

Sin, Sickness, or Social Issue?: Discourses on Suicide in the 20th Century Philippines

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ABSTRACT

It is commonly held that stigma against suicide in the Philippines results from religious and cultural ideas about suicide and mental health. These ideas often suggest that suicide is caused by a lack of prayer and fortitude and that, overall, mental health is considered a modern problem, addressed primarily by youth. By contrast, movements for mental health awareness and suicide prevention tend to be young and urban in orientation, as they are primarily led by millennial urban professionals and students, and primarily aim to address the aforementioned religious and cultural misconceptions about mental health and to present a medicalized view of suicide. However, these religious and cultural ideas about suicide have roots in a long tradition of Filipino discourse on suicide, as is also the case with present-day movements for mental health awareness. The religious view of suicide as a sin or weakness has not historically been the sole historical discourse on the subject, and attempts to 'raise awareness' of suicide as a medical and social issue are in fact longstanding. This article analyses discourses on suicide in a variety of 20th century English-language Philippine periodicals, academic journals, and books, exemplifying urban, middle-class discourse, and identifies multiple streams of thought: the religious view of suicide, accompanied by views of suicide as a problem brought about by urbanity and the loss of idyllic rural life, as well as multiple views of suicide as both a medical and social issue. These included pointing to social, cultural, and environmental causes for suicide, such as teachers' dismissiveness and parents' harshness, as well as prescribing 'cures' for suicide, such as friendship, and the production of medical and anthropological studies on suicide. In light of this complex historical background, this article proposes directions for advancing mental health and suicide awareness beyond both religious and medicalised orientations toward a more holistic and socially grounded understanding of mental health.

Keywords: Suicide, discourse analysis, history of mental health

The Philippines boasts one of the lowest suicide rates in the world, at 3.5 out of 100,000 members of the population as of 2024. This is around a third of the world's average of 9.2—and certainly a much smaller proportion of the rates of the world's most suicide-prone countries, such as South Korea's rate of 27.5 and the United States' 15.6.¹ Nevertheless, suicide rates continue to increase in the Philippines, in particular among youth: the rate of suicide attempts among youth (individuals aged 15–24) in the Philippines climbed from 3% in 2013 to 7.5% in 2021, with around 20% of youth considering suicide.²

It is almost axiomatic that stigma against suicide in the Philippines exists due to religious and cultural ideas about suicide and mental health: people suffering from depression are told simply that they are “kulang sa dasal” (they have not prayed enough), and dying by suicide is perceived as a weakness that could have been mended with spirituality and “lakas ng loob” (fortitude). While religion and spirituality help cope with mental health issues, they have also been used to dismiss the gravity of mental health issues, depression, and suicide, especially in the Philippine context: God must provide, and God gives help to those who worship him. Thus, depression and suicide may result from a lack of, or insufficiently expressed, faith and strength drawn from faith.³

This stigma against suicide remains a major problem. In 2021, six in ten youth in the Philippines who considered suicide did not tell anyone; 25% told their peers, and only 7% told parents or guardians. Stigma against mental health issues and suicidality often prevents individuals experiencing suicidality from accessing necessary peer, family, and community support, all of which are protective factors. Moreover, only 4% of youth sought professional help. Psychological services in many places in the Philippines remain inaccessible, either due to distance—especially outside of the capital region of Metro Manila—or financial unaffordability. One student interviewed by the *Philippine Daily Inquirer* stated she had to take up side and part-time jobs during her leave of absence from university so that she could ease the toll that the cost of her psychotherapy and psychiatric medication

¹World Health Organization, *Suicide mortality rate (per 100,000 population)* (2024), <https://data.who.int/indicators/i/F08B4FD/16BBF41>.

²Abby Boiser, '1 of 5 Young Filipinos Have Considered Suicide – UP Survey', *Inquirer*, 11 October 2022, <https://newsinfo.inquirer.net/1678021/1-of-5-young-filipinos-have-considered-suicide-up-survey>.

³ Maria Angela Jocelyn Brillantes and Jessa Joyce Rodenas, 'Kulang Sa Dasal: A Descriptive Study Concerning the Use of Faith to Combat Depression in the Philippines' (Undergraduate thesis, De la Salle University - Dasmariñas, 2022), https://www.researchgate.net/publication/358138201_Kulang_sa_Dasal_A_Descriptive_Study_Concerning_the_Use_of_Faith_to_Combat_Depression_in_the_Philippines.

took on her parents.⁴ Until 1980, the Catholic Church officially barred people who had taken their own lives from Catholic funeral and burial rites.⁵

Others also believe that mental health was not a problem in the Philippines until recently; mental health issues and suicide are problems of the youth, attributable to youthful weakness and faithlessness. On the other hand, the general consensus is that the youth have been pushing for greater awareness of suicide and undoing of stigma against it, which is largely true. For example, the #MentalHealthPH awareness campaign group—which will be discussed later—is run predominantly by students and recent graduates of Psychology and allied fields in their twenties and thirties, and their main battleground is social media, complemented by seminars and workshops, largely in schools, workplaces, and coffee shops. The demographic of those impacted by and working in mental health advocacy in the Philippines thus tends to be relatively young and urban.

