# Understanding the Suicide Phenomenon from the Perspectives of the Loss Survivors

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## Abstract

The study is descriptive qualitative research that illustrates the circumstances and new dynamics contributing to the never-ending suicide occurrences. It described first-hand real-life experiences of the suicide-loss survivors to determine the contexts, reasons, and implications of suicide and recommend community-based intervention strategies. Purposive-criterion and convenient sampling methods were used to determine the respondents. Focused group discussion and in-depth interviews were conducted to gather data analyzed using Braun & Clarke's six-phase guide. The findings revealed that the life experiences of the respondents are characterized by regret, pain, and bereavement. Suicides were committed due to dysfunctional families, economic hardships, breakdown of relationships, and drug abuse. The pain of suicide affected both the victim and their survivors and occurs within the psychosocial sphere. Interventions should therefore employ a familial, communitarian, and inter-institutional approach. Local Government Units (LGUs) are recommended to initiate a reach-out community-based suicide intervention program and debriefing services.

Keywords: suicide, survivors, bereavement, psychosocial, intervention, debriefing

## 1.0 Introduction

Suicide is a critical global public health issue that demands a serious response. In its study, World Health Organization (WHO, 2021) finds suicide to be one of the leading causes of death worldwide, with an alarming 703,000 cases yearly. Africa posts the highest suicide rate (11.2 per 100,000). Suicide incidence is lowest in the Mediterranean region (6.4 per 100,000). South-East Asia ranks third (10.2 per 100,000). Female suicide rates in South-East Asia are highest at 8.1 per 100,000, which is way above the female suicide global average (5.4 per 100,000).

On the global and regional scale, the Philippines ranks among the countries with the lowest suicide cases globally (Tacio, 2018) and South-East Asia (Butuyan, 2016; Thaiger, 2020). However, on the national scale, suicide rates paint an alarming picture. From 2016 to 2019, Cebu records 850 suicide incidents (Sabalo, 2019), which translates to staggering 18 suicide incidents per month (Police Regional Office [PRO], 2019), the highest in the country.

Suicide is contrary to human nature's instinct or drive to live and survive (Freud, 1920b), but it is consistent with Freud's concept of 'Thanatos' as death instinct (Freud, 1920b). Freud (1920a) has seen a link between the Thanatos instinct and the traumatic experiences of individuals, which underscores the social context of suicide. Frankl (1992) maintains that the will to live and the choices an individual make are primarily influenced by social and environmental factors, shaping the

ultimate desire to survive or surrender to Thanatos. Durkheim (1951) emphasizes the social causation of suicide, arguing that sociological and psychological components should be among the focal points in the study of suicide.

The WHO (2021) has advocated for a thorough study, policy-making, public health care planning, and monitoring to prevent and reduce suicide cases worldwide (Gomez, 2019). Bachmann (2018) has noted that the phenomenon of suicidality poses a significant public concern in healthcare programs. Borres et al. (2014) expressed that to address suicide prevention and intervention, a social integration-based analysis has to be done. Further, Mehlum et al. (2019) called for inexpensive, specialized, readily available, and practical treatments. A comprehensive suicide prevention program should be extensive and sustainable (Garraza et al., 2019).

In the United States, intervention and therapy programs such as developmental group therapy, mentalization-based treatment, dialectical behavioral therapy, treatment-as-usual, individual and group supportive therapy, cognitive behavioral therapy, and the Garrett Lee Smith Memorial Youth Suicide Prevention Program were developed in order to address the alarming suicide rates (Adrian et al., 2019; Esposito-Smythers et al., 2019; Garraza et al., 2019). Despite these initiatives, suicide remains a public health concern.

Experts like Carr underscored the need for comprehensive studies, particularly on developing prevention and avoidance strategies (Smith, 2019). These studies should focus on psychosocial factors (Adrian et al., 2019; Avenido & Barabat, 2013; Bilsen, 2018), which included the individual's emotional response to social conditions, which are believed to be significant contributors to suicide. World Health Organization (WHO, 2014) highlighted the interaction of psychological, cultural, and social factors as determinants of suicidal behavior. Social contexts as an essential dimension of suicide is a fascinating area for research, mainly using a qualitative approach that examines the real-life experiences of suicide survivors. Itao and Pederi (2021) argued that a study on concrete experiences should be one of the focal points rather than the typical suicide ideation and an analysis of secondary sources. A broader approach to the suicide problem should not be limited to mental illness. However, it should also equip all stakeholders with more updated and holistic measures that will enhance society's capability to analyze the real-life stories of the suicide-loss survivors and ascertain suicide contexts and factors.

In particular, studies should be undertaken on the suicide-loss survivors since their experiences can be challenging, disturbing, and traumatic. Survivors usually feel rejected and abandoned by their loved ones lost by suicide. They grieve to the point of altering their daily routine. Most survivors feel weak, troubled, liable, and secluded and eventually develop suicidal tendencies (Bosticco, 2002; Harvard Health Publishing, 2019). As affected individuals, they feel "a very high level of agony, pity, anger, sadness, and disgust" (Flores & Caballes, 2013, p. 50). The experience of being a suicide-loss survivor is extremely puzzling, upsetting, and painful. Survivors typically have to grip being excluded and unrestrained by their loved ones lost by suicide. More than that, they also have to face society's confusion and humiliation. "Isolation, guilt, shame, anger, stigmatization, and social rejection are experiences frequently associated with people who suffered a loss by suicide (Bowden, 2017; Jordan, 2001; Sveen & Walby, 2008;)." The stigma attached to it is far from that of natural death or death through sickness (Serani, 2013), as survivors have become firmly held accountable (Harvard Health Publishing, 2019). Since parents, friends, and guidance counselors are recognized as social support at the early stage of developing and re-developing suicide (Canubida et al., 2017), the former, along with spouses, are the ones who typically take the blame and guilt for the issue of suicide mediation

