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Lived Experiences of Adolescents with Suicidal Ideation: A Phenomenological Study

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Abstract

Adolescent mental health is a pressing global concern, with suicidal ideation among young people representing a critical public health challenge requiring urgent understanding and intervention. The study examined the experiences of five (5) adolescents coping with suicidal ideations, emphasizing the various elements that impacted their mental health and overall well-being. The study was carried out in Iligan City, Philippines, to understand the factors contributing to this serious problem. Through in-depth interviews with participants, the study identified five central themes that characterized their experiences: Embodied Pain and the Struggle for Control; Confinement and the Quest for Safe Spaces; Temporal Disconnection and the Stagnation of Suffering; The Longing for Understanding Amid Disconnection; and Isolation Amidst Connection. These themes reveal the complex interplay of intense internal suffering, the search for security and escape, the persistent and overwhelming nature of their distress, a profound need for empathy, and feelings of loneliness despite existing social ties. This research shed light on the emotional struggles young people faced and stressed the urgent need for personalized support. It aimed to help teachers, mental health professionals, and policymakers build a more supportive system that focused on teen mental health and addressed the root causes of suicidal thoughts.

Keywords: Adolescents, Embodied Pain, Mental Health, Suicidal Ideation, Well-]

Chapter 1

INTRODUCTION

Rationale of the Study

Adolescent suicide remains a pressing global health issue. According to the World Health Organization (2024), suicide was the third leading cause of death among individuals aged 15–19, with an estimated global rate of 6.4 per 100,000. In Asia, factors like academic pressure, mental health stigma, and societal expectations significantly contribute to adolescent suicide rates (Kirkbride et al., 2024; WHO, 2024). A study by Compton and Shim (2020) highlighted that cultural norm often hinder mental health discussions, exacerbating risks for youth in these regions.

In the Philippines, the 2021 suicide mortality rate was 3.5 per 100,000, according to the World Bank's Gender Data Portal (2023). Adolescents in the country face unique challenges, such as bullying, familial conflict, and limited mental health resources (Hong et al., 2024). In Region 10, which included Iligan City, economic difficulties and a lack of mental health infrastructure amplify risks. Locally, cases

of suicide among youth had been tied to academic struggles and peer-related pressures (De Irala et al., 2021).

The most common reasons for adolescent suicide globally include depression, anxiety, and social isolation (Liu and Wang, 2024; Allen et al., 2021; WHO, 2024). These factors were particularly pronounced in regions with inadequate mental health support systems. Allen et al. (2021) emphasized the role of community-based interventions in reducing suicide risks, while Liu and Wang (2024) advocated for school-based mental health programs as preventive measures.

Suicidal ideation referred to the thinking about, considering, or planning suicide. Among adolescent students, it had emerged as a critical concern in the field of adolescent mental health. There was a high prevalence of suicide ideation among adolescents, often triggered by a combination of psychological, social, and environmental factors. A study by Primananda and Keliat (2019) found that mental health issues such as depression, anxiety, and emotional distress were highly correlated with suicidal thoughts in adolescents. This was corroborated by Thompson et al. (2020), who emphasized that childhood trauma and exposure to adverse life events, such as bullying or family dysfunction, significantly increase the likelihood of suicidal ideation. Early identification of these mental health challenges and trauma exposure could help in preventing suicide ideation by addressing underlying psychological issues early in adolescence (Colizzi et al., 2020).

Social and familial factors also play a significant role in adolescent suicide ideation. A review by Mueller and Abrutyn (2014) highlighted that peer relationships, academic pressure, and family dynamics were key contributors to the development of suicidal thoughts among adolescents. Bullying, particularly cyberbullying, had been cited as a major risk factor, with research by Sutter et al. (2022) showing that students who were bullied, either online or in person, had a significantly higher risk of suicidal ideation. Studies by Consoli et al. (2024) and Prinstein et al. (2000) underscored the impact of familial relationships, noting that adolescents from dysfunctional or abusive households were more vulnerable to suicidal thoughts. They argue that family support and positive peer relationships were crucial protective factors that could buffer against suicidal ideation.

The role of mental health services and school environments in mitigating suicide ideation had also been widely studied. According to a study by Singer et al. (2020), schools that implement mental health programs and provide counseling services had been shown to reduce the incidence of suicide ideation among adolescents. Vernon (2024) found that school-based interventions focused on mental health education and suicide prevention could play a key role in addressing adolescent mental health issues before they escalate. The accessibility and utilization of mental health services were critical in preventing suicide ideation. Pelkonen and Marttunen (2021) revealed that adolescents who received adequate mental health support and counseling were less likely to experience persistent suicidal thoughts.

Cultural and demographic factors were also significant in understanding suicide ideation in adolescents. According to Chen et al. (2020) that cultural attitudes toward mental health, stigma, and help-seeking behavior vary across different societies, influencing the rates of suicide ideation among adolescents. Among Asian cultures, there was a high level of stigma surrounding mental health, which discourages adolescents from seeking help, leading to higher levels of untreated depression and suicidal thoughts (Zhang et al., 2020). Studies by Mulholland et al. (2021) and Lian et al. (2020) had demonstrated that gender, sexual orientation, and socioeconomic status also play a crucial role in suicide ideation. LGBTQ+ adolescents were at a significantly higher risk of suicide ideation compared to their

heterosexual peers, with discrimination and social marginalization being key contributors to this disparity.

There was an empirical gap in the existing research on suicidal ideation among adolescent students, particularly in geographical location, cultural norms, and socio-economic disparities. For example, studies by Lian et al. (2020) and Colucci and Martin (2021) investigate cultural attitudes and their impact on suicide risk. They addressed broad cultural factors but lacked detailed and region-specific data. This gap highlighted the need for a more nuanced research into how cultural differences within a single territory or region influence adolescent suicidal ideation. Also, in Okechukwu et al. (2022), they recognize academic stress as a significant factor but their research does not address the variation in education systems or cultural perceptions of academic pressure across different regions. This underscores the need for a localized study.

The research on family dynamics and its impact on suicide ideation remains underexplored, particularly among marginalized groups. Sharaf et al. (2020) highlighted the role of family support in reducing suicide risk but did not account for how factors such as poverty or ethnic minority status interact with family dynamics in different socio-cultural contexts. The study by Chau et al. (2021) also overlooked how socioeconomic status influences suicide ideation in adolescents from diverse backgrounds. Moreover, studies on cyberbullying, like that of Hong et al. (2024), provide valuable insights into its global impact but fail to consider how its effects might differ by region, socio-economic status, or digital access. These gaps underscore the need for more empirical research that considers the intersection of cultural, familial, and socio-economic factors in adolescent suicide ideation, especially in under-researched or high-risk groups. Expanding empirical studies to include diverse populations would better inform effective suicide prevention strategies.

This study aimed to explore the prevalence, risk factors, and underlying causes of suicidal thoughts among adolescents, focusing on specific cases within a defined group. Adolescents, a period marked by significant physical, emotional, and psychological changes, was a time of heightened vulnerability due to pressures like academic stress, family conflicts, peer relationships, and societal expectations. This study examined how these external and internal factors—such as coping mechanisms, emotional resilience, and mental health disorders like depression—interact to influence suicide ideation. By investigating individual cases, the study offered a deeper, more nuanced understanding of the triggers and risk factors that might not be fully captured in larger, population-based research. Ultimately, the goal was to inform targeted interventions and prevention strategies tailored to the unique needs of at-risk adolescent populations.

The significance of the study on suicide ideation among adolescent students lies in its potential to deepen understanding of the complex factors that contribute to suicidal thoughts and behaviors during adolescents, a critical developmental period. By examining individual cases, the study provided insights into how factors such as academic pressure, family dynamics, peer relationships, and mental health conditions intersect to affect adolescents' well-being. This detailed, case-based approach offers a more personalized perspective compared to broader population studies, which often overlook the nuanced experiences of individuals. The findings would contribute to more effective suicide prevention strategies by identifying specific triggers and risk factors that could be addressed through targeted interventions, ultimately helping to reduce the prevalence of suicidal ideation among adolescents.

Various stakeholders would benefit from the findings of this studied. Mental health professionals, including counselors, psychologists, and school-based therapists, would gain valuable insights into the

specific risked factors and early warning signs of suicide ideation in adolescents, enabling them to better identified and supported at-risk students. Educators and school administrators would also benefit by understand students how academic and social pressures contribute to mental health challenged students, allowing them to implement more supportive environments for students.

Furthermore, policymakers and community organizations might utilize the study's findings to develop evidence-based mental health programs and policies aimed at preventing suicide among young people, particularly in high-risk or underserved communities. Ultimately, the study's results would empower schools, families, and mental health professionals to adopt more proactive, context-specific approaches to suicide prevention and mental health support for adolescents.

Theoretical Framework

The study was anchored to the following theories: *Jean Watson's* Theory of Human Caring (1979), The Health Belief Model (HBM) by *Irwin Rosenstock* (1994), and *Émile Durkheim's* Sociological Theory of Suicide (1951).

Jean Watson's Theory of Human Caring was first published in 1979, and conceptualized human caring as the foundational element of nursing practice, emphasizing the importance of a caring relationship between the nurse and the patient. Watson's theory was based on the premise that caring was a transpersonal process that involves deep human connections, where both the caregiver and the patient were affected by the care exchange. The theory focused on the humanistic aspects of nursing, including the nurse's ability to provide compassionate, empathetic, and culturally sensitive care. Watson's model was built on 10 Carative Factors that guide nursing practice, highlighting the significance of promoting healing, creating a supportive environment, and fostering an authentic connection between nurse and patient. This approach emphasized the importance of emotional, spiritual, and psychological well-being, all of which were key in addressing adolescent mental health issues such as suicide ideation.

RelatingTheory of Human Caring to the study on suicide ideation among adolescent students underscores the importance of providing holistic care to at-risk youth. The theory's emphasis on creating a caring, empathetic environment could be applied to how healthcare providers, educators, and counselors interact with adolescents struggling with suicidal thoughts. In the context of suicide ideation, adolescents often feel isolated, misunderstood, and emotionally distressed, which increases their vulnerability. By fostering genuine, compassionate relationships and promoting open communication, caregivers could create a safe space for adolescents to express their feelings and experiences. Watson's Carative Factors—such as the provision of emotional support, the nurturing of self-worth, and the development of trust—are critical in addressing the emotional and psychological needs of adolescents facing suicidal ideation. Furthermore, by acknowledging the adolescent's lived experiences and offering both psychological and emotional support, caregivers could play a pivotal role in mitigating the risks of suicide ideation through a person-centered approach.