However, neither the rhetoric of suicide as youthful weakness, nor the issue of suicide itself is new in the Philippines. After the Philippines' independence from Spain and during its occupation by the United States, American occupation soldiers occasionally took their own lives, which was theorized by American sources to result from "Philippinitis", an illness attributed to climate shock in the tropical conditions, as well as the perceived languid slowness of life in the Philippines.⁶ It is more likely that American soldiers and officials in the Philippines died by suicide for a blend of the same reasons many migrants and veterans suffer from mental health issues and are at high risk of suicide: isolation, breaking of kinship ties, and exposure to significant violence, whether as perpetrators or victims.

Suicide was officially listed in reports to the Governor-General and by the Bureau of Health in charts showing the most common causes of death in the Philippine Islands each year. It often accounted for under ten deaths; in September 1901, only two people recorded died by suicide—96 died of diarrhea in some form, while 239 died of convulsions of childhood. All in all, 767 deaths were recorded this month.⁷ It thus would seem that while suicide was paid attention to by the healthcare system, it was a relatively minor concern, representing 0.26% of all deaths. However, it has also been noted that suicide rates have historically been misrepresented due to

⁴ Boiser, '1 of 5 Young Filipinos'.

⁵ Maria Theresa Redaniel et al., 'Suicide in the Philippines: Time Trend Analysis (1974–2005) and Literature Review', *BMC Public Health* 11, no. 1 (2011): 536, <https://doi.org/10.1186/1471-2458-11-536>.

⁶ Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Duke University Press, 2006), 130–158.

⁷ L.M. Maus, *Monthly Report of the Board of Health for the Philippine Islands and City of Manila. September, 1901*. (Bureau of Health, 1904), 5–8.

underreporting due to stigma as well as due to bureaucracy in rural areas—the latter, too, is true of death in general.⁸

Local discourses on suicide, which will be explored here, were both religious and secular, both understanding and dismissive. Some argued that suicide was emblematic of a shallow modern age that had lost sense of God, while others argued that it was a public issue meriting medicalisation, charitable assistance, awareness, and related interventions. Others still held that suicide was essentially a crime.

While suicide ignited a variety of discourses in the public arena, the phenomenon was, on occasion, studied throughout the 20th century, both before and after the American occupation, giving us a clearer picture of the history of suicide in the Philippines. A 1927 study, cited in a 1933 book, stated that twice as many women in the Philippines attempted suicide as men—a statistic that still holds true today—and that half of these women were between 14 and 20 years old. Yet the population most at risk of suicide was married women, especially housewives.⁹

Another study in 1959, in a now-independent Philippines, came to somewhat similar—but more extensive—conclusions: that suicide was more common in cities due to the disintegration of social ties. More women than men attempted to die by suicide, but more men successfully died. This study further attempted to ascribe clear-cut causes to suicides, with the most commonly cited being financial difficulties and romantic relationships. This study also cited faith as a preventative factor.¹⁰ While it remains the case that suicide is more common in urban areas, this pattern may reflect underreporting in rural areas; moreover, it has been linked to nostalgic rhetoric following modernization, which portrays modernity as detrimental to well-being and calls for a return to more ‘simple’ rurality.¹¹ Further studies in the 1960s claimed that suicide was a highly uncommon Filipino response, though, as with urban-rural divides in suicide rates, the veracity of this claim is questionable due to underreporting and stigma.

⁸ Howard I. Kushner, ‘Suicide, Gender, and the Fear of Modernity’, in *Histories of Suicide: International Perspectives on Self-Destruction in the Modern World*, ed. John Weaver and David Wright (University of Toronto Press, 2009), 24.

⁹ Louis I. Dublin and Bessie Bunzel, *To Be or Not to Be: A Study of Suicide* (Harrison Smith and Robert Haas, 1933), 55.

¹⁰ Milagros M. Catuncan, “The Etiology of Suicide in Manila and Suburbs”, *Philippine Sociological Review* 7, no. 4 (1959): 26–33, <http://www.jstor.org/stable/41853457>.

¹¹ Kushner, 19–53.

The Philippines has been host to a few high-profile suicides and suicide attempts in its history. Homero Veloso, a rising young poet from the University of the Philippines, also died by suicide in 1949, welcoming both sympathetic and vile responses from the literary world, including claims of his egocentrism and self-centredness.¹²

Most recently and most famously, Jaime Ongpin shot himself in 1987, following (but not necessarily caused by) his removal from Corazon Aquino's cabinet three months prior. Multiple discourses surrounded his death: many were saddened by his sudden suicide, and his son attested that his father had been depressed for some time. Yet another doubted that Jaime Ongpin, a "good Catholic", truly would have taken his own life.¹³ The eulogies mounted as Filipinos expressed their grief, using various discourses to explain and doubt Ongpin's death: religion, politics, mental wellness, and weakness to the pressures of life.

