Jager, J., & Garrett, S. B. (2002, July). Helping teens develop healthy social skills and relationships: What research shows about navigating adolescence. Retrieved September 20, 2004, from <http://www.childtrends.org/File>

Hendin, H. (2008). Introduction: suicide and suicide prevention in Asia. *Suicide and Suicide Prevention in Asia*. World Health Organization, Department of Mental Health and Substance Abuse, 1-5.

Huff, C.O., (2000) Source, recency, and degree of stress in adolescence and suicide ideation.

Adolescence.Spring; 34(133):81-9. [\[PubMed\]](#)

Howard-Pitney, B., LaFramboise, T.D., Basil, M., September, B., & Johnson, M. (1992).

Psychological and social indicators of suicide ideation and suicide attempts in Zuni adolescents. *Journal of Consulting and Clinical Psychology*, 60, 473–476.

Johnson JG, Cohen P, Gould MS, Kasen S, Brown J, Brook JS (2002) Childhood adversities,

interpersonal difficulties, and risk for suicide attempts during late adolescence and early adulthood. *Arch Gen Psychiatry*. Aug; 59(8):741-9. [\[PubMed\]](#)

Kidd, S., Henrich, C. C., Brookmeyer, K. A., Davidson, L., King, R. A., & Shahar, G. (2006). The

social context of adolescent suicide attempts: Interactive effects of parent, peer, and school social relations. *Suicide & Life - Threatening Behavior*, 36(4), 386-

395.

Kim, Y.S., Leventhal, B.L., Koh, Y.J., & Boyce, W.T. (2009). Bullying increased suicide risk:

Prospective study of Korean adolescents. *Archives of Suicide Research*, **13**, 15– 30.

Kohlberg, J.A., Peña, J.B., & Zayas, L.H. (2010). Familism, parent-adolescent conflict, self-

esteem, internalizing behaviors and suicide attempts among adolescent Latinas. *Child Psychiatry and Human Development*, 41, 425-440.

Klomek, A.B., Sourander, A., Kumpulainen, K., Piha, J., Tamminen, T., Moilanen, I. & Gould, S.

(2009). Childhood bullying as a risk for later depression and suicidal ideation among Finnish males. *Journal of Affective Disorders*, 109, 47– 55.

Levinson, D. Haklia, Z., Stein, N., Polakiewicz, J., & Levav, I. (2007). Suicide ideation, planning

and attempts: Result from the Israel National Health Survey.

- Maris, R., Berman, A., & Silverman, M. (2000). *Comprehensive textbook of suicidology*. New York: Guilford.
- McQuillan, C.T., (2000). Adolescent suicide: A review of the literature. *Boletin de la Asociacion Medica de Puerto Rico*. 92:30–38. [PubMed]
- Lezin, N., Roller, L., Bean, S., & Taylor, J. (2004). Parent-child connectedness: Implications research, interventions, and positive impacts on adolescent health. ETR Associates. Retrieved from : <http://www.popline.org/node/265596>
- Mazza, J. J. (2006). Youth suicidal behavior: A crisis in need of attention. In F. A. Villarruel & Luster, T. (Eds). *Adolescent mental health* (pp. 156-177). Greenwood **Publishing Co**.
- Meadows, L.A., Kaslow, N.J., Thompson, M.P., & Jurkovic, G.J. (2005). Protective factors against suicide attempt risk among African American women experiencing intimate partner violence. *American Journal of Community Psychology*, 36(1):1121.
- Nansel, T.R., Overpeck, M., Pilla, R.S., Ruan, W.J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *JAMA*, 285, 2094– 2100.
- Nock, M.K., Borges, G., Bromet, A.G., & Alonso, A.Y., (2008). *Suicide: Global perspectives from the WHO World Mental Health Surveys*. Cambridge, UK: Cambridge University Press.
- O’Carroll, P., Crosby, A., Mency, J., Lee, R., & Simon, T. (2001). Interviewing suicide decedents: A fourth strategy for risk factor assessment. *Suicide and Life Threatening Behavior*, 32(S), 3-6.’

