Relationship Between the Youth's Perspectives on Suicide and Their Suicide-Related Experiences

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ABSTRACT

This study sought to determine if there is a relationship between the suicide experiences of the youth (no prior suicide experience, experience of suicide ideation but not attempts, and experience of suicide attempts) and their perspectives on suicide. Undergraduate university students (n=308) were engaged as participants in the study. Data were obtained through a survey questionnaire and were analyzed through correlational tests. Findings showed a very salient divide in the perspectives about suicide between those with no prior suicide experience and those with experience of suicide attempts. The former tend to have very conservative views on suicide to the point that they prefer not to talk about the topic and downplay the prevalence of the phenomenon but nonetheless believe that it is a human duty to stop someone from committing suicide. The latter tend to have very liberal views that lean towards the acceptance of suicide and assisted suicide. These two groups and their diverging views present two possibilities that Philippine society may take. On one hand, suicide may be downplayed as an issue but may nonetheless have the people with the right conviction necessary for suicide prevention. On the other hand, suicide and assisted suicide may be more accepted in Philippine society such that socio-cultural, legal, and medical impediments to the act may be relaxed. The direction of suicide-related responses, including legislation and regulation/prevention, that Philippine society will eventually take may be dependent on how prevalent suicide attempts will be in the succeeding years.

Keywords: attitudes on suicide; Filipino youth; suicide; suicide experiences; suicide ideation

INTRODUCTION

The COVID-19 pandemic has been associated not only with an increase in deaths due to natural causes but also deaths due to suicide. In the case of the Philippines, the Philippine Statistics Authority (PSA) reported a 57% increase in suicide rates since the pandemic (Gregorio, 2021). While it has become common for many to assume that

the problems we have today are due to the pandemic, it is important to note that the pandemic merely exacerbated an already existing social problem instead of causing it altogether. Redaniel et al.'s research (2011) on suicide death rates in the Philippines using data from death certificates collated by the PSA and Quintos' research (2019) on suicide ideation and suicide attempts using data from nationally-representative surveys already pointed to the increasing prevalence of suicide in the country before the onset of the pandemic.

What could be causing this increasing prevalence of suicide? While there have been several studies of suicide in the Philippines in recent years, most of these scientific inquiries were aimed at determining predictors of suicide connected to factors related to social relationships, biological states, and identities (Estrada et al., 2019; Francisco & Cuason, 2017; Lie & Liou, 2012; Manalastas, 2013; Manalastas, 2016; Page et al., 2011; Quintos, 2017a; Quintos, 2017b; Quintos, 2018; Quintos, 2019b; Quintos, 2020a; Quintos, 2020b; Reyes et al., 2017; Reyes et al., 2020; Sta. Maria et al., 2015). Less attention has been given to social constructions of suicide (Quintos, 2022a) and the influence of attitudes on suicide on suicidal behavior. This paper posits that attitudes on suicide should be given more attention in the Philippines because of two reasons:

First, it is a basic premise in social psychology that attitudes can influence behavior. Indeed, the importance of permissive attitudes toward suicide as a predictor of future engagements in suicide is noted in previous studies. In Jeon et al.'s study (2013), they found permissive attitudes to be the most significant predictor of future intentions of suicide among adults in Korea. They also found that depressed adults with more permissive attitudes towards suicide tend to have future intentions of committing the act – a tendency they found to be absent among depressed adults with more restrictive attitudes. A separate study also found that permissive attitudes toward suicide are the strongest predictor of suicide ideation in South Korea, Japan, and the USA (Lee et al., 2021a). It is possible therefore, that the increasing prevalence of suicide in the Philippines is due to a changing attitudinal landscape in the country regarding the act. In the Philippines, scholars have noted that Roman Catholicism's restrictive moral ideology against suicide has made reporting of suicide deaths scarce due to the consequential stigmatization of the victim and their families. However, longitudinal data from the country that points to an upward trend in suicide rates (Redaniel et al., 2011; Quintos, 2019) suggests that this restrictiveness does not necessarily hinder the act, only its reporting.

