การเยียวยาตนเองตามการรับรู้ของผู้รอดชีวิตจากการฆ่าตัวตายในบริบทวัฒนธรรมไทย
Exploring Suicide Survivors' Perspectives on Healing in Thai Culture

นิพนธ์ต้นฉบับ **Original Article**

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บทคัดย่อ

วัตถุประสงค์: เพื่อศึกษาการรับรู้การเยียวยาตนเองของผู้ที่รอดชีวิตจากการฆ่าตัวตายชาวไทย **วิธีการศึกษา:** ใช้กระบวนการวิจัยเชิงคุณภาพแบบปรากฏการณ์วิทยา ในผู้รอดชีวิตจากการฆ่าตัวตาย 12 รายที่อาศัยในเขตที่รับผิดชอบการให้บริการสุขภาพโดยโรงพยาบาลส่งเสริมสุขภาพตำบลแห่งหนึ่ง ในจังหวัดนครนายก วิเคราะห์ข้อมูลโดยใช้การวิเคราะห์เนื้อหา **ผลการศึกษา:** การรับรู้ด้วยการเยียวยาตนเองของผู้ที่รอดชีวิตจากการฆ่าตัวตายที่พบมี 3 ประเด็นหลัก ได้แก่ 1) ความเชื่อสามารถช่วยให้เกิดพลังภายในตน 2) การเปลี่ยนแปลงชีวิตด้วยตนเอง 3) ได้รับการสนับสนุนจากครอบครัวและเพื่อน **สรุป:** การศึกษาค้นพบมุมมอง 3 ด้านของการรับรู้การเยียวยาตนเองหลังจากการรอดชีวิตของผู้พยายามฆ่าตัวตาย ซึ่งอาจใช้เป็นข้อมูลในการศึกษาในอนาคตและการดูแลผู้ที่รอดชีวิตจากการฆ่าตัวตายได้ดียิ่งขึ้น

คำสำคัญ: การเยียวยา; การฆ่าตัวตาย; ผู้รอดชีวิต; มุมมอง; วัฒนธรรมไทย

Abstract

Objectives: To explore healing from Thai suicide survivors' perspectives. **Method:** This qualitative study used phenomenology through semi-structured interviews and participatory observation in 12 suicide survivors under the supervision of a sub-district health promoting hospital in Nakhonnayok province, Thailand. Data were analyzed using content analysis. **Results:** Three themes of healing of suicide survivors were identified, specifically 1) beliefs work as an inner source of power, 2) my life was changed by myself, and 3) family and friends as a source of support. **Conclusion:** Three aspects of healing among Thai suicide survivors were identified. This information could be used for future research and care for suicide survivors.

Keywords: healing; suicide; survivors; perspectives; Thai culture

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Introduction

Suicide is a major public health and a leading cause of death worldwide with more than 700, 000 deaths every year, one every 40 seconds.[1] In Thailand, the suicide rate is growing increasingly. Thai people had a suicide rate of 6.35, 6.03, 6.32, 6.64, 7.37 per 100,000, and 7.37 per 100,000 between 2016 and 2020, respectively. [2] The factors relevant to suicide are alcohol use (53.04%), physical problems (29%), economic problems (19%), psychiatric problems (12%), and depression (7.8%).[3]

Even though the Department of Mental Health has made strategies and policies to prevent suicide problem continuity, the incidence of suicide rate inevitably surges. Since 2019, Thailand face pandemic of corona virus (COVID-19), therefore, this impact to people in many aspect such as loss of resources, health problems, social and economic severely. As a result, people have stress, anxiety, and depress, therefore, they have mental health and psychiatric problems increasingly. Suicide is high risk of people have face mental health and psychiatric problems.[4] Therefore, suicide is one of the leading public health and social problems in Thailand. Those bereaved through suicide have unique bereavement needs due to the stigma associated with suicide.[5]

Suicide survivors are at an increased risk for anxiety-related disorders, posttraumatic stress disorder, complicated grief, depression, and repeated suicide.[6,7] In addition, consequences for people bereaved by attempted suicide included stigmatization, shame, guilt connected with self-blame, shock and disbelief, and a sense of rejection. The

tension between the survivor and social support is linked to several sources namely the historical view of suicide, the personal responses of the survivor, lack of social norms related to death by suicide, and negative social labeling.

