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Peer Survivors of Suicide Loss: A Phenomenological Study

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Abstract. The ultimate sufferers of suicide are those left behind. The present study aims to explore, describe, and interpret the lived experiences of peer survivors of suicide loss. This study utilized the phenomenological research design. The participants were selected based on their having experienced the phenomenon of being a peer survivor of suicide loss. Ten participants with low resiliency and who were severely distressed volunteered to participate. Individual narrative stories and interviews were utilized to gather the qualitative data for this study. Common themes for the lived experiences of being a peer survivor of suicide loss are: being confused about the reported suicide; being stunned by the suicide; questioning the act of suicide; accepting the truth of the suicide; grieving the loss of a friend; accepting the death of a friend; finding solace from friends; and experiencing growth after the trauma. Forging connections with other peer survivors of suicide loss are part of the healing process. Thus, this study demonstrates the possibility of this connection in providing a basis for school suicide intervention and postvention programs for peer survivors of suicide loss in a supportive environment. There is a scarcity of studies on how suicide loss affects the survivors in the Philippines, specifically on the grief of suicide-bereaved emerging adults, as most studies focus on suicidal thoughts and behaviors. This study contributes to the scarce literature on survivors of suicide loss in the country.

Keywords. survivors of suicide loss, peers, phenomenological study, Philippines

1. Introduction

“The sorrow we feel when we lose a loved one is the price we pay to have had them in our lives” (Liano, 2020). One of the most tragic deaths is suicide. People left behind have to grieve and accept the powerlessness brought about by the suicide. They have to grapple and face the void left by the deceased.

Suicide is one of the most tragic deaths. Suicide is the third leading cause of death in 15-19-year-olds, with 79% of global suicides occurring in low- and middle-income countries (World Health Organization - Global Health Observatory Data Repository [WHO-GHO], 2018). The most common methods used globally were ingestion of pesticide, hanging, and firearms are among the most common methods of suicide globally. An average of 800,000 individuals die by suicide annually, one suicide death every 40 seconds, and on average, a single suicide intimately affects at least six other people (WHO-GHO, 2018).

The Philippines is a third world country based on the latest United Nations Development Programme (UNDP) report, where the per capita gross domestic product (GDP), human development index (HDI), and life expectancy are below the thresholds for a developed country

(De Leon, 2020; Romero, 2014). In the Philippines, the age-standardized suicide rate is 5.2 for males, 2.3 for females, and 3.7 for both sexes per sample size of 100,000 people. Moreover, suicide is the second leading cause of death among 15 to 29-year-olds, and 7 percent of global suicides occur in low and middle-income countries (WHO-GHO, 2018).

In the Western Visayas region of the Philippines, the province of Iloilo has the highest incidence of suicide for this 2020 (Angelo, 2020). An updated report by the Iloilo Police Provincial Office (IPPO) has recorded 12 cases of suicide in January 2020 (Silubrico, 2020). From January 1 to June 17 this year, IPPO recorded a total of 28 deaths due to suicide (Latoza, 2020). It is lower compared to 78 deaths in the same period in 2019. An IPPO spokesperson said that despite the decrease of 36%, it is still alarming because of several suicide cases since the coronavirus disease 2019 (COVID-19) pandemic was declared (Latoza, 2020). This prompted the mayor of Iloilo City to comment in an interview, “We have more suicide incidents in Iloilo compared to COVID-19 deaths” (Angelo, 2020). In July 2020, two suicide cases involved a 24-year-old female from a northern town of Iloilo and a 19-year-old male student, an incoming sophomore student from a private institution for higher education.

Approximately one in 20 people have experienced suicide loss in a year, and one in five has experienced suicide loss during their lifetime (Andriessen et al., 2017). The ultimate sufferers in this tragedy are those left behind to cope with the emotional trauma of losing a significant other, struggling with many unanswerable questions, self-blaming and an inability to move on with their lives (Hoffmann et al., 2010; Cvinar, 2005). Survivors of suicide loss face significant disruptive and psychosocial stress (Grad & Andriessen, 2016), which may lead to another suicide if no interventions are given.

Suicide loss survivors are susceptible to physical, psychological, and psychosomatic problems. They experience elevated levels of depression, anxiety, and stress, as well as posttraumatic stress disorder and impairments in different areas of function (Bogopolskaya, 2019; Cerel et al., 2017; Cerel et al., 2014).