Second, it is possible that the direction of influence is on the opposite end. Instead of attitudes toward suicide having an influence on suicidal thoughts and behavior, it might be the case that previous behavior has an influence on attitudes. This premise is inspired by the works of Aronson and Carlsmith (1963) and Festinger (1957) wherein the behavior of their subjects were influential in the attitudes that they form. It is therefore possible that the increasing prevalence of suicide in the country may cause a change in the

prevailing attitudes regarding suicide. This is also supported by several empirical research. In King et al.'s study (1996) of suicide perceptions among college students, they found that those with previous suicide attempts are more accepting of suicide for themselves and for others. Foo et al.'s study (2014) involving Malaysian college students arrived at similar findings. Eskin et al.'s study (2014) of attitudes toward suicide of Slovak and Turkish high school students also indicated that those with experiences in suicide ideation and suicide attempts exhibit more accepting attitudes toward suicide. In a study involving university students from 12 countries, meanwhile, Eskin et al. (2016) reported that students with no experiences of suicide have less accepting attitudes about suicide than those with past experiences. The same findings were also obtained even when the sampling focused on medical students Eskin et al., 2011). Opposite to these are the findings of Mospan and Gillete (2020) among student pharmacists wherein they found no significant relationship between attitudes towards suicide and personal contact with suicide.

Beyond studies involving college students, Senf et al. (2022) found that almost half of the healthcare professionals who have personal experiences of suicide are more understanding of suicide among their patients. Meanwhile, in a study involving the general South Korean population, Lee et al. (2019) noted that those with previous suicide attempts, but not suicide ideation, also have more permissive attitudes about suicide. On the other hand, a study involving participants from three countries – South Korea, Japan, and the USA – found that more permissive attitudes towards suicide is associated with more severe suicidal thoughts (Lee et al., 2021b). A study among medically serious suicide attempters in China also showed a significant connection between suicide acceptance and suicide attempts (Sun & Zhang, 2018).

All of the aforementioned empirical studies point to the connection between accepting or permissive attitudes toward suicide and people's past experiences with suicide. This study attempted to determine if the same connection can be found in a sample of Filipino undergraduate students. Beyond this, however, the study also tried to see if those with past suicide experiences and those who do not will also differ in terms of their perceptions about other aspects of suicide as a phenomenon such as their perceptions on how prevalent suicide is, the nature of suicide, suicide prevention, the main party at risk of suicide, the primary reason for suicide, and who should be the main party responsible for suicide prevention.

METHODOLOGY

This study follows a correlational research design using data obtained through a survey administered to a total of 308 Filipino undergraduate students. These students were recruited from two universities in the Philippines. The first is a private, sectarian university predominantly populated by students from middle and upper-middle socio-economic class households. The second is a state-owned, non-sectarian university populated by students

from lower socio-economic class households. The socio-economic data showed that these students are 18 to 24 years old with the majority being 20 to 21 years of age during the conduct of the study. More than half of the respondents are female (57.7%) while males account for almost a third of the sample (30.2%). The rest identify themselves as part of the LGBT (11.4%). The majority are part of Christian denominations (78.9%) while almost a fifth of the sample declared themselves as nonbelievers (18.2%) – a lack of religious worldview that were self-reported to have started during their teenage years. The rest identify with Islam and Buddhism (2.6%). The majority (78.9%) grew up in urban areas and the remaining 21.1% are from rural areas. When asked about their experiences related to suicide, the sample is relatively evenly divided: 36% of the respondents have never experienced suicidal thoughts nor attempted suicide, 31.2% of the respondents have had suicidal thoughts but have never attempted the act, and 32.8% of the respondents have experienced making at least one suicide attempt.

All of the respondents were informed about the nature of the study. They were informed that no material reward can be obtained as a result of their participation and no negative repercussions are to be had should they refuse to participate. The respondents were also assured that their anonymity will be kept and their personal data will be confidential. The respondents were given a survey questionnaire asking them to answer questions designed to measure their perceptions and attitudes about the phenomenon of suicide. Many of the statements utilized were inspired by the Attitudes Towards Suicide Scale (ATTS). Correlational tests were conducted to determine if there are significant relationships between their experience of suicide and their perspectives regarding the phenomenon. All significant relations at alpha = 0.05 were flagged.

