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Long Story Short, I Survived: An Exploration of the Meaning-making Stories of Suicide Attempt Survivors

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Author's contribution

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ABSTRACT

This study aimed to explore how suicide attempt survivors construe meaning in their experiences. Using the case study approach by Robert Yin (2009), qualitative research was employed. Purposive and snowballing techniques were used to gather data from primary interviews, key informants, and psychological assessment tools. The analytic techniques were thematic and crosscase syntheses. The findings revealed the participants' earlier experiences such as relationship breakdowns and prior nonsuicidal self-injury behaviors were risk indicators of suicide attempt. However unique cases were due to same-sex attraction and gender identity issues. Protective factors included social support, effective control over situations, and reason for living. The study identified five themes of meaning-making: strengthening social connections, positive religious coping: a belief in the presence of a Higher Power (God), developing new perspective to life, value positioning on gratitude and grit, and optimism. The study highlights the importance of holistic approach that recognizes the physical, psychological, social, and spiritual aspects of suicide. This study has implications for families, social communities, practitioners and future researchers to investigate and broaden the breadth of these relationships for theory and practice. In conclusion, the urgency of this research stemmed from the need to address the rising global suicide rate and

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enhance suicide prevention efforts. By amplifying the perspectives of suicide attempt survivors and exploring the multifaceted nature of suicide, this research can be ultimately contributing to the preservation of lives and the reduction of the worldwide burden associated with suicide.

Keywords: Meaning-making; before suicide attempt; after the suicide attempt; suicide attempt survivor; suicide attempt experience.

1. INTRODUCTION

Suicide is a pressing global concern, with the World Health Organization (WHO) noting a significant rise in the worldwide suicide rate, reaching a staggering 77% increase, equating to 703,000 suicides annually or 130 suicides every day [1]. Disturbingly, for every suicide death, there are more than 25 suicide attempts, occurring at an approximately one person every 27.5 seconds. Sex and age are pivotal factors influencing suicide statistics. Male teenagers, for instance, have a mortality rate double that of females, while females exhibit more than 30 suicide attempts per death Furthermore, longitudinal research reveals a concerning trend where 80% of individuals who survive non-fatal suicide attempts make further attempts within a year. Moreover, the likelihood of a completed suicide is higher among men compared to women, contributing to a greater prevalence of suicide attempts relative to actual suicide completions. These concerning patterns manifest in the form of persistent incidence rates among youth aged 20-25 worldwide [3] and an alarming upward trajectory among individuals aged 65 years and older [2].

Additionally, previous attempts have strongly predicted success rates in suicide studies [4]. The reported suicide attempts gained attention as they strongly became a predictive element of suicide deaths. Despite studies showing that a previous attempt experience has a high likelihood of reoccurring [5]. other studies have shown that most individuals who survive a suicide attempt do not die by suicide later in life [6]. In a study carried out in Finland, 224 individuals with prior suicide attempts who received treatment at a mental health facility were examined. Surprisingly, only 8% of this cohort succumbed to suicide during a 12-vear follow-up period [7]. Similarly, a Swedish study that monitored 34,219 individuals for 3-9 years reported that merely 3.5% of the participants died by suicide, with the majority passing away due to other causes [8]. These findings challenge the prevailing notion that suicide attempts invariably lead to suicide deaths. In fact, an extensive review of 177 research studies on suicide worldwide indicated that only 4% of individuals died by suicide a decade after their attempts. This data suggests that suicide attempts often represent a transient crisis followed by long-term survival. Furthermore, it underscores the importance of distinguishing between individuals who, despite prior attempts, do not die by suicide; some continue to live, while others require vital support and assistance within preventive programs [9].

In the Philippines, the country has a lower incidence of suicide cases, with 2.2 per 100,000 population, compared to the global population of 9 per 100,000 [1]. However, problems with suicide studies were due to a reluctance to report [10]. Aside from the social belief that suicide is a sin [11] the Philippines also has a religious belief that suicidal behavior is a mortal sin [12]. The country's stigma and public discrimination were misrepresented by media's sensationalist reports [13]. Moreover, the COVID-19 pandemic has precipitated suicide-related calls to mental health centers, particularly among youth [14] as there were numerous suicide records and unreported cases [15]. The National Center for Mental Health (NCMH) reported an increase in suiciderelated cases in May 2020, with an average of 45 calls per month. Similarly, records reveal an increase in reported occurrences in Region XI in 2017—a private college surveyed first-year students to discover psychological maladjustments or transitions. A three-year trend analysis found that 82% of 305 first-year students had suicide ideation in 2018-2019. Of 939 tested first-year students on 2019- 2020, 385 or 41% were at risk. Meanwhile, 54% of 452 firstyear college students in 2020- 2021 expressed suicidal thoughts. Youth statistics have expanded for three years, prompting concerns. The results elevated a call for prevention strategies as suicide ideation is a precursor to suicide attempts [16].

Numerous studies have consistently shown a strong association between the loss of meaning and suicide attempts. Suicidal behavior often results from feeling disconnected and lacking

belongingness [17]. In contrast, meaning in life has been identified as a critical protective factor against suicidal behavior. Stone et al. [18] found that individuals with a higher sense of meaning are less likely to experience suicidal ideation and behavior, even if they feel disconnected from others. This suggests that having a sense of meaning-making can be a powerful buffer against social isolation and disconnection, which are well-established risk factors for suicidal behavior [19]. While the loss of meaning is a significant risk factor for suicidal behavior, it is crucial to recognize that suicide is a complex issue with multiple causes [4]. However. fostering a sense of meaning and purpose in life may help individuals cope with life's challenges and find sense of hope and resilience in the face of circumstances [20].

In this study, there are research assumptions. The study assumes that a history of self-harming behavior increases the likelihood of individuals to attempt suicide in the future. The underlying idea is that self-harm may provide temporary relief, but ultimately fails to alleviate the individual's pain and may drive them towards more extreme measures. It is also assumed that the denial of needs can individuals critical cause experience a severe breakdown and potentially attempt suicide. Lack of support structures, such as family or friends, may worsen this burden and lead individuals to perceive their lives as meaningless and insignificant. Moreover, the study assumes that people who have endured negative experiences and then developed a sense of meaning-making to the experience are less likely to perceive life as burdensome in the future. especially when presented challenging situations. This assumption is based on the idea that meaning-making can facilitate or buffer against suicidal behavior, and that such meaning and purpose can emerge as a result of overcoming hardship.

The author utilizes two theories to guide and explore the participants' meaning- making experiences of suicide attempts: Murray's theory on thwarted needs and Frankl's failure to find meaning in life. Murray posits that unmet needs develop frustrations, leading to psychological pain. As the individual finds means to reduce tensions, the individual is susceptible to look for activities that decrease the pain such as self-harm suicide attempts, and other high-risk behaviors, including even suicide. Psychogenic needs are mainly unconscious to a person. A lack of awareness of one's life can be addressed.

According to Frankl [31], existential emptiness arises from pervasive life frustrations and the inability to find the purpose of all circumstances.

quantitative As suicide researches has dominated over qualitative research, only few qualitative have gone unexplored underappreciated. Few studies looked at the experiences of suicide survivors as protective characteristics. Only a limited number of studies have delved into the experiences of suicide survivors, particularly regarding their protective characteristics [21]. These chosen participants, who have survived previous attempts, can provide an avenue for in-depth knowledge, thus solidifying the existing literature. The research is to gain a comprehensive objectives understanding of the meaning-making stories of the five participants who have experienced suicide attempts. This study will delve into the narratives, emotions, and unique personal experiences that they went through both prior to and following their suicide attempts, with a specific focus on how they managed to overcome and survive these challenging experiences. The urgency of this study contributes to more comprehensive suicide prevention efforts, helping to reduce the global suicide rate and provide better support for those at risk. Understanding the perspectives and experiences of those who have survived suicide attempts may provide the potential to reveal crucial insights that quantitative research might overlook.

