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Research paper

An Interpretative Phenomenological Analysis of Suicidal Attempts among College Students in Batangas Province, Philippines

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Abstract

This qualitative study investigates the lived experiences of 13 college students in Batangas Province who have survived suicidal attempts. Using Interpretative Phenomenological Analysis (IPA) and the biopsychosocial model as a framework, the research uncovered a complex phenomenological landscape of suicidality. Four superordinate themes emerged from the data: The Overwhelming Nexus of Expectations, driven by relentless academic pressure and profound familial obligations; Profound Disconnection and Existential Isolation, characterized by a lack of peer and family support and escalating emotional numbness; The Acute Precipice of Crisis, where psychosocial stressors like rela-tionship dissolutions and financial strain, alongside unmanaged health comorbidities, serve as triggers; and Post-Attempt Trajectories, high-lighting a journey toward resilience through professional help and unexpected social support. The findings confirm that suicidality is a product of converging biological, psychological, and social factors. The study proposes three culturally-tailored public health interven-tions—the Pamilya-Unibersidad Program (primary prevention), the Bayanihan Peer-Gatekeeper Training (secondary prevention), and the Lakas Postvention Support Protocol (tertiary prevention)—to address these themes. This study's insights and proposed tiered intervention framework offer a valuable, transferable model for public health professionals to foster more resilient and compassionate communities in similar sociocultural contexts.

Keywords: *Suicidality; IPA; Biopsychosocial Model; College Students; Mental Health Interventions.*

1. Introduction

The global landscape of mental health is increasingly characterized by a burgeoning recognition of psychological distress among young adults, particularly within collegiate environments. The transition to higher education represents a multifaceted developmental stage, fre-quently coinciding with significant stressors such as heightened academic rigor, complex social adaptations, nascent financial independence, and intensive identity formation [7], [13]. These formidable challenges can profoundly impact mental well-being, potentially exacerbating pre-existing vulnerabilities or precipitating the onset of novel psychological disorders, thereby positioning college students as a particularly susceptible demographic for a spectrum of mental health concerns, including suicidal ideation and attempts [3]. Globally, suicide is a leading cause of mortality among individuals aged 15-29 years [13]. Non-fatal suicidal attempts, while not resulting in death, are critical indicators of severe psychological turmoil and robustly predict heightened risk for future, more lethal self-harm [5]. (Hawton e

Within the Republic of the Philippines, the discourse surrounding mental health, particularly concerning youth suicide, remains complex, often overshadowed by socio-cultural factors and systemic limitations in data collection and public awareness. Although precise national epidemiological data on college student suicide attempts are challenging to ascertain due to reporting limitations and prevailing cultural stigma, anecdotal evidence and reports from mental health advocacy groups suggest an alarming increase in mental health crises among Filipino youth [8]. The distinctive cultural milieu of the Philippines, characterized by robust familial ties, deeply ingrained religious beliefs, and prescriptive societal expectations of resilience and emotional suppression, uniquely mediates the perception, expression, and manage-ment of mental health challenges among young Filipinos [9], [1]. Existing scholarly literature predominantly focuses on epidemiological prevalence or broad risk factor identification, often overlooking an in-depth, experiential understanding of those who have navigated the profound crisis of a suicidal attempt within specific regional contexts, such as Batangas Province [10]. A comprehensive understanding of these subjective realities is therefore indispensable for the formulation of interventions that are not merely empirically effective but also culturally resonant and contextually appropriate.

Despite the documented prevalence and significant public health impact of suicidal ideation and attempts among young adults, a critical lacuna persists in the scholarly understanding of the lived experiences of college students in Batangas Province, Philippines, who have engaged in suicidal behaviors. Current knowledge, largely derived from quantitative data or generalized observations, frequently fails to

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encapsulate the rich, subjective narratives that precede, accompany, and subsequently reshape individuals' lives following such profound events. This deficiency in qualitative, experientially-grounded insights profoundly hinders the development of culturally sensitive, person-centered interventions and robust support systems precisely tailored to the idiosyncratic challenges encountered by students within this specific geographical and socio-cultural milieu. Consequently, there is an urgent need to bridge this epistemological gap by elucidating the unique interpretive frameworks through which these individuals make sense of their suicidal attempts.