Suicide loss survivors are themselves at high risk for suicidal thoughts and behaviors. Young adults who had lost family members or close friends to suicide had a higher risk of attempting suicide than individuals bereaved by deaths due to sudden, natural causes (Yasgur, 2018). For adolescents, losing a peer, classmate, or friend to suicide, increases their risk of depression and anxiety for up to three years after the death (Randall et al., 2015; Swanson & Colman, 2013; Brent et al., 1996). It also increases their risk of dying by suicide (Abrutyn & Mueller, 2014; Nanayakkara et al., 2013; Swanson & Colman, 2013; Gould, 2013) that can last until twelve months (Randall et al., 2015).

The literature is scarce on suicide loss survivors in the Philippines, even though there have been suicide incidents in and out of school campuses in recent years. Studies in the Philippines on suicides focus on suicidal thoughts and ideations (Estrada et al., 2019). There is a scarcity of studies on how suicide loss affects the survivors, although suicides and most of the literature came from the West and neighboring Asian context.

The present study focuses on peer survivors of suicide loss. This study is of interest to the researchers because they are currently registered psychologists and registered guidance counselors in a private university, which has had two completed suicides within a month, followed by a suicide attempt, affecting families, close friends, classmates, and teachers. Since the experiences of peer survivors of suicide loss is the focus for research (Bowden, 2017), this study aims to explore and understand the lived experiences of college students bereaved by the loss of a friend, classmate, or batch mate to suicide. The results will have implications in developing a postvention program for peer survivors of suicide loss.

2. Literature Review

Suicide is the intention to die through self-directed injurious behavior (Crosby et al., 2011). Suicide reframes a persons' way of seeing life, awakens existential search for meaning, and invites one to reflect on life, loss, and propels the human spirit to go beyond religious beliefs (Casstevens& Gallagher, 2016).

Dr. TedrosAdhanom Ghebreyesus, the World Health Organization director since 2017, issued a report that, despite progress, one person still dies every 40 seconds from suicide (WHO-GHO, 2018). Among high-income countries, suicide rate comes second among the leading cause of death for young people aged 15-29 years. The global ratio of suicide death was 10:100,000. In the Philippines, the rate is 5.2 for males, 2.3 for females, and 3.7 for both sexes per sample size of 100,000 people (WHO-GHO, 2018).

Joiner (2005) suggested that the likelihood for suicide happens when the person has the desire to die and has the ability to do so. When the thoughts of being a burden combined with a sense of non-belonging persists in the person and if this person has access to lethal means for self-injury, then the person is at the highest risk for suicide (Joiner, 2009).

Grief is the universal, instinctual, and adaptive reaction to the loss of a loved one. For Kübler-Ross, grief passes on through five stages classified as shock and denial, anger, resentment and guilt, depression, and acceptance (Hamilton, 2016). Bereavement follows the loss of someone or something important and can be caused by a sudden and traumatic death that can alter the pattern of the person physiologically, psychologically, affecting one's behavioral, and social conduct (Cvinar, 2005). Bereavement not processed leads to disenfranchisement and exacerbates bereavement symptoms.

In suicide, the ultimate sufferers are those who are left behind to cope with the emotional trauma of losing a significant other, struggling with many unanswerable questions, self-blaming, and an inability to move on with their lives (Cvinar, 2005). Those who lost significant persons to suicide go through the disorientation process (Ford, 2016).

A suicide loss survivor is one who has lost a significant other by suicide and whose life changes because of the loss (Pompili et al., 2013). They experience the loss of someone personally close and this death brings about a high level of distress (Jordan & McIntosh, 2011). Most suicide survivors struggled with the need to make sense of death and to understand why suicide completers decided to end their life. Survivors of suicide might experience feelings of rejection and abandonment with questions of their capacity to help as they see their loved ones choose to die [32].

Media reporting can add distress to survivors of suicide loss when reported inaccurately (Biddle et al., 2013; Chapple et al., 2013). Bereaved suicide survivors are looking for sympathetic reporting that do away with speculations and misquoting four major areas to consider when reporting suicide safely and effectively are: limiting suicide contagion, story formulation of journalists, the use of appropriate language, and providing resources for suicide prevention (American Association of Suicidology [AAS], 2018).

Completed suicides can be a disruptive force. Kinsey (2019) wrote that suicides could cause disruption of daily lives even two or more years after the suicide with a higher risk of mental instability to the suicide loss survivors. The common experiences include shock, episodes of anger, feeling a sense of loss, living in a world of grief, inability to trust and the resulting isolation, thoughts on life after death, preparing to say goodbye, and building stronger relationships. The degree that suicide is perceived as intended is associated with an increase in meaning-making and existential questions by the suicide survivor (Jordan, 2020).