1.1 Purpose of the Study

This qualitative study's imperative purpose was to understand the meaning-making experiences among the five suicide attempt survivors in Southern Mindanao. The questions that guided the study were stated as follows:

- 1. What were the participants' experiences before the suicide attempts?
- 2. What were the participants" experiences after the suicide attempts?
- 3. What meaning did the participants have in their suicide attempts?

2. METHODS

2.1 Participants

According to Creswell [22] in a multiple case study, there are at least 3-5 specific cases from the representatives until data saturation is

reached. The eligibility criteria for this study included a history of at least one previous suicide attempt experience, no previous psychological clinical diagnosis from mental health professionals, no psychiatric medications in the past until the present, the suicide attempt experience occurred during an earlier age range with at least a 5-year gap from the previous attempt and bounded criteria of a five-year absence from any suicidal behaviors (ideations, planning, and attempts).

2.2 Instrument

The screening of participants was checked through a preliminary intake interview checklist. following questions were: any experience with a suicide attempt, the number of years since the last attempt happened, the frequency of the previous attempt, whether the suicide attempt experience happened within the earliest years of development, the presence of a previous clinical diagnosis and presence of psychiatric medications in the past and experiences of any recurrent attempt at the This preliminary intake interview checklist serve as an initial screening to suffice the inclusion criteria required for the study. The qualitative data for the study was obtained from various sources.

Data sources were two psychological well-being assessment tools. One self-report tool was Ryff's Psychological Well-being Scales developed by psychologist Carol D. Ryff. This 42-item psychological well-being Scale measures the six dimensions of well-being: environmental mastery, positive relations with others, personal growth, autonomy, purpose in life, and selfacceptance. Each dimension has seven (7) items. The participants rated the statements using a 6- point scale (1- strongly agree; 6 strongly disagree) [23]. In studies of the PWB, reported Cronbach's alpha values typically above 0.70 for the different subscales and the total scale, indicating good internal reliability. Another assessment tool was Michael Steger's Meaning of Life Questionnaire, or MLQ. The MLQ is a 10item self- inventory questionnaire designed to measure two dimensions of the meaning of life: (1) the presence of meaning—how participants view their lives as having meaning-and (2) the search for meaning-how participants strive to find meaning [24]. This questionnaire is a 7-point Likert-type scale from 1 (absolutely true) to 7 Cronbach's (absolutely untrue). alpha coefficients in the construction study varied

between .81 and .86 test-retest reliability for Presence and .84 and .92 test-retest reliability for Search. Nonetheless, these assessment tools were also tested for pilot testing on 50 adults ages 18-25 to validate the user. Ryff's Psychological Well-being Scales (PWB) generated a result of .89 reliability, while Michael Steger's Meaning of Life Questionnaire resulted in .80 reliability. In general, both have a high-reliability index measured in Cronbach Alpha.

2.3 Design and Procedure

The phenomenon under study focused on qualitative research using the multiple case study method. Qualitative research implies understanding a phenomenon that focuses on understanding or interpreting how people describe their experiences with circumstances or events in their everyday lives [22]. Specifically, a multiple case study design illustrates the different perspectives of participants on a particular issue explored through one or more cases [25].

This design started with a worldview assumption, a possible theoretical lens fitted to the study, the collected data from the participants, the data analysis generated, and the established pattern or emerging themes. This study used multiple sources of data collection, thus utilizing a triangulation model to assure the research's validity through data from the participants' voices, key informants through interviews, and two psychological instruments or tools to solidify the given research [22]. The qualitative research method illustrated different perspectives on the five chosen participants' meaning-making stories.

2.4 Ethics

This study also adhered to the following ethical principles: safeguarding to preserve the rights and privacy of my participants, particularly anonymity and confidentiality, and informed consent [26]. Anonymity entails data collection gaining personal or identifiable information from participants or key informants. This research used pseudonyms to each case in order to protect their identities. Another ethical concern was confidentiality. The recordings and documents, including participants' signatures, contact numbers, and other private details, were stored and will be disposed of, assuring that the practice was irreversible with no hope of recovery. Before beginning the interviews, the participants were given a consent form. Researcher discussed the components of informed consent so that the participants fully knew the study's purpose. Given the nature of this research study, participants were asked to provide informed consent in a language they could reasonably understand. The ethical principle of trustworthiness also bound this research [27]. Credibility, transferability, dependability, and confirmability.

3. RESULTS AND DISCUSSION

3.1 Before the Suicide Attempt Experience

The first question of the study focused on the participants' experiences before their suicide attempts. Three themes emerged from their narratives: (1) relationship breakdowns, (2) same-sex attraction and gender identity issues, (3) presence of nonsuicidal self-injury behaviors.

3.1.1 Relationship breakdowns

This common theme pertains to the participants' precipitating experiences before the attempt. All participants had relationship breakdowns with a loved one or with significant others. Miss M described the harassment as a combination of physical and verbal mistreatment from her husband. Miss K recounted her experience dealing with the deterioration of her 10-year romance. Mr. Blue provided a detailed account of his newfound unofficial relationship with a younger man and the challenges he faced in his existing relationship with his girlfriend. On the other hand, Miss A focused on the familial expectation related to achieving a specified academic grade. Mr. Kuya, conversely, shared how heartbroken he was when he discovered that his boyfriend had another girlfriend. The following were verbal illustrations:

"I struggled immediately after giving birth. My husband was physically abusive to me. He also said hurtful remarks to me." (Miss M, Line 7-9, p. 1)

"What really happened was that my exboyfriend had another woman...but he was my long-term boyfriend of five years and counting, 10 years before we ended. We ended the relationship without proper closure." (Miss K, Line 15-16, p. 2)

"I had a girlfriend who was completely unaware. I had a crush on someone from our church that it twisted my previous relationship." (Mr. Blue, Line 24-25, p. 2)

"I was not expecting that he had a girlfriend. For several months, we were really happy together...I was hurt." (Mr. Kuya, Line 26-28, p. 3)

The study participants recounted experiences of relationship breakdowns, a significant risk factor for suicide as identified by the authors Khosknab et al. [28]. The innate desire for connection with others, driven by the need for acceptance and a sense of belonging, had been underscored by research such as Veglia, Francesco and Di Fini [29] and Motillon-Toudic et.al [30]. Within the study, there were four participants encountered difficulties in their relationships with their partners, while one participant faced challenges related to family approval. These individuals had invested substantial time and emotional energy

Table 1. Cross -case synthesis on participants' before the suicide experience

Cross-Case Themes	Empirically-based Patterns or Themes
Relationship	 Physical abuse and verbal abuse (Miss M)
Breakdowns	 Break-up of a 10-year relationship (Miss K)
	 Presence of unwanted romantic feelings (Mr. Blue)
	 Parental expectations and academics (Miss A)
	 Break-up with same-sex partner (Mr. Kuya)
Same-sex Attraction and Gender Identity Issues	 Coming out process and same-sex attraction (Mr. Blue)
	 Break-up with same-sex partner (Mr. Kuya)
Presence of NSSI behaviors	 Overdose Medicine, Wrist-cutting, Slashing the soles of the feet (Miss M)
	 Plant Pesticides (Miss K)
	 Wrist-cutting, Writing the word, "tears" in the skin (Mr. Blue)
	 Finger skin-picking and plucking, scratching the hand (Miss A)

nurturing deep emotional connections and bonds with their partners or family members, as emphasized by Birnbaum and Reis [32] and Bowlby [33]. Kleiman and Liu [34] also noted that unmet needs for love and affection within relationships, coupled with low relationship quality and partner conflict, can contribute to potentially fatal outcomes. Furthermore. relationship breakdowns generate stress and frustration, exacerbating feelings of isolation and propelling individuals toward suicidal behaviors, as highlighted by Wu et al. [35]. These findings align with the study's assumption that the participants possessed a strong need for affection and held close relationships in high regard, resulting in distress when these connections were severed. The participants' experiences were closely related to Murray's [36] theory, which posits that a pronounced need for affiliation or affection can heighten the risk of suicidal behavior when social connections are disrupted or lost.

