Dysfunctional Attitudes of Adolescents with Suicide Ideation and Intent

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Abstract *– Suicide is one of the alarming issues that need prompt and immediate action despite many preventive measures. This study described dysfunctional attitudes, suicide ideation and suicide intent. It also tested the relationships among the variables; and developed therapeutic approach. Mixed design particularly sequential mixed method was used. Purposive sampling was employed to 157 participants who are non-psychotic with suicide intent. Standardized tests were used to gather quantitative data and in-depth interview for qualitative analysis. Frequency, percentage, mean scores, rank, chi-square and Pearson r were utilized to analyse data. The study revealed that participants have mild dysfunctional attitudes with moderate suicide ideation and low suicide intent. They are emotionally vulnerable due to irrational beliefs and cognitions that defeat effective functioning. When faced negative life's events, they have tendencies to commit suicide even though suicide intentions vary from low to high. Irrational beliefs among suicide adolescents must be restructured through counselling using Cognitive Behavior Therapy (CBT). Various programs and activities that can divert adolescent's thoughts from ending life to experiencing a meaningful life may be initiated. Dysfunctional attitudes can affect suicide ideation and intent. It is deemed important for parents and teachers to be informed and trained on how to spot strange actions especially if the actions are too vague to conclude suicide tendencies. Qualitative analysis revealed emotional vulnerability, suicide tendencies and willingness to commit suicide thus, therapeutic approach for suicide adolescents was proposed.*

Keywords *– dysfunctional attitudes, suicide ideation, suicide intent, adolescents*

INTRODUCTION

Suicide has taken its toll as a worldwide phenomenon and is one of the leading threats to adolescents' survival. Over the years, it has been one of the primary causes of death especially during adolescence where its incidence increases rapidly [1]. More than a cause of death, it is also an alarming public issue regarding mental health that gets more publicity [2]. The irony is while it is a public issue, few types of research deal on the issue and few apt and effective interventions are undertaken to mitigate its occurrence [3].

Suicide involves sequential processes. It starts with death wishes, suicide ideation, suicide contemplation, suicide attempt and finally reaches towards suicide completion. These behaviors are the result of mutual interactions between maladaptive conditions, affect and behavior which occurs consequently to an environment [4].

It was revealed [5] that 7% of the participants had suicide ideation and 6.3% crafted plans to carry it out. A similar study showed that 22% of the participants had suicide ideation and attempts [6].

Similarly, youth suicide rates are increasing because this is the age group with greatest risk of committing suicide worldwide [7]. A statistics from India reflected that youths belonged to 15-19 years old are the principal age groups to commit suicide. There were around 34.6% who became suicide victims and 78.8% committed suicide [8].

In the Philippines, the 2012 data revealed an estimated of 2,558 suicide cases recorded and 2008 are males while 550 are females. These represent reported cases and there might be others unknown to proper authorities [9], [10]. In like manner, the provincial statistics recorded four completed suicide cases in 2016 with one female died by hanging with undetermined intent while one female and two males died of intentional self-harm by hanging. Likewise, in 2017, five cases were recorded due to intentional self-harm by hanging [11].

Suicide tendencies can be a product of how the person views himself/herself, the world and the future. When the person negatively views life's events, dysfunctional attitudes develop which may lead a person stressed later

[12]. Dysfunctional attitude is triggered by stressors and a heightened sense of emotions. These courses of things cause behavioral disturbances in a person's mind and potentially creates depressogenic effects of daily stressors [13].

In view of these, knowing the relationships of dysfunctional attitudes, suicide ideation and intent is important. Numerous studies show alarming connection of dysfunctional attitudes and intent to end one's life [14, 15]. Further, [16] stated that dysfunctional attitudes are directly connected to suicide ideation. When people have depressing situations, they tend to ease the pain by ending their lives [17] – [19]. This usually happens when the person is exposed to situations that provoke suicide intent which are normally negative, life-changing and persistent [20], [21].

These situations do not only induce the thought of taking one's life (ideation) but also acting upon the thought (intent and attempt) because of many factors [22], [14]. The "ideation-to-action" framework best explains that any idea to take suicide leads to intent and attempt [23]. Frequent suicide ideation may be linked to future suicide attempts [24]. Hence, it is wiser to remove dysfunctional attitude-provoking situations because it helps overcome challenges in life [16].

OBJECTIVES OF THE STUDY

This study delved into the relationships of dysfunctional attitudes, suicide ideation and intent of adolescents. Specifically, this study is designed to describe the dysfunctional attitudes, suicide ideation and suicide intent of adolescents. It also tested the relationships among the variables.

METHODS

Research Design

This study used mixed design particularly the sequential explanatory design. In this method, the researcher gathered the quantitative data first from the participants followed by the collection of qualitative data. This is supported by [25], where he asserted that this method involves two phases such as the collection and analysis of quantitative data on the first phase followed by the collection and analysis of the qualitative data on the second phase.

Participants

This study focused on adolescents whose age ranges from 15 to 19. Purposive sampling was used in order to select the participants. They were purposely selected based on the primary criterion, having suicide ideation and intent. Secondary criteria such as non-psychotic and are still enrolled in Junior and Senior High Schools were likewise considered.