Successful acts of suicide result in death. Those who are successful in attempted suicide leave a legacy of grief for their families, forcing them to deal with the painful aftermath. In addition, in case of complete suicide, people who suffer intense grief, with those affected including loved ones, friends, and colleagues may be exposed.[8]

In society, suicide remains a taboo subject meaning that it is rarely talked about.[9] Concerning the nature of suicide and attempted suicide among persons is crucial for healthcare providers to provide appropriate intervention. Healthcare providers usually have no access to the thoughts, feelings, and considerations of the aging people who attempted suicide. Their narratives could provide us with their life experiences as well as their interpretation and understanding on the matter.

The lack of support is often compounded by the perceived stigma surrounding suicide. However, from a societal perspective, this ever-growing segment of the population is often left to grieve, mourn, and heal within healthcare and social systems that provide minimal support and assistance. Not only are survivors grieving, mourning, and healing about suicidal loss, but they are also struggling to achieve some sense of being whole once again within the context of their families.[10] Healing is a process of recovery, motivation, and possible use of external resources to achieve positive changes regarding solving one's problem.[11]

Most suicide studies have relied on single-point measures of suicidal ideation. Because this approach does not apprehend variations in suicidal ideation over short time periods, it is not effective to identify strategies for coping with suicidal ideation in everyday life.[12] Hence, For the purpose of this study, a need was identified to guide people who are recovering from a suicide attempt. It is a complex phenomenon to move from attempting to take one's own life towards healing and recovering following a suicide attempt.

In this present study, we asked what the Thai suicide survivors' perspectives to healing their lives were. We aimed to explore healing from Thai suicide survivors' perspectives.

Methods

This qualitative descriptive study used phenomenology as a research method to explore the perspectives of healing in suicide survivors. This approach was selected to enable the researcher to gather, analyze, and interpret the perspectives of care, realities, and meanings from the participants in a way that was culturally appropriate and used subjective perceptions of their lives to construct knowledge and build an understanding of the research question.[13] The open-ended dialogue was used during in-depth interviews and group discussion with participants. The interactions were recorded, then analyzed and verified in follow-up interviews. Between September 2021 and March 2022 , focus groups were conducted for each participant at one sub-district health promoting hospital located in Banna district, Nakhonnayok province, Thailand. Non-participant observation and field notes were also operated.

Research setting

Study setting was a sub-district health promoting hospital located in Banna district, Nakhonnayok province, Thailand. This study setting was chosen based on its regular report of a noticeable incidence of people attempting and completing suicide. Participants lived in communities (i.e., villages) under the supervision of the study setting. A total 12 participants were recruited.

To be eligible, these individuals had to be 18 years of age or over, have attempted suicide, have medical records about attempted suicide from the study setting, be able to communicate verbally, reading, and writing in Thai language, and be willing to share their experiences on self-healing after attempted suicide.

Recruitment procedure

Participants were recruited by the following procedure. The registered nurses who served as designated contacts in the sub-district health promoting hospital study setting were introduced to the research project, objectives, and the participants' recruitment criteria. The researchers reviewed specific individuals with suicide attempts in the medical records. The researchers asked the nurses for permission to contact the prospective participants. The prospective participants were contacted and asked for permission and

consent for participation. Once written informed consent from all prospective participants was obtained, focus group sessions were scheduled, and the participants were invited as the key informants.

The focus group interview sessions

Ten sessions of the 60 to 90 minutes focus group interviews were conducted at the study setting. Interview guidelines, field notes, and digital recordings were used to collect data during the interview. The interview guidelines consisted of demographic data form and open-ended semi-structured interview guidelines.

The semi-structured interview guide was developed by the researchers and validated by three experts (an advanced practice nurse in mental health and psychiatrics and two nurse lecturers with expertise in mental health, psychiatrics and advanced qualitative research). The questions in the interview guide addressed participants' experiences and thoughts for the self-healing after attempted suicide among survivors. Examples of questions were "How do you feel about before/after attempted suicide?," "What make you to survive?," and "What are the healing after attempted suicide and how the healing work?" This study was conducted from September 2021 to March 2022.

Participants ethical protection

Ethical approval was granted by the Human Research Ethics Committee, Srinakharinwirot University (Approval number: SWUEC-177/2020E). Permission for the study was granted by the director of the Banna District Public Health Office. Following a screening, informed written consent was obtained from each of the participants who met the inclusion criteria and were willing to participate in this study. Each participant was also assured of confidentiality and the voluntary nature of the study. The participants had the option to decline or withdraw from the study at any time and were guaranteed anonymity in the published results.