- O'Connor, R. C., Connery, H., & Cheyne, W. M. (2000). Hopelessness: The role of depression, future directed thinking and cognitive vulnerability. *Psychology, Health & Medicine*, 5, 155–161. <https://doi.org/10.1080/713690188>
- Pillay, A. L., Schlebusch, L. (1987) Parasuicide among Indian adolescents: Some cultural perspectives. *South African Journal of Psychology*, 17, 107–113
[Google Scholar](#) | [SAGE Journals](#)
- Pretorius, G., Chauke, A.P., & Morgan, B. (2011). The lived experiences of mothers whose children were sexually abused by their intimate male partners. *Indo-Pacific Journal of Phenomenology*, 11, 1, 114, DOI: 10.2989/IPJ
- Quintos, M. A. (2017). Prevalence of suicide ideation and suicide attempts among the Filipino youth and its relationship with the family unit. *Asia Pacific Journal of Multidisciplinary Research* Vol. 5 No.2, 11-23 May 2017
- Redaniel, M. T., Lebanan-Dalida, M.A., & D. Gunelli. (2011). Suicide in the Philippines: Timetrend analysis (1974-2005) and literature review. *BMC Public Health*, 11 (536).
- Reed, S. C., Bell, J. F., & Edwards, T. C. (2011). Adolescent well-being in Washington state military families. *American Journal of Public Health*, 101(9), 1676-1682.
- Runeson B., (2002). Family history of suicide among suicide victims. *American Psychiatry*, 160:1525-1526.
- Serrano, B. (2013a). DOH Caraga seeks research to address depression and mental health issues among students in the region. Retrieved on April 30, 2017 from <http://www.interaksyon.com//breakingnews>

- Serrano, B. (2013b). Another resident of the Caraga region hanged himself reportedly due to financial problems in Cabadbaran City, Agusan Del Norte. *The Philippine Star*. Retrieved on November 13, 2013 from <https://www.philstar.com/nation>
- Serrano, B. (2013c). Another college student committed suicide in this city Sunday, the third in many months. Retrieved on August 27, 2013 from <http://www.interaksyon.com//breakingnews>
- Shaffer, D., (1999), Methods of adolescent suicide prevention. *Journal of Clinical Psychiatry*, 60(2), 70-74.
- Speckens, A.E., & Hawton, K. (2005). Social problem solving in adolescents with suicidal behavior: A systematic review. *Suicide Life Threatening Behavior*.
- Shenassa, E., Catlin, S., & Buka, S. (2003). Lethality of firearms relative to other suicide methods: A population based study. *Journal of Epidemiology and Community Health*, 57:120-124.
- Sison, G.B. (2017). The reality of suicide in the Philippines. Available online: <http://cnnphilippines.com/life/culture/2017/09/11/reality-of-suicide-in-thphilippines.html>
- Sofronoff, K., Dalgleish, L., & Kosky, R.J. (2005). *Out of options: A cognitive model of adolescent suicide and risk-taking*. New York, NY: Cambridge University Press.
- Sourander A, Helstelä L, Helenius H, Piha J (2001) Persistence of bullying from childhood to adolescence—a longitudinal 8-year follow-up study. *Child Abuse Negl* 24:873–881
- Stang J, Story M (2005), Adolescent Growth and Transformation retrieved from <http://www.epi.umn.edu/let/pubs/adol-book.shtm>
- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis: The Sage handbook of qualitative research in psychology (2nd edition). London: Sage.

- Van Orden, K. A. (2010). Thwarted belongingness and perceived burdensomeness: Construct validity and psychometric properties of the interpersonal needs questionnaire. *Psychological Assessment*, 24, 197-215. doi:10.1037/a0025358
- Wasserman, D. (2004). Trends in adolescent suicide mortality in the WHO European Region. *Eur Child Adolescence Psychiatry*, 13:321–331. World Health Organization (2014). Preventing suicide. A Global imperative: WHO Press. Geneva 27, Switzerland.
- Williams, J.M. and Pollock, L.R. (1993). Factors Mediating Suicidal Behaviour: Their Utility in Primary and Secondary Prevention. *Journal of Mental Health*, 2(1), 3-27.
- World Health Organization (2014). Suicide death rate by country. Retrieved December 4 2016 from <http://www.worldlifeexpectancy.com/cause-of-death/suicide/by-country>
- World Health Organization (WHO). (2017). Disease and injury country mortality estimates, 2000–2015 [Data files]. Retrieved September 23, 2017 from http://www.who.info/healthinfo/global_burden_disease/estimates.
- World Health Organization (2018) Public Health Action for the prevention of suicide: Framework. Geneva: World Health Organization. Available online: <https://www.who.int/newsroom/factsheet/detailsuicide>
- Yterdal, R.D (2016). Parenting styles and parental bonding styles as risk factors for adolescent suicidality. Retrieved on July 7, 2017 from <http://hdl.handle.net>
- Žemaitienė, N., & Zaborskis, A. (2004). Moksleivių įvardijamos savižudiškų polinkių priežastys [Causes for suicidal tendencies named by pupils]. *Psichologija*, 30, 115–130.
- Zhang, W.D. (2016). Association between abnormal default mode network activity and suicidality in depressed adolescents. *BMC Psychiatry*, 16, 337

APPENDIX A

LETTER FOR THE SCHOOL

REV. FR. SEDRONICO M. DELOS SANTOS JR. DCT., MAT-Ph, MAPM

President
St. Theresa College
Tandag City

Dear Father,
Good day.