In order to come up with 157 samples, the school guidance counsellor gave the list of names who were identified to have manifested suicide ideation and intent. They were students who have confirmed themselves of attempting suicide and having the scars on their wrists due to cutting or slashing. Aside from the records in the guidance office, there were those who have been referred by their teachers who happened to have personal knowledge about the cases. Many of them were disclosed to the teachers by the client's friends. There were some being disclosed by their parents for the teachers to be aware of the child's condition.

Furthermore, the participants came from four big schools in three municipalities in Tablas, Romblon with high prevalence of completed suicide.

Measures

This study used three standardized measures. There was no pilot testing of the measures conducted, however, these were presented to the adviser, registered psychologist and guidance counsellors who looked into the validity, usability and appropriateness of its content.

The Dysfunctional Attitude Scale by Dr. Arlene Weissman was used to determine the level of emotional vulnerability or psychological strengths of the participants. This measure is a 35-item test categorized into 7 dimensions such approval, love, achievement, perfectionism, entitlement, omnipotence and autonomy. Each dimension is composed of 5 items where the participants have to rate each statement based on the following: A (Agree) = -1, SA (Strongly Agree) = -2, N (Neutral) = 0, D (Disagree) = +1 and SD (Strongly Disagree) = +2.

In scoring the measure, add up the scores for every cluster of 5 items. If the scores contain + and – signs, find the difference to get the total scores and then get the mean scores in each attitude (for every cluster of 5 items). The total score for each cluster of 35 items can range from +10 to -10. To interpret the rating, the following descriptive interpretations were used: >±6.66 - ±10.00 – High Psychological Strength (Positive) or High Emotional Vulnerability (Negative); ±3.34 – ±6.65- Moderate Psychological Strength (Positive) or Moderate Emotional Vulnerability (Negative); <±1.00 - ±3.33 - Mild Psychological Strength (Positive) or Mild Emotional Vulnerability (Negative). This measure has an excellent internal consistency ranging from .84 to .92 and excellent stability ranging from .80 to .84 [26].

Beck Scale for Suicide Ideation (BSSI) is a self-reported measure used to quantify the current intensity and severity of suicide ideation during the past week. It

is composed of 19 items and to be rated using the 3-point scale ranging from 0-2 and it yields a total score ranges from 0-38. This measure has no cut-off point and all scores above zero indicate the presence of suicide ideation. Increasing scores reflect a more severe suicide ideation [27], [28]. Since there is no cut-off scores, the researcher made a scale of scores to classify the respondent's suicide ideation. To interpret the scores, 0 – has no suicide ideation; ≤12.67 shows Low Suicide Ideation; 12.68 – 25.33 means Moderate Suicide Ideation and ≥ 25.34. This measure has high internal reliability with Cronbach alpha coefficients ranging from .87 to .97 [29] – [31].

The Suicide Intent Scale (SIS) is an interview-administered measure to determine the seriousness of the intent to commit suicide among patients who have actually attempted suicide. The actual measure has 20 items; however, the researcher excluded the last five items because it is not included in getting the total score. The measure focused only on the objective circumstances related to suicide attempt and self-report.

The 15 items are enough to quantify an attempter's verbal and nonverbal behaviour prior to and during the most recent suicide attempt. The measure was rated in a scale of 0-2 with a total score of 0-38. To interpret the scores, ≤14 means No Suicide Intent; 15 – 19 denotes Low Suicide Intent; 20 – 28 indicates Medium Suicide Intent and ≥29 shows High Suicide Intent. The SIS has high internal reliability (alpha = .95; Beck, Schuyler & Herman, 1974) and high interrater reliability, ranging from .81 to .95 [32].

A researcher-made interview guide was likewise prepared. Contents were validated by psychologists and guidance counsellors as well. The interview guide was composed of 5 questions based from the three standardized measures. The questions were used to illicit responses from the participants for transcriptions. Transcripts were used to extract emerging concepts and themes.

Procedures

The researcher sought permission from the Schools Division Superintendent, Division of Romblon who is in charge of the department in the province. Upon receiving the approved communication, a letter to the principal was likewise sought. Together with the approved letter from the Schools Division Superintendent, the researcher was referred by the principal to the guidance counsellor for assistance in identifying the target participants. The list of names were given to the researcher by the guidance counsellor and accompanied him to the advisers of the participants.

The guidance counsellor talked to the children individually to solicit their consent. After the participants agreed, they were called to go to the guidance office the following day to explain thoroughly the objectives of the study. Confidentiality and ethical considerations were discussed. After the orientation, the researcher distributed the consent form to the participants for the parents to affix their signature. Once the parents signed the consent form, they allowed their child to participate in the study. Only those children with signed consent form were counted as participants.

The researcher went back to the schools to personally administer the questionnaires. Participants were requested to answer self-report measures. The interview was conducted the next day after all of them have conscientiously answered the self-report measures.

Data Analysis

The quantitative data was analysed using appropriate statistical tools. Descriptive statistics like frequency and percentage were used to describe suicide ideation and suicide intent. Rank and mean scores were used to describe the participant's level of dysfunctional attitudes. Inferential statistics such as chi-square and Pearson *r* were used to test the relationship of dysfunctional attitudes, suicide ideation and intent.

On the other hand, the qualitative data used thematic analysis particularly the step-by step analysis. This is done in order to get the emerging concept from every transcript until the theme had emerged.