Data transcription and analysis

Content analysis was used to summarize the data from all 10 focus group sessions.[14] The analysis sessions were conducted in conjunction with a team of researchers. Transcripts from the group were read and themes were reviewed several times to ensure that concepts about the same phenomena were placed in an appropriate theme. The themes and the content of the data throughout the data collection and analysis processes were identified by the primary author and subsequently verified by four co-authors for coding consistency, emergence of themes, and extraction of statements to support each theme and subthemes. Themes and subthemes of key findings were discussed by the co-authors until the consensus was reached. Themes and subthemes were face-to-face presented to and verified by the participants.

Trustworthiness

The study used the concept of trustworthiness of information to ensure the rigor and validity of qualitative research which included credibility, dependability, and transferability.[13] For **credibility**, the reliance in the truth of data and interpretation from the researcher was ensured. We used prolonged engagement with frequent 10 focus group sessions. A a relatively short duration of 60 – 90 minutes per session was used to suit sharing the vulnerable matter of suicide. Credibility was also ensured by triangulation (i.e., interview, questionnaire, observation, and playing back the audio recordings), member checking (i.e., interpretations of the data to each participant and asking if the interpretations were accepted), and peer-debriefing (Thai experts with experience in qualitative research to validate and verify the tentative analysis and findings until saturation indicating conformability of the findings). For **transferability**, the findings could be used and reproduced in settings other than this study setting. Since we aimed to study individuals with suicide attempt, we recruited participants who attempted suicide. For **dependability**, data collection and data analysis procedures were worthy of trust based on the concept of Koch[15] and Polit and Beck.[16] The focus group discussion content was transcribed verbatim by a research assistant who spoke the Thai language. The transcribed text was checked for accuracy by the researcher.[14] In addition, the method of naming themes was checked for recognizing categories and themes.[14]

Results

Among the 12 participants, there were two men, and ten women aged between 15 and 62 years. All of them were

Buddhist. Seven were single, four were married and only one was divorced. Four had completed elementary school, seven had high school education and one had an associate degree. Four had their own business, three were unemployed, two were farmers, two were office workers, and only one was self-employed. Average monthly income varied from 0 to 15,000 baths/month.

Themes and subthemes

Suicide survivors expressed their perspectives on healing based on their attitudes, beliefs, and values after facing adversity of life. Three themes and seven subthemes emerged and described as follows (Table 1).

Table 1 Themes and subthemes from the focus group discussions.

Themes	Subthemes
Beliefs work as an inner source of power	• One should not commit suicide since rebirth is too difficult
	• Following the Buddhist concept of letting go of causes of suffering, and holding on to religious practice
My life was changed by myself	• Positive thought
	• All problems could be solved and managed
	• Happiness relying on oneself
Family and friends as a source of support	• Thought about family love
	• Realizing more love and support from family and friends after suicide attempt

Theme 1: Beliefs work as an inner source of power

In Thai culture, suicide and suicide attempt are a cultural taboo and stigmatized by the society. Cultural and religious beliefs are crucial to people's life during their life span. Suicide is prohibited. With the belief of past, present, and next life, soul exists before birth. Therefore, killing oneself is a sin and the person will not be born in the next life. To support this theme, two subthemes emerged namely one should not commit suicide since rebirth is too difficult and following the Buddhist concept of letting go of what causes suffering.

Subtheme 1.1: One should not commit suicide since rebirth is too difficult

Suicide survivors persisted in beliefs related to suicide issues.

"It is hard to be born. If I commit suicide, I will never be born in the next life. Hence, I thought that I'd never commit suicide." "I believe that when I commit suicide and die, I must atone for my sin. I will never have the right to be born in the next life." (A 53-year-old woman suicide survivor)

"When a human is born in this lifetime to atone for his or her sin (i.e., karma). It dictates a person to do good deeds." "Buddha gives suffering for a short period of time to test my life. Humans are tested to patience, limitation, suffering, and happiness. Can you be patient? What would you do? How do you solve problems in your life?" (A 52-year-old woman suicide survivor)

Subtheme 1.2: Following the Buddhist concept of letting go of the causes of suffering and holding on to religious practice

Participants expressed that the Buddhism concept and practice of Buddhism can help them relieve suffering from suicide.