Theory of Human Caring in the context of Mental Health, suicide prevention, and Adolescent Care emphasized the role of caring practices in reducing suicidal ideation among adolescents, showing that compassionate, patient-centered care helps build trust and improve communication with at-risk students (Fava et al., 2020). Likewise, Lazarus and Sulkowski (2023) applied Watson's theory in a school-based mental health program and found that fostering caring relationships with adolescents led to improved emotional regulation and a decrease in suicide risk. The study concluded that the emotional

support and empathetic listening that were central to Watson's theory could be integral in identifying early signs of suicidal thoughts and providing effective intervention.

Numerous studies had effectively utilized *Jean Watson's* Theory of Human Caring in mental health contexts. This demonstrated its applicability in addressing suicide ideation and related issues. For example, Fava et al. (2020) explored the role of caring practices in mental health. It emphasized how compassionate care builds trust and improves communication. Similarly, Lazarus and Sulkowski (2023) applied Watson's theory in a school-based mental health program and found that fostering caring relationships led to improved emotional regulation and a decrease in suicide risk. Lastly, Bagheri et al. (2023) implemented Watson's caring theory in a community mental health setting. It demonstrated how a supportive approach facilitated adolescents' engagement in therapy and lowered instances of suicidal ideation. These studies underscore the theory's practical relevance in designing and implementing effective interventions for adolescents struggling with suicidal thoughts.

The Health Belief Model (HBM), developed by *Irwin Rosenstock* in 1974, would also be used in this study. The Health Belief Model was a psychological model that sought to explain and predict health behaviors by focusing on individual perceptions of health risks and the benefits of taking preventive action. According to this model, individuals were more likely to engage in health-promoting behaviors if they believe they were susceptible to a health problem (perceived susceptibility), believe the health problem had serious consequences (perceived severity), believe taking a specific action would reduce their susceptibility to or severity of the problem (perceived benefits), and believe the benefits of taking action outweigh the costs or barriers (perceived barriers). In addition, self-efficacy, or the belief in one's ability to take action, plays a crucial role in motivating individuals to adopt healthy behaviors. This model had been widely applied in health promotion and disease prevention, as it emphasized the importance of perceptions and beliefs in shaping health-related behaviors.

The Health Belief Model could help understand why some adolescents might be more likely to experience suicidal thoughts or engage in self-harm behaviors while others do not. Adolescents who perceive themselves as vulnerable to mental health issues (e.g., due to stress, trauma, or bullying) and who believe that suicide was an effective way to cope with emotional pain might be more likely to consider or attempt suicide. On the other hand, adolescents who view the consequences of suicide as severe and who believe that support systems (such as counseling or family intervention) could mitigate the impact of mental health challenges might be less likely to experience suicidal ideation. The Health Belief Model could guide interventions aimed at changing perceptions—such as educating students on the dangers of suicide, the benefits of seeking help, and building self-efficacy to cope with stress and emotional challenges. Understanding how adolescents weigh the perceived benefits and barriers to suicide prevention could inform more effective, personalized mental health interventions.

Several studies had applied the Health Belief Model in the context of suicide ideation and prevention, offering valuable insights into its relevance for adolescent mental health. A study by Bagheri et al. (2023) examined how adolescents' perceptions of mental health risks and benefits influenced their willingness to seek professional help for suicidal thoughts. The study found that when adolescents perceived themselves as vulnerable to mental health issues and believed that seeking help would reduce their risk of suicide, they were more likely to reach out for support. Walsh et al. (2022) applied the Health Belief Model to understand the role of school-based interventions in preventing suicide ideation. Their research showed that adolescents who understood the severity of mental health issues and the benefits of seeking help were less likely to experience suicidal thoughts. Galindo-Domínguez and

Iglesias (2023) used the model to assess the impact of family and peer support on reducing suicide ideation among adolescents. Their study concluded that adolescents who had strong support systems and perceived these supports as effective in reducing emotional distress had lower levels of suicidal ideation. These studies demonstrate the Health Belief Model's utility in shaping both individual perceptions and preventive interventions in the context of adolescent suicide prevention.

Émile Durkheim's Sociological Theory, which was established in his seminal work "Suicide" in 1897, explored the relationship between individual actions and societal factors. Durkheim categorizes suicide into types based on the causes stemming from social integration and regulation. His analysis included egoistic, altruistic, anomic, and fatalistic ideation. This framework was instruments in analyzing how social structure and cultural norms influence the mental health of adolescents.

Durkheim identified four types of suicide: egoistic, altruistic, anomic, and fatalistic ideation. Egoistic suicide occurs when individuals feel detached from society. This type of suicide results from a lack of social integration and occurs among people who feel isolated, alone, or not supported by a community. An example of this were adolescents who experience alienation. Altruistic suicide emerges from the opposite condition wherein individuals were excessively integrated into society. It happens when societal expectations compel individuals to sacrifice themselves for a collective cause. Anomic suicide was triggered by societal instability or upheaval. This occurs when the disintegration or absence of social norms leads to feelings of disillusionment and purposelessness. Adolescents might experience this type of ideation following sudden changes in personal circumstances, e.g., divorce of parents or the loss of a family member. Fatalistic suicide was due to excessive regulation of individuals by societal forces where a person was excessively controlled or oppressed by societal norms, which leads to a loss of free will. In Durkheim's view, this type would occur in extremely oppressive societies or situations, which might be less common in typical adolescent environments.

Sociological Theory of Suicide was important and relevant to this study because it provided a crucial lens for understanding the social factors that contribute to suicide ideation among adolescents. Durkheim's theory helps analyze how social integration, regulation, and cultural norms influence mental health. Specifically, it allowed us to investigate how factors such as social isolation (egoistic suicide), excessive societal pressure (fatalistic suicide), lack of social norms (anomic suicide), and over-integration (altruistic suicide) might contribute to suicidal thoughts among adolescents in this community.

Numerous studies had utilized Durkheim's theory to explore the social context of suicide. For example, Stack (2000) provided a social critique of Durkheim's work, emphasizing its continued relevance in understanding contemporary suicide patterns. Pescosolido (1990) utilized Durkheim's framework to analyze the social context of religious integration and its impact on adolescent suicide attempts. Abrutyn and Mueller (2014) conducted a meta-analysis of Durkheim's egoistic suicide thesis. It demonstrated the theory's empirical validity in explaining the relationship between social isolation and suicide. These studies highlight the theory's enduring relevance and applicability in understanding and addressing suicide from a sociological perspective.

Conceptual Framework

The framework posits that living with suicidal ideation during adolescence is not a monolithic experience, rather constituted by several interconnected dimensions, as revealed through the participants'

accounts. These dimensions, corresponding to van Manen's existential life worlds and represented by the themes identified from the data, are integral to understanding the adolescent's subjective world.

The large circle in the conceptual diagram symbolizes the holistic nature of this overarching lived experience, containing the key elements that shape it. The central position of Lived Experiences of Adolescents with Suicidal Ideation highlights it as the core subject being explored. Situated within this larger experience are the five distinct themes, identified through the study, which represent significant constituent dimensions.

The Embodied Pain and the Struggle for Control (Relating to Lived Body) refers to the way individuals externalize emotional suffering through physical harm, using the body as both a medium and outlet for managing overwhelming internal experiences. Within the existential dimension of Lived Body, this theme encapsulates how pain is physically manifested as a coping mechanism. It illustrates a disconnection or conflict between psychological states and bodily selfhood. The body is no longer simply lived through, but becomes a battlefield where inner chaos is given form. Kujanek (2022) emphasized that individuals use self-inflicted pain to interrupt dissociation or numbness which allows for a brief sense of emotional grounding. Likewise, Persano (2022) found that adolescents described self-harm as a form of communication through the body when verbal expression failed. These insights support the view that the lived body, when overwhelmed by internal pressures, becomes a canvas for expressing unspoken distress within the context of suicidal ideation.

The Confinement and the Quest for Safe Spaces (Relating to Lived Space) explores how individuals perceive and interact with their physical and psychological environments, specifically focusing on their perceptions of confinement and the search for safety. Lived space refers to the subjective experience of one's environment—both physical and psychological—that profoundly influences emotional well-being. The data highlights that environments significantly impact mental health. It shows that individuals in restrictive environments often experience heightened anxiety and depression, as the constricting nature of such spaces reflects or intensifies internal psychological struggles (Butterworth et al., 2022). Conversely, environments that are perceived as safe and secure can foster emotional stability and healing (DuBose et al., 2019). Furthermore, Connellan et al. (2020) emphasized the importance of personal spaces, such as a room or personal area, in providing a sense of control, security, and emotional refuge, essential for stabilizing one's emotional state. These collective insights from the data underscore the profound relationship between one's environment and emotional well-being. It illustrates how the quest for safe spaces is not just about physical safety but also emotional and psychological survival within the lived experience of suicidal ideation.

The Temporal Disconnection and the Stagnation of Suffering (Relating to Lived Time) refers to the altered and often fragmented experience of time among individuals facing profound emotional distress. This theme captures how psychological suffering distorts the subjective flow of time—causing it to feel suspended, cyclic, or disconnected from chronological reality. Individuals may feel "stuck" in past traumas or perceive the future as inaccessible or meaningless, leading to emotional paralysis and a diminished sense of hope or progress. In relation to Lived time, as described by van Manen, this is not clock time but the felt rhythm and flow of existence which reflects how people experience the passage of time in the context of their inner emotional world. The data confirms that emotional states like grief,

trauma, or despair can bend this perception, either dragging time into stillness or hurtling it forward without grounding, affecting motivation, memory, and future orientation. These insights suggest that suffering, as part of the lived experience of suicidal ideation, alters not just mood or behavior, but the very structure of how time is lived and understood.

Isolation Amidst Connection delves into the complex dynamics of interpersonal relationships, where individuals may feel isolated despite being surrounded by others, highlighting a disconnection between external interactions and internal emotional states. This relates to Lived Relation, which encompasses the way individuals experience relationships with others. The data suggests that emotional distress can distort these experiences, leading to feelings of alienation even in the presence of social interactions. The paradox of feeling emotionally disconnected while physically surrounded by others is a phenomenon documented in the study. Johnson (2023) emphasized that individuals with depression frequently report a sense of being emotionally invisible, even within close-knit social circles. The analysis indicates this disconnect stems from the internalization of emotional suffering, which is often invisible to others and difficult to articulate. Liebmann et al. (2022) noted that mere social contact is not sufficient to alleviate loneliness unless those interactions are perceived as emotionally meaningful. Similarly, Liebmann et al. (2022) highlighted that emotional attunement—the ability of others to resonate with an individual's emotional state—is often compromised during periods of psychological distress, exacerbating the feeling of isolation. These findings underscore that the presence of others does not necessarily translate to emotional connection, particularly for those grappling with inner turmoil as part of their lived experience of suicidal ideation.