This is the given scale used to described the result of dysfunctional attitude:

Scale	***Positive***	***Negative***
>±6.66 - ±10.00	*High Psychological Strength (HPS)*	*High Emotional Vulnerability (HEV)*
±3.34 – 6.65	*Moderate Psychological Strength (MoPS)*	*Moderate Emotional Vulnerability (MoEV)*
<±1.00 - ±3.33	*Mild Psychological Strength (MiPS)*	*Mild Emotional Vulnerability (MiEV)*

Ethical Considerations

This study used standardized tests as the main instruments for data gathering. The two standardized measures were accessed from the internet since it is readily available for research purposes. The other one was borrowed from the professor who is a registered psychologist. Proper citations were made to ensure ethical standards.

Parent Consent forms were likewise distributed to participants for their parents to signify consent of their child to disclose information related to the topic. The researcher assured them that the data gathered would be

treated with utmost confidentiality and used for research purposes only.

Republic Act No. 10029 also known as Psychology Act of 2009 mandated psychologists to imbibe professional code of ethics as they work in the field of psychology. Respect for dignity, customs, beliefs, cultures, confidentiality, fairness and justice have to be observed always. Competent care, integrity, professional and scientific responsibilities will likewise be carried out as well [33].

RESULTS AND DISCUSSION

Table 1. Dysfunctional Attitudes of the Participants

Value System	Mean Scores	Descriptive Interpretation	Rank
Entitlement	-3.54	MoEV	1.5
Omnipotence	-3.54	MoEV	1.5
Autonomy	-2.89	MiEV	3
Love	-2.43	MiEV	4
Approval	-2.15	MiEV	5
Perfectionism	-1.83	MiEV	6
Achievement	-1.18	MiEV	7
Grand Mean Score	-2.51	MiEV	

The result shows that the participants have collectively mild dysfunctional attitudes in all value systems as indicated by the negative mean score of -2.51. It implies that they are still governed by irrational beliefs and patterns of maladaptive thinking that defeat effective functionality. When a person is full of negative schema, it allows the person to be irrational or dysfunctional and becomes emotionally vulnerable.

The present manifestations of dysfunctional attitudes among suicide adolescents can be traced back when they were still very young. According to Kilic [34], dysfunctional attitudes started in childhood which develops later due to stressors or negative life's experiences. It may be shown through unrealistic beliefs, rigidity, extreme and generalized thoughts that prevented a person to show the real performance and capacity. This triggers extreme emotions which eventually remain unchanged once experiences the life's negative event.

Meanwhile, Hawke and Provencher [35] stressed that individuals who experienced stressful events in their childhood are more likely to develop dysfunctional traits which are called early maladaptive schemas. These are self-defeating emotional and cognitive patterns created early in life and repeated throughout the life. It acts as cognitive structures and leads to the formation of illogical beliefs including cognitive, emotional, and behavioral components.

Similarly, a person who is vulnerable to stress can develop dysfunctional attitudes which function only at the cognitive level. This is supported by several researches on the interaction between cognitive factors with biological processes and social factors [36] – [38].

The result specifically points out that participants have moderate emotional vulnerability towards entitlement (-3.54) which denotes that they deserve to things like success, love, happiness to mention a few. They lived and boxed in life's demands and expectations. They expect and demand that all their wants have to be met by others because they believed that they have done good things and hard work. However, if this does not happen, they become depressed, inadequate or irate. There is a tendency to become frustrated, sad and mad. They see life as sour and a rotten experience. They make many complaints with no or little effort to work out the problem. In this sense, they are much less to get what they really want from life.

Kobori, Hayakawa and Tanno [39] explained the connection of entitlement to success. When people experience success, they are less likely to be neurotic as they feel complete. Moreover, the standard they have affects how they view things as rewarding and successful. Furthermore, when things went the way people do not expect, this leads to depressing situations and may lead to anxiety and self-harm [40], [41]

They also have moderate emotional vulnerability towards omnipotence (-3.54). They would often make personalization error where they blame themselves inappropriately because of the negative actions and attitudes of others which are beyond their control. They are infested with too much guilt and self-condemnation. The attitude of being omnipotent and all-powerful is the one that cripples and leaves them to anxiousness and ineffectual state.

According to Kobori et al. [39], they explained the connection of omnipotence to success. When people experience success, they feel complete and view things as rewarding and successful. They will not blame themselves. However, if things went opposite, they will be full of guilt and self-condemnation. Furthermore, when things went the way people do not expect, this leads to depressing situations and may lead to anxiety and self-harm [40], [41].

In terms of autonomy (-2.89), the participants show mild emotional vulnerability too. This means that the participants are trapped in the belief that their potentials for joy and self-esteem are coming externally. They could not fully experience satisfaction and excitement

since they are putting themselves to a great disadvantage because their moods are victims of external forces.

In a study conducted by Kobori et al. [39], they explained that autonomy links success. They become happy and complete when they experience success. But if the external forces did not support them to experience success, then, they will be more emotionally vulnerable. This was even supported by O'Connor, Rasmussen and Hawton [40], O'Connor, Whyte, Fraser, Masterton, Miles and MacHale [41] that when things happen the way people do not expect, this leads to depressing situations and may lead to anxiety and self-harm. Likewise, Dunkley, Sanislow, Grilo and McGlashan [42] explained the necessity of autonomy as it affects self-criticism and its connection to depression.