despite the manifestations of outside influences that are beyond parental and spousal controls in conjunction with the personal responsibility and decision of the lost loved one for their actions (Frankl, 1992; Jackson, 2003). Indeed, being left behind by a loved one to suicide is devastating as pain is, to some extent, excruciatingly triplicated. The failure to interfere and avoid the damaging loss haunts the survivors, thereby exposing the issue of the lack of support systems like de-stressing and post-traumatic counseling (Harvard Health Publishing, 2019). Additionally, the survivors' experience reveals the lack of power to control the suicide condition. Most survivors have become powerless, leaving a situation with no idea what to do and where to go. They hardly accept the truth by either denying it or remaining numb (ReachOut Australia, n.d.). They mostly lack the skills to mediate even temporarily and are eventually left to grieve without any support program that reaches out to them closely after the loss. Most feel uncomfortable openly bringing the matter up to suicide helplines and known experts because of the social stigma. Most suicide-loss survivors are powerless to speak about their experiences (Bowden, 2017). Bowden (2017) added that survivors opted to hang on to silence, stoicism, emotion suppression, and private grieving. In other words, survivors need a support program that reaches out to them to decipher their silence and better fathom their experience and need for professional care and support (Bowden, 2017). Peters (2009; as cited in Bowden, 2017, p. 9) emphasized the need for survivors to be "active partners in research in order to develop, implement and evaluate more effective support services, programmes, and postvention policies" while Suicide Prevention Australia (2009; as cited in Bowden, 2017, p. 9) added that the experience of the survivors could significantly contribute to "more flexible and responsive services." This renders the narrative of being a survivor crucial to the most comprehensive drive to understand the suicide phenomenon. Their

participation and responsibility to intervene and prevent their loved ones from committing suicide demands established community-based training series on awareness and gatekeeping skills. The dream of not a waiting and an on-call program but a reach-out, community, and family-initiated intervention strategy needs to morph into reality. This would then express the need to consider their experiences in a serious research endeavor. Getting and understanding their real-life tiers as suicide-loss survivors, their perceived contexts and factors behind the suicide commission, and the social implications could indeed substantiate a holistic explanation of the suicide phenomenon and better input to holistic intervention drives, as well as the coping measures for both the suicidal loved ones and the suicide-loss survivors.

## 2.0 Methodology

This study employed a qualitative research design. It explored and described the real-life tiers of the suicide-loss survivors and the contexts and reasons for the suicide phenomenon based on the perspective of the bereaved significant others. The study utilized both purposive-criterion and convenient sampling. The purposive criterion method was used to obtain desired responses to understand the suicide phenomenon. To identify prospective respondents, the researcher examined the suicide cases per Police Regional Office (2019) records from January 2019 to June 2019. These cases were the primary source for establishing that the respondents are legitimate suicide-loss survivors or significant others who have lost a loved one to suicide. With the initial identification of respondents, the researcher established contacts with other survivors based on consanguinity and affinity. These respondents must have stayed with suicide victims for at least six months. Moreover, those who are determined to be closest to the suicide victims were ultimately selected as the study's respondents.

However, with the limited details provided by Police Regional Office (2019) for suicide cases, citing strict Philippine National Police (PNP) guidelines related to Executive Order (E.O.) number 2, series of 2016 on Freedom of Information and Republic Act (R.A.) 10173 on Data Privacy Act of 2012, the researcher utilized the convenient sampling method. This sampling method was used to identify legitimate survivor-respondents willing to be interviewed. As to the profiles of the loss survivor-respondents, all of them are closely related to the lost loved ones as nuclear family members, Catholic, and in the 41-60 age group. At the same time, most of them were females, married, high school graduates, and employed. As to the profiles of their lost loved ones, all of the lost loved ones due to suicide were males and Catholic. The majority were young adults, single, unemployed, and have no college degrees. Proximity, ease of access, time availability, and first response to personal and letter invitations to participate in the study were used for selection. Focused group discussion (FGD) and in-depth interviews (IDI) with the respondents were conducted. FGD was done with four (4) respondents in a venue conducive to such activity and the respondents' comfort. An in-depth interview with the fifth respondent was also undertaken.

A researcher's developed semi-structured interview guide operated as this study's primary tool in data gathering. The guide questions for discussion were pretested, evaluated by experts, and assessed to address the desired responses vital in the study before a series of revisions per a pilot study, experts' advice, and actual interviews. The guide for discussion was categorized into three phases: descriptions of respondents' experiences as significant others; respondents' thoughts on contexts and reasons why the loved ones committed suicide; and the respondents' evaluation and recommendations concerning existing mediation and prevention programs.

The researcher became the moderator of the whole discussion process. Respondents were encouraged to express and share their stories and experiences based on the questions classified under each phase of the three-phased discussion/interview guide. The researcher-moderator allowed the respondents to have an interactive discussion, and each was given a chance to share stories and experiences, which made a collaborative exchange possible. Interruptions only occurred to guide and bring the respondents to the next phase of the guide questions or when probing and follow-up questions were required for clarity. Field notes and a voice recording (with respondents' consent) were made to ensure complete and detailed transcripts of relevant information. The transcripts (Cebuano and English) were presented to the respondents for confirmation and validation. Coding was done in order to establish patterns of responses and themes. The data gathered were analyzed using the six-phase guide developed by Braun and Clarke (2006), where step 1 refers to *familiarizing the data*, step 2 refers to *coding the data*, step 3 refers to *searching for themes*, step 4 refers to *reviewing the themes*, step 5 refers to *defining the themes*, and step 6 refers to the *write-up*.

The study was cleared for execution by Silliman University Research Ethics Committee and fully adheres to ethical standards. Confidentiality and other pertinent laws were strictly observed in the conduct of the study. Respondents' consent to voluntarily participate in the study was adequately secured. They were also adequately informed of the extent of their participation. In the study, licensed psychologists and trained personnel were involved as recommended by panel experts to readily address particularly the relived emotional trauma by the respondents due to their experience of losing a loved one by suicide. Tokens were given to the respondents as transportation and work pay compensation.

## 3.0 Results and Discussion

The following objectives expressly governed the study: 1) to describe first-hand real-life experiences of the suicide-loss survivors; 2) to identify the contexts and reasons behind the suicide phenomenon; 3) to determine the social implications of suicide; 4) to develop community-based intervention strategies based on the data gathered. Interview questions were then formulated based on these objectives.

Table 1 showed that the review and modification of the preliminary inventory of themes resulted in both *What is suicide?* and *Suicidal Loss: Regretful and Painful being retained*; sub-themes, *Suicide: A loved one's loss* and *Ending life by suicide*, however, were created out of the former. Nevertheless, two preliminary themes, namely *Experiencing family loss due to suicide* and *Difficulty in accepting suicide in a family*, overlapped with each other hence they were merged, thereby reducing both into a new theme, *Understanding survivors of suicide loss* with its two sub-themes namely: *Being courageous to acknowledge death* and *Grieving after suicide*.