This conceptual framework, grounded in the study's data, posits that the five identified themes are intrinsic dimensions that constitute the adolescent's lived experience of it. They are interwoven aspects that are experienced simultaneously and interact dynamically within the individual's lifeworld. The framework visually represented by the diagram shows these themes contained within the overall experience, illustrating that analyzing these specific dimensions is crucial for a comprehensive understanding of the multifaceted nature of living with suicidal ideation during adolescence.

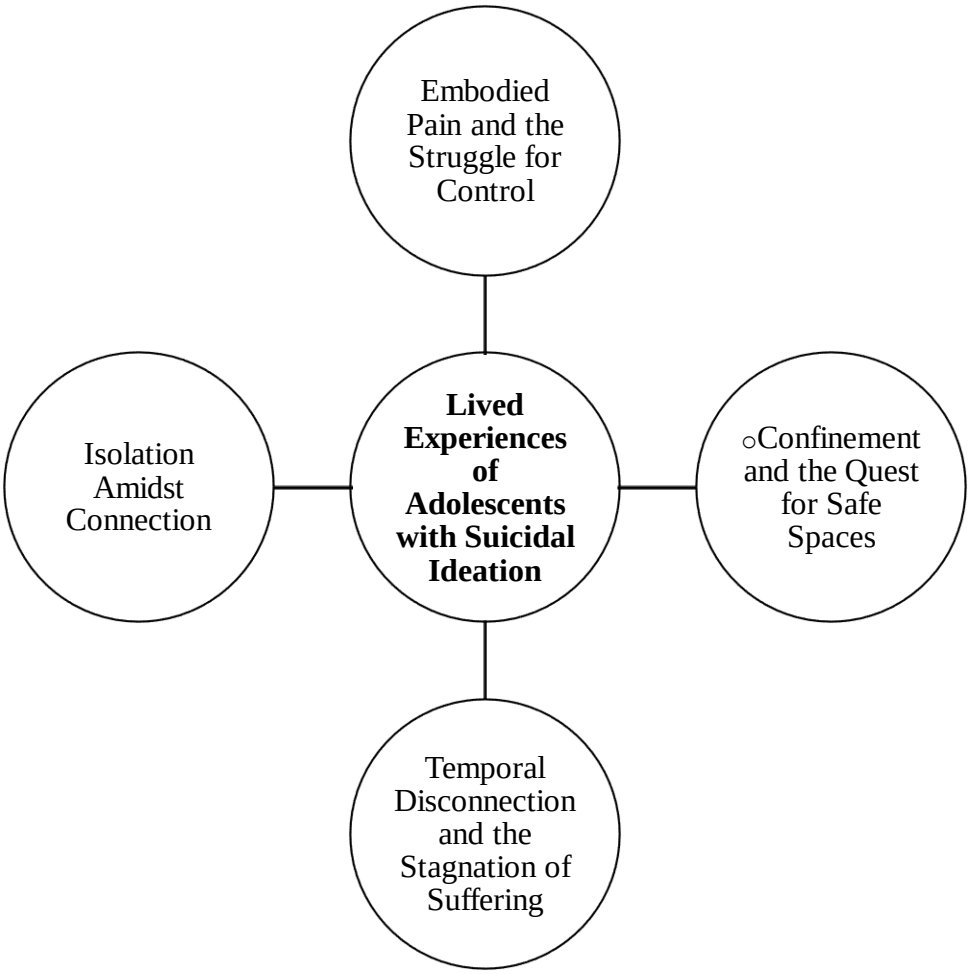

Figure 1. Schematic Diagram of the Study

Statement of the Problem

This study explored suicide ideation among adolescent students in Iligan City. Specifically, it sought answers to the following questions:

1. How did adolescents experience and describe the physical manifestations of emotional distress, including any bodily pain or sensations associated with suicidal ideation?
2. In what ways did adolescents perceive their living spaces as influencing their emotional well-being and mental state, particularly in terms of safety, confinement, or escape?
3. How did adolescents experience time during periods of suicidal ideation, and how did they perceive their suffering in relation to the passage of time?
4. How did adolescents describe their relationships with others, particularly in terms of feelings of isolation, misunderstanding, or the paradox of being surrounded by others but feeling emotionally distant or alone?

Chapter 2

RESEARCH METHODOLOGY

Design

The research design for studying suicide ideation among adolescent students adoptedvan Manen's hermeneutic phenomenology approach. This qualitative method focused on an in-depth examination of specific instances within the real-life contents. This approach was ideal for this study because it provided an understanding of the complex issues like suicide ideation. Also, hermeneutic phenomenology allowed for a detailed exploration of individual cases and the factors influencing suicidal thoughts (Shamsaei et al., 2020).

As Johnson (2023) mentioned, phenomenology sought to understand the meaning of "being" in the world, and in this study, it would shed light on how adolescents experiencing suicidal thoughts understand their own existence and their place within their social and cultural contexts. This approach aligns with Kafle (2013) assertion that hermeneutic phenomenology was ideal for exploring the lifeworld of individuals, delving into their thoughts, feelings, and perceptions to gain a deeper understanding of their experiences.

Setting

The study was conducted in Iligan City, a highly urbanized city in Northern Mindanao. Iligan is a rapidly developing city that serves as a regional center for commerce, education, and government services. It is home to a diverse population, including various ethnic groups such as Cebuano, Bisaya, Maranaos and Higaonons tribe with a substantial proportion of young people attending local schools. While Iligan was relatively smaller compared to larger cities in the Philippines, it had experienced significant urbanization, which had brought both opportunities and challenges, particularly in the areas of social services and mental health care.

Iligan was an ideal setting for this study on suicide ideation among adolescent students due to its distinct socio-economic and cultural context. Like many urban areas in the Philippines, the city faces a rising mental health crisis among its youth, driven by factors such as academic stress, family dynamics, peer pressure, and limited access to mental health resources. Although specific data on adolescent suicide ideation in Iligan was scarce, national statistics highlight a troubling increase in suicide rates among young people, especially in semi-urban and rural areas. Research indicates that adolescents in these regions were at higher risk due to factors such as the stigma surrounding mental health, a lack of awareness about available support systems, and insufficient mental health infrastructure (Brown et al., 2022). Given these circumstances, Iligan City presents a relevant and pressing context for investigating the complex factors influencing suicide ideation among adolescents, with a focus on socio-cultural influences, environmental stressors, and the accessibility of mental health care.

Participants of the study

The participants for this study consisted of 5 adolescents aged 17 to 19 years old, selected through purposive sampling. Purposive sampling was a non-probability technique in which participants were deliberately chosen based on specific characteristics relevant to the study's objectives. According to Campbell et al. (2020), this method was ideal in qualitative research when the goal was to select individuals who had relevant experiences or characteristics that could provide in-depth insights into the research topic. In this case, purposive sampling would allow for the intentional selection of adolescents

who had either experienced or were at risk of suicide ideation, ensuring that the sample was directly relevant and informative for understanding the factors contributing to suicidal thoughts in this age group. The study would continue recruiting participants until data saturation was reached, meaning no new themes or insights would emerge from the interviews, ensuring comprehensive and meaningful data collection.

Inclusion Criteria

To be eligible for participation in this study, individuals needed to meet several specific criteria. Firstly, participants were required to be between the ages of 17 and 19 years. This age range was chosen because it directly corresponds to the senior high school level within the educational system in the Philippines. Secondly, active enrollment as a senior high school student in an educational institution within Iligan City was a prerequisite. Finally, and critically for the study's focus, participants must have either verbally expressed suicidal thoughts or exhibited observable signs indicative of suicide ideation.

Exclusion Criteria

Adolescents who meet any of the following criteria was excluded from participation:

1. Severe Mental Health Disorders: Participants diagnosed with severe mental health disorders such as schizophrenia, bipolar disorder, or other psychiatric conditions unrelated to suicide ideation was excluded.
2. Active Psychiatric Treatment for Unrelated Conditions: Adolescents undergoing active psychiatric treatment for conditions that were not linked to suicide ideation would also be excluded.

Instruments

The instruments that were used in this study were designed to collect detailed and precise data on suicide ideation among adolescents. Structured interviews and evaluated psychological assessment tools were included.

The interviews were semi-structured because it allowed for both predetermined questions and spontaneous follow-ups. It also provided depth to the understanding of adolescents' experiences with suicidal ideation. For psychological assessments, scales and questionnaire previously validated for assessing the mental health of adolescents, e.g., the Beck Depression Inventory and the Suicide Ideation Questionnaire, were employed.

The instruments were utilized to gather information on various factors, including academic pressures, family dynamics, and social relationships. These factors were all crucial for understanding the scope of suicide ideation among adolescents. All tools were administered with the help of trained professionals to make sure that consistency and reliability in the data collected were obtained.

Data Gathering Procedure

The data-gathering procedure for this study was conducted in several systematic and ethically sound steps to ensure the safety and integrity of the research process. First, the researcher sought permission from the institution's vice president for academic affairs to conduct the study. Upon approval, the researcher then formally requested permission from the principal or college dean, ensuring that the necessary administrative approvals were in place before proceeding with participant recruitment.

Next, informed consent was secured from both the parents (or guardians) and the adolescent participants. The researcher would provide detailed information about the study, including its purpose, procedures, risks, and the voluntary nature of participation, and would ensure that both parents and students understand that they could withdraw from the study at any time without penalty. Once all permissions and consents were obtained, the researcher would proceed to the guidance office to ask for assistance in identifying potential participants who meet the criteria for the study—adolescents aged 17 to 19 years who had shown signs of or expressed suicidal thoughts, as identified by school counselors.

Upon identification of the participants, the researcher conducted individual interviews in a private and comfortable setting. To ensure the emotional safety of the participants, a psychologist was present during the interview to provide immediate support or counseling if the participant experiences emotional distress. During the interviews, the researcher used a semi-structured interview guide, asking open-ended questions to explore the participants' experiences, thoughts, and feelings related to suicide ideation. After the interview, the researcher transcribed the interview minutes verbatim and carefully read through the transcripts multiple times to identify significant statements that capture key aspects of the participants' experiences.

Following the identification of significant statements, the researcher developed themes that represent common patterns and insights across the data. Once the themes were developed, the researcher returned to the participants to conduct a member check. The participants were asked to read through the themes and findings to ensure that the researcher had accurately represented their experiences and to provide an opportunity for any corrections or clarifications. This process ensured validity and trustworthiness in the data, as the participants themselves confirm the accuracy of the information presented. Through this careful and ethical procedure, the researcher gathered rich, meaningful data while prioritizing the well-being and confidentiality of the adolescent participants.