Similar discourses have surrounded the wave of suicide among overseas Filipino workers (OFWs) in Hong Kong, Canada, and other countries in the 1990s. They continue to surround a present 'epidemic' of suicides: that among students from the 2010s forward. Suicide rates in the Philippines have risen in the last few decades. Much of this is possibly accounted for by more adequate reporting and bureaucracy. However, the rise in suicide may, too, be in part due to growing social isolation and marginalisation among students. Other explanations abound, including those of "kulang sa dasal" and "mahina ang loob". Yet these discourses have always existed alongside myriad others.

Thus, the question arises: how did we get here? How has the concept of suicide and all of the discourses surrounding it evolved in the Philippines to what it is today? Further, and more importantly, where do we go from here?

On Sources, Scope, and Methodology

This study shall only analyse discourses on suicide in the Philippines from the 20th century. This decision in scope was decided largely by the availability of sources as well as the relative immediacy of the 20th century in relation to our present 21st century; here, the researcher seeks to know

¹² See Jose Maria Sison, 'Four Major Themes in Filipino Poetry in English: 1945-1960', in *On Culture, Art, and Literature*, ed. Julieta De Lima, Sison Reader Series 1 (International Network for Philippine Studies, 2021).

¹³ 'Obituaries: Jaime Ongpin; Former Aide to Aquino', Times Wire Services, *Los Angeles Times* (Los Angeles), 8 December 1987, <https://www.latimes.com/archives/la-xpm-1987-12-08-mn-27598-story.html>.

what immediately preceded our present-day discourses on suicide and some of the more recent roots of our stigma against it.

Furthermore, this study's sources are composed of periodicals, books, research papers, and newspapers, largely in the English language (with some in Spanish). These periodicals, such as *Panorama* and *The Philippine Star*, were distributed nationwide but were largely headquartered in Manila and are available through the repositories of the University of the Philippines (UPD) and the Ateneo de Manila University (AdMU), both in Quezon City, Metro Manila. The main exception to this is *The Carolinian*, a student publication of the University of San Carlos based in Cebu, as well as *The Little Apostle of Mountain Province*, a religious publication published by the Missionaries of the Immaculate Heart of Mary in Mountain Province and Baguio. Therefore, the perspective of this study is quite limited. The discourse on suicide here is not necessarily a mass perspective on suicide, save for mass student and populace perspectives on suicide filtered through the lenses of researchers who surveyed their views, but largely the perspective of lettered English-speakers and readers based in Metro Manila. Further research must address the history of suicide from a more marginal perspective than what the researcher has here.

While this study is, in the researcher's view, significant in its attempt to address historical stigma against suicide and seek ways to amend this, this goal cannot be accomplished solely by historical study or any study by itself. An undoing of stigma against suicide, indeed, must involve understanding its roots and its development, but also involves principled action in the present day to address misconceptions around mental health and suicide and in promoting good mental welfare for all. It should be noted that this occurs not only through the prism of urban, medicalised discourse on mental 'health' and 'illness' and suicide, which treats these issues largely as problems to be treated by a psychologist or psychiatrist through therapy and medication. As this study will demonstrate, suicide and mental wellness are much more complex than this, as are the solutions to them. Suicide is addressed not only clinically, but holistically and societally through the creation of better material, social, and mental welfare and community for all, which is a perspective this study aims to promote.

Religious Views of Suicide

The Catholic view of suicide is the most popularly-marshalled discourse in Filipino discussions of suicide; it is generally thought to be the discourse of the 'old generation' —Generation X and Boomers who raised their children on this discourse, which stigmatised mental health issues and suicide, that

the ‘new generation’ (Millennials onwards) now contend with through spreading awareness of suicide. Among advocates, most stigma against suicide in the Philippines is thought to be due to these traditional Catholic views of suicide as a sin, the willful taking of a life that belongs to God.

This discourse did exist throughout Philippine history and does until today, its roots stretching back to Spain’s colonisation of the Philippines. Fr. Jacinto Zamora, best known for dying as one of the “Gomburza” martyrs of the Cavite Mutiny in 1872, refused to bless or bury a Spanish officer who had died by suicide, in spite of the “supplications and intimidations” of the deceased’s fellow officer, in order to adhere to the Catholic Church’s official policy and his own policy “to treat both Filipinos and Spaniards alike”.¹⁴

It is safe to say that Zamora would have refused to bless or bury a Filipino who had taken their own life as well. This view, in general, persisted in religious discourse throughout the 20th century. Catholic publications outright condemned suicide throughout the 20th century; the 1924 Holy Week issue of *Estudio* features a fictional dialogue between Mary Magdalene and Judas by Renaud Icard, translated into Spanish, as Judas contemplates taking his own life following his betrayal of Christ. Magdalene asks Judas: “Have you tried to hang yourself? Why? Don’t you know that the Master prohibits suicide?”. The dialogue then implies that God can forgive Judas for his betrayal of Christ, but that suicide would be an even greater sin. It is possible that suicide was associated, in some form, with the suicide of Judas—a cowardly means of getting away from one’s own sin or life troubles.¹⁵

This rhetoric continued in English-language Catholic publications throughout the 20th century. In 1947, *The Cross* suggested that not taking oneself was an indirect commission of the sin of suicide, a sort of “weekend suicide” brought about by gluttony and excess.¹⁶ Suicide jokes and suicide as a metaphor do occasionally appear in Christian publications. In 1928, *The Little Apostle of Mountain Province* published an odd exchange in their jokes section, involving a policeman chasing a man into the water, who says: “Ha ha! I’m committing suicide.”¹⁷ It is thus still notable that even Catholic and Christian discourse surrounding suicide has at least once treated the subject with levity.