The participants have mild emotional vulnerability towards love (-2.43). They see love as a need to survive and if not, they become less happy. They may also become inferior where they put down relationships with people they cared about for fear of alienating them. They may lose respect and burdened because without love they are all nothing and eventually collapsed. When people gradually move away from them, they will likely to experience painful, terrifying withdrawal syndrome and soon realize that inability to establish daily affection and attention result to get love compulsively through coercion and manipulative behaviors. These behaviors could worsen the situation and drive people away thus intensifying loneliness

The ABS-CBN News [43] reported love as the number one reason why person commits suicide. The reporter quoted Maribel Dionisio of Love Institute Philippines *"love—or lack of love—is usually what causes a person to decide to end his or her life." "It is about the lack of love, either from a special friend or from the family—or too much of it—that a person feels bad."* The teens are at much higher risk for suicide because they are still maturing. The love of a parent is crucial in building a self-worth because it makes the child to feel good about himself and to do the right things. Furthermore, [44], [45], [18], [19], when people are connected by love and compassion, they tend to have a positive outlook in life despite the problems they encounter.

In like manner, participants show mild emotional vulnerability to approval (-2.15). This means that they evaluate their own self through the eyes of others. They automatically look down to themselves whenever someone insults or puts them down. They tend to be sensitive to what others think of them resulting to be easily manipulated and vulnerable to anxiety and depression.

As to perfectionism (-1.83), the participants display mild emotional vulnerability. They demand perfection where mistakes are taboo, failure is worse than death and negative emotions are disasters. They need to be superb at all times through their looks, feelings, thinking and even behaviors. With all the efforts and hard work, satisfaction is still less which may give the thought of burning in the flame of hell. Once the goal has achieved, another distant goal replaces it which never gives them an experience the reward of getting the top of the world. In the end, they wonder why they were not able to get the promised payoffs. Life becomes joyless and tedious living in an unrealistic and impossible personal standard.

Dunkley et al. [42] concluded that perfectionism can lead to negative emotions especially when unable to experience satisfaction despite their best efforts. On the other hand, [46] asserted that while perfectionism can lead to negative emotions in the long run, there may be times that it can create a positive impact to the personality traits of an individual. Meanwhile, Jacobs [17] stated that dysfunctional attitude, specifically perfectionism, can predict depression among adolescents.

The participants have mild emotional vulnerability towards achievement (-1.18). This means that the respondent's sense of self-worth and capacity for joy least depend on productivity. They may experience a different type of addiction related to work or being productive, however, they could still manage it and may influence them the least. Once they could not attend to their work, business affiliations and engagements or being inactive, they somehow experience emotional crash which eventually results to economic or emotional depression.

It was found out by Stoeber and Yang [46] that both males and females have higher scores in dysfunctional attitude scale particularly on achievement subscale. Parental affection and support must be felt to decrease dysfunctional attitudes toward achievement. Freud's developmental theory stressed that initiative and sense of mastery is achieved after the oedipal stage. Parents whose affection is less, prevented a child to act his own initiative thereby receiving less proper appraisals. This may develop to child negative self-model or negative core beliefs which lead them to have extreme attitudes about achievement.

Table 2 showcases the emergence of the theme on emotional vulnerability in the aspect of dysfunctional attitudes among adolescents with suicide ideation and intent.

Table 2. Emergence of the theme on emotional vulnerability in the aspect of dysfunctional attitudes among adolescents with suicide ideation and intent (n=157)

Res. No.	Transcripts	Emerging Concept	Sub-categories	Categories	Theme
3	*"Malimit po akong nasasaktan kapag palaging pinupuna ako."* (I am always hurt when I am criticized.)	Feeling pain	Emotionally weak on approval	Irrational beliefs and cognitions	Emotional vulnera-bility
7	*"Parang walang kabuluhan ang mga ginagawa ko.* (My efforts are futile and useless.)	Feeling useless			
1	*"Nagtatampo ako kasi ramdam ko na hindi nila ako mahal."* (I sulk because I feel I am not loved.)	Feeling unloved	Emotionally weak on love		
4	*"Sa ibang tao ko lamang nakukuha ang aking kasiyahan."* (I only find happiness from others.)	Feeling of dependency	Emotionally weak on autonomy		
9	*"Umaasa ako na babalikan nila ako ng tulong dahil sa mga ginawa kong kabutihan sa kanila."* (I expect them to return me a favor.)	Feeling of expectancy	Emotionally weak on entitlement		
5	*"Hindi ko po maiwasang isiping mayroon akong pananagutan kung may masamang nangyari sa ibang tao."* (I think I am somehow responsible for others' misfortune.)	Feeling liable	Emotionally weak on omnipotence		

Apparently, the data reflect emotional vulnerability that makes respondent's attitude dysfunctional. Their beliefs and cognitions are affected that make them irrational or illogical. Specifically, they demonstrate emotional weakness on approval, love, autonomy, entitlement and omnipotence. These are the dimensions of dysfunctional attitudes where they are more vulnerable.