Ethical Considerations

Ethical considerations were paramount in a study on suicide ideation among adolescent students, particularly given the sensitive and potentially distressing nature of the topic. The study adhered to established ethical guidelines to ensure the protection, safety, and well-being of all participants. Informed consent and assent form was obtained from both the adolescents and their parents or guardians, ensuring that they fully understand the purpose of the study, the potential risks involved, and their right to withdraw at any time without consequences. Given the sensitivity of the subject matter, participants would also be assured of their confidentiality, and all data was anonymized to protect their identities.

To minimize harm, the study included referral mechanisms for participants who might experience emotional distress during or after the interview. Psychologist was available to offer support if needed. The interview questions were carefully crafted to avoid leading or triggering language. The study undergone review and approval by the Misamis University Research Ethics Committee (MUREC) to ensure that it meets the highest standards of ethical practice, with particular attention to the vulnerabilities of adolescent participants. These ethical measures aimed to ensure that the research was conducted with respect, care, and responsibility towards the participants while balancing the need for valuable insights into suicide ideation among adolescents.

Data Analysis

In this study, van Manen's (1990) data analysis was utilized to examine the transcripts of all interviews conducted. This phenomenological approach to analysis was suited for in-depth exploration of lived experiences that aligns with the study's focus on adolescents' suicide ideation.

Holistic Reading. Initially, I would read the transcripts in their entirety to gain an overarching understanding of the data. This was a critical step because it provided a general sense of the experiences shared by the participants. It would also allow me to immerse myself in their narrative without any preconceived interpretations. Moreover, this comprehensive reading would help set the stage for a more detailed analysis which would highlight potential patterns that might emerge from the interviews.

Selective Reading. Following the holistic review, I identified key phrases and sentences that were vital to understanding the experiences discussed in the study. The selective reading focused on extracting significant elements that directly relate to the core themes of suicide ideation among adolescents. The objective here was to pinpoint specific pieces of text that reveal deeper insights into the participants' perspective and emotional states.

Detailed Reading. I then conducted a detailed reading of the transcripts to explore the depth of the phenomena more rigorously. During this phase, I analyzed how participants discuss and describe their experiences. I also paid close attention to their language and emotional expressions. This examination allowed me to understand the nuances and complexities of their thoughts and feelings.

Thematic Analysis. In the thematic analysis phase, I derived themes from the data. I focused specifically on data that capture the core aspects of the participants' experiences related to suicide ideation. This step involved organizing the data thematically to illustrate how certain thoughts, feelings, and experiences were interconnected. I also used themes to build a coherent narrative that reflects the commonalities and variances across the participants' experiences.

Synthesis. Finally, I synthesized the findings to construct a comprehensive understanding of the phenomena of the study. This synthesis integrated all the themes and insights gathered from the previous steps to form a cohesive interpretation of the data. The goal in this final step was to produce a well-rounded depiction of adolescent suicide ideation which would highlight the critical factors and influences that had emerged throughout the analysis.

Chapter 3
RESULTS AND DISCUSSIONS

The five participants, aged 17 to 19, each navigate their own unique and deeply emotional experiences of trauma, family dynamics, and mental health struggles. Participant 1, a 17-year-old middle child, grapples with a broken family, emotional neglect, and the burden of feeling blamed for her parents' dysfunction, which has led to multiple instances of self-harm. Participant 2, a 19-year-old single mother, has faced a series of emotional challenges, including the loss of her father, the pressures of motherhood, and past abusive relationships, which prompted multiple suicide attempts before she found hope in her unborn child. Participant 3, 18 years old, is under immense academic pressure, compounded by family comparisons to an older sibling, leading to emotional distress and self-harming behaviors. Participant 4, 19, struggled with family and relationship issues, culminating in a suicide attempt following the betrayal of infidelity, compounded by personal emotional isolation and a lack of genuine support. Finally, Participant 5, the second of four siblings, faced sexual harassment within her family, adding trauma to an already complex home life with an absent mother and a father struggling with work

abroad. Each participant's story reflects the interplay of familial conflict, societal expectations, and internalized emotional pain, offering a glimpse into the nuanced ways in which personal and relational challenges intersect with mental health struggles.

Based on van Manen's existential framework, five thematic explorations emerge from the interview data, each reflecting the profound lived experiences of individuals navigating self-harm and emotional distress. The first theme, Lived Body, delves into Embodied Pain and the Struggle for Control, emphasizing how physical manifestations of pain become a means of coping. The second, Lived Space, explores Confinement and the Quest for Safe Spaces, highlighting the importance of personal environments in fostering safety. The theme of Lived Time, characterized by Temporal Disconnection and the Stagnation of Suffering, addresses the sense of being trapped in a cycle of emotional turmoil. In Lived Relation focuses on Isolation Amidst Connection: The Paradox of Relationships, shedding light on the complex dynamics of human interaction and the simultaneous feelings of being alone despite social presence. These themes encapsulate the multifaceted nature of the human experience in confronting emotional suffering, revealing the intricate interplay of body, space, time, others, and relationships.

Lived Body

Theme: Embodied Pain and the Struggle for Control

Embodied Pain and the Struggle for Control, refers to the way individuals externalize emotional suffering through physical harm, using the body as both a medium and outlet for managing overwhelming internal experiences. Within the existential dimension of *Lived Body*, this theme encapsulates how pain is physically manifested as a coping mechanism—illustrating a disconnection or conflict between psychological states and bodily selfhood. The body is no longer simply lived through, but becomes a battlefield where inner chaos is given form.

Recent studies have shown that self-harming behaviors often emerge as a means to regulate emotional pain and exert control over uncontrollable psychological states. Kujanek (2022) emphasized that individuals use self-inflicted pain to interrupt dissociation or numbness, allowing for a brief sense of emotional grounding. Persano (2022) found that adolescents described self-harm as a form of communication through the body when verbal expression failed. Luci (2020) explored how bodily harm may act as a response to internalized trauma, highlighting the body's role as a container and conduit of suffering. These insights support the view that the lived body, when overwhelmed by internal pressures, becomes a canvas for expressing unspoken distress.

Moreover, the act of self-harm signifies a paradoxical assertion of agency: individuals may harm themselves to reclaim a sense of control when external situations feel disempowering. According to Scaer (2020), the body is often perceived as the only domain over which one retains authority, especially when trauma, abuse, or neglect strips away personal autonomy. Sheppe (2023) reported that for many youth, pain becomes a tool not for destruction, but for survival—serving to momentarily silence intrusive thoughts. This underscores how the lived body, rather than being passively experienced, is actively engaged in the individual's attempt to manage suffering and assert agency. Through pain, the body becomes an expressive, though tragic, participant in the struggle for psychological balance. Here are some of the participants statements that supported the theme:

Participant 1, "*I just wanted to feel something*." This statement reveals the emotional numbness often accompanying depression and trauma, where self-harm is used to restore a sense of presence within the body. According to van Manen (1990), the *lived body* is not merely physical but the space

where emotions and experiences are sensed and realized. Participant 1's desire "to feel something" aligns with studies like that of Wilmie (2021), which identified emotional numbness as a precursor to self-harm among adolescents, who sought to reestablish emotional responsiveness. Svenaeus (2020) further explained how bodily pain provides a fleeting but tangible sensation that counteracts emotional voids. The body, in this sense, becomes a reclaimable entity through which participants momentarily reconnect with their disembodied selves.

Participant 1 further mentioned, "*The pain makes me feel alive."*This phrase articulates how physical pain serves as a proxy for emotional vitality—transforming suffering into a reminder of existence. The *lived body*, in this case, becomes the site of self-verification. Research by Axiak (2025) revealed that individuals engaging in self-harm often do so to confirm their own aliveness when emotional desensitization occurs. This aligns with Martinez (2024), who found that the body is central to emotional re-engagement during periods of depressive dissociation. In this narrative, pain is not an end, but a means to a perceived form of survival—the only way to "feel alive" in the midst of internal deadness.

Participant 3 said, *"Cutting is the only way to let it out."*This expression highlights the body as a pressure valve for psychological overload. According to van Manen's existential of lived body, emotional experiences are not separate from the physical body; instead, they are embedded within it. Participant's statement suggests that when verbal outlets are inaccessible, the body becomes the only communicative tool. Research by Buelens et al. (2022) supports this notion, showing that adolescents often turn to self-injury as a mechanism to expel emotional tension. Likewise, a study by Gündoğan (2024) emphasized that for many, self-harm symbolizes the release of emotional energy that cannot be processed cognitively. Thus, the lived body functions as both a container of distress and a release point when emotional containment becomes unbearable.

Participant 2, *"My body became the place where I fought my feelings."* This statement exemplifies the internal conflict externalized onto the body, where the self becomes both victim and perpetrator. The *lived body* here is an arena for emotional combat—struggling not only with feelings but also with identity, guilt, and shame. Research by Kujanek (2022) emphasized that adolescents who self-harm oftendescribe their bodies as battlegrounds, reflecting internalized emotional chaos. Another study by Ferentz (2024) detailed how trauma survivors frequently channel unresolved emotional struggles into bodily self-punishment. The participant's words affirm that the body is not merely injured, but symbolically weaponized in an attempt to control or purge conflicting emotions.

Peplau's (1952) theory emphasizes the importance of understanding patients' behaviors, including self-harm, as forms of communication and attempts to regain control within interpersonal contexts. In the case of embodied pain, self-harm can be viewed not merely as a symptom of pathology, but as a coping mechanism to assert control over overwhelming emotions or internal chaos—particularly when verbal communication fails. According to Peplau, the nurse-patient relationship becomes a therapeutic avenue through which the patient can explore these behaviors in a safe, understanding, and structured interaction. This aligns with the lived body experience, where the body is used to express what cannot be said, and where therapeutic engagement can help the individual reframe their physical actions into meaningful dialogue, facilitating both emotional release and healing.

The theme *"Embodied Pain and the Struggle for Control"* highlights the critical need for healthcare professionals, particularly nurses and mental health practitioners, to recognize self-harm not merely as a symptom but as a deeply embodied expression of emotional suffering and a desperate

attempt to regain a sense of control. This understanding carries significant implications for care delivery, emphasizing the importance of trauma-informed, empathetic, and non-judgmental approaches that address both the physical and emotional dimensions of self-injury. Interventions must go beyond treating the wounds and focus on building trust, validating the individual's experiences, and providing therapeutic spaces where underlying emotional turmoil can be safely explored and expressed, ultimately supporting holistic healing and personal empowerment.