I am a graduate student of Silliman University under the Program of Doctor in Philosophy major in Clinical Psychology, who is currently undertaking her dissertation entitled: Phenomenology of Adolescent Suicide Attempt: A Basis For Program Design With A Transcendence Focus. This study aims to understand the phenomenological experience of adolescents who come to a point of attempting to end his/her life. Thus, this will enable to help them in their transcendence from their suicide behavior and will serve as a basis for designing a program in order to prevent suicide attempts among adolescents.

It is with great respect that I am requesting for your permission that you will allow me to conduct my study in your school through the coordination with your guidance counselor. The success of my undertaking will depend upon your approval in the conduct of this study.

I will be very grateful if you could give me a positive response regarding this matter.

Sincerely yours,

ROWENA A. BALOYO
Researcher

Noted by:

DR. ROGEN F.E. ALCANTARA
Dissertation Adviser

APPENDIX B

LETTER FOR THE GUIDANCE COUNSELOR

MS. JOAN ZARTIGA
Guidance Counselor
Surigao del Sur State University
Tandag, Surigao del Sur

Dear Madame:
Good day.

I am a graduate student of Silliman University under the program of Doctor in Philosophy major in Clinical Psychology, who is currently undertaking her Dissertation entitled “Phenomenology of Adolescent Suicide Attempt: A Basis For Program Design With A Transcendence Focus. This study aims to understand the experiences of adolescents who had come to a point to attempt to end his/her life. This study will serve as a basis for coming up a design for a program which will help them transcend from their suicidal behavior. Thus, the program will help prevent adolescents from suicide attempts.

In this connection, I would like to coordinate with you in the referral of your suicide cases to me as the respondents of my study. Since, this study is highly confidential in nature, I would like to assure you that all data in this study will be held in strictest confidence. I hope you will help me in this endeavor especially that this study will help adolescents especially those who have suicidal ideation behaviors. Your willingness will indeed be a part in the success in my study. I will be looking for your positive response regarding this matter.

Sincerely yours,

ROWENA A. BALOYO
Researcher

Noted by:

DR. ROGEN F.E. ALCANTARA
Dissertation Adviser

APPENDIX C

INFORMED CONSENT FOR FOR PARTICIPANTS

This study entitled, “Phenomenology of Adolescent Suicide Attempt: A Basis For Program design With A Transcendence Focus”, is a partial fulfillment of the requirements for the degree of Doctor in Philosophy major in Clinical Psychology.

This study is to be conducted by Ms. Rowena A. Baloyo who is pursuing the degree at the Graduate School of Silliman University Silliman University with Dr. Rogen Ferdinand E. Alcantara as the adviser.

This study aims to help adolescents transcend from their suicidal behavior, thus by designing a program will help prevent suicidal attempt cases to happen.

Since your participation is very crucial in this study, please be assured that your answers will be held strictly in confidence. The researcher will have an interview with you which may last for 30-45 minutes. With your permission it will be audio recorded for a more accurate interpretation and analysis.

Your name and other identifying information will not be linked any of your responses or answers. Please also be assured that there is no risk that will be incurred in the participation of this study. If there is psychological distress that will occur as a result of this study, the researcher will facilitate the referral to a specialist.

Please know also that participation of this study is completely voluntary and participants may withdraw at any point of the interview or during the study. I will be very willing to answer your questions related to the study. You can contact the researcher though this mobile number 0951647319.

Informed Consent

Given the information above, I confirm that the potential harms, benefits and alternatives have been explained to me. I have read and understood this consent form, and I understand that I am free to withdraw from my involvement in the study any time deem it be necessary or to seek clarifications for any unclear steps in the research process. My signature indicates my willingness to participate in the study.

Printed Name and Signature of the Research Participant

Date

APPENDIX D

INFORMED CONSENT FOR PARENTS/GUARDIANS

Dear Parent (s),

I am a student of Silliman University under the Psychology graduate program of Silliman University, who is currently having the dissertation entitled: Phenomenology of Adolescent Suicide Attempt: A Basis For Program Design With A Transcendence Focus. This study aims to understand adolescents who had an experience of suicide attempt and a program will be design which will help them overcome and transcend from theirsuicidal behavior.

