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The Role of Social Support Systems in Preventing Recurrent Suicide Attempts: A Qualitative Study in Gunungkidul Regency

[1]Edi Dwi Atmaja, [2]Irma Restyana, [3]Yuni Setyaningrum

[1]Social Development, Universitas Gunung Kidul, D.I. Yogyakarta, Indonesia
[2]Save Rescue Indonesia, Indonesia
[3]Rumah Sakit Umum Pusat Dr. Sardjito, D.I. Yogyakarta, Indonesia
[1]edi.dwiatmaja@ugk.ac.id,
[2]irmakolongtangga@gmail.com,
[3]yunisetyaningrum69@gmail.com

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ABSTRACT

Gunungkidul Regency is one of the regions in Indonesia known to have a relatively high rate of suicide, with a tendency for individuals who have previously attempted suicide to be at significant risk of repeating the behavior. This study aims to explore the role of social support systems in preventing the recurrence of suicide attempts among individuals who have previously attempted suicide. The study employed a qualitative approach involving five respondents, all of whom had a history of suicide attempts and were in a recovery phase at the time of the research. Data were collected through in-depth interviews and analyzed using thematic analysis. The findings show that all respondents consistently identified social support—particularly from family, peers, and the community—as a key factor in sustaining their will to live and reducing the urge to repeat suicidal behavior. Social support operates through mechanisms such as strengthening life meaning, reducing social isolation, and enhancing a sense of belonging and social connectedness. These findings underscore the importance of family- and community-based suicide prevention approaches in socially vulnerable areas such as Gunungkidul.

Introduction

Suicide is a complex and multidimensional public health problem that cannot be understood solely as an individual issue or as a manifestation of mental disorder. Rather, it is a phenomenon that emerges from the interaction of psychological, social, cultural, and structural factors (Turecki & Brent, 2016). Numerous studies have demonstrated that individuals who have previously attempted suicide constitute the group at highest risk for repeat attempts and death by suicide (Hawton & Williams, 2001). In this sense, suicide is often not a single event, but part of a recurrent process characterized by psychological distress, social disconnection, and the failure of surrounding support systems (Ryan & Oquendo, 2020).

In the Indonesian context, Gunungkidul Regency has historically been recognized as an area with relatively high suicide rates. This phenomenon is frequently associated with chronic poverty, geographic and social isolation, limited access to mental health

Corresponding Author type the email of corresponding author here

services, and cultural constructions surrounding suffering, shame, and self-worth (Kleiman & Liu, 2013). In many rural communities, life pressures are often endured in silence, while cultural norms emphasizing toughness, self-reliance, and personal honor discourage individuals from expressing emotional vulnerability. These conditions may intensify feelings of helplessness, loneliness, and the belief that suffering must be borne alone (O'Connor & Kirtley, 2018).

The phenomenon of recurrent suicide attempts highlights that interventions focused solely on medical treatment or acute crisis management are insufficient. After surviving a suicide attempt, many individuals return to the same social environments that existed prior to the incident, which are often still marked by economic hardship, family conflict, stigma, and social isolation (Darvishi et al., 2024). In the absence of meaningful changes in this social context, the factors that give rise to suicidal ideation tend to persist, thereby maintaining a high risk of repeat attempts (Calati et al., 2019).

Within this context, social support systems play a critically important protective role. Social support encompasses not only instrumental assistance, such as financial aid or access to services, but also emotional support, empathic presence, a sense of acceptance, and recognition of an individual's value within their social networks (Wang & Zhang, 2024). Supportive relationships can help restore a sense of belonging, self-esteem, and meaning in life, which are often eroded among individuals who have attempted suicide. Through attentive and caring interactions, individuals may rebuild hope and reinterpret their suffering as something that can be faced collectively rather than in isolation (Milner & De Leo, 2010).

Although numerous studies have shown that low levels of social support are closely associated with increased suicide risk, research that explores in depth the subjective experiences of suicide attempt survivors—particularly regarding how social support influences their decision to continue living—remains limited. This gap is especially evident in high-risk regions such as Gunungkidul, where understanding the relational and community dynamics involved in the recovery process is still inadequate.