Christian discourse on suicide in the Philippines has also been tied with the discourse on suicide as one of the harms of modernity. In 1947, *The Cross*

¹⁴ Isidro Escare Abeto, *Philippine History Reassessed: A Collection of Undiscovered Historical Facts from Prehistoric Time to 1872*, vol. 1 (Integrated Publishing House, 1989), 280.

¹⁵ Renaud Icard, ‘Judas y La Magdalena’, *Estudio* 3, no. 67–68 (1924): 27–28.

¹⁶ Wilfredo Borja, ‘Week-End Suicide’, *The Cross* 3, no. 1 (1947): 25–36.

¹⁷ ‘Cop on Shore’, *The Little Apostle of Mountain Province* 4, no. 9, 288.

published a piece mocking suicide as being “in keeping with modern thinking”, alongside “shooting mothers-in-law”, “keeping a circle of *queridas*”, and birth control. These phenomena, much like “immoral films” and “gangsterism” come from America and are modern, and are thus justified by many as acceptable despite their great moral sin; suicide was thus lumped in with other moral issues in Catholic discourse on suicide.¹⁸ A 1955 piece in *The Carolinian’s* Christmas issue stated that suicide was “one of the vilest of crimes”,¹⁹ while another in 1958 stated that mankind had become “an ungrateful, wretched creature” that “rules the earth”, “plays with power and adores wealth” —and “plunges himself into despair and commits suicide.”²⁰

The piece ends on the hopeful note that “God is merciful”, but the message is nevertheless the same: suicide as a phenomenon was discursively linked with the ills of modernity, including (1) personal issues viewed by the Church as moral issues (say, adultery, immoral films, and birth control), (2) broad social imbalances, such as taking advantage of wealth and power, and (3) criminality. Suicide is part and parcel of these issues, all of which involve the supposed devaluation of life, rather than as a complex personal and social issue (as we now see it) linked with individual mental health and social conditions. Indeed, a 1959 article in *The Carolinian* affirms that suicides and criminals supposedly have the same psychology.²¹

Throughout the 1960s and 1970s, suicide continued to be treated as a moral issue, alongside others in the Church—a 1969 article in *Boletín Eclesiástico de Filipinas*, the official interdiocesan bulletin of the Catholic Church in the Philippines, stated that suicide “was to be avoided”, though it may seem good to an individual similar to how some may deem rearing children out of wedlock acceptable and how “selfishness may inspire us to enlarge our rights and diminish our civic duties”.²² Suicide was, in fact, a shirking of one’s duty to live; as much as this discourse of morality remained the same, so emerged the discourse of rights and duty in relation to suicide. A 1979 piece in *Boletín Eclesiástico* also expressed that while a person may have a right to self-deliverance, for instance to reject life support when near death, a person has no right to kill himself or to die by euthanasia; a distinction is made between suicide, which is not a right, and bringing oneself

¹⁸ ‘Wanted: Straight, Not Modern Thinking’, *The Cross* 3, no. 9 (1948): 6.

¹⁹ A. Ratcliffe and Alice Curada, ‘Two Ladies...Two Views...on Christmas’, *The Carolinian* 19, no. 3 (1955): 12–13.

²⁰ Josefina Tapla, ‘The Goodness of Christ’, *The Carolinian* 22, no. 3 (1958): 35.

²¹ Lourdes V. Jaramilla, ‘Never Say Goodbye’, *The Carolinian* 23, no. 1 (1959): 7, 10.

²² P. Lumberas, ‘Natural Law’, *Boletín Eclesiástico de Filipinas* 43, no. 478 (1969): 49–57.

to God when one would be called by God soon regardless.²³ These were, in essence, official Filipino Catholic statements on suicide.

Nevertheless, *Boletin Ecclesiastico* did attempt to offer a solution for suicide: God. “Faith, love, and joy” were the opposite of “despair, suicide, and death”; a book entitled *Joy* was offered as a guide for moving from the latter’s “centripetal motion” to the former (1968).²⁴ In *The Carolinian* (1966), Fr. John McSherry similarly expressed that the antidote to “despair, hopelessness, and suicide” was a life of “simple faith”, not merely existing within formal religion without practice.²⁵ In 1971, *Boletin Ecclesiastico* also suggested that having more “*hiya* to God than to society” was necessary, as was a priest’s openness to “counselling and consultation”, in order to prevent the suicide that *hiya* and guilt often led to.²⁶ Suicide was viewed at least at times by religious publications as a complex issue borne out of a social value that promoted shame, but a sin nonetheless. It is, however, notable that “counselling and consultation” were promoted by *Boletin Ecclesiastico*; regardless of its religious persuasion, this suggestion is similar to modern medicalised treatment for mental health issues, i.e. therapy and counselling. Further, rather than condemning suicide, it puts forth a support system through pastoral counselling as a means to prevent it and promote life instead.