In this connection, with due respect as a parent, may I ask for your permission that you will allow your daughter or son to be one of the respondents in this study. Your consent will really be of great help in the success of this study. Since the participation of your child is very crucial considering that this study is highly confidential in nature, please be assured that all data will be held in strictest confidence. It will be kept from the interview to the data analysis.

Please know also that the participation of this study is voluntary. Your child may withdraw anytime if she/he wishes to discontinue. I will be very willing to answer any questions related to the study. You can contact me through this mobile number 09501647319.

I am hoping for your positive response regarding this matter.

Respectfully yours

ROWENA A. BALOYO
Researcher

Noted by:

DR. ROGEN F.E. ALCANTARA
Dissertation Adviser

APPENDIX E

PARENT'S/GUARDIAN'S CERTIFICATE OF ASSENT

I agree that my child _____ (full name of the participant) may take part of the study conducted by Rowena a. Baloyo, a Doctor of Philosophy in Clinical Psychology student in Silliman University Dumaguete City, Negros Oriental. The study has been explained to my child and to me, and I have read. The participant Assent Form which I may keep for my records.

I understand that any information my child provide is confidential and no information will be included that would reveal my child's identity. All the data will be stored in a secure location accessible only to the researcher. Upon completion of the study, all informations will be destroyed.

I also understand that my child's participation is entirely voluntary. He/she can withdraw at anytime without consequence of any kind.

I have fully understood that what is requested of my child as participant of this study. If I have questions or concern or would like to receive a copy of the result of the study, I can contact Rowena A. Baloyo in this number 09501647319 or email address rowenabaloyo@gmail.com. My signature signifies that I freely consent my child to participate.

Name of Participant

Age
Signature Over Printed Name

Date

Certificate of Assent

I have read and understood this assent form. I have enough time to consider the information provides and have asked for advice. I have had my ask questions answered and know that I can ask questions at any time. I understand that all information collected from me will be kept confidential. I understand that my participation in this study is voluntary and that I am completely free to refuse to participate or to withdraw from this study at any time.

I will receive a signed copy of this assent form for my own records.

I agree to take part in the research.

Participant's Printed Name over Signature

Date

APPENDIX F

CONSTRUCTED THEMES

Codes	Subthemes	Themes
Mother and father always fighting (P1) Father 's infidelity (P1) Brother addicted to drugs Fear and phobia of her brother (P1) Mother threatened with a gun(P1) Violent behavior of a brother (P1) Falsely accused by brother of using drugs (P1) Father always deciding over family matters (P1) Brother always provoking (P1) Brother irrationally behaving (P1) Always in conflict with father (P2) Conflict with aunt Conflict with grandmother's live in partner(P4) Being blamed of the conflict(P6)	Family Conflict	Family Issues
Being unwanted (P2) Unsympathetic father (P2) Wanting for love (P2) Deserted by her boyfriend(P5) Abandoned by his mother (P3) Younger brother and sisters were given for adoption (P3) Separation of parents due to mother's infidelity(P5) Abandoned by his mother9P4) Separation of parents (P7) Father stabbed to death(P4) Left by grandmother (P4) Loss of a father (P6) Break up with a married boyfriend) P5) Betrayal of a boyfriend (P2)	rejection Family disruption	Stressful life events
Treated unfairly (P7) Miserable life Unbearable pain (P7)	Maltreatment	
Father attempted to commit suicide (P5)	History of family suicide	

Being called whore like her mother (P5) Calling himself as stupid (P3) Being called the caused of all misfortunes (P2) No one to talk to (P5) Nobody understands (P7) No one to confide with Overburdened with responsibilities Not being listened to Unable to control oneself		Low self image helplessness
Meaningless life (P4) Worthlessness(P3)		Hopelessness
Absence of supportive mother(P3) (P4) (P5) (P7) Lack of empathy (P2)		Lack of coping skills
Accepting things little by little (P1) Study hard in order to have better future (P1) Desire to finish God (P3) Supportive friends (P2) Supportive classmates (P3) (P5) Supportive mother (P2) Realization (P1) (P4) (P5) Go to church and pray (P2) Positive thinking (P1, 3, 5) Leaving everything to God (P4) Trusting God (P3) Prayers (P5)	Acceptance Focus on studies Presence of supportive people Prayers and trust in God	Coping

APPENDIX G

ADOLESCENT CARE PROGRAM

Rationale

Suicide attempt behaviors during adolescence have become global phenomena in all regions across the world (World Health Organization, 2018). Based on statistics, 79% of the global suicidal cases fell among low and middle-income countries in 2016. Roughly 800,000 people die due to suicide every year, making it the second leading cause of death among individuals 15 to 29 years of age. This dilemma is a reality that needs immediate attention and solution. The trauma of losing a student to suicide, combined with the fact that suicidal ideation, planning and attempt are more common than suicide, makes the school an essential environment in which to identify and respond to adolescents at-risk (Kann et al., 2016). This makes the schools an ideal location for addressing adolescent suicide risk. Intervention and post-intervention actions taken after a suicide to address grief and prevent subsequent suicide are essential to reduce suicide risk.