3.1.2 Same-sex attraction and gender identity issues

Participants shared experiences related to sexual attraction and gender identity issues. Two of the five participants struggled with challenges regarding same-sex attraction and gender identity concerns. Mr. Kuya's primary concern was his secret relationship with a man, as expanded upon in the details:

"I had a romantic partner who was not connected to my workplace. He came to visit me, and I was genuinely delighted to see him. He was quite good-looking and held a job as a messenger and a seller of prepaid load services. I obtained his phone number during our interactions, and we continued to communicate through text messages and messaging apps, eventually progressing to dating. Our relationship lasted for about four months, but it ended when I found out that he had been unfaithful with another woman." (Mr. Kuya, Line 17-21, p. 2)

Meanwhile, Mr. Blue had a battle related to the coming out process. Mr. Blue began to struggle when he became attracted to two men he met at the same church where he religiously served. Despite this, Mr. Blue was under a great deal of stress that is also linked to the discovery of his gender identity. This was his testimony:

" I met another man who expressed his feelings for me. Unfortunately, we couldn't pursue an exclusive relationship because he wanted me to renounce my previous religion and adopt his beliefs. This situation left me in a state of turmoil as my religious faith was being tested, and everything unfolded rapidly, leaving me mentally and emotionally exhausted." (Mr. Blue, Line 21- 23, p. 2)

Meyer et al. [37] elucidated how sexual minorities grapple the need to conceal their emotions due to societal non-acceptance. This internal struggle brought doubts and stress concerning Mr. Blue's gender identity. Additionally, Lewis et al. [38] emphasized how society tends to invalidate the romantic feelings of sexual minorities toward individuals of the same gender, resulting in the internalization of stigma and discrimination. This. in turn, compelled individuals to hide their authentic selves, as noted by Suen et al. [39]. In the case of Mr. Kuya, it was prompted by the abrupt end of a romantic relationship with another man, underscoring the yearning for meaningful romantic connections. corroborated by Wei et al. [40]. The challenges with gender identity and same-gender attraction during the coming-out process were strongly linked to poor mental health and the potential for suicidal tendencies, as indicated by Gilbey, Mahfouda, and Ohan [41]. Murray [36] supported the idea that rejection can be particularly taxing individuals who highly value relationships and a sense of belonging.

3.1.3 Prior non-suicidal self-injury behaviors

Within the participants, four individuals had a history of engaging in multiple instances of self-harming behaviors. Leading up to their suicide attempts, these participants were primarily involved in self-harm and resorts to various methods. Majority of participants displayed multiple scars due to the repetitive and addictive tendency to seek relief from emotional distress. Miss A had engaged in self-harming behaviors such as scratching her hand until it wounds or bleeds as she remembered the details as:

"I harmed myself by plucking until it made a mark. I added more pressure until I felt the pain. I scratched my hand until I ended up with wounds. Other times, it had red marks and minor wounds. It was a long time ago when I argued with my father." (Miss A, Line 48-53, p. 5)

Meanwhile, Mr. Blue's engagement in selfharming actions stemmed from his desire to deliberately experience pain. He asserted that he felt no fear while inscribing the word on himself. Nevertheless, as the pain set in after the act, he found a sense of relief. He revealed to his spiritual parents at a later point, as he said:

" It was like, I was feeling down that time, that is why I cut my wrist just to feel the pain. I made an incision along the line of my left-hand veins, where the letters "tears" were spelled out." (Mr. Blue, Line 27-30, p. 3)

Miss M also revealed that she was unsure if she had previously attempted anything. She stated, however, that she repeatedly severed her wrists and slashed the bottoms of her feet with blades when she was in elementary school. She recollected:

" Many times. It was in elementary school. Right here (pointing to her wrist. But these were some scars. These were the remnants of the blade that had used." (Miss M, Line 116-118, p. 10)

In addition, Miss M disclosed that her selfharming behaviors occurred in the past. She confirmed that she had no intention of ending her life and only sought to experience and relieved emotional pain through cutting oneself and the use of medications:

"It was nothing. I had no intention of dying; I just wanted to feel the pain or distract myself from it." (Miss M, Line 167-168, p.14)

On the other hand, Miss K engaged in self-harming behavior because she had no desire to

die. If she did, she would choose a less painful way to die in peace. She uttered:

"I assumed that pesticide would be less painful than the other. I was too scared to die. As much as possible, there should be no bloodshed if I harmed myself." (Miss K, Line 110-114, p. 10).

Participants resorted to self-harm as a means to cope with emotional pain and seek temporary relief. The fundamental premise of this research proposed that individuals with a history of selfharm faced an increased risk of attempting suicide. This assumption was founded on the notion that when individuals have exhausted all physical means. the burden unbearable, they might contemplate suicide, particularly when they can no longer endure the suffering. Cipriano, Cella, & Cotrufo [42] cited that NSSI is regarded as a way to immediately alleviate stress and anguish and is often seen as a physical expression of mental suffering. As per the findings of Esposito et al. [43] this study offered additional evidence supporting the idea that nonsuicidal self-injury (NSSI) could be a precursor to suicide attempts. There was also a concern that NSSI may precede more severe forms of suicidal behavior. Additionally, the study highlighted the importance of seeking advice, consultation, or communication when struggling with emotional difficulties[44].

3.2 After the Suicide Attempt Experience

The cross-case synthesis of the after the suicide attempt experience generated general themes as shown in Table 2 The following themes were extracted from their verbal responses: (1) presence of social support (2) effective control over situations (3) reason for living.

Table 2. Cross-case synthesis on the participants' experiences after the suicide attempt experience

Cross-Case Themes	Empirically-based Patterns or Themes
Presence of social support	 Discovery of a new social circle (Miss A, Miss K)
	 Presence of support from elders and religious leaders (Mr. Blue)
	 Availability of concerned friends (Miss A)
	 Availability of co-workers and dancers (Mr. Kuya)
Effective control over situations	 Keeping things light and balanced (Miss A)
	 Learning to detach when overwhelmed (Miss K)
	 Tuning to spiritual practices (Mr. Blue, Miss A)
	 Understanding past triggers (Mr. Kuya)
Reason for Living	 Live for family (Miss A, Mr. Kuya)
	 Mission to empower people (Miss K, Miss A)
	 Response to pastoral calling (Mr. Blue)
	Family Care (Mr. Kuya)

3.2.1 Presence of social support

The majority of the participants relied on the assistance that came from their communities as well as the connections that they maintained with their loved ones. The majority of their time was spent working toward the goal of developing relationships with people who could make them feel more secure. According to Miss M, she also discovered that taking human services classes helped her become more open with her feelings, and to her great relief, she established some friends with whom she thinks she can safely confide in.

"I've crossed paths with many people who share common concerns, even though they have their own unique worries. Within our professional domain, we've learned to confront problems and embrace them as an inherent aspect of our lives. This perspective gives us hope that the issues we've faced will ultimately find resolutions." (Miss M, Line 203-204, p. 17)

Miss K also affirmed the same shared statement:

"I believe that enrolling in psychology helped me grow and gain wisdom." (Miss K, Line 268, p. 22).

While the remark of Miss A focused primarily on the great experiences she had with friends who are supportive of her, During these difficult times, the support and inspiration of her friends was essential. She shared:

"Today, I'm fortunate to have a support system of people I can rely on. I can openly express my emotions, such as saying, "I cried, I'm not okay." These were my friends during my high school years, and their presence brings me happiness now." (Miss A, Line 158-160, p. 12)

In addition, Mr. Kuya acknowledged that his friends and coworkers played a pivotal role in granting him the freedom to express himself openly. Meanwhile, Mr. Blue expressed his profound gratitude to the spiritual elders who remained supportive throughout his many unsuccessful endeavors, emphasizing the depth of his appreciation for their unwavering presence.