By 1980, the Catholic Church lifted its ban on burying people who had died by suicide on holy ground. In general, *Boletin Ecclesiastico* and other Catholic outlets went quiet on the subject of suicide as sin or spiritual despair, but stigma did not disappear. Jaime Ongpin’s suicide roused shock and doubt among close associates who thought him to be a “good Catholic” who feared God and thus would not end his life. Although Church policy had changed and its outlets had ceased condemning the sin of suicide, the view that a Catholic does not die by their own hand remained unchanged in religious circles. Nevertheless, Church rhetoric on suicide in the 20th century ranged from virulent and condemnatory to merciful and solution-oriented; it was uniform in its view of suicide as wrong, but not in tone or volume. Catholic discourse on suicide waxed and waned, and addressed suicide both through discussing it as (1) an immense sin to avoid for fear of damnation and (2) as something to pity and prevent through counselling and consultation and through the promotion of “faith, love, and joy”.

²³ Manuel Piñon, ‘The Natural Right of Personality’, *Boletin Ecclesiastico de Filipinas* 52, nos. 579–580 (1978): 168.

²⁴ Jephthe M. Lucena, ‘JOY: By Louis Evely’, *Boletin Ecclesiastico de Filipinas* 42, no. 473 (1968): 612.

²⁵ John McSherry, ‘The Mind’, *The Carolinian* 30, no. 1 (1966): 22.

²⁶ Wilfredo C. Paguio, ‘Priests and “Hiya Norm”’, *Boletin Ecclesiastico de Filipinas* 45, no. 505 (1971): 497.

Suicide As A Secularised Public Issue in the 20th Century

Catholic religious discourse was not the only discourse on suicide throughout the 20th-century Philippines, despite popular conceptions about stigma against suicide in the Philippines—there was no uniform view of suicide, nor was it universally stigmatised as sinful. It is also untrue that it is only in the 21st century that advocates and researchers began spreading awareness of suicide as a phenomenon and understanding suicide as complex and multifaceted, as well as medicalised.

Multiple discourses besides strictly religious sin-focused discourse came to light. The discourse of suicide as a moral issue of ‘modernity’ among youth, much reminiscent of and intertwined with Catholic religious discourse, came about: suicide was a sign of a modernising society that had lost the value of life and fortitude. However, another set of discourses about suicide cropped up in the 20th century as well—suicide as a (social) wellness issue.

This discourse came before the modern framework of “mental health” became popular in the Philippines, which is popularly thought to have mostly come into mainstream consciousness on account of youth and social media in the 2010s. However, secular discourses on suicide may be viewed as predecessors to the present-day “mental health” framework. This modern discourse tends to view mental health and suicide as medicalised individual issues to be solved through counselling, therapy, and medication; #MentalHealthPH, for instance, maintains a large service directory of mental health providers with exactly these services and often uses the language of mental “illness” and “disorder”. They do provide resources for “self-care” and supporting others with mental health issues; moreover, their materials on suicide state that it is an issue of “deep unhappiness” and not always a sign of “mental disorder”. They also agree that “psychotherapeutic interventions” for suicide rely heavily on family, and that the idea that they are the only way to solve suicide is a myth.²⁷

However, their view of mental health remains largely medical rather than social, political, and radical—suicide and mental health are not addressed as social issues that could be solved by reducing poverty and discrimination against minorities (which, as we will see, are age-old precipitating factors for

²⁷ *Mythbusters: Myths & Facts About Suicide - MentalHealthPH*, MentalHealthPH, 29 September 2020, <https://mentalhealthph.org/mythbusters-myths-facts-about-suicide/>.

suicide), for instance, nor is the idea that depression is necessarily ‘disordered’ questioned—is long-term depression borne out of long-term poverty a “disorder” or is it merely a normal response to long-term stress? Does this categorisation as “disorder” help or hurt those who suffer from it? Still, this modern “mental health” framework has a good foundation, and it is greatly helped along by—and may continue to be inspired by—its predecessors: the 20th century framework of suicide as a social wellness issue.

This discourse was considerably multifaceted: writers seeking to find personal and social causes for suicide without blaming those who died by their own hand, journalists reporting on deaths by suicide, and researchers accomplishing academic work on suicide. With this also came about discussions of suicide as a gendered issue and as an issue of urban/rural dichotomy. These discourses shall be explored separately in this section.

Suicide As A Modern Problem

The view that suicide is a problem essential to modernity is, historically, common; the first studies of suicide in Europe viewed it as an issue distinctly related to the uncontrolled progress of modernisation that promoted speed and individualism over the simple, social past. The modern setting also presented greater opportunities for vices, such as gambling and alcohol, that promoted depression and suicide, as opposed to the ‘pure’ premodern and rural past.²⁸

In the Philippines, this view could be viewed as a secularised parallel to the religious view of suicide as a sin and moral failing—except, of course, suicide was instead viewed in correlation with criminality and vice, two of the most common scapegoats in the 20th century Philippines. Beginning in the first few decades of the century, Philippine local authorities began clamping down on perceived vices: gambling, dance halls, and sex work, to curb the country of the things that plagued it and bogged down its bid for self-rule in the face of a colonial authority that did not yet believe it was fit. Such vices were blamed in the media for the Philippines’ lack of independence and its lack of progress, and were strongly associated with criminality: theft, rape, and murder.