This study sought to conduct an in-depth phenomenological exploration of the lived experiences of college students in Batangas Province who have attempted suicide. The primary goal was to understand these experiences from the participants' own perspectives. To achieve this, the research addressed three specific questions: first, it aimed to describe the overall lived experiences of these students as they interpreted them; second, it sought to identify the antecedent circumstances, contributing factors, and immediate precipitants that led to their suicidal attempts; and third, it explored the meaning that these individuals ascribed to their attempts and the subsequent aftermath, including their pathways to coping and recovery.

The insights garnered from this research are anticipated to yield significant and multifaceted contributions across various academic, clinical, and policy domains. For college students, this study will provide a vital platform for the voices of those who have navigated the complex terrain of suicidal attempts, fostering a deeper understanding and potentially mitigating the pervasive stigma associated with mental health struggles, thereby cultivating a sense of validation among survivors that may encourage proactive help-seeking behaviors and reduce feelings of isolation. For universities and colleges in Batangas, the empirically grounded insights will prove invaluable, directly informing the strategic development, refinement, and enhancement of targeted mental health programs, on-campus counseling services, and proactive support systems that are precisely aligned with the specific psychological needs and stressors unique to their student populations. For mental health professionals, the rich, qualitative data derived from the phenomenological paradigm will afford deeper insights into the lived, subjective experience of suicidal attempts, which can substantially enhance clinical practice, refine therapeutic intervention strategies, and facilitate the establishment of more empathetic, culturally attuned, and ultimately more effective therapeutic alliances with young individuals at acute risk. Furthermore, for policymakers and public health advocates, the research findings can serve as robust evidence to inform and influence regional and potentially national public health policies on youth mental health in the Batangas region, highlighting critical areas where resource allocation, legislative support, and community-based mental health initiatives are most urgently required. Lastly, for scholarly research, this study represents a significant qualitative contribution to the existing literature on suicidality, particularly through the lens of Interpretative Phenomenological Analysis within the distinctive sociocultural context of a Philippine province, thereby filling a critical gap in understanding subjective experiences and establishing a robust foundation for future investigations into the complex dynamics of mental health among Filipino youth.

2. Materials and Methods

2.1. Research design

This study employed Interpretative Phenomenological Analysis (IPA), a qualitative research methodology well-suited for exploring how individuals make sense of significant life experiences [12]. Rooted in the phenomenological-hermeneutic tradition, IPA is an inductive and idiographic approach, focusing on understanding individual experiences in rich detail before identifying shared patterns. This method was strategically chosen for its ability to delve into the sensitive, intensely personal, and complex nature of suicidal attempts, allowing for a nuanced exploration of the subjective meanings and emotional landscapes of participants. Unlike quantitative methodologies that seek generalizable trends, IPA's strength lies in its capacity to uncover intricate, context-dependent psychological processes, prioritizing the integrity and richness of everyone’s narrative.

2.2. Participants

A purposive, criterion-based sampling strategy was used to recruit participants who met specific inclusion criteria: college students aged 18-25, currently enrolled in a higher education institution in Batangas Province, with a documented history of at least one past suicidal attempt. Participants had to be willing and able to engage in an in-depth interview and provide informed consent. Exclusion criteria included individuals experiencing severe acute psychiatric distress that could impede participation or pose a safety risk.

Consistent with IPA's focus on idiographic depth, a small, homogeneous sample was targeted. The study recruited 13 participants; each was assigned a pseudonym to ensure anonymity and confidentiality. This sample size provided sufficient scope for detailed analysis while also allowing for the identification of common themes across narratives.

2.3. Data collection

Data was collected through individual, in-depth, semi-structured interviews. This method was chosen to allow participants the flexibility to narrate their experiences in their own words, guided by a flexible interview protocol. The guide featured open-ended, non-leading questions designed to elicit rich, descriptive accounts, such as, "Could you please elaborate on the events and emotions you experienced leading up to the attempt?"

Interviews were conducted in a private, quiet, and comfortable setting to ensure confidentiality. Before each interview, rapport was established to create a safe, non-judgmental space. Each interview lasted approximately 60-90 minutes and was audio-recorded with the participant's explicit consent. The audio recordings were then transcribed verbatim, capturing not only spoken words but also critical paralinguistic cues (e.g., pauses, intonations) essential for a rigorous IPA.