The identification of the themes' individual and collective essence resulted in the manifestation of the predominant *Suicide Loss: Regretful and Painful* that was rooted in the other two themes, *What is Suicide?* and *Understanding survivors of suicide loss.* Such manifestation spawned a definitive thematic map that illustrated the relationships between themes and the corresponding narratives, as presented in Figure 1.

Table 1 and Figure 1 disclosed the respondents' thoughts, feelings, and beliefs. The dominant themes centered on regret and pain the respondents experienced for losing a loved one to suicide. These experiences included the sorrow of grief after suicide and the challenge of acknowledging the death of a loved one due to suicide. In the face of this significant loss and pain, respondents felt devastated for losing an important person in their lives. Some respondents felt responsible and blameworthy for causing or contributing to the situation that pushed their loved ones to commit suicide. Jackson (2003) remarked that these catastrophic experiences mirrored the horrible scenes inside German concentration camps. Losing a loved one to a terrible death could result in fatigue and weakness (Bosticco, 2002). Lingering pain and grief could be very challenging, leading to a desire to die (Yanek, 2015). People who lost someone close to them to suicide were also at risk of committing suicide (Harvard Health Publishing, 2019).

Respondent 1 lamented her son committed suicide: *"So, in a chat, he said that if his girlfriend did not return home, he would commit suicide. His girlfriend told me that my son would commit suicide, and I said, " ahh, committing suicide is just his empty threat."* Her son threatened to end his life, but her failure to recognize the reality of the threat and prevent her son from taking his own life caused their extreme grief and regret. Ibrahim et al. (2017) described this state of hopelessness, similar to what the son felt, required exceptional support from others, particularly the family.

One's inability to do something to prevent an imminent suicide of a loved one led to a feeling of blameworthiness and guilt. Respondent 2 narrated, *"I said that a drug addict like that needs understanding and for the involved to find measures or anything that can be done. It would be painful if I could only bring back time (crying). There is no time when you cannot think of him, especially when he used to turn up and call me out, "Mom, I want to eat now, Mom." It is like that, he did not even ask much from his father, it's always mom for him. I am regretful about as a mother because I failed to stretch the limits of my patience (crying). I am disappointed, sir. We are looking for something to help us relieve what we feel as a couple. We are unable to move on yet."* The combination of grief and regret could be overwhelming. The thought that a loved one should not have committed suicide or that suicide could have been prevented by those supposed to love and care for the victims of suicide is difficult to endure.

**Table 1.** *On Losing a Loved One by Suicide*

| Themes | Sub-Themes | Codes |
|---|---|---|
| Suicide: End and Loss | Suicide: A loved one's loss Ending life by suicide | Painful experience A great loss |
| Suicide Loss: Regretful and Painful | | Being shocked Accepting loss with regrets Devastated to lose a savior |
| Understanding survivors of suicide loss | Being courageous to acknowledge the death Grieving after suicide | Painful Regretful being a hindrance to a child's happiness Hard to breathe and had difficulty accepting the loss of a younger member of a family |
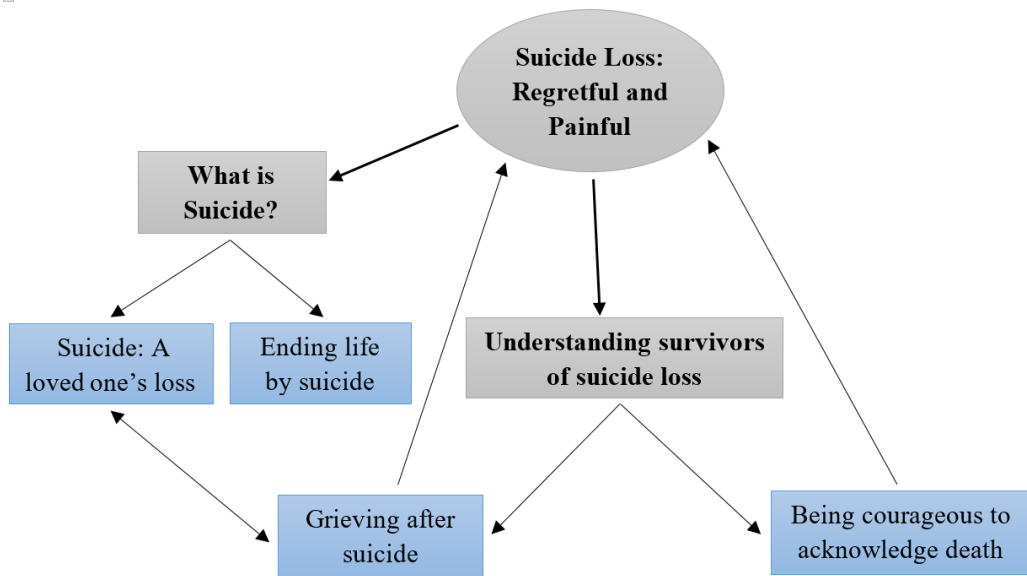


**Figure 1.** *The thematic map on Losing a Loved One by Suicide*

In Table 2, the theme *Issues leading to committing suicide* appeared not appropriate based on the codes formulated. Alternatively, the codes could not entirely support the said theme; hence the creation of the new theme, *Determinant of Suicide Occurrence*, to replace the former. The new theme spawned sub-themes, *Suicide cases: Parental shortfall or not?* and *Determining attributes to committing suicide.* Each had its code for construct support. After reviewing the theme; *The aftermath of suicide,* it was found that the two distinct themes, namely: *Suicide loss quick recovery* and the other one is *Ill-effects of Suicide*, could be rendered as sub-

themes with corresponding codes to support both. When reviewed, the last theme, *Suicide Bereavement Imprints*, had been seen with one particular sub-theme *Grieving differently the suicide loss*, wherein corresponding codes speak of the truth that was going into suicide loss is a painful process. According to Serani (2013), survivors of suicide loss experience complicated grief and were also prone to developing symptoms of depression and post-traumatic stress disorder as a direct result of their loved one's suicide. The "unspeakable sadness about the suicide becomes a circle of never-ending bewilderment, pain, flashbacks, and a need to numb the anguish,"

Serani (2013, para. 11) added. All these were shown in Table 2. Following the review and refinement of themes, the *Suicide Bereavement Imprints* was the overarching theme that correlates highly with the other two themes, thereby demonstrating the overall sharing of the respondents' experiences being suicide loss survivors.