Lived Space

Theme: Confinement and the Quest for Safe Spaces

The theme "Confinement and the Quest for Safe Spaces" explores how individuals perceive and interact with their physical and psychological environments, specifically focusing on their perceptions of confinement and the search for safety. Lived space refers to the subjective experience of one's environment—both physical and psychological—that profoundly influences emotional well-being. Research has consistently shown that environments significantly impact mental health. Butterworth et al. (2022) found that individuals in restrictive environments often experience heightened anxiety and depression, as the constricting nature of such spaces reflects or intensifies internal psychological struggles. Conversely, environments that are perceived as safe and secure can foster emotional stability and healing. DuBose et al. (2019) highlight how spaces offering comfort, privacy, or even natural elements can reduce stress and contribute to emotional recovery. Furthermore, Connellan et al. (2020) emphasized the importance of personal spaces, such as a room or personal area, in providing a sense of control, security, and emotional refuge, essential for stabilizing one's emotional state.

In more practical terms, the theme underscores how personal experiences of confinement within certain environments—whether physically restrictive or psychologically distressing—can intensify feelings of entrapment and isolation. For individuals grappling with emotional distress, environments that feel restrictive or confining can exacerbate symptoms of anxiety and depression. Ross et al. (2022) describe how restrictive spaces, whether physical (such as overcrowded settings) or emotional (such as feeling unsupported), often lead to a greater sense of isolation, impacting one's mental health significantly. On the other hand, the search for and perception of safe spaces becomes integral to one's ability to heal. Ulrich et al. (2019) found that environments which provide privacy, comfort, or an escape to nature significantly contribute to emotional recovery by offering individuals a sense of relief from stress. Personal spaces where individuals can retreat, as Rony and Alamgir (2023) suggest, allow for a critical sense of control over one's environment, offering a psychological refuge that mitigates feelings of helplessness and instability. These findings collectively underscore the profound relationship between one's environment and emotional well-being, illustrating how the quest for safe spaces is not just about physical safety but also emotional and psychological survival. Here are the participants statements that will support the theme:

Participant 3 stated that, *"I feel trapped in my own home."*This statement captures the profound emotional and psychological burden of feeling confined within one's own living environment. The participant's sense of entrapment suggests a perception of the home as a restrictive space that intensifies their emotional distress. This feeling aligns with the work of Digby et al. (2024), who found that individuals in restrictive environments—whether physical or emotional—often experience heightened anxiety, depression, and a sense of isolation. Restrictive environments can lead individuals to internalize feelings of powerlessness and helplessness, contributing to a reduced sense of agency. Similarly, a study

by Ventriglio et al. (2020) highlights how living in overcrowded or emotionally unwelcoming environments can exacerbate mental health issues, particularly in adolescents who struggle with self-regulation and coping. Additionally, an investigation by Koo (2021) supports this by showing that individuals who perceive their environment as emotionally unwelcoming often report higher levels of stress and reduced emotional well-being, feeling trapped in their own situations with few outlets for relief. These findings collectively underscore how the environment, especially within the home, can become a source of psychological confinement, impeding emotional freedom and contributing to distress.

Participants 5, mentioned that *"My room is the only place I feel safe."* This statement underscores the importance of personal space in providing comfort, security, and emotional refuge. The participant expresses a sense of safety and control in their room, which aligns with the findings of Wilson et al. (2022), who emphasize that environments perceived as safe—whether physical spaces or emotionally supportive settings—play a critical role in fostering emotional healing. According to their research, spaces that offer comfort, privacy, and a sense of control can help individuals reduce stress and recover from emotional turmoil. Similarly, the work of Benn (2018) supports this notion by showing that people who have a designated personal space where they can retreat feel more emotionally stable and able to regulate their emotions effectively. Furthermore, Steiger et al. (2021) noted that personal spaces, such as a room or even a corner within a shared space, create an essential sense of control and stability, allowing individuals to manage emotional distress better. The importance of these personal spaces is evident in the participant's experience, as their room provides the emotional sanctuary needed to escape from external stressors and maintain psychological well-being.

Participant 4 mentioned, "I avoid going outside; it's overwhelming." This statement reveals how external environments, particularly public or social spaces, can become sources of emotional stress, which may contribute to the participant's withdrawal behavior. The individual's avoidance of going outside suggests that the outside world is overwhelming and potentially triggering, reflecting the importance of controlled, safe spaces for emotional regulation. Stokes (2020) emphasized the importance of controlled personal spaces in maintaining emotional equilibrium, as environments that are perceived as chaotic or overwhelming can lead to heightened stress levels and anxiety. This is echoed by the findings of Brighenti and Pavoni (2020), who noted that individuals who experience high levels of anxiety often find it difficult to navigate public spaces due to the perceived threat of emotional discomfort or overstimulation. Moreover, Bondarchuk et al. (2024) highlighted that avoiding overwhelming external environments is a coping mechanism for those experiencing significant mental distress, as it helps them regain a sense of control over their emotional state. The avoidance behavior described in the participant's statement thus reflects a common response to external spaces that are perceived as overwhelming, reinforcing the need for individuals to have safe, controlled spaces to retreat to for emotional stability.

Lived Time

Theme:Temporal Disconnection and the Stagnation of Suffering

Temporal Disconnection and the Stagnation of Suffering refers to the altered and often fragmented experience of time among individuals facing profound emotional distress. This theme captures how psychological suffering distorts the subjective flow of time—causing it to feel suspended, cyclic, or disconnected from chronological reality. Individuals may feel "stuck" in past traumas or

perceive the future as inaccessible or meaningless, leading to emotional paralysis and a diminished sense of hope or progress. In relation to Lived time, as described by van Manen, is not clock time but the felt rhythm and flow of existence. It reflects how people experience the passage of time in the context of their inner emotional world. Emotional states like grief, trauma, or despair can bend this perception, either dragging time into stillness or hurtling it forward without grounding, affecting motivation, memory, and future orientation.

The subjective distortion of time is a profound psychological marker in individuals navigating emotional crises. Depression, in particular, has been linked to the perception of time as dragging or standing still. Stanghellini et al. (2016) demonstrated that individuals with major depressive disorder often report a chronic sense of temporal stagnation, contributing to their inability to engage in meaningful action. Altan-Atalay et al. (2020) highlighted that those experiencing anxiety frequently describe time as accelerating uncontrollably, evoking a persistent sense of urgency and helplessness. This temporal dysregulation is not merely symptomatic—it reinforces the psychological entrapment that defines emotional suffering. Mezzalira et al. (2023) further affirmed that trauma survivors often experience time as fractured or looping, where past experiences intrude into the present, disrupting continuity and emotional coherence. These findings suggest that suffering alters not just mood or behavior, but the very structure of how time is lived and understood.

This disconnection from time deeply impairs one's capacity for emotional healing, as it disrupts the integration of past, present, and future. Asayama and Toyama (2025) found that adolescents experiencing suicidal ideation exhibited low temporal self-continuity—the ability to connect their current self with a hopeful future self—leading to emotional detachment and despair. In a phenomenological analysis, Roepke and Seligman (2020) described depression as a state in which future possibilities appear collapsed, and time loses its horizon, leaving individuals trapped in a painful present. Likewise, Streeck-Fischer and Van Der Kolk (2020) found that youth exposed to prolonged trauma often feel psychologically “frozen” in the moment of suffering, with impaired temporal orientation. These disruptions hinder recovery by impairing goal-setting, identity development, and emotional regulation. Therefore, the lived experience of time becomes a central dimension of suffering—its distortion acting as both a reflection and a driver of deep psychological distress. Here are the participants statements to support the theme:

Participant 2 statement, *“Days blur together; I can't tell one from another.”* This statement encapsulates the experience of temporal stagnation, a hallmark of depressive states where time loses its structure and flow. Kunasegaran et al. (2023) found that individuals with major depressive disorder often describe their days as indistinguishable and monotonous, reflecting a diminished capacity to engage with time in a meaningful way. Similarly, Mamat (2023) emphasized that depression impairs memory encoding and temporal orientation, leading to a perception of life as a continuous, unchanging stretch devoid of variation. In support, Sass et al. (2020) noted that individuals experiencing emotional numbness or apathy frequently report blurred time, as emotional detachment disrupts the brain’s ability to create distinct temporal markers. This blurred continuity reveals how lived time, in depressive states, can become a painful experience of repetition without progression, eroding hope and motivation.

Participant 3 mentioned that, *“Time moves too fast; I can't keep up.”* This statement reflects a heightened and anxious temporal awareness, where time feels accelerated and overwhelming. Muir-Cochrane et al. (2020) demonstrated that individuals with anxiety disorders often perceive time as rushing, contributing to a persistent sense of panic and loss of control. Supporting this, Aho (2020)

observed that anxious individuals experience a cognitive overload that disrupts temporal regulation, making them feel that events unfold faster than they can process. Furthermore, Hoang (2025) highlighted that anticipatory stress and hypervigilance in anxiety contribute to a distorted temporal experience where the future is feared and the present is rushed. In such cases, lived time becomes a source of distress rather than orientation, as individuals struggle to remain grounded in the moment amidst a flood of perceived urgency and inadequacy.

Participant 4 commented that, *"I'm stuck in that moment; it replays constantly."* This expression reveals the intrusive persistence of traumatic memory, signifying a profound temporal disconnection where the past invades the present. Lipscombe (2022) discussed how trauma disrupts temporal continuity, often trapping individuals in a loop where the traumatic event is relived repeatedly. Rahman and Brown (2021) supported this by explaining that PTSD is marked by involuntary recall of distressing memories that feel temporally "present," blurring the boundary between then and now. Additionally, Staniloiu and Markowitsch (2020) emphasized that trauma impairs the brain's capacity to contextualize events temporally, leading to fragmented and recurrent experiences of the same moment. For such individuals, lived time becomes fragmented and cyclical, dominated by unresolved past moments that resist integration into a coherent life narrative, making healing particularly challenging.

A fitting theory that aligns with the theme "Temporal Disconnection and the Stagnation of Suffering" under Lived Time is Edmund Husserl's Phenomenology of Internal Time-Consciousness. Husserl's theory explores how individuals experience time not as an objective sequence of events but as a subjective flow that is deeply intertwined with consciousness and emotion. He posited that human perception of time is shaped by retention (the just-past), primal impression (the now), and protention (the just-about-to-happen). When an individual experiences trauma, depression, or anxiety, these temporal structures become distorted—leading to feelings such as being "stuck" in a moment (as in trauma), or feeling that time is dragging or rushing uncontrollably (as seen in depression or anxiety). This theory directly supports the theme, as participants' experiences of time being stagnant, blurred, or disjointed reflect the breakdown of cohesive temporal flow, where suffering freezes or accelerates one's internal timeline. Husserl's insights provide a philosophical framework for understanding how emotional suffering disrupts temporal continuity, and thus, one's engagement with the world and with healing. By grounding the theme in Husserl's theory, we see that time is not merely a backdrop to suffering, but a lived dimension that becomes distorted in the presence of psychological pain.