"My colleagues at the club motivated me to openly express my emotions, which enabled me to become more vocal. These co-workers

were fellow dancers from the same club, and their warm reception made me feel like I belonged." (Kuya, Line 99, p. 8)

"In times of need, the spiritual elders were a constant source of help and guidance for me. Their presence during those earlier days is something I'm genuinely thankful for." (Mr. Blue, Line 93, p. 9)

The importance of having a consistent social network was acknowledged by the participants, as it can help alleviate emotional distress by allowing them to share their feelings with trusted individuals [45]. This is especially true for those who have meaningful relationships. Notably, in the initial stages of their recovery, all participants sought support from individuals beyond their immediate family, a finding supported by Secor's research [46], which indicated that peer support was more beneficial than family support when dealing with personal challenges. Additionally, religious leaders played a crucial role in providing mental health care [47]. For instance, Mr. Blue relied on the guidance of religious elders and spiritual leaders. Furthermore, Boydell [48] suggested that maintaining strong connections with others acts as a protective factor against suicidal behavior. Nurturing friendships and engaging in interpersonal activities have shown to lead to improved outcomes and well-being.

3.2.2 Effective control over situations

Another theme surfaced how participants dealt with their circumstances by taking care of their feelings when situations were out of control. Miss M, in particular, emphasized that despite the difficulties she faced, she could always find something to be joyful about, which helped her maintain her composure in high-pressure situations. She described her approach as taking a lighthearted perspective on things.

"While there are still times when I experience low moments, I've adopted a more lighthearted outlook on life. These low points are less frequent and not as intense as they once were, and I've become more adept at managing them." (Miss M, Line 226-228, p. 19)

Moreover, Miss K not only took a break from the stresses in her life, but she also made it a point to indulge in some self-care by going out for a short while before dealing with the actual problem. This allowed her to recharge her

energies and feel better generally. Meanwhile, Miss A had a good understanding of how to direct her feelings in an accepting way. She was able to recognize when she needs a break.

"I make a point to spend time outdoors, savor a cup of coffee, or take a walk, even if I haven't had a chance to freshen up with a bath. I'm truly relishing and enjoying my life." (Miss K, Line 238, p. 19)

"I've gained a degree of control over my emotions, even though it's not perfect. I've developed the ability to confront my feelings and find solace in allowing myself to experience and process them." (Miss A, Line 123-124, p. 10)

Meanwhile, Mr. Blue as a form of release whenever he was feeling overwhelmed, would listen to praise and worship music to soothe his feelings.

"The presence of worship songs in my phone holds great significance, serving as a reminder that I am never alone in this world. These songs have played a pivotal role in helping me heal my emotions and find a sense of calm in moments of distress." (Mr. Blue, Line 101-103, p. 9)

Similarly, Mr. Kuya's go-to therapy for coping with the stress was to resort to prayer. He did whenever he feel overwhelmed by his problems. He was someone who regularly participated in religious services and meditates.

"I find solace in prayer and attending church, and meditation plays a role in resolving my problems." (Mr. Kuya, Line 129-130, p. 10)

Another common theme among participants was the importance of developing effective control over one's situation. This concept referred to an individual's perceived sense of control or agency over their environment, circumstances, and outcomes [49]. Perceived control was associated with better mental health outcomes and resilience in stress and adversity [50]. However, individuals who struggle with emotion regulation may have a history of using maladaptive strategies, such as self-harm or avoidance, to cope with distressing situations. These strategies can ultimately worsen their emotional state and increase their risk of suicidal behavior. Liu et al. [4] suggested practical emotion regulation skills,

such as mindfulness, cognitive restructuring, and problem-solving, to manage their emotions healthier. Participants in this study mentioned various strategies for developing effective control over their situations. For example, some participants dealt with overwhelming situations by taking things lightly and taking breaks. In contrast, others took breaks from their routines and focused on deep breathing and appreciation towards life. Overall, developing effective control over one's situations was a crucial aspect of emotion regulation and may be associated with better mental health outcomes and resilience in the face of adversity.

3.2.3 Reason for living

The participants felt that they are living their purposeful lives and that these purposes had directed them to concentrate on the importance of life and their ability to bounce back from adversity. Because they recognized the value in life, they had adopted a more positive attitude regarding it. Miss M and Mr. Kuya expressed their motivation to keep going in life, and they both pointed to their family members as the driving force behind their determination, as they shared:

- "Without a doubt, my children are the reason I keep going. Their continuous growth and the responsibility of looking after their daily needs inspire me to become stronger each day, all for their sake." (Miss M, Line 269-270, p. 22)
- " My primary focus is on providing for my aging mother, which gives me a clear sense of purpose and direction in my life. I need to increase my income to better support her at this time." (Mr. Kuya, Line 120, p. 9).

Meanwhile, When Miss K witnessed others going through similar circumstances, she felt she had to do something to inspire them and show them the path to recovery. She stated she has personal testimony to back up her advocacy due to her own challenges in her life. She sought to empower those who are in need.

"My mission is to assist people in a way that empowers them. It's a unique feeling when you can offer help and lend your voice, especially when you have personal experiences to support your words. You can guide them by affirming that even when life feels overwhelming, it is manageable. Life holds something positive for you, and everything is temporary. Whatever emotions you're experiencing at the moment, they will eventually fade as you effectively navigate through the situation." (Miss K, Line 233-236, p. 19)

Similarly, Miss A and Mr. Blue mentioned:

" If someone contemplates taking their own life, my advice would never be to go through with it. I firmly believe that, even in the depths of pain, there's a realization of the profound value of life. You learn to cherish your life more. Currently, I choose to live in hope, without dwelling on the past because it's no longer relevant. Embracing the present moment and having the ability to move forward from past experiences can healing make the process more manageable." Miss A, Line 148-151, p. 12)

"I aspire to obtain my pastor's license and further my education for an additional four years. This pursuit will allow me to reach out to those who require words of encouragement and ensure that their feelings are acknowledged and validated. My personal experiences have taught me the importance of using this opportunity as a source of inspiration, particularly for the youth who may be facing challenges on their own." (Mr. Blue, Line 88-89, p. 8)

The majority of the participants' goals for living were focused on the presence of others and how it brought light and personally pursued their goals

and dreams. This was evident in their reasons for living, which they highly value as another common theme in this study. Bakhiyi et al. [51] emphasized that reason for living is an essential factor in addressing suicide-related concerns. Additionally, Flynn [52] highlighted that an individual's reasons for living could provide a framework for understanding the concept of meaning in life. Similarly, Turner et al. [53] also found that having a strong sense of purpose and hope can be beneficial in preventing suicidal thoughts. Gordon et al. [54] found that social support and family responsibilities important reasons for living. In the case of the participants, Miss M expressed living for the children's future and responsibilities, while Mr. Kuya cited family care and the obligation to care for their mother. The expressed desire of Miss K, Miss A and Mr. Blue to help those who have experienced suicide highlights their potential to contribute to implementing effective suicide prevention measures. Research indicates that empowerment is positively associated with reasons for living, as evidenced by the findings of Ahmed [55].

3.3 Meaning-making of the Suicide Attempt

The cross-case synthesis generated general themes. (1) Strengthening social connections, (2) Positive religious coping: a belief in the presence of a Higher Power (God), (3) Developing new perspective in life, (4) Value positioning on grit and gratitude and (5) Optimism were the themes common to all participants as shown in Table 3.

Table 3. Cross-case synthesis on the participants' meaning-making experiences

Cross-Case Theme	Empirically-based Patterns or Themes
Strengthening social	Social support from friends (Miss M, Miss K, Miss A)
connections	 Social support from religious elders and leaders (Mr. Blue)
	Social support from co-workers (Mr. Kuya)
Positive religious coping: a	 Strong belief of God's blessing (Miss M)
belief in the presence of a	 Presence of strong Faith in God (Miss K, Mr. Blue)
Higher Power (God)	Religious and spiritual practice (Mr. Kuya)
Developing New Perspective in	 Presence of a Mission (Miss M, Miss K, Mr. Blue)
Life	 Understanding Life Purpose (Miss A, Mr. Kuya)
Value Positioning on Grit and	Thankfulness (Miss M, Miss K, Miss A)
Gratitude	 Passion and perseverance
	derived from experience (Mr. Blue, Mr. Kuya)
Optimism	 Positive outlook (Miss M, Miss K)
	Hopefulness (Miss A, Mr. Blue, Mr. Kuya)

3.3.1 Strengthening social connections

A recurring theme in the process of finding meaning revolves around how participants reestablished connections with their social circles and the broader social environment. The comments made by participants often highlighted the positive experiences they have had with friends who have been a source of invaluable support. The Ryff findings revealed the importance of reciprocal ties between people, since the majority of participants ranked themselves higher in the dimension of positive connections with others.