There are three emerging struggles the survivors have to cope with (Hoffmann et al., 2010). The first struggle includes worsening of the negative experience, disorganization, or

disorientation and feelings of emptiness and frozen time. The second struggle is the unanswerable questions. The last struggle is on healing that involves adapting to a changed life. The psychological well-being of suicide loss survivors is compromised that often leads to complicated grief, major depression, and posttraumatic stress disorder (Andriessen et al., 2019; Bogopolskaya, 2019; Cerel et al., 2017; Cerel et al., 2014).

Sccoco et al. (2019) conducted an online study to discover the stigma and psychological distress in suicide survivors. The levels of distress of the suicide-bereaved were positively associated with levels of perceived stigma toward suicide survivors. The factors that contributed most to the distress were interpersonal sensitivity, hostility, and paranoid ideation. The bereaved, when asked the reason for a friend's suicide, felt being looked down upon. This feeling is because death to suicide is not openly discussed in most cultures (Sccoco et al., 2019). In the Philippine culture, it is almost an embarrassment to commit suicide, and those who are associated with the dead person share an embarrassment of discussing it openly. Although the attitude of society towards suicide had significantly altered in the light of mental health, the effect of suicide remains unique to each grieving person.

Pitman et al. (2016) found that suicide loss survivors needed support in the aftermath of suicide. People bereaved by suicide value a broad range of emotional and practical support from family, friends, bereaved peers, and professionals. However, they often feel let down by others' inability to recognize, understand, or respond to these needs, or even to acknowledge the loss.

Bowden (2017) conducted a study on eight young males in New Zealand, aged 17-25 years old, who lost a close male friend to suicide. The results of the study indicated that these young men tend to grieve their loss in silence. Common experiences among these young men were personal silence, private silence, public social silence, and quiet spaces.

Mallon and Stanley (2015) conducted a study of suicide bereavement of 12 British young adults, 20-37 years old, seven men and five women, in a university-based population. The study focused on some young people's struggle in making sense of death by suicide of a friend and to understand why it happened.

Posttraumatic growth (PTG) comes after the struggle with difficult circumstances that produce psychological distress and one is positively influenced and changed as a result (Tedeschi & Calhoun, 2004). These circumstances can threaten a person's physical well-being and cause sadness, anxiety, and fear. Significant life challenges act as catalysts for posttraumatic growth. It is the experience of improvements, not just a return to the baseline, that maybe profound for some individuals (Tedeschi & Calhoun, 2004).

Posttraumatic growth results in a qualitative change in functioning, unlike similar concepts of resilience, sense of coherence, optimism, and hardiness, although becoming more resilient as a result of the struggle with trauma can be an example of PTG. Posttraumatic growth is both a process within the distressful experience and an outcome of the same distressful experience. It is about finding and maintaining hope for a person traumatized to survive and experiencing positive life changes. Service providers can play a significant role in PTG by helping the person develop from within after the traumatic event (Tedeschi & Calhoun, 2004).

Suicide can have a transformative effect on the life of suicide loss survivors. The transformation can either be regressive or progressive that can alter the entire self-definition and life view of the bereaved person (Kinsey, 2019; Bowden, 2017). The regressive effect of loss is experienced when friends of the deceased who realize that they lost someone irreplaceable, making them vulnerable to future loss and being wary of investing in other relationships. A new identity as suicide loss survivors is formed and indicates a posttraumatic growth. The suicide loss survivors' relationships with others had changed, they had become more sensitive, caring, and appreciative of life, and their values and priorities had changed

(Bowden, 2017; Johnsen & Dyregrov, 2015). Bereavement can be a transformative and learning process that leads to new ways of being in the world for adults and adolescents (Bowden, 2017).

There are three key components to consider when supporting suicide loss survivors (Andriessen et al., 2019). These key components are the assessment of the needs, questions, and concerns of suicide loss survivors. It is important to understand the need of suicide loss survivors so as to help them effectively. Noll Reno (2016) conducted a qualitative study to understand suicide loss survivors' needs with crucial information from five suicide loss survivors and nine social workers that worked with suicide loss survivors. The study suggested that friends and family supports are most helpful among the resources available to these suicide loss survivors.

Peer suicide survivors must receive appropriate ameliorative affective attention through postvention efforts. It is recommended that an essential setting for this postvention is the school where students spend majority of their day (Talbot & Bartlett, 2012).