2.4. Data analysis

The data analysis meticulously followed the systematic and iterative steps prescribed for Interpretative Phenomenological Analysis. The process began with Reading and Re-reading to gain a holistic understanding of each transcript. Initial noting involved generating descriptive, linguistic, and conceptual notes in the margins. This was followed by Developing Emergent Themes by grouping similar notes into concise themes and then Connecting Themes to identify overarching, superordinate themes.

A table of themes was created for each participant, visually representing the theme hierarchy with illustrative quotes. A cross-case analysis was then performed to identify commonalities and variations across all seven narratives. Throughout this process, the researcher maintained

a continuous reflexive stance, documenting their thoughts and methodological decisions in a research journal. Regular debriefing sessions with a supervisor provided an essential external check to enhance the trustworthiness of the interpretations.

2.5. Ethical considerations

Given the sensitive nature of the topic, rigorous ethical considerations were paramount. A comprehensive and transparent informed consent process was implemented, detailing the study's purpose, procedures, potential risks and benefits, confidentiality measures, and the right to withdraw at any time. Written informed consent was obtained from all participants.
To ensure confidentiality, strict protocols were followed, including the use of pseudonyms and the secure storage of all data on password-protected, encrypted devices. All potentially identifying details were removed from transcripts and the final report. To minimize harm, participants were explicitly informed of their right to pause or stop the interview at any point. A debriefing was conducted after each interview, and a curated list of local mental health resources, including crisis hotlines, was provided to ensure support pathways were readily available.

3. Results and discussions

The systematic Interpretative Phenomenological Analysis of 13 interview transcripts revealed a rich tapestry of experiences, merging into four superordinate themes that illuminate the complex phenomenological landscape of college students in Batangas Province who have navigated suicidal attempts. This study interprets these findings through the lens of the biopsychosocial model, thereby linking them to actionable public health intervention strategies for enhanced clinical and community relevance. The biopsychosocial model, first introduced by psychiatrist George L. Engel in 1977, posits that health and illness are products of the interplay of biological, psychological, and social factors [4].

3.1. The overwhelming nexus of expectations

This theme highlights the profound psychosocial burden felt by all participants, a finding that is particularly relevant to the sociocultural context of the Philippines. Relentless Academic Pressure emerged as a significant psychological stressor, with narratives from participants such as Alex, Julia, and Ben demonstrating how self-worth becomes inextricably tied to academic performance. This aligns with the Cognitive Appraisal Theory [6], which posits that psychological stress is a subjective experience dependent on an individual's evaluation of a situation and their perceived ability to cope with it. From a public health standpoint, this underscores the need for primary prevention strategies at the university level that promote mental health literacy and integrate accessible academic counseling and psychological resources. Furthermore, the Profound Familial Obligations and Expectations, driven by values like utang na loob (debt of gratitude) and filial piety, were identified as a prime sociocultural stressor. The stories of Bea, Dani, Liam, and Sophia illustrate how individual well-being is often sacrificed for the family's honor, highlighting the need for culturally attuned public health interventions that address these family dynamics. Finally, the Burden of Societal Stigma and Judgment, as exemplified by the experiences of Ethan, Mark, and Chloe, acts as a significant social barrier to help-seeking. This finding suggests that effective public health campaigns must actively challenge these stigmas, using messaging that normalizes mental health struggles and reframes seeking help as an act of resilience and strength.

3.2. Profound disconnection and existential isolation

This theme is a critical psychological and social risk factor for suicidal behavior, manifesting as a deep sense of loneliness and emotional detachment, even when physically surrounded by others. The Deficient Peer Affirmation and Support described by Chris, Dani, Nina, and Leo, and the Familial Misapprehension and Invalidating Responses from family members like those of Bea, Ethan, and Sophia, created significant barriers to authentic connection. This profound isolation often culminated in Escalating Emotional Numbness and Apathy, a dangerous psychological state described by Alex, Chris, Mark, and Ben, which signals a progressive loss of the will to live. These findings underscore the urgency for secondary public health efforts to promote authentic social support networks and provide resources that help families and communities understand and respond to mental health crises compassionately.