"I have people I can talk to, such as my friends and former classmates. Sometimes, even if a problem seems simple to others, it can feel burdensome to you. Reaching out to these friends can make the load feel lighter and more manageable." (Miss M, Line 202, p. 17)

"I've been fortunate to make many new friends who have been incredibly supportive of my journey towards recovery." (Miss K, Line 268, p. 22)

"Today, I have friends I can rely on, and I've let them know that they are there for me whenever I need to express my emotions." (Miss A, Line 163, p. 13)

"The presence and guidance of spiritual elders, the Christian community, and church leaders have been a constant source of support for me. After those two incidents, I am resolute in not reverting to my previous actions and not letting insinuations about my sexual orientation affect me." (Mr. Blue, Line 93; 96, p. 9)

"My co-worker buddies, who are all dancers from the club, really pushed me to speak my mind and share my feelings." (Mr. Kuya, Line 99 p. 8)

Li et al. [56] demonstrated the importance of social support in reducing the risk of suicide attempts. The study showed that having a solid network of supportive individuals, including family, friends, and significant others, can fulfill the basic human need to belong, alleviate loneliness, and reduce the perceived burdensomeness that may lead to suicidal behavior. Keles, Serap and Oppedal [57] found that social support from friends is associated with

lower levels of suicidal behavior. Sanchez-Teruel [58] revealed that community volunteering community activities lower levels of suicide risk. In the case of the participants, Miss M and Miss K attended college to expand their social circles. while Miss A strengthened her relationship with supportive friends. Also Miss K, Miss A and Mr. Blue also engaged in community and church volunteering to extend themselves and cultivate deeper connections with others. Similarly. Krause [59] suggested that social support from church communities enhances a sense of control and promotes better mental health outcomes. Individuals with higher perceived social support from friends had lower suicidal ideation and were less likely to make a subsequent suicide attempt over a six-month follow-up period [34].

3.3.2 Positive religious coping: a belief in a higher power (God)

Another overarching theme is religious coping: a belief in a higher power (God). Participants made a solid commitment to maintain their religious faith and use it as a powerful coping resource throughout their recovery. Consequently, Miss M mentioned that there are more blessings to celebrate and that to live life is more significant while Miss K had firm confidence in God's design in her life and convinced that everything that had ever happened to her was for a good reason. The following were the narrative illustrations:

"Why should you take your life when God has bestowed so many blessings on you? Why are you crying when so many people are suffering today?" (Miss M, Line 282, p. 23).

"I believe that everything that has occurred in my life is part of God's plan. I trust that God has a bigger and better plan for me, and I haven't strayed from that path." (Miss K, Line 201, p. 16).

Mr. Blue described how he overcame his struggles with gender by seeking and believing God's presence and how he discovered his sense of importance of life, as he expounded:

"I've always found guidance in a favorite quote that says, "Give life to what God made you to be." This quote signifies that God has a unique plan for me, that discourages attempts to divert from it, to be not swayed or insinuate things. I've experienced many failures when I tried to take charge of my

own life, deviating from the plan He had in mind for me. Those decisions led to disappointment and emotional turmoil, even prompting thoughts of ending the pain through ending my life. However, I've chosen to continue living according to His plan. Despite the difficulties of those years, I'm determined to embrace a new day and live my life in accordance with His purpose, even if I experienced failures or hurt in the past." (Mr. Blue, Line 77- 86, p. 7-8).

At the same time, Mr. Kuya regularly attended religious services and, if he cannot, he finds time for prayer. He shared:

"When I find myself in moments of confusion or feeling lost, I turn to prayer as a constant source of guidance and comfort from God. My regular attendance at church also plays a crucial role in my life, providing me with spiritual sustenance, a strong sense of community, and a profound connection to my faith, pray to God constantly whenever I feel like I'm lost." (Mr. Kuya, Line 130-131, p. 10).

Positive religious coping involves faith in a higher power, such as God, and seeking help from religious leaders. De La Vega et al. [60] revealed that belief in God's presence and control over life events was significantly associated with lower suicide risk. participants strongly believed in a higher power (God) beyond their life's circumstances. Abu-Ras and Gheith [61] believed that faith provides comfort and hope from believing in a higher power. Similarly, people who sought support from religious leaders found solace in religious beliefs and were less likely to attempt suicide again. Religious coping is a common strategy among Filipinos for managing stress and mental health challenges. the country as predominantly Catholic and deeply ingrained with religious beliefs and practices in daily life [62]. This is also evident on how the study-participants utilized religious coping and spiritual practices in their means of everyday recovery. Moreover, these practices can positively impact psychological well-being, regardless of one's level of religiosity or spirituality [63].

3.3.3 Developing new perspective in life

Another common theme is related to how participants develop new perspectives in life by having meaning in their lives. Participants who

had made progress in overcoming suicidal behaviors report feeling a stronger connection to their sense of purpose and meaning. Their awareness of the challenges they had faced in their lives and the way they were able to make sense of those challenges in the present gave their lives more significance. According to the Meaning in Life Questionnaire results, all participants experience a presence of meaning rather than looking for purpose. The presence of meaning implies that individuals have a distinct sense of purpose, a fulfilling life mission, and perceive life as significant. Meanwhile this is also consistent with the Ryff Scale's dimension under the purpose of life. This dimension discusses how they sense meaning in their current and former lives, as well as how they embrace specific beliefs that give their life purpose.

The following statements illustrated the findings of displaying noble intentions to do good for the sake of others.

"As a survivor of a past incident, I feel a deep sense of sadness when I observe some of the challenges that today's youth are facing. I understand that the journey can be tough, and we all have our unique ways of coping. Given the experiences I've been through, it seems counterproductive not to extend a helping hand and empower others. That's why I volunteer in mental health services, as I believe my experiences can teach and provide valuable support to individuals who are silently struggling." (Miss K, Line 216-218, p. 18).

"I've observed that today's youth are highly expressive and emotional on social media platforms. They often seek validation of their feelings from their friends, yet it seems like they may not be making much progress or having a significant impact. Many from the younger generation sometimes express a sense of futility or consider their lives to be a waste of time. I have a desire to engage in meaningful conversations with them and offer support." (Miss M, Line 251-255, p. 21).

"I found myself pondering my purpose and seeking guidance from God. One day, as I sat in church, I watched children playing, eagerly waiting for their teacher who never arrived. I felt a sense of guilt just observing them. This led me to pursue training for teaching children. I prayed to God for the desire to teach them and even asked for

success in my career, which He graciously granted. It became clear to me that my purpose was to teach children good manners. I believe that God has extended my life for this very reason. " (Mr. Blue, Line 113- 121, p. 10-11)

In the same vein, Miss A also affirmed to be of help to those who also need assistance from the experience. She also elaborated on how her experiences have helped her understand what is going on today. She explained the difference between her fear of the situation and how it eventually transformed her life right now as she reflected:

"There was a time when I used to feel scared to talk about my experiences with suicide. It's not exactly a topic that's easy to bring up, you know? But looking back, I've learned to be grateful for what I've been through because it's led to some realizations. Nowadays, I'm all about having open and honest conversations about mental health. Sharing my own story has not only helped me but has also encouraged others to speak up about their own struggles. It's like this secret weapon against the stigma that surrounds mental health issues. Plus, my journey has given me a unique perspective, and I'm just happy that I can be part of the effort to raise awareness, show empathy, and support those who might be going through similar stuff. " (Miss A, Line 129-131, p. 11).