Postvention is an organized response to a suicide to help in facilitating healing from the grief and distress of suicide; to mitigate the negative effects of exposure to suicide; and to prevent suicide among people who are at high risk after exposure to suicide (Cook et al., 2015). According to Edwin Shneidman, the father of modern suicidology, postvention and prevention can work hand in hand. When postvention is well done it is a direct future form of suicide prevention (Cook et al., 2015). The absence of adequate postvention support increases survivors' risk of developing psychological and psychiatric complications (Bowden, 2017).

3. Methodology

Research Design

A phenomenological study's primary objective is to explicate the meaning, structure, and essence of the lived experiences of a person, or a group of people, around a specific phenomenon (Simon & Goes, 2013). Phenomenology focuses on ontology and epistemology, which are the beliefs of what the world is like and how it can be known (Kafle, 2011). One of the dominant schools of thought as far as ontological and epistemological traditions are concerned is positivism (Ataro, 2019). The positivist follows the quantitative approach and unbiased analysis and interpretation.

Empirical phenomenology is more closely tied to psychology, and the works of Husserl (Starks & Trinidad, 2007). For Husserl, the purpose of phenomenology is to describe the lived world from the viewpoint of an impartial observer. Transcendental phenomenology is the original form of phenomenological philosophy conceptualized by Husserl and rather similar to the positivist tradition (Kafle, 2011).

In qualitative researches, only a small number of participants are required. Typical sample sizes for phenomenological studies range from 1 to 10 persons (Schuemann, 2014; Starks & Trinidad, 2007).

The most common data collection method in a phenomenological study is through in-depth interviews to gather detailed descriptions of the experience of the participants. However, written narrative stories can also be evaluated (Simon & Goes, 2013). Narrative writing forces the peer suicide loss survivor to delve into the specific emotions tied to losing a peer to suicide, giving them a chance to revisit strong feelings (Tuffelmire, 2016).

Participants

The participants in the study were recruited through purposive sampling. Participants are selected based on their having experienced the phenomenon of losing a friend through suicide. Participants were peer survivors of suicide loss from a private university in Iloilo City, Philippines, where they were students in the tertiary level. Ten participants who scored low on

resiliency and who were severely distressed, based on Brief Resiliency Scale (BRS) and Psychological General Well-Being Index (PGWBI), respectively, volunteered to participate. The BRS measures resilience as the ability to bounce back or recover from stress (Smith, et al., 2008). The PGWBI targets self-representations of an aspect of their general well-being and does not include an evaluation of physical health (Dupuy, 2002).

To be included in the study, participants were required to have a minimum of six months post experiencing the loss of a significant other to suicide (Lam, 2014), was comfortable in volunteering to talk about their experiences of coping with loss, and be 18 years of age or older. The participants were reminded that they could discontinue at any point.

Table 1. Demographic Data of the Participants

| Participants | Sex | Age | Relationship to the Deceased |
|--------------|-----|-----|------------------------------|
| 1 | M | 20 | Good friend/barkada (peer) |
| 2 | M | 20 | Classmate |
| 3 | M | 20 | Batch-mate |
| 4 | M | 20 | Good friend/ barkada (peer) |
| 5 | M | 20 | Good friend/ barkada (peer) |
| 6 | M | 20 | Good friend |
| 7 | F | 20 | Good friend/ barkada (peer) |
| 8 | F | 20 | Classmate |
| 9 | F | 20 | Good friend/ barkada (peer) |
| 10 | F | 20 | Friend |

Research Instruments

To gather the required qualitative data for this study, the Individual Written Narrative Story Form and the Phenomenological In-Depth Interview Guide were utilized. The goal of written narrative stories was to gain knowledge and understanding of the phenomenon (Simon & Goes, 2013). The in-depth interview has become the primary data collection procedure closely associated with qualitative research (Lucerna&Gayoles, 2018). Through an in-depth interview, the researchers asked questions to collect phenomenological data from the participants. Their words revealed their experience of being a peer survivor of suicide loss. The guide questions allowed for spontaneous responses. The in-depth interview revealed the participant's world to the researchers. For clarification and elaboration, the researchers probed areas that arise from participants.

Data Collection

After securing approval from the proper school authorities, the participants were identified. The researchers emailed the Individual Written Narrative Story Form to the identified participants once their informed consents were obtained. The participants wrote how they experienced the suicide of a peer and how they coped or made sense of this experience. No identifying data was required, except their sex, age, and relationship to the deceased. The participants were free to write as long as they pleased.