They, too, were blamed for suicidality. In 1924, Ignacio Villamor wrote in his criminology book *Crime and Moral Education* that suicide was to some extent related to crimes against persons and deemed the study of “suicide as a social evil” crucial to the study of criminology. He cites the 19th century Filipino criminologist Rafael del Pan, who praises the European practice of

²⁸ Kushner, 19–53.

punishing suicide attempts and seizing the assets of people who died by suicide; Villamor agrees with del Pan, and adds that the causes of suicide in the Philippines are the same as those elsewhere; he further emphasises that vice is one of suicide’s major causes, as well as “ignorance of our duties to ourselves and to society”, “the lack of patience in suffering”, and the loss of faith in the 20th century. Villamor elsewhere cites the case of criminality ‘running in the family’ in five generations of one family: in his list of crimes, which include incest and crimes against chastity, he cites “suicide” as a crime in the absence of insanity.²⁹

This view was not uncommon; in fact, the association of suicide with the modern vices that characterised the underbelly of the 20th century Philippines was widespread. One may recall the 1948 article in *The Cross* condemning suicide as “in keeping with modern thinking”, alongside issues such as birth control and murder. These factors associated with “modernity” were linked to suicide—in 1954, *The Carolinian* published a column by “Nes Torius” that criticized the ways Filipina girls and women had changed in modernity, becoming less pious, more talkative, and less reserved, and engaging in practices considered vices, such as partnered dancing by the age of twelve. Nes Torius says, “she starts dancing at the age of twelve, and if her folks don’t like it, she commits suicide.”³⁰

Partnered dancing here is associated with modernity and with a loss of piety among women, including the increased danger of premarital sex. Suicide is associated with these things and is treated as a sort of dismissive response to loving parental discipline, which fits together quite neatly with both overtly religious and more secular depictions of suicide as resulting from a lack of fortitude and constant desire for convenience and happiness in modern thought. Furthermore, this column forms part of a broader pattern in which women’s mental health and suicide are dismissed as flippant and petty, as will be discussed in the following section. The next year, *The Carolinian*, as previously mentioned, published an article referring to suicide as “one of the vilest of crimes”. In 1959, the magazine also published a piece by Lourdes Jaramilla that mentioned the lack of belief in an afterlife as “the cruel, sick dream of the criminal and the suicide” who deny reality.³¹ Once again, the loss of faith in modern society is associated with suicidality, but suicide is also associated with criminality casually as if both have a similar psychology of denial of reality and devaluation of life.

²⁹ Ignacio Villamor, *Crime and Moral Education* (University of Santo Tomas Press, 1924), 112–118.

³⁰ Nes Torius, ‘Wrong Balcony, Juliet!’, *The Carolinian* 18, no. 2 (1954): 9.

³¹ Jaramilla, ‘Never Say Goodbye’, 7.

In 1963, *The Carolinian* let its readers know that the rate of homicide, “be it suicide or fratricide”, was highest in developed countries.³² Suicide and crime were one, and it was a characteristic of ‘development’ and modernity—not an issue of a lack of wellness that merited help, but a crime that warranted punishment, like the forfeiture of assets and criminal punishment. Thankfully, neither punishment became a legal standard in the Philippines. Note that *The Cross* billed itself as the “National Catholic Magazine” and was published with the permission of ecclesiastical authorities; on the other hand, *The Carolinian* was the official student publication of the University of San Carlos in Cebu, which is a Catholic university affiliated with the Society of the Divine Word.

These ‘secular’ discourses on suicide are secular in that they do not directly bill suicide as a sin against God or promote an overtly religious solution for the issue (nor are they published by the Church itself, like *Boletín Eclesiástico*), but they are intertwined with religious authorities and religious views on suicide. Part and parcel of modernity is the loss of faith, and if modernity also causes suicide, then the loss of faith must play a role.

In conclusion, since these articles claiming links of suicide with criminality and the immorality of modernity do not directly mention God or religion for the most part, they are not necessarily secular, nor is the discourse of suicide as a ‘modern’ problem a secular one. In fact, the discourse of suicide as sin and an issue of modern (im)morality and criminality are inextricably linked; there is merely a difference in verbiage between sin and immorality, and the loss of faith is, too, connected with suicidality and criminality—as well as changes brought about by the unceasing tide of modernity.

Raising Awareness: Suicide and Wellness

The Philippines’ present “mental health crisis” has reignited the view of suicide as a medicalised issue—or, at the very least, an issue of mental wellness, and has spurred multiple campaigns to raise awareness of the issues of mental health and suicide in a compassionate, humanitarian way, aimed at understanding and preventing suicide and caring for those affected by it. To be precise, the terminology of “mental health” over “mental hygiene”, was popularised in the second half of the 20th century as an approach that included preventive and promotive healthcare instead of merely the treatment of mental ‘disorder’ per se. However, popular awareness of “mental health” as something common to all people and an essential component of health is more recent, with most public ‘awareness’ efforts as well as mental

³² Lindy Chica, “The World Today: Sane or Not?”, *The Carolinian* 36, no. 4 (1963): 33.

health-related legislation, in the Philippines and abroad emerging in the 2000s and 2010s.