Based on the respondents' narratives, specific determinants of suicide included *"anger, indifference, impatience, broken heartedness, failure to be kind, irrational behavior that deprives loved ones of their happiness, failure to help, lack of academic support, drug dependence, living-in together in hardship, and 'crazy love."* These psychosocial elements could result in situations where suicide becomes an extreme choice. Moreover, respondents went through the aftermath on different paths. Some opted to cry as a way to recover. Others avoided talking and became recluses for months. Still, others found it challenging to communicate. Lindemann (1944/1965, as cited in Bosticco, 2002) referred to a struggle to overcome physical illness, obsession with the loved ones lost by suicide, guilt, anger, and disruptions in the structure of daily life.

Respondents grieved for different reasons and duration. Mourning was a critical stage of bereavement such that an individual could be overcome by grief and lose sight of the meaning and purpose of life. In the case of the respondents' bereavement in such thoughts as *"No parent should ever have to bury a child, it should be the other way around; painful of losing the eldest child; blaming God for the loss of a loved one; overwhelming grief; irreplaceability of a loved one; and difficulty and pain of living through the reality of losing a loved one to suicide."* Serani (2013) spoke of bereavement that entailed unspeakable emotions consistent with an irreplaceable loss.

Society assigned dishonor to suicide, as Serani (2013) revealed. Most suicide-loss survivors were voiceless about their condition (Bowden, 2017). Bowden (2017) also added that survivors "chose to keep quiet, stoic, suppress their emotions and grieve privately" (p. i). There were different impressions and greetings of sympathy for those who died naturally or due to sickness than those who committed suicide. Observably, suicide loss survivors might often come across blame, judgment, or social prohibition, while grieving loved ones who died from a terminal illness, accident, and old age ordinarily received sympathy and compassion.

In Table 3, placed under scrutiny, two temporary themes, *Death by suicide at dawn* and *Suicide: When, Why, and How?* were similarly coded. For this reason, the two merged, creating a new and final theme for the two, *Suicidal Death: When, Why, and How?* The codes formulated appropriately support the new themes, declaring that the codes offer additional information on the contexts of suicide commission. In this connection, sub-themes, *Committing suicide either at dawn or midnight* and the other one, *Conditions of suicide*, were also formulated to explain the central theme categorically. Two other themes, *Occasions prior to suicide* and *Suicide: The location of Death* did not change. The latter spawned *Hanging: The common suicide* context for a sub-theme.

The contexts within which suicide was typically committed could shed light on this phenomenon. Death by suicide could happen anytime, but the respondents recounted that the suicide of their loved ones occurred at dawn and midnight. These times were generally associated with silence, peace, and freedom from chaotic conditions. Durkheim (1951) noted that there were more cases of suicide during peacetime than wartime. Almendrala (2015) reported that suicides occur in conditions of isolation, lack of face-to-face contact, and loneliness. All respondents stated that their loved ones committed suicide by hanging. One respondent admitted that the suicide of a loved one was due to a break-up with a girlfriend. Drinking alcohol preceded some of the suicide cases. According to Schimelpfening (2021), in some cases, the causes of suicide were difficult to determine as friends or family members might not be aware of the problems their loved ones were dealing with.

**Table 2.** *On Life stories or Experiences as Loss Survivors*

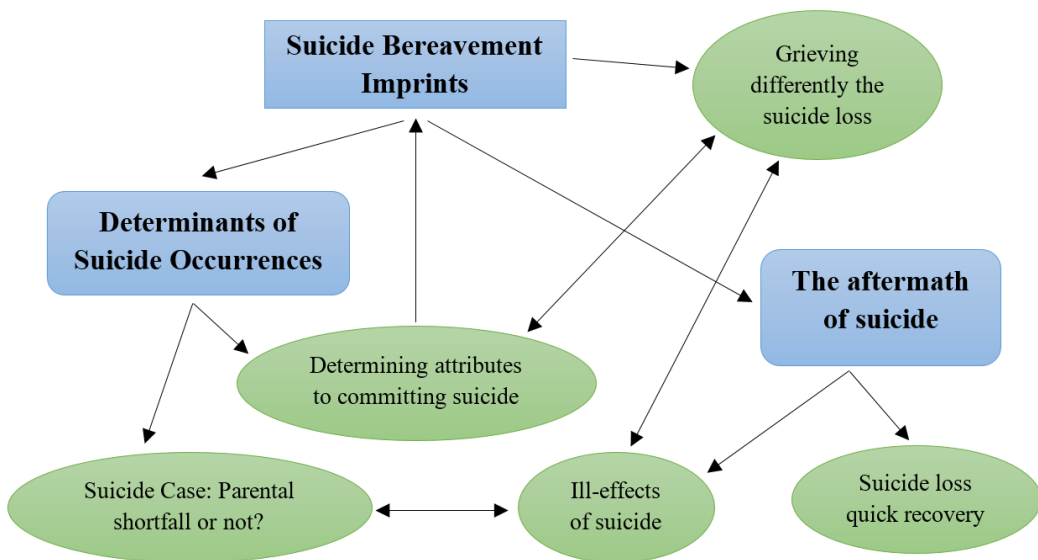| Themes | Sub-Themes | Codes |
|---|---|---|
| Determinants of Suicide Occurrences | Suicide cases: Parental shortfall or not? | Becoming angry because of a girl<br>Becoming indifferent due to son's naughtiness<br>Being fed up with son's callousness<br>Hearts were broken<br>Greatly regretted failing to be a kind mother<br>Being irrational to deprive son's happiness<br>Refusal to help due to number of siblings<br>Denied desire for schooling due to lack of focus |
| | Determining attributes to committing suicide | Drug dependent<br>Living together despite being hard up<br>Crazy love kills |
| The aftermath of suicide | Suicide loss quick recovery | Opted to cry<br>Easy recovery |
| | Ill-effects of Suicide | Mother averted speaking for five months<br>Difficulty communicating with the mother<br>Talkative father |
| Suicide Bereavement Imprints | Grieving differently the suicide loss | No parent should ever have to bury a child; the other way around is the correct order<br>Painful to lose an eldest in the family<br>Blaming God for the loss of a loved one<br>Grieving was overwhelming<br>A young loved one lost to suicide is irreplaceable<br>The loved one's death by suicide is never easy<br>Death by suicide is painful and hard to accept |