Each participant emailed a copy of their Individual Written Narrative Story Form to the researchers upon completion. The researchers conducted online interviews and a face-to-face

interview. The conduct of the study began in March 20, 2020 starting with the initial identification of the participants. Correspondence and online interviews continued until June 2020 to accommodate the readiness and availability of the participants. All interviews were transcribed verbatim and reviewed for accuracy. The researchers reviewed the transcripts and notes. Participants were asked to serve as member checkers for their interviews voluntarily.

The validity of this study, that is, auditability, credibility, and fittingness, were verified simultaneous with the data explication (Hall et al., 2016; Simon & Goes, 2013). Reporting of the findings established auditability. Member checking was conducted to determine the credibility of the findings and interpretations. The participants verified fittingness or transferability of the findings. The emerging themes were sent to each participant for their review and feedback. The participants reviewed the summary of the description and agreed that the description fits their experiences. Feedback from participants was incorporated into the final results.

Data Analysis

Data explication is a means of transforming the data through interpretation (Groenewald, 2004). Hycner's explication process (Groenewald, 2004; Hycner, 1985) was used to analyze the data, which consists of five essential steps, which the researchers followed carefully. This involves bracketing and phenomenological reduction; delineating units of meaning; clustering of units of meaning to form themes; summarizing each written narrative stories, validating it and where necessary modifying it; and extracting general and unique themes from all the interviews and making a composite summary. This composite summary captures the essence of the phenomenon being investigated, being peer survivors of suicide loss.

The researchers followed the Code of Ethics set by the Professional Regulatory Board (PRB) of Psychology (2017) on conducting research by Philippine psychologists. The researcher secured approval from the Psychology Academic Supervisor of the university after explaining.

The researchers explained the purpose and benefits of the study to the recruited peer suicide loss survivors. Participants were given appropriate documentation for informed consent. The researchers ensured anonymity and confidentiality. They disposed all materials containing data accordingly. The participants were also provided with information of counseling services available if participation in the study unearthed complicated feelings.

4. Results

The purpose of this study is to explore, describe, and interpret the experiences of peer survivors of suicide loss. Main textural themes are those found in six or more of the individual written narratives and interview data. These themes are: being confused about the reported suicide; being stunned by the suicide; questioning the act of suicide; accepting the truth of the suicide; grieving the loss of a friend; accepting the death of a friend; finding solace from friends; and experiencing growth after the trauma.

Being Confused by the Reported Suicide

Truth is an idea that conforms to fact or actuality. On the other hand, anything that has a resemblance of inconformity to the truth is nothing but an allegation. The participants received information of a suicide. Since the veracity of such a report is unfounded, the likelihood of disinformation is highly probable.

"I looked at the news and there it was a post about someone who hanged himself in his apartment." "That time it wasn't confirmed by authority that it was our classmate that was on the news." "We received a news that there's a suicide coming from the city." "I was speculating whether it was about the incident or about something else because there wasn't anyone to verify that statement." "... when suddenly all my friends saw the news on the

internet but the news source was incomplete ... we were not sure if it was him.” “I hurriedly went to the lab and waited for some news...” “Ilangsandali pa nakarinigkmi ng balitasa Facebook namerondawisangbinatananagpakamatay ... talagaitosaamingkaibigan. (All of a sudden we heard news on Facebook that a young man died by suicide and ... it was surely our friend.)”

Being Stunned by the Suicide

Although death is part of living, death by suicide is no ordinary news. The participants experienced shock and disbelief with the unexpected news of their classmate and friend’s suicide.

“When I heard the news, of course I didn’t believe at first.” “... I didn’t want to believe ...” “... I still can’t seem to fully grasp that he’s gone forever.” “At first, it was very hard to accept it.” “We were all heartbroken and couldn’t even accept what happened.” “It was hard to accept for a young age ... already passed away...” “At first I couldn’t internalize what happened for I was just in the moment.” “Until this day I still can’t believe that it happened ...” “Nongunaayaw naming maniwala ... kontra pa nganiyanyong ... pagpapakamatay. (We did not want to believe at first ... we know him as being against suicide.)”

Questioning the Act of Suicide

Searching for answers to the suicide is common among suicide loss survivors. The assumption that a person is not suppose to die at a young age in the natural order of development is shattered with the death of their classmate and friend. The participants questioned God and themselves. Their questioning revealed their regret, self-blame, shame, and sense of abandonment.

“... sometimes I thought if it’s partly my fault or what was missing and what made him do it.” “When I was calm and at ease a lot of questions came into my mind. Why did it happen?” “I was speculating whether it was about the incident or about something else...” “I asked in my mind, ... why did he not tell me?” “There are so many questions that will always stay unanswered.” “... we were questioning, blaming and very angry with ourselves.” “Then we all started thinking what might be the reason why he did all those things...”