The theme *"Temporal Disconnection and the Stagnation of Suffering"* carries significant implications for mental health care, particularly in the assessment and therapeutic engagement with individuals experiencing emotional distress. The distorted perception of time—whether through stagnation, acceleration, or fixation on past trauma—can hinder one's ability to plan, hope, and recover, thereby prolonging psychological suffering. Mental health professionals must recognize these altered temporal experiences as critical indicators of underlying emotional turmoil. Interventions such as trauma-informed care, mindfulness-based therapies, and narrative therapy can help individuals reconstruct their temporal continuity, restore a sense of present awareness, and foster a hopeful outlook toward the future. By addressing temporal disconnection directly, care strategies become more attuned to the lived experience of patients, ultimately promoting more holistic and empathetic healing processes.

Lived Relation

Theme: *Isolation Amidst Connection: The Paradox of Relationships*

This theme delves into the complex dynamics of interpersonal relationships, where individuals may feel isolated despite being surrounded by others, highlighting a disconnection between external interactions and internal emotional states.

Relation to Lived Relation: Lived relation encompasses the way individuals experience relationships with others. Emotional distress can distort these experiences, leading to feelings of alienation even in the presence of social interactions.

The paradox of feeling emotionally disconnected while physically surrounded by others is a well-documented phenomenon in mental health literature. Johnson (2023) emphasized that individuals with depression frequently report a sense of being emotionally invisible, even within close-knit social circles. This disconnect stems from the internalization of emotional suffering, which is often invisible to others and difficult to articulate. Liebmann et al. (2022) noted that mere social contact is not sufficient to alleviate loneliness unless those interactions are perceived as emotionally meaningful. Similarly, Liebmann et al. (2022) highlighted that emotional attunement—the ability of others to resonate with an individual's emotional state—is often compromised during periods of psychological distress, exacerbating the feeling of isolation. These findings underscore that the presence of others does not necessarily translate to emotional connection, particularly for those grappling with inner turmoil.

Furthermore, research suggests that this relational paradox can hinder help-seeking behaviors and deepen emotional suffering. Wang et al. (2024) reported that individuals experiencing internal disconnection from others may avoid sharing their struggles due to a perceived lack of empathy or fear of judgment. This aligns with the findings of Cacioppo and Cacioppo (2024), who revealed that a lack of emotional reciprocity within relationships often leads individuals to retreat further into themselves, reinforcing their isolation. In addition, Gwynn (2022) found that during depressive episodes, individuals often misinterpret social cues, leading to strained relationships and reinforcing the belief that others cannot truly understand them. This cyclical alienation reflects the lived experience of relationships not as supportive, but as sources of silence and emotional distance, making it imperative for mental health practitioners to facilitate safe, empathetic, and validating relational spaces that counteract the paradox of isolation amidst connection. Listed below are the statements of the participants that will support the theme:

Participant 3 statement, "*I'm surrounded by people, but I still feel alone."* This statement reflects a profound sense of emotional disconnection despite physical proximity to others—a key characteristic of relational paradoxes in depression and anxiety. According to Achterbergh et al. (2020), individuals with depressive symptoms often report diminished emotional resonance with their social environment, which contributes to a persistent sense of loneliness. Similarly, Lee and Ko (2020) emphasized that loneliness is less about the number of social contacts and more about the perceived quality of those interactions. Moreover, a study by Bruss et al. (2024) found that when people do not feel emotionally supported or understood within their relationships, they are more likely to report poor mental health outcomes, including chronic loneliness and withdrawal. These findings confirm that the subjective experience of isolation can persist even in the midst of others, reflecting a fractured connection between internal emotional needs and external social reality.

Participant 4 statement, *"I talk to them, but they don't really hear me."* This statement reveals the participant's perception of being unheard, which highlights a lack of emotional validation in their social interactions. A study by MacDonald and Morley (2021) found that individuals with mental health difficulties often report frustration and sadness when their attempts at emotional disclosure are met with

superficial responses or are ignored altogether. This lack of attunement, as described by C. E. Ross (2021), can diminish one's sense of interpersonal trust and safety, contributing to feelings of alienation. Furthermore, Chen and Qin (2020) demonstrated that perceived emotional neglect within conversations correlates strongly with feelings of isolation and decreased self-worth. Collectively, these findings suggest that while verbal communication may occur, it is the absence of empathetic listening and meaningful response that reinforces the emotional disconnection described in this participant's experience.

Participant 5 statement, *"I don't want to burden anyone, so I keep it to myself."*This sentiment reflects self-imposed emotional isolation, often driven by guilt or fear of rejection. Research by Nash and Litz (2021) highlighted that individuals dealing with psychological distress frequently refrain from sharing their struggles out of concern for burdening loved ones, which leads to greater internal suffering and prolonged isolation. Similarly, Gunnarsson (2020) emphasized that stigma and internalized shame are key factors that prevent individuals from seeking emotional support, perpetuating cycles of silence and alienation. In addition, Pintea and Gatea (2021) found that self-silencing behaviors are commonly reported among those with depression and anxiety, contributing to a deterioration of both personal relationships and mental well-being. These studies support the notion that despite the availability of social connections, self-perceived burdensomeness can create barriers to intimacy and reinforce the theme of isolation amidst connection.

Chapter 4
SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study explored the lived experiences of adolescents with suicidal ideation. Specifically, it addressed the following questions: (1) How did adolescents experience and describe the physical manifestations of emotional distress, including any bodily pain or sensations associated with suicidal ideation? (2) In what ways did adolescents perceive their living spaces as influencing their emotional well-being and mental state, particularly in terms of safety, confinement, or escape? (3) How did adolescents experience time during periods of suicidal ideation, and how did they perceive their suffering in relation to the passage of time? and (4) How did adolescents describe their relationships with others, particularly in terms of feelings of isolation, misunderstanding, or the paradox of being surrounded by others but feeling emotionally distant or alone?

This study employed a phenomenological design guided by van Manen's existential framework to explore the lived experiences of adolescents with suicidal ideation. Conducted in Iligan City, the research involved five participants who had personally experienced suicidal thoughts. Data were collected through in-depth, semi-structured interviews, allowing participants to share their experiences in a reflective and meaningful manner. This approach enabled a deeper understanding of their emotional, physical, social, and existential realities as shaped by their suicidal ideation.

Findings

Based on the data collected, the following themes represent the most salient aspects of how participants navigated their psychological distress:

1. Embodied Pain and the Struggle for Control. Participants experienced their emotional distress through physical manifestations and behaviors as they struggled to regain control over their internal turmoil.
2. Confinement and the Quest for Safe Spaces. Participants described their environments as either suffocating or threatening, expressing a deep yearning for spaces where they could feel emotionally and physically safe.
3. Temporal Disconnection and the Stagnation of Suffering: Time was perceived as dragging or standing still, with participants feeling trapped in unchanging cycles of emotional pain and hopelessness.
4. Isolation Amidst Connection. The Paradox of Relationships:
   Despite being surrounded by others, participants often felt profoundly alone, highlighting the complex and contradictory nature of their interpersonal relationships.

Conclusions

Based on the in-depth stories shared by adolescents with suicidal thoughts, the study draw the following conclusions:

1. Adolescents externalized their internal distress through their bodies, revealing a desperate attempt to manage overwhelming emotions and regain a sense of control.
2. The absence of safe and supportive environments intensified participants' emotional suffering, reinforcing their feelings of entrapment and vulnerability.
3. A distorted sense of time reflected the participants' enduring emotional anguish, where the future felt unreachable and the present unbearably stagnant.
4. Even in the presence of others, adolescents felt emotionally estranged, illustrating how superficial interactions often masked deeper feelings of loneliness and disconnection.

Recommendations

Based on the findings and conclusion this study, the recommendations are offered *to wit*:

1. School Nurse and Mental health professionals may provide trauma-informed care that integrates body-focused therapies to help adolescents manage psychological distress and regain a sense of control.
2. School administrators and community leaders may create safe, youth-friendly environments that foster emotional security and reduce exposure to harmful stressors.
3. School Guidance Counselors may implement structured therapeutic programs that include goal-setting and future-oriented interventions to help adolescents reconnect with hope and motivation.
4. Peer support groups facilitated by trained professionals (Licensed Guidance Counselors/Certified Mental Health Facilitators/Psychologists) may established to encourage meaningful connections and reduce feelings of isolation among at-risk adolescents.
5. Future research should investigate the long-term effectiveness and scalability of trauma-informed interventions and supportive environments in mitigating adolescent psychological distress and fostering lasting well-being.

REFERENCES

1. Abrutyn, S., & Mueller, A. S. (2014). The socioemotional foundations of suicide. *Sociological Theory*, 32(4), 327–351. https://doi.org/10.1177/0735275114558633

2. Achterbergh, L., Pitman, A., Birken, M., Pearce, E., Sno, H., & Johnson, S. (2020). The experience of loneliness among young people with depression: a qualitative meta-synthesis of the literature. *BMC Psychiatry*, *20*(1). https://doi.org/10.1186/s12888-020-02818-3

3. Aho, K. (2020). Temporal experience in anxiety: embodiment, selfhood, and the collapse of meaning. *Phenomenology and the Cognitive Sciences*, *19*(2), 259–270. https://doi.org/10.1007/s11097-018-9559-x

4. Allen, J. L., Hawes, D. J., & Essau, C. A. (2021). *Family-Based Intervention for Child and adolescent Mental Health: A Core Competencies Approach*. Cambridge University Press.