RESULTS AND DISCUSSION

Tables 1 to 3 summarize the results of the 2-tailed correlational tests conducted between suicide experience and perspectives about suicide. Each table has three important columns: “NS” which pertains to correlation coefficients related to those with no suicide experiences, “SI” which pertains to correlation coefficients related to those who have thought/planned about suicide before but has never experienced attempting the act, and “SA” which pertains to correlation coefficients related to those who have attempted suicide in the past.

Table 1
Correlation coefficients between experiences with suicide and views on the prevalence of suicide, the nature of suicide, and suicide prevention.

	NS	SI	SA
Perceptions on the prevalence of suicide			
Perceived prevalence of suicide ideation among the Filipino youth	**-.168***	.109	.063
Perceived prevalence of suicide attempts among the Filipino youth	-.057	-.017	.076
Statements regarding the perceived nature of suicide			
Most people avoid talking about suicide.	.094	-.041	-.056
Suicide is a subject that one should rather not talk about.	**.119***	-.066	-.056
Almost everyone has at one time or another thought about suicide.	**-.281***	**.116***	**.174***
Anybody can commit suicide.	**-.116***	.060	.059
Most suicide attempts are impulsive actions.	**.139***	.001	**-.195***
Suicide happens without warning.	.038	-.100	.062
On the whole, I do not understand how people can take their lives.	**.287***	-.024	**-.273***
People who commit suicide are usually mentally ill.	-.031	.055	-.023
It is mainly loneliness that drives people to suicide.	.043	.069	**-.115***
Most suicide attempts are caused by conflicts with a close person.	-.038	.045	-.006
Many suicide attempts are made because of revenge or to punish someone else.	-.069	.030	.042
Statements regarding perceptions on people and suicide			
People who talk about suicide do not commit suicide.	.046	-.027	-.021
People who make suicidal threats seldom complete suicide.	-.067	-.011	.081
A person, once they have suicidal thoughts, will never let them go.	**-.153***	.004	**.155***
When a person commits suicide, it is something that he/she has considered for a long time.	**-.189***	.103	.092
Suicides among young people are particularly puzzling since they have everything to live for.	.058	.083	**-.135***
Committing suicide is among the worst thing to do to one's relatives.	**.179***	-.037	**-.147***
Usually, relatives have no idea what is going on when a person is thinking of suicide.	**-129***	.088	.045

	NS	SI	SA
Statements related to suicide intervention/prevention			
A suicide attempt is essentially a cry for help.	-.048	.092	-.049
Suicide can be prevented.	.075	.027	-.105
It is always possible to help a person having suicidal thoughts.	.074	-.029	-.047
It is a human duty to stop someone from committing suicide.	**.196***	.019	**-.223***
I am prepared to help a person in a suicidal crisis by making contact.	-.008	.041	-.033
Once a person has made up his/her mind about committing suicide, no one can stop him/her.	**-.136***	.007	**.134***
There is a risk of evoking suicidal thoughts in a person's mind if you ask about it.	**-.177***	.103	.092
If someone wants to commit suicide, it is his or her business and we should not interfere.	-.104	-.007	**.115***
***significant at α=0.05**			

Table 1 shows that those with no suicide experience tend to agree with the notion that suicide is a subject matter that is better off not being discussed (r=.119). Perhaps related to this attitudinal position, these students also tend to find it difficult to understand how people can take their lives (r=.287). Furthermore, these students tend to make lower estimates of the prevalence of suicide ideation (r=-.168) and disagree with the notions that almost everyone has, at one time or another, thought about suicide (r=-.281) and that anybody can commit suicide (-.116). They, however, tend to regard most suicide attempts as impulsive acts (r=.139) and disagree with the notion that those who commit suicide have considered their actions for a long time (r=-.189). Those with suicide attempt experience, meanwhile, tend to report that they are more understanding as to how people can take their own lives (r=-.273) but disagree with the notions that most suicide attempts are impulsive actions (r=-.195) or that loneliness is the main driver of people to suicide (r=-.115). They also tend to agree that almost everyone has, at one time or another, thought about suicide (r=.174) – a view that those who have experienced suicide ideation also tend to share (r=.116).