Participants are emotionally weak on approval because they experience pain whenever being criticized as reflected in the statement *"Malimit po akong nasasaktan kapag palaging pinupuna ako."* (I am always hurt when I am criticized.) More so, the statement *"Parang walang kabuluhan ang mga ginagawa ko."* (My efforts are futile and useless.) denotes feeling of uselessness because they claim that all their efforts have not given due recognition, commendation and praise.

Subsequently, they are emotionally weak to love because they feel unloved.

This is reflected in the statement *"Nagtatampo ako kasi ramdam ko na hindi nila ako mahal."* (I sulk because I feel I am not loved.). They have emotional weakness on autonomy as well because they are dependent from others especially their capacity to be happy and be joyful. Nobody gives them happiness except their close friends as manifested in the statement *"Sa ibang tao ko lamang nakukuha ang aking kasiyahan."* (I only find happiness from others.)

The participants display emotional weakness on entitlement because they expect something in return whenever they do good deeds to others. Their feeling of expectancy is extracted from the statement *"Umaasa ako na babalikan nila ako ng tulong dahil sa mga ginawa kong kabutihan sa kanila."* (I expect them to return me a favor.). And lastly, their omnipotence is weak because of their feeling of liability. They are held responsible to whatever happens to someone else especially those who are close to them. Their feeling of being liable is taken out from the statement *"Hindi ko po maiwasang isiping mayroon akong pananagutan kung may masamang nangyari sa ibang tao."* (I think I am somehow responsible for others' misfortune.).

Table 3. Suicide Ideation of the Participants (n=157)

Scale of Scores	F	%	Descriptive Interpretation
0	0	0	No Suicide Ideation
≤12.67	4	2.55	Low Suicide Ideation
12.68 – 25.33	150	95.54	Moderate Suicide Ideation
≥25.34	3	1.91	High Suicide Ideation
Total	**157**	**100**	

Table 3 shows majority of the participants (95.54%) have moderate suicide ideation. Four participants or 2.55% have low suicide ideation while three or 1.91% showed high suicide ideation. This means that all of the participants have suicide ideation.

The moderate level of suicide ideation may not elevate to killing themselves. However, this will post possibilities to do suicide attempts. The respondent's suicide ideation was confirmed because they manifest weak wishes to live and die, weak desire to make an active suicide attempt and leaving life and death to chance. They likewise show longer periods of ideation or wish with intermittent frequency. They have ambivalent or indifferent attitudes toward ideation and have unsure control over it. Some of them have concerns about deterrents to suicide however they have well-formulated details to work it out.

The participants have also considered plans for the attempt, yet it didn't work out. They contemplate on the method to be used but it would take more time and effort hence, the opportunity is not readily available. They are unsure of their courage and competence to carry out attempts and the expectancy of the actual attempt. They do not have the actual preparation of the contemplated attempt although they have started making a suicide note but not consummated. It is only a suicide thought. They also thought on the final acts in anticipation of death where they even make some arrangements and hold back on revealing their concealment and deception of contemplated suicide.

It was found out that more than half of the participants have suicide ideation before the current suicide attempt. Further, more than one-third reported that they have at least one suicide in their lifetime. Conversely, this is an alarming issue that everyone has to give attention because of the fact that suicide ideation among adolescents is pervasively common [49].

Likewise, Crosby, Han, Ortega, Parks and Gfroerer [49] found out that suicide ideation is 20% higher among high school students with more middle schoolers resort to suicide. It was found out further that suicide ideation predicts suicide completion [50] and can be a predictor to have a greater risk of progression to more suicide behaviors [51]. Reference [14] quoted The Interpersonal Theory of Suicide by Joiner that suicide ideation happens when a person perceives himself as isolated and hopeless while suicide attempt happens when there are enough facilities and materials for potentially doing the act.

Table 4 showcases the emergence of the theme on suicide tendencies in the aspect of suicide ideation among adolescents. Participant's suicide tendencies are very evident because they experience dysfunctional parent-child relationships and deficient family cohesiveness.

The data depict that in the parent-child relationship, they experience harsh parental treatment. They are physically and verbally assaulted by their parents with whom they should be gaining support, love and attention when problems arise. The statement *"Naiisip kong magpakamatay kapag ako'y minumura, kinakaladkad at binubugbog ng aking mga magulang sa tuwing ako'y nagkakamali."* (I think to commit suicide when I am frowned upon, hurt, and maltreated by my parents.). This implies that adolescents think of suicide because no one cares and feel useless of living a life.

Table 4. Emergence of the Theme on Suicide Tendencies in the Aspect of Suicide Ideation Among Adolescents (n=157)

Res. No.	Transcripts	Emerging Concept	Sub-Categories	Categories	Theme
8	"Naiisip kong magpakama-tay kapag ako'y minu-mura, kinaki-ladkad at binubugbog ng aking mga magulang sa tuwing ako'y nagkakamali." (I think to commit suicide when I am frowned upon, hurt, and mal-treated by my parents.)	Physical & verbal assault	Harsh Parental Treat-ment	Dysfunc-tional parent-child relation-ship	Suici-dal tenden-cies
3	"Puro na lang problema ang buhay ko, sa pamilya at sa mga taong nakapalibot sa akin." (I only see problems in my life, my family, and other people around.)	Problem focused	Family inatten-tiveness	Deficient family cohesive-ness	
10	"Tama po, kasi wala namang nagmamahal sa akin." (Correct, because no one actually loves me.)	Feeling unloved			
7	"Tama po, kasi di naman po nila ako pinakikinggan." (Correct, because they do not listen to me.)	Feeling unheard			

Their suicide tendencies are also triggered by the deficiency in family cohesiveness. Once the family members are not closely united, they will take each other for granted which eventually result to inattentiveness. Since there is no one to turn to in times of need, they will focus more to their problems. They will keep on thinking that ending life is the only solution ever. It is manifested

in the statement *"Puro na lang problema ang buhay ko, sa pamilya at sa mga taong nakapalibot sa akin."* (I only encounter problems in life, my family, and other people around.).