**Figure 2.** *Thematic Map on Life Experiences as Loss Survivors*

***Table 3.*** *On the Contexts of Suicide Commission*

| Themes | Sub-Themes | Codes |
|---|---|---|
| Death by Suicide: When, Why, and How? | Committing suicide either at dawn or midnight | Dawn<br>5 in the morning<br>Committed suicide at early dawn<br>Four o'clock<br>Committed suicide at midnight |
| | Conditions of suicide | Died during an extra-ordinary day<br>Break-up with girlfriend<br>Hanged by a noose made out of curtains |
| Occasions prior to suicide | | Drinking<br>After a drinking session |
| Suicide: The location of death | Hanging: The familiar suicide context | Entered the bedroom<br>Found half-naked in jeans<br>Hanged in the C.R.<br>Already hanging dead |
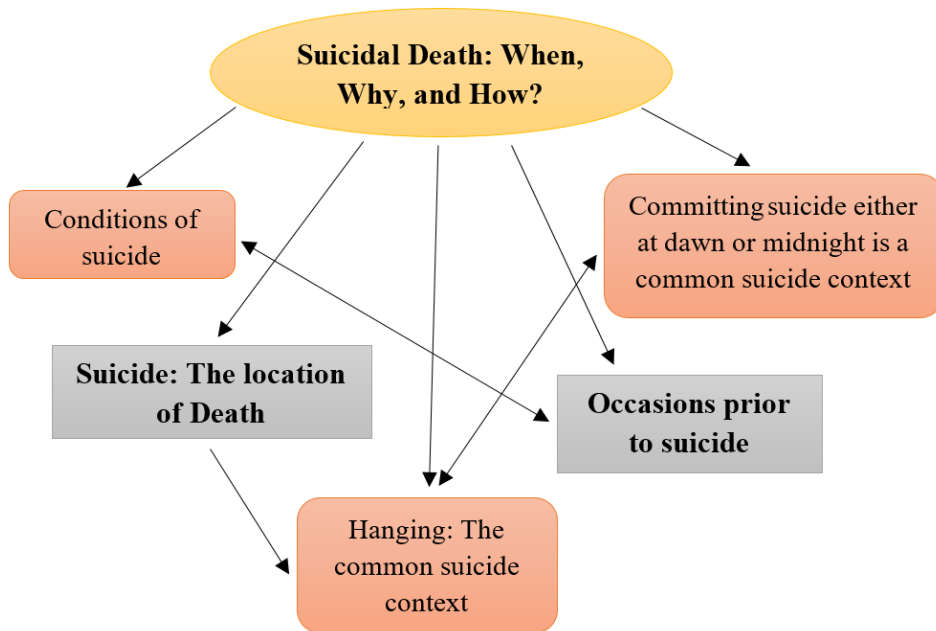


***Figure 3.*** *The thematic map on the Contexts of Suicide Commission*

In Table 4, the identified codes based on the extracts from the respondents were used to search for an emerging set of themes about the reasons for the suicide commission. It was found out that there was no further alterations or adjustments were needed; hence, the following were considered the preliminary themes. Upon review, specifications were carried out, along with ensuring codes that support the themes. The themes shown in Table 4 are the results of elimination and merging carried out of preliminary themes. New themes such as *Troubled and Loss Relationship* and its sub-theme,

*Family Financial Needs and Suicide along with Drugs, Finances and Unresolved Conflict: The Causes of Suicide* and two other sub-themes, namely: *Analyzing Drugs Misuse and Suicide*, as well as *Break-up and the occurrence of suicide,* emerged from theme definition.

The question of "why" was an essential part of suicide studies. The respondents enumerated specific reasons why they thought their loved ones committed suicide. The overarching reasons include *troubled and broken relationships, illegal drugs, financial difficulties,* and *unresolved conflict*. These reasons were specifically instantiated by being *left behind by a girlfriend, frustration due to break-up, isolation and neglect, harmful behavior like using illegal drugs, incapacity to provide for family needs, distant relationship with wife and children, being away from family, feeling unloved, being close to and getting scolded by the father, overthinking about not being loved.*

Respondent 2 narrated, *"He had a wife and two children and some bad habits. Without the bad habits, he was a good person. Had it not been for the bad habits, he must have been a good man. He drove a taxi to support his family."* Juergens (2022) noted that drug addiction and dependence dramatically increased the risk of suicidal tendencies. Carr stressed that suicide was instigated by physical, emotional, or financial issues (cited in Smith, 2019). Seay (2019) reported that in the United States, suicide killed more than 39,000 people yearly due to alcohol and drug abuse. In the Philippines, the Makati Medical Center (2019) said that suicidal tendencies might be triggered by mental illnesses amplified by substance abuse.

Turchi et al. (2019) revealed that economic crises could destabilize daily life, often leading to suicide. Individuals who felt financially hopeless were vulnerable to suicidal thoughts (Durkheim, 1951; Holkar, 2019; Wyllie et al, 2012). Moreover, the Medical University of Vienna (2016) reported that suicide cases were due to troubled and

unhappy relationships, particularly that of the family (Avenido & Barabat, 2013).

In Table 5, the list of preliminary themes underwent obligatory review and modifications. Although, the meanings revealed by the qualitative data highlighted the best intervention programs or activities that needed to be established or could have been established to address the suicide phenomenon, some of which entailed integration and exclusion for one. Upon review, it was found that some themes did not make sense, and some were overlapping. This issue was resolved by reducing two of the themes, *being open to sharing problems and getting advice* and *Avoidance of excessive reproach* into sub-themes of *Spending quality time with the family,* which encompassed both. Two other themes, *spreading oneness in prayers* and *fostering belongingness among family members*, underwent no modification at all.

To prevent suicide, the respondents stressed the importance of spending quality time with the family to foster a sense of belongingness and oneness in prayer. All these could be done by creating a climate where family members could share, open up, and give and receive advice. Excessive scolding should also be avoided. Since children expected their parents to help and support them in moments of difficulties, parents should ensure their availability and time for their children. It also helped parents provide an atmosphere that helps their children share and open up about their problems. Aside from opening lines of communication, respondents suggested that parents should cultivate values in the family, guided children to socialize with good people, and regulate the use of gadgets. Respondents expressed the need to recite novenas for their departed loved ones for the dead.