"Practicing dharma, praying in my mind, not thinking about anything, and letting go help free me (from suffering)." "Practicing meditation, even though some persons make me suffer, I chanted "Buddha, Buddha." It helps free me by not thinking about anything." (A 52-year-old woman suicide survivor)

"Suffering no longer stays with me, it will pass. I stay with dharma, happiness, controlling my mind to peacefulness, not thinking about anything. Even though some persons are made to suffer but ones must let go. Human is not happy forever, suffering stays with human temporarily, not long." (A 50-year-old woman suicide survivor)

Theme 2: My life was changed by myself

Many suicide survivors expressed that being free from suffering from suicide depends on themselves. Three subthemes were formed, specifically, positive thought, all problems could be solved and managed, and happiness relying on oneself.

Subtheme 2.1: Positive thought

Participants deeply understood that thinking affects emotions and behavior.

"I think that my life must be better, my life looks good. I've been doing good for my child. I never expected anything from my child. I am satisfied with what my child was doing." (A 52-year-old woman suicide survivor)

"I thought positively all the time. I tried not to be miserable and to turn derisive thinking to a positive one more and more every day. I must survive. I must not think negatively even sometimes suicide idea did arise." (A 50-year-old woman suicide survivor)

"Some days, things must be better, tomorrow and the future, I can wait. I keep my life because I wait for the time my life is better. The moment of being fine will come true some days." (A 52-year-old woman suicide survivor)

Subtheme 2.2: All problems could be solved and managed

Many suicide survivors expressed that all problems are challenges, and all can be overcome.

"I think that suffering comes to me when I have suffered, I said to myself that suffering does not stay long with me, I can reduce the suffering surely." (A 58-year-old woman suicide survivor)

"I still have my life. I have two hands; I have a chance to fight a crisis." (A 50-year-old woman suicide survivor)

Subtheme 2.3: Happiness relying on oneself

Some participants expressed that their life do not depend on others.

"I make my own happiness. I must do anything I need to. When I was suffered or stressed, I had to be occupied, finding something to do to distract from suffering." (A 50-year-old woman suicide survivor)

"I need to do somethings about my life to go forward. Anything to be happy, I'd do it. These are my happiness, my body, and my life. For example, I am a farmer; even though my face skin is dull, it is my life. When I don't care how others think about that, it makes me happy. I could find happiness in me. Do not wait for other persons to give me anything." (A 52-year-old woman suicide survivor)

Theme 3: Family and friends as a source of support

In Thai culture, family members give warmth and love to each other. During life span, family members are always willing to help and support suicide survivors without expectations. Two subthemes emerged as thought about family love and realizing more love and support from family and friends after suicide attempt.

Subtheme 3.1: Thought about family love

Some suicide survivors expressed that family members affect life because of attachment and bonding.

"My parents gave my life, they wish me a success in life, but why I did (suicide)? If I die, my parents will suffer?" (A 25-year-old woman suicide survivor)

"My child and grandchild are an inspiration to living my life. My oldest son is autistic, my middle son has family, and he gave a grandson to me for caring, and my youngest son is studying in school now. I have been fighting for the child, and I said to my child that "I fight for you, I fight every day, I am not disheartened because the future is not done yet." (A 52-year-old woman suicide survivor)

Subtheme 3.2: Realizing more love and support from family and friends after suicide attempt

Receiving love and support from family and friends enhanced self-esteem and self-worth to the suicide survivors.

"Today, my daughter and my mom help me keep my life. My daughter and granddaughter love me." (A 53-year-old woman suicide survivor)

"I grow every day and can think reasonably. I learned that everything around me such as love from my family. I can say that I have my dad, my mom, and my family." (A 25-year-old woman suicide survivor)

"I think about everything around me thoroughly. I see my loved ones around me giving me love. For example, my parents love me, and I see the love of my parents. Therefore, I give my love to my parents as much as the love they give me. Love of my parent is exceptional because their love is forgiveness. Love of parents is unconditional because even though children did something wrong, parents always forgive." (A 25-year-old woman suicide survivor)

Discussions and Conclusion

This study explored healing from Thai suicide survivors' perspectives. The findings could help us understand recovering from a suicide attempt based on their experiences and perspectives. Three themes found in this included Beliefs work as an inner source of power, my life was changed by myself, and family and friends as a source of support.

The findings of this study reflect suicide survivors' perspectives on healing based on their attitudes, beliefs, and values, which are in turn shaped by upbringing, culture, and society. The theme of beliefs work as an inner source of power was congruent with the findings of Stack where religion protects against suicidal ideation and behaviors by committing members to core, life-saving beliefs with a sense of belonging and social support.[17] Religious or spiritual beliefs connected them with a higher power who helped them during times of suicidal ideation.