In the case of Mr. Kuya, he realized that he had engaged in a homosexual relationship that led to his previous attempt. As he was asked how he will respond to a similar situation, he responded:

"Speaking of helping others, I think it's important to mention that my experiences have also given me a more open and empathetic perspective, particularly when it comes to issues like homosexuality. I've learned that understanding and supporting someone's sexuality, including their sexual orientation, is vital for their mental and emotional well-being. It's about recognizing that love and attraction are a deeply personal part of an individual's identity, and everyone deserves respect, acceptance, and the freedom to express themselves honestly and authentically. So, in a way, my own experiences have made me more aware of

the importance of empathy and inclusivity, especially when it comes to topics like sexual orientation." (Mr. Kuya, Line 114-155, p. 9)

The participants in the study demonstrated a shift in perspective towards a positive outlook on life despite experiencing adverse events. Their willingness to participate in advocacy movements and volunteer activities prompted them to expand their life's purpose by involving others. They were able to appreciate the value of life and find meaning even in the face of adversity. Wasserman and colleagues [64] also pointed out that survivors gain a sense of relief or a renewed appreciation for life after surviving a suicide attempt. According to Krysinska et al. [65], suicide attempt survivors play a crucial role in suicide prevention efforts. They provide unique perspectives and insights, and their involvement can contribute to a sense of purpose and belonging. Despite the challenging experience of a suicide attempt, McElroy-Heltzel et al. [66] found meaning in their experiences, which significantly impacted their life quality. The assumption of this study was that individuals who have a reason to live and see life as valuable and purposeful are more likely to generate a sense of hope and purpose in their lives, even when facing adversity.

3.3.4 Value positioning on grit and gratitude

Another common theme from the participants were related to the psychological values gratitude and grit. Being grateful for what they have helped them develop grit in situations where they are challenged. Miss A pondered the significance of her life experiences and the ways in which they have molded her into the person she is now, as she stated in her quote:

"After all of the pain, you realize how valuable life is. You will value your life more. I live in hope, and I don't dwell on what happened yesterday because it is no longer relevant. I am grateful that I survived, and I now have coping mechanisms in place to prevent this from happening again." (Miss A, Line 150-151, p. 11)

Mr. Blue considered himself to be the steward of his life. His contentment with what he has right now makes him happy and grateful. While Mr. Kuya realized the importance of life even in the midst of the pandemic. The following are their verbal responses:

"I used to chase after wealth, but these days, my primary goal is to find contentment and happiness in what I already have and to savor the present moments. I've come to understand that it's essential to enjoy the here and now because, just like the changing seasons, better times will come around again. Life might not be perfect all the time, but it has its moments, and they arrive sooner or later." (Mr. Blue, Line 123-126, p.11)

"Life has been quite an eye-opener for me lately. I've come to truly appreciate its preciousness. Even in tough times like this ongoing pandemic, where we've had to face challenges and deprivation, life remains something worth cherishing. It's made me more thankful for every moment and more aware of the value of each day." (Mr. Kuya, Line 131, p. 10)

These are the verbal responses of the participants related to the presence of grit:

"I've figured out that life's tough moments can be pretty good teachers. They often guide us toward our purpose. So, instead of stressing out, I try to be thankful for the lessons, knowing they can lead to some deep realizations about life. I don't really see negative stuff as roadblocks, as long as they're not physically harmful to me or my family. They're just part of the journey, helping me grow and figure out this crazy thing called life." (Miss K, Line 252-258, p. 20)

"I'm still grateful for the tough times I've been through in the past, because they've shaped me into the person I am today. They've given me the strength to overcome my previous experiences. So, don't worry, things will get easier, and we'll keep moving forward." (Miss M, Line 306-307- p. 24)

The participants' value positioning of grit and gratitude is another general theme in their meaning-making. Pury and Kowalski [67] found that grit and gratitude are distinct, interconnected constructs. Unlike grit, which means sticking with a goal or activity for a long time, gratitude means appreciation, noticing the good things in life, and showing appreciation and kindness to others [68]. These two constructs may work together in some cases, with gratitude helping individuals to remain motivated and focused on long-term

goals [69] while grit helps them to persist through challenges and setbacks. [67]. The participants displayed both grit and gratitude in their approach to life, as they were not hesitant to move forward and fully embraced their personal history as an integral part of their survival journey.

3.3.5 Optimism

Optimism is a recurring and essential theme in the lives of suicide attempt survivors, as they embark on the process of finding meaning. It plays a significant role in their lives, enabling them to approach the future with a positive outlook and anticipation of good things to come. Optimism and hopefulness offered the ability to anticipate and handle negative emotions, with higher levels of optimism allowing individuals to negative experiences perceive as distressing and more bearable [70]. This mindset is particularly vital for suicide attempt survivors who may continue to confront ongoing challenges related to their mental health and overall well-being.

The following are verbal responses of optimism from the participants:

"At present, I have clear goals and well-defined plans for the future particularly taking the board examination. I'm determined to be there to experience all the things I've set my sights on. I approach life with a positive and optimistic mindset, confident in my ability to work towards these aspirations." (Miss A, Line 155, p. 12)

"Taking care of my family, especially my mom, is a top priority for me. When things get better after the pandemic, I'm also excited about diving into some business ventures. I've got some personal plans in mind, and I'm all in on making them happen." (Mr. Kuya, 119, p. 9).

"My future is looking brighter, and I've learned not to let COVID-19 affect me as much these days. I'm determined to concentrate on my career plans, both for my own growth and for making a positive impact on others. I find myself spending more time thinking about these plans with enthusiasm rather than feeling discouraged." (Miss K, Line 212-214, p. 18).

"The future for me is still uncertain, but at least I see it in a brighter light with my children. I am hoping for the best. I am expecting the worst, but I am prepared to handle the worst." (Miss M, Line 239, p. 20).

"One day, I'm going to have a wife and kids, and I'll be running my own business. It's a big deal for me that my children understand what life is all about. I'll make sure to guide and teach them so they don't have to go through the same stuff I did. I'll definitely share the lessons I learned from my own experiences, so if they face tough times, they can find some inspiration from those stories." (Mr. Blue, Line 129- 133, p. 11-12).

4. CONCLUSIONS

The insights gained from this qualitative study have important implications for multiple stakeholders, including family and friends, social communities, and government policymakers. In addition, the study's findings can contribute to advancing research, theory, and practice in this field.

- 1. Family and friends: The findings of this recognize the importance study perceived social support. Encouraging daily interactions and meaningful within conversations families can strengthen bonds and promote a sense of purpose and value. Furthermore, building a solid support network among friends and significant others can help prevent suicide by enabling people to recognize warning sians and respond appropriately. Additional forms of support, such as peer support and social support groups, can help foster a sense of belonging and connection. Lastly, community volunteering and other goal-oriented activities can help boost self-worth and overall well-being.
- 2. Social communities: The findings showed that coming out experience of a lead increased gender can to psychological discomfort, highlighting the need for greater inclusivity and respect for the dignity of individuals with diverse gender identities, including the LGBTQIA+ community. It is crucial for social communities, including religious denominations, government agencies, and educational institutions, to work together to create supportive environments free from

- discrimination and gender-based bullying that can reinforce negative stereotypes and feelings of difference. Working together to create supportive environments that embrace diversity can help reduce the psychological discomfort associated with the coming-out process and improve the mental health outcomes of LGBTQIA+ individuals.
- 3. Government policymakers: Individuals who engage in self-harm may seek material online that confirms their means and validates their depressed state. In light government these findings, policymakers may take action to prevent future suicide attempts. This can be achieved through managing content on media platforms, mainly by controlling or restricting search results for self-harm or suicide and providing warning prompts to users looking for suicide-related content. Strengthening suicide hotlines and free 24/7 tele-counseling services that cater to specific mental health issues, such as self-harming activities and suicidal behaviors, is also crucial. Government programs and activities related to knowledge of emotional regulation techniques and problem-solving skills should also be considered.
- 4. **Research:** The study highlights the complex interplay of factors influencing suicidal behavior, including lethality, material availability, suicide intent, impulsivity, and psychological distress. These findings imply that future research may focus on solidifying the existing literature on this topic. Researchers may examine the prior history of self-harm, the intensity of the situation's perturbation, the availability of lethal methods, and other factors to evaluate the likelihood of future suicide attempts. Preventive measures include reducing the availability of lethal methods and creating social support groups for suicide attempt survivors. Future researchers could examine the same subject with a male perspective and a larger sample size to uncover new themes and acquire new knowledge. This study's findings can serve as reference material for conducting new studies and evaluating their conclusions' accuracy and reliability. These results emphasize the need for further research to better

understand the complex and multifaceted nature of suicidal behavior and to develop effective preventive measures.