A lack of experience with suicide was also found to be associated with a tendency to disagree with the notion that once a person has suicidal thoughts, he or she will never let them go (r=-.153). Those with past experience in suicide attempts, on the other hand, agree with this notion (r=.155). Furthermore, those with no prior experience of suicide also tend to believe that committing suicide is among the worst things to do to one's relatives (r=.179) and that relatives usually have no idea what is going on when a person is thinking of suicide (r=.129). Those with prior experience in suicide attempts, meanwhile, disagree that committing suicide is among the worst things to do to one's relatives

(r=-.147). In addition, they also disagree with the notion that suicides among the youth are particularly puzzling since they have everything to live for (r=-.135).

The results also showed an interesting difference between the ideas about suicide prevention that those with no prior suicide experience and those with past experience in suicide attempts tend to believe in. Among the former, there is a tendency to believe that it is a human duty to stop someone from committing suicide (r=.196). Perhaps in connection to this, they also tend to believe that those who have made up their minds about suicide can still be stopped from doing the act (r=-.136) and that there is no risk of evoking suicidal thoughts in persons even if you ask them about suicide (r=-.177). The latter group, meanwhile, tend to disagree with the notion that it is a human duty to stop people from committing suicide (r=-.223). Furthermore, they believe that someone who has made up their mind about committing suicide cannot be stopped (r=.134) and that people should not interfere when someone wants to commit suicide (r=.115).

Table 2

Correlation coefficients between experiences with suicide and views on the acceptability of suicide and assisted suicide.

	NS	SI	SA
Statements justifying suicide attempts			
Suicide can never be justified.	**.207***	-.070	**-.143***
There may be situations where the only reasonable resolution is suicide.	**-.333***	.071	**.274***
Suicide is an acceptable means to terminate an incurable disease.	**-.222***	.075	**.154***
Suicide is acceptable if the person is not suffering or in pain but has an incurable disease.	**-.237***	.042	**.204***
Suicide is acceptable if the pain and suffering is great and has no hope of improvement.	**-.155***	.042	**.118***
Suicide is acceptable if the person is ready to die and living has become a burden.	**-.289***	.092	**.207***
Suicide is acceptable if the person is already an extreme burden on his or her family.	**-.175***	.037	**.143***
Suicide is acceptable if the person is already old.	**-.165***	.014	**.156***
Suicide is acceptable if the person is convinced that he or she has nothing else left that he or she wants to do in life.	**-.211***	-.013	**.231***
People do have the right to take their own lives.	**-.159***	-.001	**.165***
Suicide can sometimes be a relief for those involved.	**-.193***	.015	**.185***
Suicide is acceptable for any reason provided that the person can prove that he or she has the mental capacity to decide rationally.	**-.286***	.050	**.246***

	NS	SI	SA
Statements related to personal suicide			
I could say that I would take my life without actually meaning to do so.	**-.135***	.029	.111
Loneliness could for me be a reason to take my life.	**-.325***	**.116***	**.219***
I would consider the possibility of taking my life if I were to suffer from a severe, incurable, disease.	**-.304***	.101	**.214***
Statements related to assisted suicide.			
A person suffering from a severe, incurable, disease expressing wishes to die should get help to do so.	-.097	.030	.070
I would like to get help commit suicide if I were to suffer from a severe, incurable disease.	**-.239***	.043	**.205***
***significant at α=0.05**			

Table 2 shows a clear divide between the perspectives regarding the acceptability of suicide and assisted suicide between those with past experience in attempting suicide and those without any prior suicide experience. This is in agreement with many of the aforementioned studies on suicide experience and attitudes on suicide wherein it is the experience of suicide attempt that matters more than just the experience of suicide ideation (King et al., 1996; Foo et al., 2014; Lee et al., 2019; Sun & Zhang, 2018). Meanwhile, the only significant correlation found for those who have only past suicide ideation experiences is their tendency to agree that loneliness could be a reason for them to commit the act (r=.116).