Accepting the Truth of the Suicide

The truth does not discriminate. It does not care about one’s status, educational background or disposition. Whether a person convincingly accepts the truth or not, it remains the truth after all. A peer died by suicide. It was a bitter pill to swallow for the participants, still the truth nonetheless.

“... we stalked his account and saw his cousin post about him dying.” “We got the confirmation that it was our classmate.” “They already clarified and confirmed.” “... the realization slowly started to sink in ...” “... we were all there being briefed about what was going on and the truth of what happened.” “... when I asked her that’s when I confirmed it was really Nicolas.” “It actually was our classmate/schoolmate.” “... aming ... sinabinanagpakamataydawangamingkaklase.” (... our teacher ... told us our classmate died by suicide.)

Grieving the Loss of a Friend

For every suicide case, there are friends who are left emotionally shattered, and lives changed forever. The participants struggled to make sense of the loss. They grieve the loss of their classmate and friend.

"It's heart breaking to know that I'll never get to see him again." "Few days later it felt like I was just numb and felt like nothing." "The following days, I started feeling empty." "... I kept crying while walking and the thoughts in my head were just so painful..." "... we (1A) all broke down and cried." "I was in shock and crying it was a horrible feeling ... everybody just sob and comforting one another." "We were all heartbroken and couldn't even accept what happened." "... naramdamanangpagkabigla at kalungkotan. (... we felt an acute sense of sadness.)"

Accepting the Death of a Friend

The initial shock and disbelief of the participants was gradually replaced by acceptance when there was a confirmatory statement from authority. Their hearts slowly agreed with their minds in acceding with the truth even if it hurts.

"... we knew we will never be okay if we first did not accept the fact that our classmate is gone already." "... I have no choice but to accept the fact that, that someone is no longer around." "... just like that and you're gone." "But we overcame it with acceptance and helping one another saying I love you(s) to each other being each other support system." "I miss him so bad that it hurts knowing I can't do anything about it now that he's gone." "At yon nganatutunan din naminitongtanggapin ... (And we have learned to accept and recall the memories we have of him when he was still alive.)"

Finding Solace from Friends

The moment the participants accepted the suicide of their classmate and friend, they turned to console one another. In the sudden loss of a their classmate and friend, their shared grief strengthen their friendship.

"Talking to my friends, those who care about me ... gives me comfort and assurance that I'm not alone ..." "We were there for each other." "We have our family, friends, loved ones to share and hear our problems, we are not alone." "My friends and fellow classmates helped and console me ..." "I ... decided to call one of my close friends ... just talk with someone." "Nagingsandalankoangakingbarkada at kaklase. (My clique and classmates became a shoulder to lean on.)"

Experiencing Growth after the Trauma

Resilience is the quality of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress, such as family and relationship problems, health problems, or financial stressors. As much as resilience involved the participants "bouncing back" from the death by suicide of a good friend, it resulted into profound posttraumatic growth.

"Talking to God gives me the comfort most, when it becomes too painful for me I just cry out to him." "We basically are our own pillars in that battle." "... it's how you react and cope up those things to overcome it. ... Life ... it's for us on how we make the best of it." "And because of what happened I clearly understand the pain ... and for some ways, I may handle things better when it gets harder." "... I learned to value and appreciate life more and to continue finding my purpose." "But in the end I was able to tame my mind and able to somehow decipher what had happened ..." "I always have this mindset that I would always try to be positive whenever I face something negative ..." "... I'm not that depressed anymore. And I promised ... not let go of our dream of a peaceful world." "The psych majors all became more close knitted family we learned to rely on others and be more understanding to one another struggles through talking and spending with others we slowly overcame it ..." "Isa ding importantengnatutunanko ay kapag may problema kayo o ndipaguunawaan, pagusapanhabangmaaga pa. (One more important lesson I learned is when you have a problem or misunderstanding, talk about it while there is still time.)"

The Essence of the Lived Experience of these Peer Survivors of Suicide Loss

A suicide is always sudden and unexpected. The death profoundly affects people who cared for the person, the survivors of suicide loss. For students who have survived a suicide loss, this experience may be one of the most challenging experiences for them. These peer survivors of suicide loss experienced bereavement as a result of the suicide of a classmate and friend. Bereavement after a loss from suicide, just like acute or chronic illness and accidental injury, is considered as a traumatic event. The experience and processing of the suicide and its aftermath by these peer survivors of suicide loss involved posttraumatic growth, manifested by their improved interpersonal relationships, increased personal strength, heightened spirituality, and a strengthened appreciation for life. Metaphorically, this posttraumatic growth of these peer survivors of suicide loss is tears. Tears to wash away their sorrow resulting from the suicide of their classmate and friend, the same tears that express the joy of recovering from this loss.