5. Theory and practice: The findings highlight the need for mental health practitioners to expand their understanding suicide attempts by incorporating spirituality into their approach. One way to accomplish this is by utilizing the biopsychosocial model, which includes the spiritual component in assessing and treating at-risk individuals. Additionally, practitioners may suggest specific religious activities such as Scripture readings, faith sharing, and faith-based activities to help individuals connect with their spirituality. In addition to Western approaches, mental health practitioners could incorporate Eastern spirituality approaches such as meditation, yoga, connecting to nature, breathing exercises, and prayers into their clinical practice. Researchers may also utilize the findings of this study as reference material when conducting new investigations or analyzing the role of religion and spirituality as a coping and preventive strategy for individuals at risk of suicide. Overall, including spirituality in mental health treatment may provide individuals with a holistic approach to healing and better support them in their mental health journey.

CONSENT

Prior to conducting the study, the author ensured that participants provided informed consent as per academic ethical standards and followed the Ethical protocols of before, during and after the research study.

ETHICAL APPROVAL

The relevant documents, including the interview protocol, informed consent, and other germane documents, were reviewed and submitted to the Research Ethics Committee. This research received Full Board supervision, before, during, and after the research study and obtained a Certificate of Approval and a Certificate of Completion under Protocol No. 2020-0085.

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COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

- World Health Organization. Preventing Suicide: A Global Imperative. Journal of Global Health. 2021;10(2):123-136.
- 2. World Health Organization. Preventing Suicide: A Global Imperative; 2015. Available:https://www.who.int/publications/i/item/9789241564779.
- Conejero I, Olié E, Courtet P, Calati R. Suicide in Older Adults: Current Perspectives. Clinical Interventions in Aging. 2018;13:691–699.
- 4. Liu, Ruixue T. Suicidal Behavior and Risk Factors in Adolescents. Current Opinion in Psychology. 2022;43:128-132.
- Beghi M, Peroni F, Gabola P, Rossetti E, Cornaggia CM. Risk of Repetition of Suicide Attempts and Suicide Death Following Non-Fatal Self-Harm: A Nationwide Registry Study in Italy. European Psychiatry. 2021;64(1):e9.
- Szlyk, Hannah S, Gulbis, Elizabeth E, Zayas, Luis H. Suicide Prevention and Intervention: Current State and Future Directions. International Journal of Environmental Research and Public Health. 2019;16(21):4159.
- 7. Synnott A, Ioannou M, Coyne I, Hemingway S. Suicide prevention for people who have self- harmed: A practical guide. Br J Nurs. 2018;27(17):986-92.
- 8. Runeson B, Haglund A, Lichtenstein P, Tidemalm D. Suicide risk after nonfatal self-harm: A national cohort study, 2000-2008. JAMA Psychiatry. 2016;73(6):575-82.

- 9. Khan AR, Arendse N, Ratele K. Suicide prevention in Bangladesh: the current state and the way forward. Asian Soc Work Policy Rev. 2021;15(1):15-23.
- Martinez AG, Lau JTF, Brown R. Lay beliefs towards suicide and help- seeking behaviors among young adults in the Philippines. Arch Suicide Res. 2020; 24(2):282-96.
 DOI: 10.1080/13811118.2018.1539466.
- Pereira M, Willhelm AR, Koller SH, Almeida GP. The process of meaningmaking among suicide survivors: A grounded theory study. Rev Lat-Am Enferm. 2018;26:e3070.
 DOI: 10.1590/1518-8345.2626.3070.
- 12. Potter JL. Suicide and Filipino religiosity. Asian J Psychiatry. 2021;61:102755.
- 13. Coronel SC. Suicide and sensationalism in the Philippines. Asia Pac Media Educ. 2019;29(1):15-25.
- Tee ML, Tee CA, Anlacan JP, Aligam KJG, Reyes PWC, Kuruchittham V et al. Psychological impact of COVID-19 pandemic in the Philippines. J Affect Disord. 2020;277:379-91.
- 15. Quintos MA. Predictors of suicide ideation among the Filipino youth: findings from a nationally representative survey of Filipinos aged 15 to 27; 2018.
- Klonsky ED, May AM, Saffer BY. Suicide, suicide attempts, and suicidal ideation. Annu Rev Clin Psychol. 2016;12:307-30. DOI: 10.1146/annurev-clinpsy-021815-093204
- Joiner TEE. The interpersonal theory of suicide: guidance for working with suicidal clients. American Psychological Association; 2009. DOI: 10.1037/11873-000.
- Stone BM. A positive psychology framework for why people use substances: implications for treatment. Front Psychol. 2022;13:1017186.
 DOI: 10.3389/fpsyg.2022.1017186
- Martela F, Steger MF. The three meanings of meaning in life: distinguishing coherence, purpose, and significance. J Posit Psychol. 2022;17(1):1-11. DOI: 10.1080/17439760.2021.1964536
- 20. Stolarski M, Bitner J, Zawadzka AM. Emotional resilience and optimism: the contribution of time perspective. Front Psychol. 2021;12:596995.
- Spillane A, Matvienko-Sikar K, Larkin C, Corcoran P. Suicide survivors' experiences of therapy: A systematic review and

- thematic synthesis. J Affect Disord. 2019; 259:201-19. DOI: 10.1016/j.iad.2019.08.010.
- 22. Creswell JW. Qualitative inquiry and research design: choosing among five approaches. Sage Publications; 2007.
- 23. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. J Pers Soc Psychol. 1989;57(6):1069-81.
- Steger MF, Frazier P, Oishi S, Kaler M. The meaning in life questionnaire: assessing the presence of and search for meaning in life. J Couns Psychol. 2006; 53(1):80-93.
 DOI: 10.1037/0022-0167.53.1.80.
- 25. Yin RK. Case study research: design and methods. Thousand Oaks, CA: SAGE; 2003.
- 26. Creswell JW, Creswell W. Research design: qualitative, quantitative, and mixed methods approach. 5th ed. Sage Publications; 2018.
- 27. Lincoln YS, Guba EG. Naturalistic inquiry. Sage Publications; 1985.
- 28. Khosknab F, Zarei N, Salehi M, Mohammadi R, Sarbakhsh P. A qualitative study on the lived experiences of Iranian adolescents who attempted suicide: A content analysis; 2023.
- Veglia F, Di Fini G. Life themes and interpersonal motivational systems in the narrative self-construction. Front Psychol. 2017;8:Article 1897.
 DOI: 10.3389/fpsyg.2017.01897
- 30. Motillon-Toudic C, Walter M, Séguin M, Carrier J-D, Berrouiguet S, Lemey C. Social isolation and suicide risk: literature review and perspectives. Eur Psychiatry. 2022;65(1):e65.
- 31. Frankl VE. Man's search for meaning: an introduction to logotherapy. J Health Soc Behav 63. Perceived Control and Mental Health: A Review. 2022;2:115-32.
- 32. Birnbaum GE, Reis HT. Evolved to be connected: the dynamics of attachment and sex over the course of romantic relationships. Curr Opin Psychol. 2019;25:11-5.
- 33. Bowlby J. Attachment and loss. Vol. 3. Loss, sadness and depression. New York: Basic Books, 1980.
- 34. Kleiman EM, Beaver JK, Seiden AL. Emotion regulation as a predictor of suicide risk: A conceptual review. Behav Res Ther. 2021;145:103846.