Based on the findings, this study proposes an Adolescent Care Program, as an intervention consisting of the following services:

1. Individual psychotherapy—a process through which an adolescent works one-on-one with a mental health clinician in a safe, caring, and confidential environment;
2. Group Therapy—this provides an opportunity for adolescents to transcend their situation by sharing one's experiences with others. Group Therapy offers adolescents the opportunity to interact with others having similar issues in a safe, supportive environment;
3. Cognitive behavioral therapy (CBT)—a psycho-social intervention that aims to improve mental health. CBT focuses on challenging and changing unhelpful cognitive distortions (e.g. thoughts, beliefs, and attitudes) and behaviors,

improving emotional regulation, and the development of personal coping strategies that target to improve mental health

4. Psychological Assessment or Testing—the administration of psychological tests designed to be an objective and standardized measure of a sample behavior. Tests will be utilized to measure and observe adolescent behavior to arrive at a diagnosis and guide intervention.
5. Retreat and Recreation—to temporarily leave behind the usual distractions the adolescents face for a time long enough for relaxation, reconnecting, and an inner change. Activities can be in then form of team-building, youth camp, IPR, and others.
6. Psycho-education—adolescents will be allowed to learn or be educated on various mental health issues through presentations and formal discussions, combining visual materials, interactive tools or equipment, lectures and dem
7. There should be an integration of mental health issues in the Junior and Senior High School curriculum, specifically in Personal Development and Understanding the Self, as General Education subjects for college students;

Intervention Program

Activity	Objectives	Strategies	Evaluation	Person In-Charge
1. Individual Psychotherapy	To provide an opportunity for adolescents work one-on-one with a mental health clinician in safe caring and confidential environment.	One-on-one session with a therapist	Feedbacking through journal writing	Collaboration with resident licensed psychologist at the Provincial Health Office

2. Group Therapy	Provides an opportunity for adolescents to transcend from their situation by sharing one's experiences with others	Group Session with a therapist	Do group follow up	Do
3. Cognitive Behavioral	To improve one's mental health which focuses on challenging and changing unhelpful cognitive distortions	One-on-one session with a therapist	Journal writing	Do
4.. Screening programs.	To identify high-risk adolescents and young adults and provide further assessment and treatment.	Administer suicidal ideation questionnaire	Interpretation of results	Psychometrician and licensed psychologist
4. Seminar Workshop and Psychoeducation	This gives an opportunity to learn or be educated on various mental health issues	Invite resource speakers preferably mental health professionals and produce reading brochure or on relevant topics in mental health	Evaluation sheets	Collaborate with Mental Health Professionals
5. Psycho Spiritual Intervention	To lower levels of worry, stress, intolerance and to take consciousness of all "bad" feelings and traumas	To have a one on one talk with a chaplain		Collaborate with church and chaplains

6. Mindfulness- Intervention	To achieve a state of alert, focused relaxation by deliberately paying attention to thoughts and sensations without judgment. .	it is an eight-week evidence-based program that offers secular, intensive mindfulness training to assist people with stress, anxiety, depression and pain. It is a practical approach which trains attention, allowing people to cultivate awareness and therefore enabling them to have more choice and take wise action in their lives.	Feedbacking	Collaborate with yoga expert therapist
7. Suicide Prevention Programs	<p>To create a Mental Health Care Programs for persons in suicide crisis situations</p> <p>-mainstream suicide prevention in public health education workplaces and disaster areas.</p> <p>-training of first respondents, health professionals and</p>			Collaborate with national agencies and stakeholders such as DOH

	<p>volunteers to recognize suicidal behaviors</p> <p>-responsible media reporting and handling suicide events</p> <p>-establishment of systems for suicide surveillances</p>			
8. Mental Health Promotion in Educational Institutions	<p>To develop policies and programs for students, educators and other employees to raise awareness on Mental Health Issues</p> <p>-Provide support and services for individuals at risk and facilitate access including referral mechanisms of individuals with mental health conditions and psychosocial support</p> <p>integration of mental health issues in the Junior and Senior High curriculum, specifically in Personality Development subject and Understanding the Self, as General Education subject for college students;</p>			<p>Coordinate with other agencies and stakeholders in the development and in the implementation of mental health policy and programs</p>