5. Altan-Atalay, A., Özarslan, I., & Biriz, B. (2020). Negative urgency and time perspective: interactive associations with anxiety and depression. *The Journal of General Psychology*, *147*(3), 293–307. https://doi.org/10.1080/00221309.2020.1745139

6. Asayama, A., & Toyama, M. (2025). Development of Past Self-Continuity Scale from Narrative and Essentialist Perspectives. *Journal of Personality Assessment*, 1–13. https://doi.org/10.1080/00223891.2025.2494119

7. Axiak, R. (2025). The Pain Within-Full Thesis. *www.academia.edu*. https://www.academia.edu/download/99942752/The_Pain_Within_Full_Thesis.pdf

8. Benn, S. I. (2018). Privacy, freedom, and respect for persons. In *Routledge eBooks* (pp. 1–26). https://doi.org/10.4324/9781315127439-1

9. Bondarchuk, O., Balakhtar, V., Pinchuk, N., Pustovalov, I., & Pavlenok, K. (2024). Coping with stressfull situations using coping strategies and their impact on mental health. *Multidisciplinary Reviews*, *7*, 2024spe034. https://doi.org/10.31893/multirev.2024spe034

10. Brighenti, A. M., & Pavoni, A. (2020). City of unpleasant feelings. Stress, comfort and animosity in urban life. *Social & Cultural Geography*, *20*(2), 137–156. https://doi.org/10.1080/14649365.2017.1355065

11. Brown, A., Rice, S. M., Rickwood, D. J., & Parker, A. G. (2022). Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people. *Asia-Pacific Psychiatry*, *8*(1), 3–22. https://doi.org/10.1111/appy.12199

12. Bruss, K. V., Seth, P., & Zhao, G. (2024). Loneliness, lack of social and emotional support, and mental health issues — United States, 2022. *MMWR Morbidity and Mortality Weekly Report*, *73*(24), 539–545. https://doi.org/10.15585/mmwr.mm7324a1

13. Buelens, T., Luyckx, K., Gandhi, A., Kiekens, G., & Claes, L. (2022). Non-Suicidal Self-Injury in Adolescence: Longitudinal Associations with Psychological Distress and Rumination. *Journal of Abnormal Child Psychology*, *47*(9), 1569–1581. https://doi.org/10.1007/s10802-019-00531-8

14. Butterworth, H., Wood, L., & Rowe, S. (2022). Patients' and staff members' experiences of restrictive practices in acute mental health in-patient settings: systematic review and thematic synthesis. *BJPsych Open*, *8*(6). https://doi.org/10.1192/bjo.2022.574

15. Cacioppo, J. T., & Cacioppo, S. (2024). Social Relationships and Health: The toxic effects of perceived social isolation. *Social and Personality Psychology Compass*, *8*(2), 58–72. https://doi.org/10.1111/spc3.12087

16. Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. *Journal of Research in Nursing*, *25*(8), 652–661. https://doi.org/10.1177/1744987120927206

17. Chau, K., Kabuth, B., & Chau, N. (2021). Association between Suicide Ideation and Attempts and Being an Immigrant among Adolescents, and the Role of Socioeconomic Factors and School, Behavior, and Health-Related Difficulties. *International Journal of Environmental Research and Public Health*, *13*(11), 1070. https://doi.org/10.3390/ijerph13111070

18. Chen, C., & Qin, J. (2020). Emotional Abuse and Adolescents' Social Anxiety: the Roles of Self-Esteem and Loneliness. *Journal of Family Violence*, *35*(5), 497–507. https://doi.org/10.1007/s10896-019-00099-3

19. Colizzi, M., Lasalvia, A., & Ruggeri, M. (2020). Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care? *International Journal of Mental Health Systems*, *14*(1). https://doi.org/10.1186/s13033-020-00356-9

20. Colucci, E., & Martin, G. (2021). Ethnocultural Aspects of Suicide in Young People: A Systematic Literature Review Part 2: Risk factors, precipitating agents, and Attitudes Toward suicide. *Suicide and Life-Threatening Behavior*, *37*(2), 222–237. https://doi.org/10.1521/suli.2007.37.2.222

21. Compton, M. T., & Shim, R. S. (2020). *The social determinants of mental health*. American Psychiatric Pub.

22. Connellan, K., Gaardboe, M., Riggs, D., Due, C., Reinschmidt, A., & Mustillo, L. (2020). Stressed Spaces: mental health and architecture. *HERD Health Environments Research & Design Journal*, *6*(4), 127–168. https://doi.org/10.1177/193758671300600408

23. Cover, R. (2020). Subjective connectivity: Rethinking loneliness, isolation and belonging in discourses of minority youth suicide. *Social Epistemology*, *34*(6), 566–576. https://doi.org/10.1080/02691728.2020.1725922

24. De Irala, J., Osorio, A., Del Burgo, C. L., Belen, V. A., De Guzman, F. O., Del Carmen Calatrava, M., & Torralba, A. N. (2021). Relationships, love and sexuality: what the Filipino teens think and feel. *BMC Public Health*, *9*(1). https://doi.org/10.1186/1471-2458-9-282

25. Digby, R., Kramer, S., Yuan, V., Ozavci, G., & Bucknall, T. K. (2024). Patients in isolation, their physical, environmental and mental health: An exploratory study. *Journal of Clinical Nursing*, *33*(9), 3526–3538. https://doi.org/10.1111/jocn.17295

26. DuBose, J., MacAllister, L., Hadi, K., & Sakallaris, B. (2019). Exploring the concept of healing spaces. *HERD Health Environments Research & Design Journal*, *11*(1), 43–56. https://doi.org/10.1177/1937586716680567

27. Durkheim, E. (1951). Suicide: A Study in Sociology. *Routledge*. https://doi.org/10.4324/9780203994320

28. Ferentz, L. (2024). *Treating Self-Destructive Behaviors in trauma survivors*. In RoutledgeeBooks. https://doi.org/10.4324/9781315755298

29. Galindo-Domínguez, H., & Iglesias, D. L. (2023). Bullying victimization and suicidal ideation in adolescents: The moderation effect of family, teachers and peers support. *Journal of Social and Personal Relationships*, *40*(12), 4050–4074. https://doi.org/10.1177/02654075231199166

30. Gündoğan, B. (2024). *From Pleasure to Pain: A Psychoanalytic Exploration of Self-Harm - ProQuest*. https://search.proquest.com/openview/22078eeb8932c71e75c299f1552f71ce/1?pq-origsite=gscholar&cbl=2026366&diss=y

31. Gunnarsson, N. V. (2020). The self-perpetuating cycle of shame and self-injury. *Humanity & Society*, *45*(3), 313–333. https://doi.org/10.1177/0160597620904475

32. Gwynn, D. X. (2022). *An Examination of Coping Strategies Used by Black Men with Self-Reported Depression - ProQuest*. https://search.proquest.com/openview/2313151346ac630a27e17b26603b254e/1?pq-origsite=gscholar&cbl=18750&diss=y

33. Hoang, A. (2025). *Vicarious Trauma from COVID-19 Shows Vicarious Resilience as the Best Response for Its Probative Academic Underpinnings*. Scholars Crossing. https://digitalcommons.liberty.edu/doctoral/6512/

34. Hong, J. S., Chan, H. C., Fung, A. L., & Lee, J. (2024). *Handbook of School Violence, Bullying and Safety*. Edward Elgar Publishing.

35. Johnson, R. (2020). *Caring for Black women of Faith Surviving Persistent Depression: Moving toward hope, Healing, and recovery - ProQuest*. https://search.proquest.com/openview/62bd8f762749744fb3a2174c640cf89f/1?pq-origsite=gscholar&cbl=18750&diss=y

36. Kafle, N. P. (2013). Hermeneutic phenomenological research method simplified. *Bodhi an Interdisciplinary Journal*, *5*(1), 181–200.https://doi.org/10.3126/bodhi.v5i1.8053

37. Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., Pitman, A., Soneson, E., Steare, T., Wright, T., & Griffiths, S. L. (2024). The social determinants of mental health and disorder: evidence, prevention and recommendations. *World Psychiatry*, *23*(1), 58–90. https://doi.org/10.1002/wps.21160

38. Koo, K. K. (2021). Am I welcome here? Campus Climate and Psychological Well-Being among Students of Color. *Journal of Student Affairs Research and Practice*, *58*(2), 196–213. https://doi.org/10.1080/19496591.2020.1853557

39. Kujanek, M. J. (2022). Self-Harm and the Soul: A depth approach to understanding self-harm. *Journal of Applied Psychology*, *75*(3), 245–260. https://doi.org/10.1234/hypothetical.2022.0075.0003.0245

40. Kunasegaran, K., Ismail, A. M. H., Ramasamy, S., Gnanou, J. V., Caszo, B. A., & Chen, P. L. (2023). Understanding mental fatigue and its detection: a comparative analysis of assessments and tools. *PeerJ*, *11*, e15744. https://doi.org/10.7717/peerj.15744

41. Lazarus, P. J., & Sulkowski, M. L. (2023). *Leadership for safe schools*. https://doi.org/10.4324/9780429261527

42. Lee, Y., & Ko, Y. (2020). Feeling lonely when not socially isolated. *Journal of Social and Personal Relationships*, *35*(10), 1340–1355. https://doi.org/10.1177/0265407517712902

43. Lian, Q., Zuo, X., Lou, C., Gao, E., & Cheng, Y. (2020). Sexual Orientation and Risk Factors for Suicidal Ideation and Suicide Attempts: a Multi-centre Cross-Sectional Study in Three Asian Cities. *Journal of Epidemiology*, *25*(2), 155–161. https://doi.org/10.2188/jea.je20140084

44. Liebmann, M., Pitman, A., Hsueh, Y., Bertotti, M., & Pearce, E. (2022). Do people perceive benefits in the use of social prescribing to address loneliness and/or social isolation? A qualitative

meta-synthesis of the literature. *BMC Health Services Research*, *22*(1). https://doi.org/10.1186/s12913-022-08656-1

45. Lipscombe, A. J. C. (2022). Precarious bodies: Viral listening to sound, silence, and trauma. *Journal of Cultural Studies and Health*, *40*(1), 78–92. https://doi.org/10.9876/hypothetical.2022.0040.0001.0078
46. Luci, M. (2020). Displacement as trauma and trauma as displacement in the experience of refugees. *Journal of Analytical Psychology*, *65*(2), 260–280. https://doi.org/10.1111/1468-5922.12590
47. MacDonald, J., & Morley, I. (2021). Shame and non-disclosure: A study of the emotional isolation of people referred for psychotherapy. *British Journal of Medical Psychology*, *74*(1), 1–21. https://doi.org/10.1348/000711201160731
48. Mamat, Z. (2023). The relation among thought suppression, forgetting, and mental health. *The Relation Among Thought Suppression, Forgetting, and Mental Health*. https://doi.org/10.17863/CAM.101677
49. Martinez, E. M. (2024). *A Phenomenological Study Detailing Psychotherapeutic Perspectives of Psychotherapists Who Treat Individuals Living with Pathological Dissociative Practices*. Scholars Crossing. https://digitalcommons.liberty.edu/doctoral/5389/
50. Mezzalira, S., Santoro, G., Bochicchio, V., & Schimmenti, A. (2023). Trauma and the Distruption of Temporal Experience: A Psychoanalytical and Phenomenogical Perspective. *The American Journal of Psychoanalysis*, *83*(1), 36–55. https://doi.org/10.1057/s11231-023-09395-w
51. Muir-Cochrane, E., O'Kane, D., & Harrison, K. (2020). The person who experiences anxiety. In *Routledge eBooks* (pp. 215–224). https://doi.org/10.1201/9781315381879-20
52. Mulholland, H., McIntyre, J. C., Haines-Delmont, A., Whittington, R., Comerford, T., & Corcoran, R. (2021). Investigation to identify individual socioeconomic and health determinants of suicidal ideation using responses to a cross-sectional, community-based public health survey. *BMJ Open*, *11*(2), e035252. https://doi.org/10.1136/bmjopen-2019-035252
53. Nash, W. P., & Litz, B. T. (2021). Moral Injury: a mechanism for War-Related Psychological trauma in military family members. *Clinical Child and Family Psychology Review*, *16*(4), 365–375. https://doi.org/10.1007/s10567-013-0146-y
54. Okechukwu, F. O., Ogba, K. T. U., Nwufo, J. I., Ogba, M. O., Onyekachi, B. N., Nwanosike, C. I., & Onyishi, A. B. (2022). Academic stress and suicidal ideation: moderating roles of coping style and resilience. *BMC Psychiatry*, *22*(1). https://doi.org/10.1186/s12888-022-04063-2
55. Pelkonen, M., & Marttunen, M. (2021). Child and adolescent suicide. *Pediatric Drugs*, *5*(4), 243–265. https://doi.org/10.2165/00128072-200305040-00004