5. Discussion

Language Matters

Mass media can influence the judgment of any uncritical listener. A suicide is no ordinary news and catches attention quickly. The report of the suicide compounded the sense of loss of these peer survivors of suicide loss after some confusion. The news was disruptive because they receive the news while they were at school. Likewise, it was unclear and confusing because of the mixed up facts about the deceased.

The role of language in suicide reporting can influence the perspective of the listener about the report (Arendt et al., 2018). Media report on suicide can sensationalize the incident and irresponsible presentations of suicide in news and information media can influence copycats (Sinyor et al., 2018). The WHO (2017) issued a guideline that describes what a responsible reporting on suicide is and is not. It also recommends that reporting have to provide accurate information about where to seek help.

Unable to Say Goodbye

The first reactions to suicide are shock and disbelief because in many cases there is little or no warning and no one saw it coming. Most of these peer survivors of suicide loss expressed their disbelief. They were stunned by the truth in different ways, such as cognitively, physically, and emotionally. Those bereaved by suicide experience an array of difficulties such as excessive guilt, shock, depression, psychomotor retardation, and physical disturbances (Kinsey, 2019). There is a perceived sense of abandonment and rejection among these peer survivors of suicide loss as they learn someone they know chose to die without saying goodbye (Chakraborty & Halder, 2018). Suicide loss survivors describe how they traverse through the process of grieving and growing from the loss (PHE, 2015).

Dilemma for Reasons

Suicide raises a lot of questions to the survivors. It is observed that most suicide loss survivors are burdened by the need to make sense of the death, understand why the person died by suicide, and attempt to explain and face these unanswered questions (Chakraborty & Halder, 2018). The burden these peer survivors of suicide loss have to endure are the unanswered questions because the only person that can answer them is gone forever.

For those bereaved by suicide, there is a more intense struggle to make sense of the loss than do those whose loved ones died of natural causes (Neimeyer, 2011). These peer survivors of suicide loss are faced with all the what ifs, could haves, and should haves. "Everyone who has lost someone to suicide will have asked themselves what they missed or could have done differently (PHE, 2015)." These peer survivors of suicide loss continually struggle with making

meaning of the loss of their friend (Gall et al., 2014). They all wonder if they could have somehow prevented it.

Identity Revelation

These peer survivors of suicide loss turned to Facebook to ascertain the identity of the victim. Emotions began to surge, but their minds were trying to decipher the reality. The news needed the confirmation of an authority. In a school setting, students look up to their teachers and academic supervisors or chairs as the bearers of truth and their pronouncement are to be believed. "The student died by suicide." This is a fact. When school authorities declare the facts, then the news becomes believable.

Our Hearts are Heavy

The loss experienced by these peer survivors of suicide loss may be one of the most painful they have ever experienced in their young lives. They choose to express their sorrow by sharing their friend's story (Casstevens & Gallagher, 2016). While mourning collectively, each of them expressed their grief in their own way. "Grief is as unique as you are, and as individual as a fingerprint and each person will be affected in his or her own way because everyone is different (PHE, 2015)." There is an individuality of grief. These peer survivors of suicide loss revealed how one is able to restructure themselves and relate to life in its aftermath.

Living with the Reality of the Loss

Acceptance for these peer survivors of suicide loss is coming to terms with the reality that their friend is never coming back. Acceptance does not mean the grief is gone. Acceptance is the last stage of the grief process in the stages of grief of Kübler-Ross. In the acceptance stage, emotions are beginning to stabilize and it is a re-entry to reality (Gregory, 2019). These peer survivors of suicide loss learned to accept the fact that their friend has died and is gone forever and that they will do fine.

Strength in Unity

These peer survivors of suicide loss realized the importance of spending time and not taking each friend for granted. They experienced a collective grief and found support in the common friends shared with the deceased.

The healing process after the death of a loved one is marked by the ability of the bereaved to recognize that they have grieved, returned to school and the regular course of life, and to seek the companionship of others (Chakraborty & Halder, 2018). These peer survivors of suicide loss benefited from interacting with others and being linked with formal and informal supports. They felt that someone was hearing their voice and normalizing their feelings, and this allowed them to feel connectedness (Noll Reno, 2016).