Therefore, this study seeks to address this gap through a qualitative investigation of five individuals in Gunungkidul who have previously attempted suicide. By positioning the lived experiences of survivors at the center of the analysis, the study aims to explore how various forms of social support—from family, friends, and the broader community—influence psychological recovery, the construction of meaning in life, and the decision to persist in living. In doing so, this research contributes not only to the clinical understanding of suicide but also to the strengthening of community-based prevention and social psychological perspectives within the local context of Gunungkidul.

Method

This study employed a qualitative research design with a descriptive phenomenological approach, which is particularly suited to capturing the depth and complexity of lived experiences. The primary aim of this approach was to explore how individuals who had survived suicide attempts perceived, interpreted, and made meaning of the social support they received during their recovery process. By emphasizing participants' subjective perspectives, the study sought to move beyond clinical symptomatology and illuminate the relational and contextual dimensions of recovery that are often overlooked in quantitative or medically oriented research.

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The study participants consisted of five adults who met specific inclusion criteria. All respondents had experienced at least one suicide attempt, were assessed to be in a medically and psychologically stable condition at the time of data collection, and demonstrated a willingness to share their experiences openly and reflectively. These criteria were applied to ensure both the ethical integrity of the study and the richness of the data, as participants needed sufficient emotional stability to engage in in-depth reflection on sensitive and potentially distressing experiences.

Data were collected through in-depth, semi-structured interviews, allowing for a balance between consistency across participants and flexibility to explore individual narratives in greater detail. The interview guide focused on participants' life situations and emotional states prior to and following the suicide attempt, the types and sources of social support they encountered, and their perceptions of how such support influenced their motivation to remain alive and avoid repeat attempts. This format enabled participants to articulate their experiences in their own words while providing the researcher with the opportunity to probe emerging themes.

All interview data were transcribed verbatim and analyzed using thematic analysis. The analytic process involved open coding to identify meaningful units within the narratives, followed by the clustering of related codes into broader themes. These themes were then interpreted to uncover patterns of meaning related to the role of social support in psychological recovery and the reconstruction of hope and purpose. Through this systematic and iterative process, the analysis aimed to produce a nuanced understanding of how social support operates as a protective factor against recurrent suicidal behavior within the specific social and cultural context of Gunungkidul.

Results

Data analysis revealed three main themes that emerged consistently across all respondents.

First, the family functioned as an emotional anchor. All participants identified family members as the most significant source of support following their suicide attempt. The presence of parents, spouses, or children provided a sense that their lives still mattered to others. This support was not necessarily expressed through advice or directive guidance, but rather through consistent presence, care, and a willingness to listen without judgment. Several respondents noted that changes in family attitudes after the suicide attempt—becoming more attentive, supportive, and emotionally open—made them feel "recognized again as valuable human beings."

Second, peers served as a safe space. Friends played a crucial role as a more egalitarian and stigma-free context for emotional expression. Respondents reported feeling more comfortable sharing their feelings with peers than with professionals or family members. Friends often helped draw them out of social isolation by inviting them to engage in activities, maintaining everyday routines, and providing companionship that normalized their experiences.

Third, the community emerged as a source of meaning and identity. Participation in community activities—whether social, religious, or volunteer-based—helped respondents rediscover a sense of belonging and purpose in life. Through social roles within the community, they no longer viewed themselves solely as "survivors" of suicide attempts, but as individuals who were still capable of contributing to others and to society more broadly.

Discussion

The findings of this study affirm that the recurrence of suicide attempts cannot be understood in a reductionistic manner as the result of individual psychological vulnerability alone, such as depression, hopelessness, or affective disorders. While these factors play an important role, the data indicate that individuals who have attempted suicide are almost always situated within fragile social contexts characterized by isolation, unsupportive relationships, interpersonal conflict, stigma, and limited access to supportive resources. This social fragility creates structural and emotional conditions in which psychological suffering can develop without adequate buffering. Consequently, when individuals encounter new life stressors—whether economic, familial, or social—thoughts and impulses toward ending one's life are more likely to re-emerge (Nock et al., 2008).