Moreover, they feel unloved and unheard when unattented by the family members. They do expect that love and support be given to them, however, all their expectations seem futile. These are manifested in the statements *"Tama po, kasi wala naming nagmamahal sa akin."* (Correct, because no one actually loves me.) and *"Tama po, kasi di naman po nila ako pinakikinggan."* Correct, because they do not listen to me.)

Table 5. Suicide Intent of the Participants (n=157)

Scale of Scores	F	%	Descriptive Interpretation
≤14	49	31.21	No Suicide Intent
15 – 19	94	59.87	Low Suicide Intent
20 – 28	11	7.01	Moderate Suicide Intent
≥29	3	1.91	High Suicide Intent
Total	**157**	**100**	

Table 5 shows suicide intent of the participants where 94 (59.87%) manifested low suicide intent, 11 (7.01%) showed moderate suicide intent and 3 (1.91%) has shown high suicide intent. However, 49 (31.21%) did not show any suicide intentions. The results imply that majority of the participants manifested suicide intent.

It was clearly observed based on their responses that they isolate themselves where no one nearby or in visual or vocal contact and intervention is unlikely to avail. They have passive precautions where the room is unlocked and avoid others however they do nothing to prevent interventions. The participants also make contacts but not specifically notify potential helper about the attempt. Furthermore, in the final acts of death anticipation, they have thought about it or even make some arrangements. Minimal to moderate preparation for an attempt is noted, with written notes about the thoughts but usually torn up. They have also ambivalent communication as to their intent before the attempt.

It is clearly evident that the purpose of the attempt is to escape or even solve their problems. They perceive that killing of self is an escape of the reality. Their thought of death is possible but not probable as manifested in the expectations of fatality.

They become unsure of their method whether it would be lethal or not. As to seriousness of attempts, they are uncertain about ending life. Moreover, they have conflicting attitude toward living or dying and have uncertainty whether death could be avoided by medical attention. The participants also contemplate about suicide for three hours or even less prior to attempt.

It was revealed by Batterham and Christensen [52] that adolescents carry out their intentions because they are sensitive enough to whatever happens in their lives. This is due to negative views of things and goals in life which they believe to be unreachable. Once assimilated, this will become a part of cognitive structures of adolescents to view negatively themselves as well.

Furthermore, they really have well-planned intentions because they prepared everything they need. This happens when they experience higher levels of depression, hopelessness and stressful life events in which lethality became evident [53].

Suicide attempters with high and low intent have the same risk factors such as negative life events, depression and low social support. Likely, suicide attempts with high intent are evident to those with mental disorder [54]; aspiration strain and relative deprivation strain [55] and moderate to severe depression and hopelessness [56] are considered risk factors of suicide. Females with suicide ideations and intensity of psychosis have positively increased intentions to die. For males with low quality of life and higher suicide ideations and intensity of psychosis have much higher and stronger intent to die [57].

Suicide intent at the time of self-harm can also be a risk of subsequent suicide especially among females [58] while high suicide intent with repeated acts of committing suicide and engages in violence have greater risk for suicide [59]. Correspondingly, children who experienced abuses and negligence are more likely to commit suicide [60]. Based from the foregoing results, risk factors for suicide need not be dealt superficially because it can predict suicide lethality.

Table 6 provides the emergence of the theme on willingness to commit suicide in the aspect of suicide intent among adolescents. The willingness to commit suicide is very ostensive because they experience life's negative events and poor family interactions.

Undeniably, when a person experiences negative life's events, it is very difficult to process the problems by itself. There is a tendency for the person to magnify the problem and focus on it. In the end, it will remain unresolved unless being attended to and processed by mental health professionals. Moreover, if the issues or problems are not given appropriate solutions, it will remain unresolved problems which eventually provoke them to have the strong will to commit suicide. The statement *"Malakas ang aking determinasyong gawin ang pagpapakamatay dahil sa sobrang bigat ng aking*

mga problema." (Because of my problems, I am very determined to take my life.) supports the claim above.

In addition, adolescents think of manner and means on how to carry out their plans of ending life. Some may think bizarre options and ways while others have concrete means in their mind.