All statements related to the justification of suicide attempts proved significant for the two other sub-groups of students. Those with no prior experience in suicide tend to agree with the notion that suicide can never be justified. They subsequently tended to disagree with all statements that tried to justify suicide. The same set of statements were also significant for those with prior experience in suicide attempts, albeit the direction of the correlations are opposite to those found among the former sub-group. All statements pertaining to personal suicide also proved significant for the former subgroup – with those with no prior suicide experience tending to disagree with all three statements. Meanwhile, the latter subgroup – those with prior experience in suicide attempts – tended to agree that suicide due to loneliness or due to the sufferings brought about by a severe, incurable disease are possible reasons for them to end their lives. Finally, one statement proved significant for both sub-groups when it comes to statements pertaining to assisted suicide. Those with no prior suicide experience tended to reject the idea of getting help in committing suicide if they were to suffer from a severe, incurable disease (r=-.239). Those with prior experience in suicide attempts, on the other hand, tended to agree with the premise (r=.205).

The correlation coefficients in Table 2 are also notable because the values for the coefficients are generally the highest values obtained in the study. This is especially the case for three coefficients that went above the ±.300 threshold – indicative that these coefficients have moderately strong relationships whereas the rest of the coefficients found to be significant in this study are weak. These three coefficients are those that pertain to the tendency of those with no prior suicide experience to disagree with the notion that there may be situations where the only reasonable resolution is suicide (r=-.333), the tendency to disagree with the notion that loneliness may be a reason for them to take their own life (r=-.325), and the tendency to disagree with the notion that they would consider suicide if they are suffering from a severe, incurable disease (r=-.304. The strength of these three coefficients is indicative of the rejection among those with no prior experience in suicide of the acceptability of suicide – be it for others or for themselves.

Three important topics are included in Table 3: (1) perceptions on who among the Filipino youth are most at risk of suicide, (2) perceptions on what is the most common reason for suicide, and (3) perceptions on who should be the main party responsible for preventing suicide among the Filipino youth. The number of significant relationships at α=0.05, however, is minimal. No significant correlations were found in terms of who the respondents think is the most at risk of suicide among young Filipinos. Meanwhile, in terms of what they think is the most common reason for suicide among the youth, those with no suicide experience and those with experience in suicide attempts were found to have opposing tendencies: those who have experiences in suicide attempts tend to identify stress as the most common reason for suicide (r=.220) while those without any suicide experience tend to downplay the same (r=-.151).

In terms of who they think should be the main party responsible for preventing suicides among Filipino youth, it was found that those with no suicide experience tend to place the burden on the suicidal individuals themselves (r=.127) while at the same time downplaying the necessity for the government to take steps to intervene (r=-.126).

Table 3
Correlation coefficients between experiences with suicide and views on the most at-risk sector of the Filipino youth, the most common primary reason for suicide, and main party who ought to be responsible in suicide prevention.

	NS	SI	SA
Who do you think are most at risk of suicide among young Filipinos?			
All young people are equally at risk	-.037	-.047	.086
Young People affected by violence	.055	-.011	-.046
LGBT youth	.081	-.033	-.051
Non-religious youth	-.043	.082	-.038

	NS	SI	SA
Homeless youth	-	-	-
Youth from upper socio-economic backgrounds	.024	.030	-.054
Youth from middle socio-economic backgrounds	-.050	.125	-.075
Youth from lower socio-economic backgrounds	-.057	.025	.033
Young men	-	-	-
Young women	-.043	-.040	.085
Out-of-school youth	-	-	-
Bullies	-.043	-.085	.040
Depressed people	-.043	.082	-.038
What do you think is the most common reason for suicide among the Filipino youth?			
They get influenced by films, books, and/or other media	.005	-.071	.066
Loneliness or isolation	-.108	.015	.097
To get attention	-.043	-.035	.080
Stress	**-.151***	-.063	**.220***
Depression or other mental health issues	-.186	-.048	-.041
Bullying	.108	.015	.097
Romantic problems	-.086	-.019	.109
Family problems	-.099	.046	.057
Educational problems	-.072	.052	.022
Financial problems	-.090	-.009	.103
Curiosity	-.086	-.019	.109
Lack of control over their life	-.013	-.035	.080
Who do you think should be the main party responsible for preventing suicide among the Filipino youth?			
The individuals themselves	**.127***	-.075	.055
Religious groups	-.006	.072	-.067
The local neighborhood	-.038	.016	.022
The school	.041	.065	-.104
The government	**-.126***	.069	.060
Guidance counselors	.064	-.060	-.005
Family	-.019	-.082	.103
Friends	-.034	-.082	.103
Everyone	-.066	.080	-.012