The subtheme of following the Buddhist concept of letting go of the cause of suffering and holding on to religious practice emerged in this set of Buddhist suicide survivors. Buddhism is a religious and philosophical system that teaches mercy, non-confrontation, respect for life, moderation in behavior, self-discipline, patience, humility, modesty, friendliness, selflessness, dedication, and loyalty to others. [18]

Buddhist practice is focused on the relief of human suffering. Suicide is seen as a form of suffering that results from a desire for absence. Buddhists hold that human life has value because the birth of a human being is the culmination of that person's effort through many previous cycles of birth (though not all practitioners believe in a rebirth cycle) and a step on the way to enlightenment.[19,20]

Many authors cite religion as a protective factor against suicide.[21-27] There are several mechanisms by which religion may be protective against suicide.[28] Individuals residing in nations with relatively high levels of religiosity, associated with one of the four major faiths (Buddhism, Christianity, Hinduism, and Islam), are found to have lower rates of acceptability of suicide.[29]

The theme of "my life was changed by myself" showed that people who attempted suicide need to learn to become more self-aware and self-accepting. The finding showed the need for persons to change in new and rewarding ways to relate with themselves and others in their own unique and more compassionate mode. They rebuild a positive sense of self and describe the value of their life. This finding was congruent with the study of Sun and Long who found the final recovery stage from the suicide attempt is the acceptance stage that they are willing to cooperate with the treatment prescribed for their mental health issue and then re-plan their life and establish goals for the future.[30] In addition, according to the studies implementing healing strategies served as a way of validating the life of, maintaining a healthy bond with, and attaining a sense of inner peace.[31,32]

The theme of "family and friends as a source of support" emerging in this study is parallel with characteristics of a secure attachment bond. Unconditional love, care, and support help develop the feeling of being crucial and valued and increase self-esteem. Secure attachment is related to trust, warmth, emotion, and supportive relationships.[33] Comfort with intimacy among family members and friends could lead to the expression of appropriate self-disclosure of emotion. The findings of this study add credibility to this view.

The theme of "family and friends as a source of support" is congruent with the findings of Chaniang et al in Thai adolescents.[34] Their study focused on the prevention of Thai adolescent suicide. Themes from their study included 1) cultivating self-esteem, 2) parental support and caring, 3) peer support, and 4) supportive school environment. The finding "family and friends as a source of support" in our study is different from western countries because of the difference in social context and cultural sensitivity. There are two major differences between westerners and Thais. The first aspect is based on family structure and respect. While westerners have nuclear families, Thais have nuclear ones. Thais have respect for parents and elders, while westerners do not do much. Therefore, in Thailand, parents have impact on child's self-esteem and self-efficacy.[35,36] The second aspect is the cultural norm. Thais are taught to inhibit overt expressions of their feelings, particularly when communicating with authority and those who are older than them. Westerners emphasize open expression of feelings and thoughts regardless of age or authority of the opposite parties. Thus, Thais persons may keep unpleasant feelings inside such as loneliness, shyness, and hopelessness that are associated with suicide.[36]

In our study, healing in suicide survivors' perspective consisted of (1) beliefs work as an inner source of power, (2) my life was changed by myself, and (3) family and friends as a source of support. Understanding could be useful in developing community suicide prevention programs.

Promoting mental health and preventing suicide is related with taboo in Thai culture and context.

The themes and findings from this study can impact the quality of life and ensure that accessing, understanding, and detecting people who risk suicide. The researcher aims to develop a program to prevent suicide to suit the present Thai societal context and digital technology.

In practice, healthcare staff and healthcare volunteers might not be able to evaluate the risk of suicide in individuals under their care and supervision. Such task could be done by specialists in psychology or psychiatrics. However, the knowledge could be useful for healthcare staff and healthcare volunteers to understand the nature of these suicide survivors so they can interact appropriately and recognize signs and symptoms which could be useful in coordinating between healthcare settings and community.

This study provides detailed perceptions of healing in suicide survivors. Suicide-prone people are required to gain knowledge about effectiveness of strategies for coping and self-healing in everyday life and prevention of repeated suicide. The strategies and activities should be based on the three themes found in this study. For example, the aspect of being reborn is difficult so one should not commit suicide should be emphasized in creating activities. This can be useful for healthcare providers and the health volunteers in the community.

In conclusion, this qualitative study using phenomenology revealed three themes of inner source of power, my life was changed by myself, and family and friends as a source of support among Thai suicide survivors.

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Conflict of interest statement

The authors declare no conflict of interest.

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