They likewise think of possibilities for medical attention, however, if the plan is very clear they think not of medical attention possible. Similarly, they may have other preparations of the things needed to commit suicide as well. Some adolescents are brave enough to specifically tell of how they are going to do it, what tool or instrument to be used and where it would be done. It is stated in the statement *"Paglalaslas sa aking pulso ang naiisip kong gawin gamit ang kutsilyo, blade o basag na bote."* (I think to cut my wrist through knife, blade or bottles.) the manner and means by which most adolescents intend to do. Apparently, their willingness to commit suicide is triggered by poor family interactions which are vital dynamics within the family. They may have occasional but not healthy interactions. Every member hesitates to disclose whenever they have problems. The result of their hesitations is disengagement where one moves away or separates from involving their own self in a family gathering or even family talks. This drives them to disclose indirectly whatever suicide plans they may have. The statement *"Hindi ko po direktang sinasabi ang tungkol sa plano kong pagpapakamatay."* (I am discreet about my plan to suicide.) indicates how adolescent family communication evades/avoids interaction.

Adolescents with suicide intent disclose their plans of committing suicide to their trusted friends rather than own family. *"Malimit ko itong nababanggit sa aking mga malalapit na kaibigan."* (I shared about my intent to suicide with my friends at times.) also indicates that something wrong is going on inside the family. Eventually, if none of those who have been told directly or indirectly believe their words, the strong wish to die dominates as reflected in the statement *"Sa sobrang bigat ng problema ko, mas mabuti na ang mamatay upang di ko na maramdaman pa ang sakit na dala nito."* (Because of my problems, it is better to die rather than not to feel the pain.).

Adolescents with suicide intent disclose their plans of commiting suicide to their trusted friends rather than their own family. "Malimit ko itong nababanggit sa aking mga malalapit na kaibigan." (I shared about my intent to suicide with my friends).

Table 6. Emergence of the theme on willingness to commit suicide in the aspect of suicide intent among adolescents (n=157)

Res. No.	Transcripts	Emer-ging Concept	Sub-Catego-ries	Catego-ries	Theme
1	"Malakas ang aking determinasyong gawin ang pagpapakamatay dahil sa sobrang bigat ng aking mga problema." (Because of my problems, I am very determined to take my life.)	Strong will	Unresolved Problems	Life's negative events	Willing-ness to commit suicide
6	"Paglalaslas sa aking pulso ang naiisip kong gawin gamit ang kutsilyo, blade o basag na bote." (I think to cut my wrist through knife, blade or bottles.)	Suicide manner and means			
2	"Hindi ko po direktang sinasabi ang tungkol sa plano kong pagpapakamatay." (I am discreet about my plan to suicide.)	Indirect disclosure	Disengagemen t	Poor family interactions	
4	"Malimit ko itong nababanggit sa aking mga malalapit na kaibigan." (I shared about my intent to suicide with my friends at times.)	Disclosure to trusted friends			
8	"Sa sobrang bigat ng problema ko, mas mabuti na ang mamatay upang di ko na maramdaman pa ang sakit na dala nito." (Because of my problems, it is better to be dead for me not to feel the pain.)	Strong wish to die			

Table 7. Relationship of dysfunctional attitudes and suicide ideation of the participants

Value Systems		Suicide Ideation	DI
Approval	Pearson Correlation	-.312**	
	Sig. (2-tailed)	.000	S
Love	Pearson Correlation	-.380**	
	Sig. (2-tailed)	.000	S
Achievement	Pearson Correlation	-.228**	
	Sig. (2-tailed)	.004	S
Perfectionism	Pearson Correlation	-.294**	
	Sig. (2-tailed)	.000	S
Entitlement	Pearson Correlation	-.126	
	Sig. (2-tailed)	.115	NS
Omnipotence	Pearson Correlation	-.208**	
	Sig. (2-tailed)	.009	S
Autonomy	Pearson Correlation	-.257**	
	Sig. (2-tailed)	.001	S

***. Correlation is significant at the 0.01 level (2-tailed)*
**. Correlation is significant at the 0.05 level (2-tailed)*

Table 7 presents the relationship of dysfunctional attitudes and suicide ideation of the participants. This result indicates that when the respondent's value systems are increasingly dysfunctional, the more they thought of suicide. However, suicide ideation is not significantly related to entitlement as shown by the sig. value of .157 which is greater than 0.05. This means that suicide ideation of the participants is not influenced by their demands, privileges and rights.

It is a known fact that positive thinking and positive outlook can make people optimistic and these can hinder people think more of suicide [61]. When people experience depressing situations, it is unavoidable to think of suicide and in order to ease the pain, they resort to suicide [17] – [19]. Therefore, it is a must for psychologists to find ways to remove dysfunctional attitude-provoking situations to help overcome challenges in life. This is because dysfunctional attitude is directly connected to suicide ideation [16].

Table 8 above showcases the relationship of dysfunctional attitudes and suicide intent of the participants. As reflected by the respective sig. values less than 0.05, the value systems of dysfunctional attitude such as love, achievement, perfectionism and autonomy are significantly related to suicide intent. This shows that suicide intent is influenced when their attitudes towards love, achievement, perfectionism and autonomy are dysfunctional. The participants are longing for love, affection and attention from parents and other significant individuals. When they achieved less, they become dissatisfied, discontented, and unhappy.