However, the understanding of suicide as a social and wellness issue, as well as one of psychological health, is not necessarily new; its entrance into popular discourse and broader awareness is, but people have been ‘raising awareness’ of suicide in the Philippines since at least the 1930s through studies, literature, and popular columns.

A few articles in the 1930s speak of suicide as a phenomenon, though often lightheartedly. A 1927 study from the Philippines, cited in a 1933 international study, noted that housewives are the population in the Philippines most at risk of a suicide attempt; however, in keeping with statistics elsewhere in the world, women were more likely to attempt suicide, yet less likely to die than men. Half of all suicide attempts were girls and women aged 14–20.³³ A brief column in a 1936 issue of *The Young Citizen* remarked flippantly that “Filipino women don’t take suicide seriously”, citing an analytical study by a “prominent local doctor” who found the above statistics, closing by saying that women usually take to “easier methods” of ending their lives, which they usually survive.³⁴ This article is another manifestation of women’s mental health being dismissed as flippant; while the article publishes information that was and is accurate, it does so in a manner that dismisses the issue of suicide among women.

In 1938, *Panorama* published a quote by 19th century Irish journalist William Maginn jokingly stating “No cigar smoker ever committed suicide.” While the tone of these two publications were jocular, they indicate some level of awareness about suicide and its causes and an attempt to discuss them; while the helpfulness of cigar smoking is questionable, a hobby that one enjoys is, indeed, preventative. Nevertheless, addiction also has the potential to be a precipitating factor of suicide;³⁵ surely this idea would, however, have broken the lighthearted tone that *Panorama* and *The Young Citizen* were attempting to use. In short, certain publications in the 1930s also did not, themselves, “take suicide seriously”.

The next years, however, would see more sober discussions of the causes of suicide, some of which may be considered, in some indirect way, discussions on suicide prevention.

³³ Dublin and Benzel, *To Be or Not to Be*, 55.

³⁴ A.B.L.R., ‘Incredible, But--’, *The Young Citizen* 2, no. 7 (1936): 211.

³⁵ Christine Yuodelis-Flores and Richard K. Ries, ‘Addiction and Suicide: A Review’, *Focus: The Journal of Lifelong Learning in Psychiatry* 17, no. 2 (2019): 193–99, <https://doi.org/10.1176/appi.focus.17203>.

Women's Home Journal published a short story in 1938 by Fidel de Castro about a successful young man who kills himself after experiencing heartbreak and romantic rejection. De Castro claimed that this story was based on something that had occurred in real life and that he wrote it “for cynical people who claim that no such thing happens nowadays”;³⁶ the story was an early attempt at raising awareness of a matter that could cause suicide. As flippant as it sounds to many, heartbreak continues to be one of the leading causes cited in both psychological distress and suicide among young people.³⁷ This trope of love suicide is also present in other short stories throughout the first 60 years of the 20th century; a poem in a 1956 issue of *The Carolinian* humorously describes a girl being chased by two suitors and being tired of suicide and duel threats from the two of them.³⁸ Nevertheless, these other stories, unlike de Castro's, were not explicitly written in order to inform people of the phenomenon, and are lighthearted rather than straightforward attempts to present suicide as a tragedy with causes.

In 1947, Jacinto S. Galimba wrote in *The Arellano Star* that suicide is one of the “tragedies that are brought about by lack of self-control”, not that of the person who dies by suicide, but on the end of a person who drives another to it. He cites a case in which a sensitive young girl is asked by her teacher to stay late after class to rehearse her part in a program to be held in a few days. As she comes home by nightfall, her mother becomes angry with her and refuses to listen to her explanation, and she proceeds to utter “harsh, vulgar, and profane words the daughter did not deserve to hear”. The girl later kills herself, and Galimba blames the “tart temper” and “sharp tongue” of her mother.³⁹

Harsh scolding continues to be extremely common in Filipino households until today, sometimes crossing a line into verbal abuse; this girl and her mother were not an isolated case. Galimba correctly cites this form of emotional harm as a potential trigger for suicide, and avoids blaming the person who dies by suicide—it is not the girl's lack of *lakas ng loob* or personal moral failing that kills her, it is the hurt she experiences from others that compounds. Still, what Galimba fails to note is that this was almost definitely not the first time she had been scolded this way, and it possibly was not her only stressor.

³⁶ Fidel De Castro, ‘From Love to Mourning’, *Woman's Home Journal* 13, no. 1 (1938): 7, 41, 52.

³⁷ Lucia O'Sullivan, ‘Teenage Heartbreak Doesn't Just Hurt, It Can Kill’, *The Conversation*, 20 August 2017, <https://doi.org/10.64628/AAM.drmdq4dfe>.