3.3. The acute precipice of crisis

This theme identifies the immediate psychosocial triggers that propelled participants to their breaking point. Profound Relationship Dissolutions were a potent social stressor for Bea, Dani, Julia, and Chloe, aligning with the Interpersonal Theory of Suicide's emphasis on thwarted belongingness [12]. Similarly, Exacerbating Financial Strain, as experienced by Ethan, Alex, Liam, and Nina, created a sense of inescapable failure. These stressors can be understood through the stress-diathesis model, where these acute life events serve as triggers for individuals with pre-existing vulnerabilities or "diatheses." Finally, Undiagnosed/Unmanaged Health Comorbidities, such as the chronic fatigue and anxiety described by Chris, Bea, Sophia, and Mark, presented a crucial biological factor that eroded psychological resilience.
Beyond self-reported symptoms, the narratives suggest the presence of underlying neurobiological vulnerabilities. The chronic fatigue described by Chris and Bea, for example, may be indicative of a depressive episode, a psychiatric disorder with well-documented biological correlates, including imbalances in neurotransmitters like serotonin and dopamine, and dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis. Sophia's anxiety and Mark's migraines could also be expressions of a dysregulated nervous system, where persistent psychosocial stress has led to a clinical manifestation of psychological distress. The comorbidity of these physical symptoms with psychological distress underscores the inseparable link between the body and mind in suicidality. These findings highlight the imperative for robust tertiary public health strategies that include accessible crisis intervention services, financial aid, and integrated mental and physical healthcare screening, recognizing that a holistic approach is critical to identifying and managing complex risk profiles.

3.4. Post-attempt trajectories: seeking reintegration and meaning

This final theme highlights the journey toward resilience and is a testament to the effectiveness of postvention strategies. Narratives from Alex, Dani, Liam, and Sophia demonstrate the transformative power of engaging with Professional Mental Health Support, even if initially met with reluctance. This was often accompanied by a powerful psychological shift toward Initiating Self-Reflection and Cultivating

Resilience, as seen in the accounts of Bea, Ethan, Ben, and Nina, which illustrates a form of post-traumatic growth. This aligns with the principles of Salutogenesis [2], a framework that focuses on the factors that support human health and well-being rather than on the factors that cause disease. The participants' newfound sense of coherence, rooted in their ability to comprehend, manage, and find meaning in their traumatic experiences, is a clear example of salutogenic growth. Lastly, the discovery of Unexpected Support Systems from caring professors and online communities, as described by Chris, Dani, Julia, and Mark, proved vital in their recovery. These findings strongly support the value of investing in these tertiary public health interventions to facilitate a person's journey from crisis to meaning and well-being, despite the persistent societal stigma.

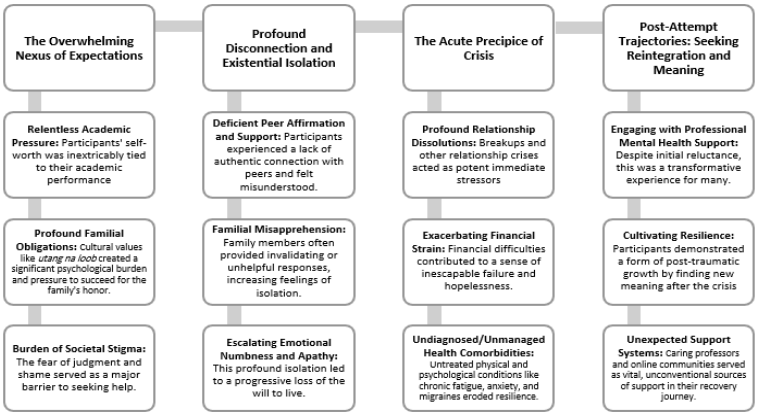

Fig. 1: Phenomenological Landscape of Suicidal Attempts Among College Students.

3.5. Theoretical transferability to other health science contexts

The findings from this study, while grounded in the specific context of Batangas, hold significant theoretical transferability to a wide range of health science fields. The core themes identified—the overwhelming nexus of expectations, profound disconnection, acute crisis, and post-attempt recovery—are not unique to suicide attempts but represent a universal framework for understanding and addressing health-related crises.