The State of Nevada (n.d.) underscored the importance of fostering a trusting relationship between parents and children as a life-saving valve for troubled youngsters. Freud (1920a) highlighted

the importance of a healthy family environment so that life, rather than death, would become the primary option even in times of crisis. Frankl (1992) viewed the enabling social environment as crucial to individuals' ultimate choices. Better social conditions influenced excellent choices in life that shielded individuals from meaninglessness and absurdity (Camus, 1991; Hobbes, 1994; Jackson, 2003; Mill, 2017; Rousseau, 2017).

Finally, five (5) overarching themes complemented and encompassed other themes and sub-themes of the three phases. They all have provided illuminating explanations relative to what it took to lose someone due to suicide, the experiences of the survivors, the contexts of suicide, the reasons for suicide, and the intervention or activities that could potentially address the suicide phenomenon.

**Table 4.** *On the Reasons of Suicide Commission*

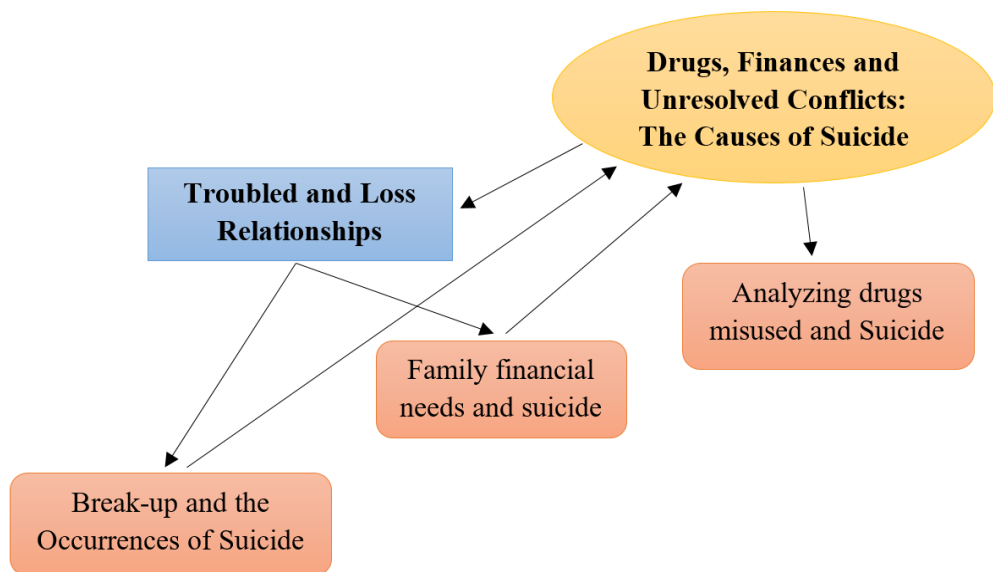| Themes | Sub-Themes | Codes |
|---|---|---|
| Troubled and Broken Relationship | Break-up and the Occurrence of Suicide | Triggered by not returning home of the girlfriend<br>Left behind by girlfriend<br>Frustration after break-up<br>Social isolation and neglect<br>Pre-empted relationship with the girlfriend |
| Drugs, Finances and Unresolved Conflict: The Causes of Suicide | Analyzing Drugs misused and suicide | Due to harmful habits/drugs |
| | Family Financial Needs and suicide | Incapable of providing  for the family<br>A distant relationship with wife and children<br>Away from family<br>Unloved by the mother<br>Being always scolded by the father<br>Not close with the father<br>Overthinking of not being loved |



**Figure 4.** *Thematic Map on the Reasons of Suicide Commission*

***Table 5.*** *On the Perceived Intervention Program*

| Themes | Sub-Themes | Codes |
|---|---|---|
| Spending quality time with the family | Being open to sharing problems and getting advice | Parents spare enough time for children<br>Children always come to parents for help and support<br>Be open and express problems to someone |
| | Avoidance of excessive reproach | Avoid reprimanding |
| Spreading oneness in prayers | | Offering novena prayers for the dead |
| Fostering belongingness among family members | | Allowing oneness among family members<br>Practice socialization with good people and place<br>Keeping the value of family<br>Cultivate communication within the family<br>Parents should always talk with their children<br>Refrain from using gadgets |
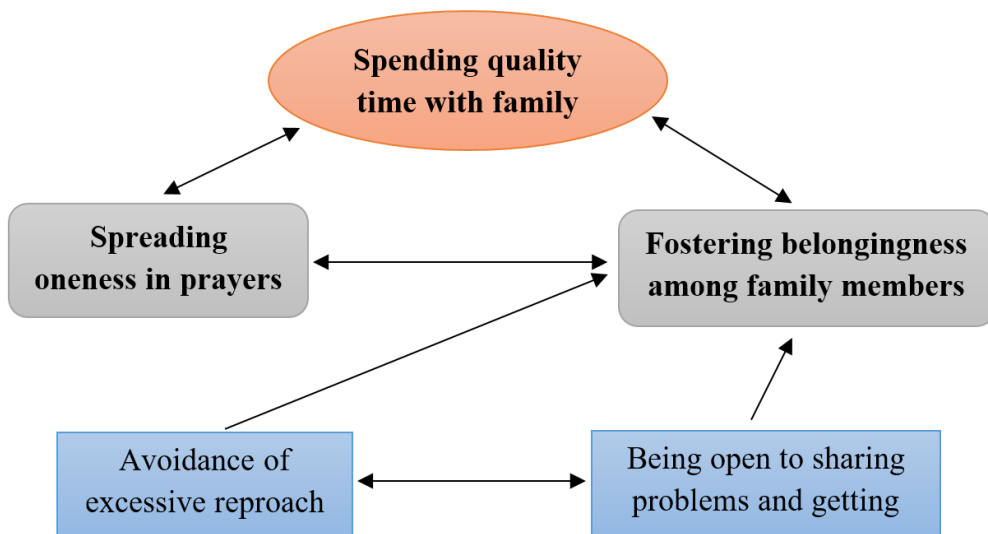


**Figure 5.** *The thematic map of intervention program or activity to address the suicide phenomenon*

## Summary of Findings

Based on the objectives and questions of the study, the researcher noted the following significant findings: The life experiences of the respondents were characterized by *regret, pain,* and *bereavement.* Suicides were committed within the context of *dysfunctional families, economic hardships, breakdown of relationships,* and *drug abuse, by hanging during midnight or dawn.* The principal reasons why suicide was committed to include *troubled and broken relationships, use of illegal drugs, financial difficulties,* and *unresolved conflict.* These reasons were specifically instantiated by being *left behind by a girlfriend, frustration due to break-up, isolation and neglect, harmful behavior like using illegal drugs, incapacity to provide for family needs, distant relationship with wife and children, being away from family, feeling unloved,*