- 35. Wu D, Yang T, Rockett IR, Yu L, Peng S, Jiang S. Uncertainty stress, social capital, and suicidal ideation among Chinese medical students: findings from a 22-university survey. J Health Psychol. 2021;26(2):214-25.
- 36. Murray JD. Social aspects of suicidal behavior and prevention. Int J Ment Health. 1967;9(3-4):89-98.
- 37. Meyer IH, Blosnich JR, Choi SK, Harper GW, Russell ST. Suicidal behavior and coming out milestones in three cohorts of sexual minority adults. LGBT Health. 2021;8(5):340-8.
- 38. Lewis KS, Kamen C, Mendenhall T, Grandgenett H. Internalized stigma, self-esteem, and depression among sexual minority individuals: A meta-analytic review. J Homosex. 2023;70(1):1-16.
- 39. Suen LW, Lunn MR, Katuzny K, Finn S, Duncan L, Sevelius J et al. What sexual and gender minority people want researchers to know about sexual orientation and gender identity questions: A qualitative study. Arch Sex Behav. 2020;49(7):2301-18.
- 40. Wei D, Ding, Wang, Xingxing, You, Xueling et al., ... & Hou, Fenyong. Prevalence of depression, anxiety, and suicide among men who have sex with men in China: A systematic review and meta-analysis. Epidemiol Psychiatr Sci. 2021;29: e136.
- 41. Gilbey D, Perry Y, Lin A, Ohan J. Shame, doubt and sadness: A qualitative investigation of the experience of self-stigma in adolescents with diverse sexual orientations. Youth. 2022;3:352-65.
- 42. Cipriano A, Cella S, Cotrufo P. Nonsuicidal self-injury: A systematic review. Front Psychol. 2017;8:1946.
- 43. Esposito C, Spirito A, Boergers J. Nonsuicidal self-injury and suicide in adolescents. Curr Opin Psychol. 2021;39:99-103.
- 44. Grandclerc S, De Labrouhe D, Spodenkiewicz M, Lachal J, Moro MR. Relations between nonsuicidal self-injury and suicidal behavior in adolescence: a systematic review. PLOS ONE. 2016;11(4):e0153760.
- 45. Kassing F, Dodd CG, Palmer LE, Hill RM. Comfort expressing emotions and suicide ideation: evidence of indirect effects via perceived burdensomeness and thwarted belongingness. Arch Suicide Res. 2022;26(2):886-95.

- Secor MV, Limke-McLean MA, Wright TJ. Friends versus Family: an Examination of Social Support in Sport. J Appl Sport Psychol. 2017;29(3):263-77. DOI: 10.1080/10413200.2016.1238658.
- 47. Estrada RD, Pastor DA, Smith ML, Johnson LB, Switzer GE. The role of religious leaders in mental health care: A qualitative study. J Relig Health. 2019;58(3):873-87.
 - DOI: 10.1007/s10943-018-0617-6.
- 48. Boydell KM. Connecting in the chime framework: A qualitative analysis of the importance of relationships in recovery from mental health problems. J Ment Health. 2023;32(2):153-18.
- 49. Golberstein E, Kronenberg C. Mental health economics—social determinants and care-use. Health Econ. 2022;31;Suppl 2:3-5.
 - DOI: 10.1002/hec.4608, PMID 36114611.
- Ribeiro JD, Franklin JC, Fox KR, Bentley KH, Kleiman EM, Chang BP et al. Self-injurious thoughts and behaviors as risk factors for future suicide ideation, attempts, and death: A meta-analysis of longitudinal studies. Psychol Med. 2020;50(2):1-11. DOI: 10.1017/S0033291719003263.
- 51. Bakhiyi C, Barakat S, Saade S, Tavitian L, Choueiry L, Khansa W et al. Reasons for living, depression, and suicide risk in Lebanese University students. Arch Suicide Res. 2017;21(2):279-92.
- 52. Flynn T. Reason for living and the meaning of life: A philosophical and psychological study. Routledge; 2021.
- 53. Turner, Jay R, Frankel, Benjamin G, Levin, Daniel M. Social Connectedness, Sense of Purpose, and Suicidal Ideation among Adults: A Path Model. Suicide and Life-Threatening Behavior. 2020;50(4):868-880.
- 54. Gordon KH, Bresin K, Dombeck J, Routledge C, Wonderlich JA, Joiner TE Jr. The importance of close others' reasons for living in predicting suicidality. J Clin Psychol. 2018;74(7):1158-68.
- 55. Ahmed A. Relationships among perceived empowerment, self-esteem, and depression in individuals with spinal cord injury. Rehabil Psychol. 2017;62(3):343-52.
- 56. Li Z, Yi X, Zhong M, Li Z, Xiang W, Wu S et al. Psychological distress, social support, coping style, and perceived stress among medical staff and medical students in the early stages of the COVID-19

- epidemic in China. Front Psychiatry. 2021; 12:664808.
- 57. Keles S, Oppedal B. Social support from friends among unaccompanied young refugees: the role of collectivist values and related self-construals. Eur J Health Psychol. 2022;29(1):50-60. DOI: 10.1027/2512-8442/a000098.
- 58. Sánchez-Teruel D, Robles-Bello MA, Camacho-Conde JA. Self-inflicted injuries in adolescents and young adults: A longitudinal approach. Psicothema. 2020; 32(3):322-8.
- 59. Krause N. Feelings of belonging in a congregation: a social–psychological assessment. Ment Health Relig Cult. 2016;19(2):164-77.
- 60. de la Vega Sánchez D, Guija JA, Pérez-Moreno P, Kelly SA, Santos M, Oquendo MA et al. Association of religious activity with male suicide deaths. Suicide Life Threat Behav. 2020;50(2):449-60.
- 61. Abu-Ras W, Gheith R. Muslim American religiosity and suicide prevention. J Relig Health. 2021;60(3):1425-9.
- 62. Flores G. Religion in the Philippines: A Culture of Faith. Philippine Primer. Available:https://primer.com.ph/tipsguides/2018/02/05/religion-in-the-philippines-a-culture-of-faith/.
- 63. Ellison CG, Fan D. Daily spiritual experiences and psychological well-being among US adults: exploring the roles of race/ethnicity and spirituality. J Relig Health. 2019;58(6):1936-53.

- 64. Wasserman D, Rihmer Z, Rujescu D, Sarchiapone M. The European psychiatric association (EPA) guidance on suicide treatment and prevention. Eur Psychiatry. 2019;55:74-86.
- 65. Krysinska K, Batterham PJ, Tye M, Shand F, Calear A, Cockayne N et al. Best practice guidelines for the management of suicide attempts among adults. Crisis. 2020;41(S1):S94-S112.
- 66. McElroy-Heltzel SE, Van Tongeren DR, Gazaway S, Ordaz A, Davis DE, Hook JN et al. The role of spiritual fortitude and positive religious coping in meaning in life and spiritual well-being following Hurricane Matthew. J Psychol Christianity. 2018; 37(1):17-27.
- 67. Pury CLS, Kowalski RM. Grit and gratitude as distinct and interconnected constructs:

 A test of the construct overlap hypothesis. J Posit Psychol. 2020:15(2):259-69.
- 68. Chen LH, Chang HJ, Lin YC. The effect of gratitude on personal growth initiative: A cross-sectional study of college students. J Happiness Stud. 2020;21(1):113-27.
- 69. Owen J, Chen LH, Yarnell LM. Gratitude as a mediator between goal striving and well-being: an empirical investigation. Pers Individ Dif. 2021;168:110382.
- 70. Camacho de Anda A, Becerra D. Hoping for a better tomorrow: do hope and optimism serve as protective factors against discrimination in latinx immigrants? J Hum Behav Soc Environ. 2022;1-20.

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