- Mental Health Beyond Suicide: The model's emphasis on psychosocial stressors, particularly academic and familial expectations, can be applied to understanding the etiology of other mental health conditions like anxiety disorders, eating disorders, and substance abuse. A student's fear of failure or familial pressure can manifest in a variety of maladaptive behaviors, not just suicidal ideation.
- Chronic Disease Management: The framework is also highly relevant to chronic disease management. A patient with a newly diagnosed chronic illness (e.g., diabetes, hypertension, or cancer) often faces an overwhelming nexus of expectations (from family, doctors, and themselves) to manage their condition perfectly. They may experience a profound disconnection from their healthy peers or a sense of existential isolation due to their illness. An acute crisis, such as a severe complication or hospitalization, can serve as a turning point, much like a suicide attempt. The post-crisis recovery phase, involving self-reflection and professional support, mirrors the journey of a patient learning to live with their condition.
- Rehabilitation and Physical Trauma: In physical rehabilitation, a patient recovering from a major injury or accident confronts a similar journey. They are burdened by expectations to regain full mobility, experience social isolation as they are temporarily unable to participate in their usual activities, and face an acute crisis when their physical limitations become overwhelming. The recovery process involves engaging with professional physical therapists and discovering unexpected support systems, leading to a form of physical and psychological resilience.

In essence, the biopsychosocial framework applied here provides a robust, transferable model. By recognizing the interplay of biological (undiagnosed illnesses), psychological (emotional numbness, self-reflection), and social factors (familial pressure, peer support) that contribute to a crisis, health science professionals in various disciplines can develop more holistic, patient-centered interventions. This study's findings, therefore, offer a valuable template for assessing risk and fostering resilience across a broad spectrum of human health challenges.

3.6. Proposed public health intervention designs: implementation and evaluation

Based on a comprehensive study grounded in the biopsychosocial model, this paper proposes three actionable public health intervention designs to address the identified risk factors for suicidal behavior among college students in Batangas Province. These interventions—the Pamilya-Unibersidad Program, the Bayanihan Peer-Gatekeeper Training, and the Lakas Postvention Support Protocol—are strategically tailored to the local cultural context while providing a detailed roadmap for planning, implementation, and rigorous mixed-methods evaluation. They represent a tiered approach to prevention, moving from broad, family-focused psychoeducation to targeted, immediate support for individuals in crisis, ultimately aiming to foster a more resilient and compassionate university community.

Table 1: Public Health Interventions on Suicidal Behavior

Intervention Design	Pamilya-Unibersidad Program	Bayanihan Peer-Gatekeeper Training	Lakas Postvention Support Protocol
Prevention Tier	Primary Prevention	Secondary Prevention	Tertiary Prevention
Main Goal	Address familial/societal pressures & reduce stigma	Facilitate early detection & intervention	Provide immediate & long-term support for survivors
Target Population	First/second-year students & their families	Student leaders, faculty, & staff	Students who have survived a suicide attempt
Core Concepts	Biopsychosocial Model, Cultural Context (e.g., utang na loob)	Combating Profound Disconnection, Community Care (Bayanihan)	Post-Traumatic Growth, Comprehensive Care
Key Activities	4-week workshop series on mental health, communication, and navigating pressure.	One-time, 4-hour training on recognizing warning signs & making referrals.	24/7 on-call protocol with immediate counseling, peer support, & resilience workshops.

Implementation	Collaborative team of university counselors, social workers, and community leaders.	Mental Health and Wellness Office, in collaboration with student organizations and departments.	Specialized team of clinical psychologists and social workers, partnered with local hospitals.
Evaluation Metrics	Quantitative: Pre/post surveys on communication and stigma. Qualitative: Focus group discussions.	Quantitative: Tracking the number of referrals. Qualitative: Interviews with gatekeepers and referred students.	Quantitative: Re-attempt rate, post-traumatic growth, & depressive symptoms. Qualitative: Semi-structured interviews with survivors.
Focus	Psychoeducation and Family Systems	Early Identification and Referral	Resilience and Recovery
Risk Factors Addressed	Profound Familial Obligations & Societal Stigma	Profound Disconnection & Isolation	Acute Crisis & Post-Crisis Trajectories

3.5.1. The pamilya-unibersidad (family-university) program

Is a primary prevention strategy designed to address the familial and societal pressures identified in the study. This program would be implemented by a collaborative team of university counselors, licensed social workers specializing in family systems, and community leaders, with the student affairs office taking the lead. The target population includes first and second-year college students and their immediate family members. This multi-session, four-week workshop series would focus on key topics such as understanding mental health and stigma, redefining traditional Filipino values like utang na loob to foster mutual support, teaching effective communication skills, and providing strategies for navigating academic pressures as a family unit. To ensure broad participation, sessions would be held on weekends, with incentives provided by the university. The program's effectiveness would be monitored through attendance logs and immediate feedback forms. A mixed-methods evaluation would be conducted using pre- and post-intervention surveys to measure changes in family communication, mental health stigma, and attitudes toward help-seeking, complemented by focus group discussions for deeper qualitative insights.