Table 8. Relationship of dysfunctional attitudes and suicide intent of the participants (n=157)

Value Systems of Dysfunctional Attitudes		Suicide Intent	DI
Approval	Pearson Correlation	-.095	
	Sig. (2-tailed)	.236	NS
Love	Pearson Correlation	-.221**	S
	Sig. (2-tailed)	.005	
Achievement	Pearson Correlation	-.277**	
	Sig. (2-tailed)	.000	S
Perfectionism	Pearson Correlation	-.250**	
	Sig. (2-tailed)	.002	S
Entitlement	Pearson Correlation	-.107	
	Sig. (2-tailed)	.182	NS
Omnipotence	Pearson Correlation	-.112	
	Sig. (2-tailed)	.162	NS
Autonomy	Pearson Correlation	-.233**	
	Sig. (2-tailed)	.003	S

***. Correlation is significant at the 0.01 level (2-tailed)*
**. Correlation is significant at the 0.05 level (2-tailed)*

More so, they try to hide their flaws and deficiencies because it is very reprehensible for them which contribute to their suicide thoughts. They are also influenced externally rather than deciding by himself using his own conviction and judgment. However, suicide intent is not significantly related to value systems of dysfunctional attitude such as approval, entitlement and omnipotence. This is attested by the respective sig. values which are more than 0.05.

This is supported by numerous studies that show alarming connection of dysfunctional attitude and the intent to end one's life [14], [15]. Different groups of people were studied such as members of the LGBT community [62], [63] and youth [62], and proved connection between dysfunctional attitude and suicide intent. Situations that provoke suicide intents should be given consideration as these situations are normally negative, life-changing, and persistent that lead to stressful situations and negative disposition in life [20], [21].

Normally, these situations do not only induce the thought of taking one's life (ideation) but also acting upon the thought (intent and attempt) because of many factors [22], [14]. And originally, any idea to take suicide leads to intent and attempt, as explained by an "ideation-to-action" framework of [23].

Table 9 shows that suicide ideation is significantly related to suicide intent as shown by the sig. 2 tailed value of 0.000 which is less than 0.05. This means that when suicide ideation increases, suicide intent likewise rises.

Table 9. Relationship of suicide ideation and suicide intent of the participants (n=157)

		Suicide Intent	DI
Suicide Ideation	Pearson Correlation	.488**	
	Sig. (2-tailed)	.000	S

***. Correlation is significant at the 0.01 level (2-tailed)*

**. Correlation is significant at the 0.05 level (2-tailed)*

The suicide intent of the adolescent participants are influenced by suicide ideation. The more the participants think of suicide, the more they have intentions to kill themselves. It is also found out that around 24% of the variance (differences) in suicide intent is due to suicide ideation. This means that the respondent's suicide intentions have been triggered by suicide thoughts while 76% remain unexplained because of different factors which are not covered in the study.

A number of researches point the connection between suicide ideation and suicide intent [14], [23], [62]. They argued that suicide ideation takes place first before suicide intent and the latter cannot exist without passing through the former. It is understood that processing thoughts of taking one's life will have two possible scenarios: the drive to take one's life (suicide intent) and the actual taking of one's life (suicide attempt). While the two terms are connected, it is important to study more on the intervention while the individual is yet contemplating, or in the period of suicide ideation, before it becomes worse (intent or attempt).

The result of this study is also supported by [48] where they posited that adolescents have suicide ideation before the actual suicide attempt, thus [50] forwarded an idea of suicide that can predict suicide intentions and completion.

CONCLUSION AND RECOMMENDATION

Participants have mild emotional vulnerability in all value systems due to irrational beliefs and presence of maladaptive thinking that defeat effective functioning. This must be restructured through counselling using the Cognitive Behavior Therapy (CBT).

Possibilities to commit suicide were noted because of some odd manifestations especially if they are confronted with negative life's events. Intentions to commit suicide vary, however, tendencies to do it are still possible. Therefore, guidance personnel may initiate various programs and activities that can divert adolescent's thoughts from ending life to experiencing a meaningful life. Intervention activities like, counseling, coaching, seminars and the like may be conducted to have more functional attitudes in order to reduce and lessen suicide thoughts and intent.

Dysfunctional attitudes can heighten participant's suicide ideation and intent. It is likewise significant for parents and teachers to be informed and trained on how to spot strange actions especially if the actions are too vague to conclude suicidal tendencies. This notion supports emotional vulnerability of adolescents.

The diathesis-stress model explains that people have genetic predisposition toward a certain disorder especially when triggered by stressful conditions. Several researches concluded that when people are under depressing situations, negative thoughts develop. If these thoughts persist for a long period of time and no interventions are made, there are possibilities that they will result to suicide attempt and worst, to committing suicide. Adolescents resort to these behaviors because they thought that ending life is the best escape from the pain brought by negative life's events.

The result of the study can widen people's awareness of this issue. They will not just think of knowing the cause of suicide but to identify the early manifestations among adolescents and create intervention programs to prevent suicide. Furthermore, agencies with deep concerns on mental health can create doable solutions and intervention programs. The intervention programs have to be fully implemented at home, school, church and community to minimize the commission of suicide. Family members must be educated on this issue for early intervention and prevention because this study reveals that dysfunctional attitudes develop at home. In like manner, the school, church and community have to be well-informed about better approaches to deal with adolescents to gain better coping mechanisms.

This study focused only on the relationship of dysfunctional attitudes and suicide ideation, intent and attempt. Future researchers may deeply unveil other significant issues relative to suicide. They may look into some other variables that contribute to the development of suicide behaviors among adolescents.

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