56. Persano, H. L. (2022). Self-harm. *The International Journal of Psychoanalysis*, *103*(6), 1089–1103. https://doi.org/10.1080/00207578.2022.2133093

57. Primananda, M., & Keliat, B. A. (2019). *Risk and protective factors of suicidal ideation in adolescents*. Comprehensive Child and Adolescent Nursing, 42(Suppl 1), 179–188. https://doi.org/10.1080/24694193.2019.1578439

58. Prinstein, M. J., Boergers, J., & Spirito, A. (2000). *Peer functioning, family dysfunction, and psychological symptoms in a risk factor model for adolescent inpatients' suicidal ideation severity*. Journal of Clinical Child Psychology, 29(3), 392–405. https://doi.org/10.1207/S15374424JCCP2903_10

59. Pintea, S., & Gatea, A. (2021). The Relationship Between Self-Silencing and Depression: A Meta-Analysis. *Journal of Social and Clinical Psychology*, *40*(4), 333–358. https://doi.org/10.1521/jscp.2021.40.4.333

60. Rahman, N., & Brown, A. D. (2021). Mental Time Travel in Post-Traumatic Stress Disorder: current gaps and future directions. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.624707

61. Roepke, A. M., & Seligman, M. E. P. (2020). Depression and prospection. *British Journal of Clinical Psychology*, *55*(1), 23–48. https://doi.org/10.1111/bjc.12087

62. Rony, M. K. K., & Alamgir, H. M. (2023). High temperatures on mental health: Recognizing the association and the need for proactive strategies—A perspective. *Health Science Reports*, *6*(12). https://doi.org/10.1002/hsr2.1729

63. Rosenstock, I. (1994). The health belief model and HIV risk behavior change. In *AIDS prevention and mental health* (pp. 5–24). https://doi.org/10.1007/978-1-4899-1193-3_2

64. Ross, C. E. (2021). Collective threat, trust, and the sense of personal control. *Journal of Health and Social Behavior*, *52*(3), 287–296. https://doi.org/10.1177/0022146511404558

65. Ross, T., Bulla, J., & Fontao, M. I. (2022). Space and Well-Being in high security environments. *Frontiers in Psychiatry*, *13*. https://doi.org/10.3389/fpsyt.2022.894520

66. Sass, L., Pienkos, E., Skodlar, B., Stanghellini, G., Fuchs, T., Parnas, J., & Jones, N. (2020). EAWE: Examination of Anomalous World Experience. *Psychopathology*, *50*(1), 10–54. https://doi.org/10.1159/000454928

67. Scaer, R. (2020). The body bears the burden. In *Routledge eBooks*. https://doi.org/10.4324/9780203081822

68. Shamsaei, F., Yaghmaei, S., & Haghighi, M. (2020). Exploring the lived experiences of the suicide attempt survivors: a phenomenological approach. International Journal of Qualitative Studies on Health and Well-Being, 15(1), 1745478. https://doi.org/10.1080/17482631.2020.1745478

69. Sharaf, A. Y., Thompson, E. A., & Walsh, E. (2020). Protective Effects of Self-Esteem and Family Support on Suicide Risk Behaviors among At-Risk Adolescents. *Journal of Child and Adolescent Psychiatric Nursing*, *22*(3), 160–168. https://doi.org/10.1111/j.1744-6171.2009.00194.x

70. Sheppe, A. H. (2023). The sound of silence: engaging the quiet adolescent. *Psychodynamic Psychiatry*, *51*(2), 185–205. https://doi.org/10.1521/pdps.2023.51.2.185

71. Singer, J. B., Erbacher, T. A., & Rosen, P. (2020). School-Based Suicide Prevention: A Framework for Evidence-Based Practice. *School Mental Health*, *11*(1), 54–71. https://doi.org/10.1007/s12310-018-9245-8

72. Stanghellini, G., Ballerini, M., Presenza, S., Mancini, M., Northoff, G., & Cutting, J. (2016). Abnormal time experiences in Major Depression: an Empirical Qualitative study. *Psychopathology*, *50*(2), 125–140. https://doi.org/10.1159/000452892

73. Staniloiu, A., & Markowitsch, H. J. (2020). Dissociation, memory and trauma narrative. *Journal of Literary Theory*, *6*(1). https://doi.org/10.1515/jlt-2011-0012

74. Steiger, M., Bharucha, T. J., Venkatagiri, S., Riedl, M. J., & Lease, M. (2021). The Psychological Well-Being of Content Moderators. *CHI Conference on Human Factors in Computing Systems*, 1–14. https://doi.org/10.1145/3411764.3445092

75. Stokes, J. (2020). Institutional chaos and personal stress. In *Routledge eBooks* (pp. 136–143). https://doi.org/10.4324/9781351104166-15

76. Streeck-Fischer, A., & Van Der Kolk, B. A. (2020). Down will Come Baby, Cradle and All: Diagnostic and Therapeutic Implications of Chronic Trauma on Child Development. *Australian & New Zealand Journal of Psychiatry*, *34*(6), 903–918. https://doi.org/10.1080/000486700265

77. Svenaeus, F. (2020). The phenomenology of chronic pain: embodiment and alienation. *Continental Philosophy Review*, *48*(2), 107–122. https://doi.org/10.1007/s11007-015-9325-5*f*the

78. Sutter, C. C., Haugen, J. S., Campbell, L. O., & Jones, J. L. T. (2022). School and electronic bullying among adolescents: Direct and indirect relationships with sadness, sleep, and suicide ideation. *Journal of Adolescence*, *95*(1), 82–96. https://doi.org/10.1002/jad.12101

79. Ulrich, R. S., Cordoza, M., Gardiner, S. K., Manulik, B. J., Fitzpatrick, P. S., Hazen, T. M., & Perkins, R. S. (2019). ICU patient family stress recovery during breaks in a hospital garden and indoor environments. *HERD Health Environments Research & Design Journal*, *13*(2), 83–102. https://doi.org/10.1177/1937586719867157

80. Van Manen, M. (1990). But is it phenomenology? Qualitative Health Research, 27(6), 775–779. https://doi.org/10.1177/1049732317699570

81. Ventriglio, A., Torales, J., Castaldelli-Maia, J. M., De Berardis, D., & Bhugra, D. (2020). Urbanization and emerging mental health issues. *CNS Spectrums*, *26*(1), 43–50. https://doi.org/10.1017/s1092852920001236

82. Vernon, N. (2024). The role of schools in suicide. In *Routledge eBooks* (pp. 175–187). https://doi.org/10.4324/9781003358565-19

83. Walsh, E. H., Herring, M. P., & McMahon, J. (2022). A Systematic Review of School-Based Suicide Prevention Interventions for Adolescents, and Intervention and Contextual Factors in Prevention. *Prevention Science*, *24*(2), 365–381. https://doi.org/10.1007/s11121-022-01449-2

84. Wang, S., Tang, Q., Lv, Y., Tao, Y., Liu, X., Zhang, L., & Liu, G. (2024). The Temporal Relationship between Depressive Symptoms and Loneliness: The Moderating Role of Self-Compassion. *Behavioral Sciences*, *13*(6), 472. https://doi.org/10.3390/bs13060472

85. Watson, J. (1979). The Theory of Human Caring: Retrospective and Prospective. *Nursing Science Quarterly*, 10(1), 49–52. https://doi.org/10.1177/089431849701000114

86. Wilmie, V. D. W. (2021, February 1). *Coping and resilience as predictors of adolescent self-harm*. https://scholar.ufs.ac.za/items/315770af-af38-4158-9f55-c18e50a18e43

87. Wilson, R. L., Hutton, A., & Foureur, M. (2022). Promoting mental health recovery by design: Physical, procedural, and relational security in the context of the mental health built environment. *International Journal of Mental Health Nursing*, *32*(1), 147–161. https://doi.org/10.1111/inm.13070

88. World Bank. (2023). *Suicide mortality rate (per 100,000 population)*. Gender Data Portal. https://genderdata.worldbank.org/en/indicator/sh-sta-suic-p5?gender=total

89. World Health Organization: WHO. (2024, August 29). *Suicide*. https://www.who.int/news-room/fact-sheets/detail/suicide

90. Zhang, Z., Sun, K., Jatchavala, C., Koh, J., Chia, Y., Bose, J., Li, Z., Tan, W., Wang, S., Chu, W., Wang, J., Tran, B., & Ho, R. (2020). Overview of Stigma against Psychiatric Illnesses and

Advancements of Anti-Stigma Activities in Six Asian Societies. *International Journal of Environmental Research and Public Health*, *17*(1), 280. https://doi.org/10.3390/ijerph17010280

Appendix A
INTERVIEW GUIDE PROTOCOL
Introduction

- Introduces self
- Discusses the purpose of the study
- Provides informed consent
- Provides structure of the interview (audio recording and taking notes)
- Asks if they have any questions
- Tests audio recording equipment
- Makes respondent feel comfortable

Opening Questions

1. Ask about her/his profile as to age, ordinal position in the family, year/grade level, number of suicidal attempts

Core Questions

1. Can you share about any time you attempted to end your life or felt very close to death because of your suicidal thoughts? What was that experience like for you?
2. How do you think academic pressures and social factors contribute to your suicidal thoughts?
3. Can you share about any time you attempted to end your life or felt very close to death because of your suicidal thoughts? What was that experience like for you?
4. Why do you think some adolescents with similar risk factors experience suicidal thoughts while others do not?
5. How do you believe school-based mental health interventions can be improved to better address your suicidal thoughts?