3.5.2. The bayanihan peer-gatekeeper training

Serves as a secondary prevention strategy focused on early detection and intervention. Spearheaded by the university's mental health and wellness office in collaboration with academic departments and student organizations, this initiative targets student leaders, faculty, and administrative staff who regularly interact with students. The training is a one-time, intensive, four-hour session with an annual refresher course. Its content includes modules on recognizing warning signs of distress, initiating non-judgmental conversations using practical skills, and guiding students through the official referral process to professional services. The training would be integrated into the onboarding process for new staff and student leaders, with incentives like professional development credits. Monitoring would involve tracking the number of referrals made by trained gatekeepers, while a longitudinal, mixed-methods evaluation would track the number of students who sought help via a gatekeeper referral and use interviews to assess the program's perceived effectiveness and identify areas for improvement.

3.5.3. The Lakas (strength) postvention support protocol

Is a tertiary prevention strategy aimed at supporting survivors and reducing re-attempts. This long-term, ongoing protocol would be implemented by a specialized team of licensed clinical psychologists and social workers from the university's mental health center, with partnerships established with local hospitals for immediate post-crisis support. It targets college students who have survived a suicide attempt. The protocol's three key components are: immediate, confidential professional counseling within 24 hours of the crisis; ongoing support through a structured group therapy program focused on post-traumatic growth and a peer mentor program; and workshops on coping skills and resilience building. Operating on a 24/7 on-call basis, the protocol would strictly enforce confidentiality to encourage participation. The program's effectiveness would be monitored by tracking adherence to therapy sessions and participation in support groups. The evaluation would primarily focus on the re-attempt rate as the key quantitative metric, complemented by measures of post-traumatic growth and a reduction in depressive symptoms. Qualitative semi-structured interviews at three, six, and twelve-month intervals would capture participants' personal narratives of recovery, resilience, and reintegration into university life.

4. Conclusion

This study provides a profound, culturally attuned understanding of the factors contributing to suicidality among college students in Batangas Province. Through the application of Interpretative Phenomenological Analysis to 13 interview transcripts, the researcher uncovered a complex landscape defined by four superordinate themes: the overwhelming nexus of expectations, profound disconnection and existential isolation, an acute precipice of crisis, and post-attempt trajectories toward reintegration and meaning.

The findings confirm the utility of the biopsychosocial model, demonstrating how biological vulnerabilities, psychological distress, and sociocultural pressures converge to create a high-risk environment. Moving beyond theoretical discussion, the researcher proposed three concrete, culturally-tailored public health interventions: the Pamilya-Unibersidad Program, the Bayanihan Peer-Gatekeeper Training, and the Lakas Postvention Support Protocol. These designs are tiered to address prevention at different stages, from early psychoeducation to immediate crisis response and long-term recovery.

Ultimately, the study's insights are not limited to the specific population of this research. The identified themes and the proposed interventions offer a transferable framework for public health professionals and policymakers seeking to address mental health crises in similar sociocultural contexts, both within the Philippines and globally. By focusing on holistic, patient-centered care and community-based solutions, the study suggests a pathway to fostering more resilient and compassionate communities.

Acknowledgment

The author wishes to express her profound gratitude to the thirteen college students from Batangas Province who, with remarkable courage and candor, shared their deeply personal experiences. Their narratives, a testament to their resilience, formed the very bedrock of this research. This study's ability to provide a nuanced, culturally attuned understanding of suicidality is a direct result of its invaluable contribution and trust. Their voices have given this critical public health issue an authentic, human dimension that transcends empirical data. It is our sincerest hope that the insights gleaned and the interventions proposed herein will honor their experiences by fostering more compassionate and supportive academic and social environments for individuals facing similar challenges.

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