*being close to and getting scolder by the father, overthinking about not being loved.* Suicides could be prevented by *spending quality time with family, fostering a sense of belongingness and oneness in prayer in which family members could share, open up, and give and receive advice. Excessive scolding* should also be avoided. Aside from opening lines of communication, parents should *cultivate values in the family, guide children to socialize with good people,* and *regulate the use of gadgets.*

## 4.0 Conclusions

The findings showed that suicide is a phenomenon that goes beyond individual victims. Suicide is a phenomenon that entails the infliction of harm and death to the self and the people who are left behind. The pain of suicide ends with the victim's death, but it also begins and lingers on people close to the victim. The grief, pain, regret, and guilt that suicide leaves on the bereaved might even be more severe because they linger for a long time, but they could also cause others to be suicidal. The victims of suicide were both the dead and the living, who might also be tempted or forced to take their own lives in the face of overwhelming pain and guilt. When one would commit suicide, the community would suffer.

Furthermore, suicide would occur in the mind and heart of its putative victim and society. The psychosocial dimension of suicide could not be overemphasized. People, wrongly or rightly, committed suicide due to their failure and the failure of others. The community or the family's failure could exacerbate the individual's failure, so suicide could become the last resort. At the forefront of the fight against suicide are family members, friends, classmates, workmates, and others who would maintain a close relationship with potential suicide victims. The contexts within which suicides were committed involve personal, familial, and social reasons. Therefore, interventions should employ a holistic, communitarian, and inter-institutional approach. It is therefore recommended that a Reach-out Local Government Units (LGUs) initiate a Community-based Suicide Intervention Program to enhance hotlines and waiting expert referral and consultation programs and a Suicide Debriefing Services to assist the loss survivors who were susceptible and were at higher risk of developing depression and complicated grief must be devised.

The study only considered lost loved ones by suicide in Cebu City, a highly urbanized city in the Philippines, where the study was carried out. It only included the suicide-loss survivors, also known as significant others residing in Cebu City, based on the reported suicide cases from January 2019 to June 2019 as provided by the Police Regional Office (2019). Increasing the number of respondents, coverage years, extending this kind of study to other localities, and developing comparative studies would substantially intensify a better understanding of the suicide phenomenon.

## References

Adrian, M., McCauley, E., Berk, M. S., Asarnow, J. R., Korslund, K., Avina, C., Gallop, R., & Linehan, M. M. (2019). Predictors and moderators of recurring self-harm in adolescents participating in a comparative treatment trial of psychological interventions. *Journal of Child Psychology and Psychiatry, 60*(10), 1123–1132. https://doi.org/10.1111/jcpp.13099

Almendrala, A. (2015, March 17). *Rural youth suicides almost double rates in urban areas. HuffPost.* https://www.huffpost.com/entry/rural-youth-suicides_n_6867420

Avenido, J. M., & Barabat, E. O. (2013). A fractal view on the suicide incidence of countries. *Recoletos Multidisciplinary Research Journal, 1*(2), 135–144. https://doi.org/10.32871/rmrj1301.02.16

Bachmann, S. (2018). Epidemiology of suicide and the psychiatric perspective. *International Journal of Environmental Research and Public Health, 15*(7), 1425. https://doi.org/10.3390/ijerph15071425

Bilsen, J. (2018). Suicide and youth: Risk factors. *Frontiers in Psychiatry, 9.* https://doi.org/10.3389/fpsyt.2018.00540

Borres, M., Orias, J., & Mercado, A. (2014). A mathematical model on social integration explaining global suicide rate among men and women. *Recoletos Multidisciplinary Research Journal, 2*(1), 49–54. https://doi.org/10.32871/rmrj1402.01.06

Bosticco, C. A. (2002). *Stories of grief: Narratives by bereaved parents* [Masteral thesis, University of Dayton]. Ecommons.

Bowden, C. J. (2017). *Silence after Suicide: A Phenomenological Study of Young Men's Experience of Losing a Close Male Friend.* Open Access Te Herenga Waka-Victoria University of Wellington. Thesis. https://doi.org/10.26686/wgtn.17064212

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Butuyan, J. R. (2016, July 1). *Seven Filipinos commit suicide every day.* Inquirer.Net. https://opinion.inquirer.net/95929/seven-filipinos-commit-suicide-every-day#ixzz4vAwsfZT8

Camus, A. (1991). The *myth of Sisyphus and other essays*. Vintage Books.

Canubida, N. M., Herrera, J. M., & Talacero, G. S. (2017). *Suicidal ideation differences among undergraduate college students of Cebu Doctors'* [Master's thesis, Cebu Doctors' University]. HerdinPlus. https://www.herdin.ph/index.php/herdin-home?view=research&cid=67770

Durkheim, E. (1951). S*uicide: A study in sociology*. Routledge.

Esposito-Smythers, C., Wolff, J. C., Liu, R. T., Hunt, J. I., Adams, L., Kim, K., Frazier, E. A., Yen, S., Dickstein, D. P., & Spirito, A. (2019). Family-focused cognitive behavioral treatment for depressed adolescents in suicidal crisis with co-occurring risk factors: A randomized trial. *Journal of Child Psychology and Psychiatry, 60*(10), 1133–1141. https://doi.org/10.1111/jcpp.13095

Flores, K., & Caballes, D. (2013, April 27). *Youth Suicide and the Affected Witnesses: Case Studies of Cebu City during the Year 2007-2011.* [Conference session]. 5th International Conference on Humanities and Social Sciences. Songkla, Thailand. http://fs.libarts.psu.ac.th/research/conference/proceedings-5/1.3-Youth%20Suicide%20and%20the%20Affected%20Witnesses%20Case%20Studies%20of%20Cebu%20City%20during%20the%20Year%202007-2011.pdf

Frankl, V. E. (1992). *Man's search for meaning: An introduction to logotherapy* (4th ed.). Beacon Press.

Freud, S. (1920a). *A general introduction to psychoanalysis.* Horace Liveright.

Freud, S. (1920b). *The Ego and the id.* Norton & Company.