In the aftermath of the suicide, the whole class became closer to each other. These peer survivors of suicide loss experienced a shift in how much they cared for their peers (Bowden, 2017). They become more caring towards others and developed a different worldview and life perspective. Friends, families and support community have the power to support suicide loss survivors not only to cope but also to demonstrate posttraumatic growth after a suicide (Kinsey, 2019).

Rejuvenation Despite the Desolation

Growth after adversity suggests that growth results from the struggle to cope with the traumatic event and find meaning and not from the traumatic event itself (Malhotra & Chebiban, 2016). The heightened sense of purpose is consistent with the model of posttraumatic growth on deeper appreciation of life by Tedeschi and Calhoun (2004). The five domains directly affected by the growth process among these peer survivors of suicide loss are relating to others, new possibilities, personal strength, spiritual change, and appreciation of life. For these peer survivors of suicide loss, posttraumatic growth is finding and maintaining hope to survive and

experience positive life changes. It is important to help them develop from within because of the suicide of their friend.

Posttraumatic Growth Model

Bereavement is an emotionally exhausting experience for these peer survivors of suicide loss. They may wonder how they can get through such overwhelming grief. Worden's "Tasks of Mourning" TEAR Model of Grief requires active participation to work through feelings and difficult thoughts (Jacoby, 2020). It combines cognitive and behavioral tasks. It entails the mourner to accept the reality of the loss, experience the pain of the loss, adjust to the new environment without the lost person, and reinvest in the new reality. These tasks can aid these peer survivors of suicide to regain some equilibrium after the suicide of their classmate and friend.

These peer survivors of suicide loss experienced posttraumatic growth. They encountered positive psychological change as a result of the suicide that created some form of emotional distress (Tedeschi & Calhoun, 2004). The suicide of their classmate challenged their values and beliefs, caused them immense emotional distress, from which they eventually experienced a sense of personal growth. They found hope to survive and to undergo positive changes in their lives. Their experiences ushered the development of the TEAR Model of Posttraumatic Growth: "T" is for transcending the effects of the loss; "E" is for enabling adjustment, "A" is for affecting change, and "R" is for revising the core of one's existence.

6. Conclusion

While death is a normal aspect of life, a person is never prepared for the emotional aftermath of a suicide of a peer. The experience of being a peer survivor of suicide loss may be one of the most challenging experiences that these students have had. While there is no easy way for these students to grieve, it is helpful for them to understand what they are experiencing. The emotions associated with the suicide loss may vary in degrees and intensity. Although these peer survivors of suicide loss may experience similar emotions, it does not mean this overall experience is the same for them.

No two of these peer survivors of suicide loss experience the death of their friend in the same way. However, they experienced similar grieving processes that included the following: shock, denial, guilt, sadness, loneliness, hopelessness, frustration, bitterness, anger, self-pity, rejection, confused with unanswered questions, and acceptance. They have been changed by this loss, yet they have learned to grow from this challenge.

Engaging in discussions regarding grief experienced by these peer survivors of suicide loss promotes healing. This sharing process allows them to connect with others about their grief. A connection to other peer survivors of suicide loss is part of the healing process.

The ultimate goal of this healing process is to accept the suicide as something that could not have been prevented and cannot be changed. Acceptance for these suicide loss survivors is learning to live again while remembering their friend who died.

The possibility of psychological suffering, complicated grief and increased risk for suicidal thoughts and behaviors for peer survivors of suicide loss call for increased attention for school suicide intervention programs in the Western Visayas region of the Philippines. School suicide intervention programs provide an opportunity for peer survivors of suicide loss to express themselves in a supportive environment. These programs become therapeutic outlets for peer survivors of suicide loss and provide opportunities to acquire coping skills.

7. Limitation and Future Research

The limitation of this study is using a small sample. It is recommended that future researchers recruit a more diverse sample. Further research on other types of suicide survivors, resources for survivors, representation of suicide in media and entertainment, and support for culturally diverse populations is recommended. Future studies could utilize pretest-posttest design to measure the impact of grief counseling programs on a suicide loss survivor's adjustment to a friend's death.

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10. Authors' Contribution

G. Labestre and L. A. Gayoles contributed to the research concept and design, data collection, and data analysis. G. Labestre drafted the introduction and conducted the data collection. L. A. Gayoles drafted the methodology. L. A. Gayoles analyzed the data and G. Labestre wrote the discussions with L. A. Gayoles. All authors read and approved the final manuscript.

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11. Disclosure Statement

No potential conflict of interest was reported by the authors.

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