***significant at $\alpha=0.05$**

CONCLUSION

There is a very observable divide in terms of perspectives on suicide between those who have no experience of suicide ideation or suicide attempts and those who have experienced making a suicide attempt. Those with no experience in suicide tend to adopt generally more conservative stances on suicide. Those with experience of attempting suicide, on the other hand, tend to adopt more liberal positions. Meanwhile, experience of suicide ideation alone – without the experience of suicide attempts – does not seem to be strongly related to more liberal views on suicide. The correlational design of this research, unfortunately, impedes us from knowing with certainty whether their experiences of attempting suicide before has consequently led them to adopting more liberal views on suicide or if their more liberal views about suicide have, in the fashion of the attitudes influencing behavior tradition of theories like the Theory of Reasoned Action (Fishbein & Ajzen, 1975) and the Theory of Planned Behavior (Ajzen, 1985), made them more open to making suicide attempts. All we can ascertain at this point given our findings is that the two – liberal views on suicide and experience of making suicide attempts – are related.

What are the valuable implications that we can derive from the correlational findings of this study? There are two notable points of discussion:

First, in terms of scholarly implications, it may be interesting to look into the kind of support that is provided by people without any prior experience of suicide and those with past experience in suicide attempts. This study has shown that the latter group has more permissive attitudes about suicide. It might therefore be important to look into how these permissive attitudes toward suicide translate to the kind of help they provide. This is especially relevant in the case of informal sources of help. While professional counselors and official suicide hotlines may have pre-determined scripts on how to deal with individuals experiencing suicide crises, these sources of help have also been found to be less utilized than their informal counterparts (Quintos, 2022b). This means that suicidal Filipinos may instead rely on friends and family (some of whom might have past experience in suicide) or even informal support groups. In a study of a Philippine-based Twitter support group for suicidal individuals – which, interestingly, was formed primarily due to the ineffectiveness they experienced with the Philippine suicide hotline – it was found that there are many members of the support group who have past suicide experiences (Adsuara, 2017). These informal sources of help, given their relative lack of training and structure, may produce unexpected and unintended results that may be due, in part, to their own attitudes toward suicide.

Second, the primary importance of this study lies in the kind of social action these perspectives on suicide can result to in the future. In the Weberian tradition of Sociology, idea systems – or the sets of ideas believed by the people – are influential in determining the direction that society will take (Ritzer, 2010). This is because the idea systems that people believe in guide their collective social actions. In this study,

two groups of people are noteworthy: those with no suicide experience and those with experience in suicide attempts. The former, which is the case for the majority of Filipinos prior to the COVID-19 pandemic (Quintos, 2017a; Quintos, 2019a), tends to look at suicide as a less prevalent phenomenon. Following Blumer's theory that there are stages before a condition becomes considered a social problem (Blumer, 1971), this tendency to make lower estimates of suicide prevalence and the tendency to avoid talking about suicide may impede the recognition of suicide as a legitimate social problem. Should suicide pass this hurdle, however, and be considered as a social problem (the fears of a mental health pandemic suggests that society is leaning towards this direction), these people – who, according to the results of the study are of the belief that suicide can be stopped and that it is a human duty to help – may be the people who are motivated to engage in community efforts related to suicide prevention when prodded. The latter, which comprises a reportedly growing proportion of Filipinos, tend to be more liberal in their ideas about suicide. This is particularly observable when it comes to their views on the acceptability of suicide and assisted suicide – positions that are in direct contradiction to the stances held by those with no experience in suicide. The scenario here, therefore, is a possible competition between two interest groups – one with a more open view towards the possibility of the legalization of suicide and assisted suicide and another that is in opposition to such legalizations but is nonetheless open to suicide prevention efforts. The decision on what direction Philippine society will take in the future with regard to their response to suicide is likely going to be dependent on how prevalent suicide attempts will be in the succeeding years.

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