Garraza, L. G., Kuiper, N., Goldston, D., McKeon, R., & Walrath, C. (2019). Long-term impact of the Garrett Lee Smith youth suicide prevention program on youth suicide mortality, 2006–2015. *Journal of Child Psychology and Psychiatry, 60*(10), 1142–1147. https://doi.org/10.1111/jcpp.13058

Gomez, F. (2019, October 1). *Warning signs of suicide.* CNN Philippines. https://www.cnnphilippines.com/lifestyle/2019/10/1/warning-signs-suicide.html

Harvard Health Publishing. (2019, May 29) *Left behind after suicide.* https://www.health.harvard.edu/newsletter_article/Left-behind-after-suicide

Hobbes, T. (1994). *Leviathan: With selected variants from the Latin edition of 1668*. (E. M. Curley, Ed.). Hackett Publishing Company.

Holkar, M. (2019, February 5). *Financial difficulties and suicide: The numbers - money and mental health.* Money and Mental Health Policy Institute. Retrieved from https://www.moneyandmentalhealth.org/financial-difficulties-suicide/

Ibrahim, N., Amit, N., Che Din, N., & Ong, H. C. (2017). Gender differences and psychological factors associated with suicidal ideation among youth in Malaysia. *Psychology Research and Behavior Management, Volume 10*, 129–135. https://doi.org/10.2147/prbm.s125176

Itao, A. D. S., & Pederi, R. E. (2021). Factors affecting the suicide phenomenon in Cebu City, Philippines, based on the responses of the victims' significant others. *Agathos, 12*(2), 235–245. https://www.agathos-international-review.com/issue12_2/26.Itao%20et%20al.pdf

Jackson, J. (2003). *Sos: A handbook for survivors of suicide.* American Association of Suicidology. https://suicidology.org/wp-content/uploads/2019/07/SOS_handbook.pdf

Jordan, J. R. (2001). Is suicide bereavement different? A reassessment of the literature. *Suicide and Life-Threatening Behavior, 31*(1), 91–102. https://doi.org/10.1521/suli.31.1.91.21310

Juergens, J. (2022, January 11). *Addiction and suicide.* Addiction Center. https://www.addictioncenter.com/addiction/addiction-and-suicide/

Makati Medical Center. (2019, March 6). *Helping someone struggling with suicidal thoughts.* https://www.makatimed.net.ph/news/helping-someone-struggling-with-suicidal-thoughts

Medical University of Vienna. (2016, September 7). *People in unhappy relationships more likely to have suicidal thoughts.* ScienceDaily. Retrieved from https://www.sciencedaily.com/releases/2016/09/160907081921.htm

Mehlum, L., Ramleth, R. K., Tørmoen, A. J., Haga, E., Diep, L. M., Stanley, B. H., Miller, A. L., Larsson, B., Sund, A. M., & Grøholt, B. (2019). Long term effectiveness of dialectical behavior therapy versus enhanced usual care for adolescents with self-harming and suicidal behavior. *Journal of Child Psychology and Psychiatry, 60*(10), 1112. https://doi.org/10.1111/jcpp.13077

Mill, J. S. (2017). *Liberty*. https://www.earlymoderntexts.com/assets/pdfs/mill1859_1.pdf

Police Regional Office. (2019). *Suicide Incidents period covered C.Y. 2014 to August 25, 2017*. Philippine National Police: Regional Investigation and Detective Management Branch Division, Central Visayas

ReachOut Australia. (n.d.). *Grief and loss: Understanding mental health.* https://schools.au.reachout.com/articles/grief-and-loss

Rousseau, JJ. (2017). *The Social Contract.* https://www.earlymoderntexts.com/assets/pdfs/rousseau1762.pdf

Sabalo, W. (2019, September 18). *Pro-Central Visayas records 17-18 suicides a month. Sunstar.* https://www.sunstar.com.ph/ampArticle/1823664

Schimelpfening, N. (2021, February 19). *Why do people commit suicide?* Verywell Mind. Retrieved from https://www.verywellmind.com/why-do-people-commit-suicide-1067515

Seay, N. (2019, November 4). *How are addiction, depression and suicide linked?* American Addiction Centers. https://www.rehabs.com/blog/how-are-addiction-depression-and-suicide-linked/

Serani, D. (2013). *Understanding survivors of suicide loss.* Psychology Today. https://www.psychologytoday.com/us/blog/two-takes-depression/201311/understanding-survivors-suicide-loss

Smith, S. (2019, October 22). *Suicide rate for kids ages 10 to 14 nearly tripled in last decade: CDC.* The Christian Post. https://www.christianpost.com/news/suicide-rate-kids-ages-10-to-14-nearly-tripled-last-decade-cdc.html

Sveen, C.-A., & Walby, F. A. (2008). Suicide survivors' mental health and grief reactions: A systematic review of Controlled Studies. *Suicide and Life-Threatening Behavior, 38(*1), 13–29. https://doi.org/10.1521/suli.2008.38.1.13

Tacio, H. (2018, October 11). *Suicide snatches one life every 40 seconds.* BusinessMirror. https://businessmirror.com.ph/2018/10/11/suicide-snatches-one-life-every-40-seconds/

Thaiger. (2020, January 11). *Thailand is the leading Asean nation in annual suicide rates.* https://thethaiger.com/news/national/thailand-leads-asean-nations-in-annual-suicide-rate

Turchi, G. P., Iudici, A., & Faccio, E. (2019). From suicide due to an economic-financial crisis to the management of Entrepreneurial Health: Elements of a biographical change management service and clinical implications. *Frontiers in Psychology, 10.* https://doi.org/10.3389/fpsyg.2019.00426

World Health Organization. (2021). *Suicide worldwide in 2019: Global health estimates.* https://www.who.int/publications/i/item/9789240026643

World Health Organization. (2014). *Preventing suicide: A global imperative.* https://www.who.int/publications/i/item/9789241564779

Wyllie, C., Platt, S., Brownlie, J., Chandler, A., Conolly, S., Evans, R., Kenelly, B., Kirtley, O., Moore, G., O'Connor, R., & Scourfield, J. (2012, January 1). *Men, suicide and society: Why disadvantaged men in mid-life die by suicide: Semantic scholar.* Samaritans. https://media.samaritans.org/documents/Samaritans_MenSuicideSociety_ResearchReport2012.pdf

Yanek, C. (2015, April 29). *12 ways to deal with the death of a loved one.* Bustle. https://www.bustle.com/articles/77203-12-ways-to-cope-with-death-when-you-lose-someone-you-love-according-to-someone-whos