Within this framework, social support operates through several key protective mechanisms. The first mechanism is the reduction of social isolation. Warm, stable, and sustained relationships with family members, peers, or community members function as buffers against feelings of loneliness and disconnection (H. Liu et al., 2022; R. T. Liu et al., 2022). For individuals with a history of suicide attempts, isolation is not merely a physical condition of being alone, but a subjective experience of feeling unrecognized, unwanted, and lacking a place in the lives of others (Martinez-Fierro et al., 2025). When meaningful social relationships are re-established through consistent communication, attention, and tangible care, this cycle of alienation is disrupted, enabling individuals to regain a sense of belonging and connectedness that is crucial for psychological stability (Taliaferro & Muehlenkamp, 2014).

The second mechanism involves the strengthening of meaning in life and social identity. Social support situates individuals within relational networks that provide roles, responsibilities, and recognition (Santini et al., 2015). When a person feels needed by family, valued by friends, or able to contribute within a community, life acquires meaning that extends beyond the personal suffering they are experiencing (Silva et al., 2023). For survivors of suicide attempts, this experience often represents a critical turning point: they begin to perceive themselves not as burdens or failures, but as members of relational systems in which they have value and significance. Meaning in life derived from social relationships does not eliminate problems entirely, but it offers a compelling reason to endure and to continue seeking ways forward (Ribeiro et al., 2013).

The third mechanism is emotional and stress regulation. Social support provides a safe space for individuals to express emotions, narrate traumatic experiences, and share psychological burdens (Haroz et al., 2023). Through processes of disclosure, being heard, and emotional validation, the intensity of negative emotions—such as hopelessness, anger, shame, and guilt—can be significantly reduced. Emotion regulation mediated through social relationships enhances individuals' capacity to cope with stress and decreases impulsivity, which frequently accompanies suicidal ideation (R. T. Liu et al., 2022). In other words, when the burdens of life are no longer carried alone, the risk of making extreme decisions becomes more manageable.

In the context of Gunungkidul, the function of social support becomes even more strategic due to the limited availability of formal mental health services. Geographic barriers, a shortage of mental health professionals, and persistent stigma surrounding mental illness mean that many vulnerable individuals do not receive adequate psychological or psychiatric interventions. Under these conditions, families,

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neighbours, religious groups, and local communities' function as primary support systems that effectively substitute for or complement formal services. Sensitive and responsive social networks often serve as the frontline in identifying crises, providing emotional support, and preventing escalation toward repeated suicide attempts (Motillon-Toudic et al., 2022).

Therefore, the prevention of recurrent suicide attempts in Gunungkidul must be understood as a social and community-based process rather than solely an individual clinical intervention. Approaches that focus exclusively on the individual without strengthening and improving the surrounding social environment are likely to have limited impact. Conversely, when social support networks at the family and community levels function effectively, they form a sustainable protective system capable of preventing individuals from falling back into cycles of despair and repeated suicide attempts.

Conclusion

Social support systems have been shown to function as a highly powerful protective factor in preventing the recurrence of suicide attempts, as they provide not only practical assistance but also a sense of connectedness, acceptance, and meaning in life for individuals who have experienced profound psychological vulnerability. For survivors of suicide attempts, the presence of caring others—whether family members, friends, or community groups—offers the lived experience that they are not alone, not entirely failed, and still have a place within their social networks. Supportive relationships help reduce feelings of being a burden, loneliness, and worthlessness, which are among the primary triggers of suicidal ideation, while simultaneously strengthening motivation to continue living and to rebuild hope for the future.

Recommendations

Based on the findings of this study, suicide prevention efforts in Gunungkidul should focus on strengthening the role of families through family-based education and counseling, developing peer support systems at the village and community levels, and integrating suicide prevention into existing community activities such as social volunteering, religious groups, and youth organizations. These strategies should be implemented through a community-based approach that is sensitive to the karst and rural context of Gunungkidul, where geographic isolation, limited access to mental health services, and strong local cultural norms necessitate locally grounded, participatory, and sustainable interventions that leverage existing social networks and community resources as primary protective factors against recurrent suicide attempts.

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