³⁸ Helynn of Malingin, ‘Helynn's Peace Overture’, *The Carolinian* 20, no. 1 (1956): 18, 47.

³⁹ Jacinto S. Galimba, ‘On Self-Control’, *The Arellano Star* 3, no. 2 (1947): 5–7.

Suicide is multifaceted and often comes about after a chronic struggle; nevertheless, Galimba's statement seems unprecedented in Philippine discourse on suicide. Present discourses on mental health and suicide, then, may focus on this social issue: Filipino society's attitude toward children and the general permissibility of verbal abuse, harsh scolding, and corporal punishment, which are destructive to children's mental health and may become precipitating factors of addiction, mental health issues, and suicide.⁴⁰ Moreover, the promotion of closer, warmer relationships between parent and child helps address the current situation in which the majority of Filipino youth feel unable to speak with their families about mental health.⁴¹

A decade later, in 1958, a writer in *The Cabletow* stated in a column on friendship that it "is the tonic to depression, the cure to suicide."⁴² While 'cure' may be hyperbolic, it is equally true that positive social relationships aid in preventing suicide and improving overall mental health. The medicalised language of "tonic" and "cure" are also interesting here; by this time, suicide was—by some—being viewed as an issue of health and wellness that had distinct causes located in social environments, as well as "cures" and treatments. However, this discourse generally aligns with present views of the role of social support networks in mental health. Further promotion of positive social relationships within a community may be helpful, as is the loosening of stigma around discussing mental health and one's feelings with friends and family.

Around this time, more medical, psychological, and sociological studies on suicide emerged. Milagros M. Catuncan's study on the etiology of suicide in Manila and its suburbs was published in the *Philippine Sociological Review* in 1959; she noted that suicide occurs more often in the city due to the loss of social ties in rural-urban migration, repeating the same axiom still commonly upheld in studies of suicide today. Catuncan found that the main triggers of suicide attempts were financial difficulties and romantic relationships. While the methodology of analysing the causes of suicide may be questioned, particularly the reduction of suicide to one or two easily disentangled causes, both factors remain clear contributors to mental health issues and suicide, even today. Moreover, faith and family ties were held up as preventative factors, something which also still holds true—and had already been expressed by literary publications.⁴³

⁴⁰ Yuodelis-Flores and Reis, 'Addiction and Suicide', 194–5.

⁴¹ Boiser, '1 of 5 Young Filipinos.'

⁴² 'A Friend', *The Cabletow* 33, no. 7 (1958): 40.

⁴³ Catuncan, 26–33.

Studies in the 1960s were more likely to minimise the issue of suicide. Lee Sechrest proclaimed in his 1963 study on mental disorders in the Philippines that suicide is not a Filipino pattern. In Sechrest's view, violent urges on account of "mental disorder" were more likely to be turned outwards rather than inwards, i.e. by homicide rather than suicide. He cites Manila's homicide rates as being thrice higher than Chicago's, while having an extremely low suicide rate. He judges homicide rates primarily by newspaper accounts and does not reveal his methodology for suicide rates.⁴⁴ Nevertheless, it is revealing here that homicide and suicide are viewed as two sides of the same coin. Rodolfo Varias claimed the same year that suicide was generally viewed as an "unacceptable way of dealing with anger or frustration".⁴⁵ In 1964, L.C. Maguiad stated that, aside from running amok, suicide in the Philippines was exceptionally rare.⁴⁶ While this is partly true, especially on account of Catholic stigma against suicide, suicides obviously still occurred; these articles opted not to treat the problem at length.

Meanwhile, articles in outlets such as *Panorama* wrote further on the causes and prevention of suicide. A 1965 article on andropause by J.D. Ratcliff, republished from *Science Digest*, noted that men experiencing andropause sometimes experienced suicidality or attempted to die by suicide. It further reported that 85% experienced depression in an unnamed study and that, in "virtually all cases", hormone replacement therapy treated these symptoms.⁴⁷ In 1968, *Panorama* also reprinted an article by Florence Schmidt in the *Delta Kappa Gamma Bulletin* discussing how teachers' apathy toward students was "one of the most critical problems" college students face, and in some cases "leads tragically to suicide".⁴⁸ Many of these social issues remain true today, which we will tackle further in the following section.

These attempts at 'raising awareness' gradually fade in the 1970s, with the advent of Martial Law and its harsh censorship of media—and the great many more deaths caused by extrajudicial killings and torture, much more than suicide. A few bits of research on suicide existed throughout the period between 1972 and 1987. In 1973, Sechrest et al. published a comparative survey on attitudes toward mental disorders among college students in the United States, Pakistan, and the Philippines. Filipino students were equally as likely as Pakistanis, but less likely than Americans, to state that someone

⁴⁴ Lee Sechrest, 'Symptoms of Mental Disorder in the Philippines', *Philippine Sociological Review* 11, no. 3/4 (1963): 189–206, <http://www.jstor.org/stable/43596333>.

⁴⁵ Rodolfo R. Varias, "Psychiatry and the Filipino Personality", *Philippine Sociological Review* 11, no. 3/4 (1963): 179–84, <http://www.jstor.org/stable/43596331>.

⁴⁶ 'Official Poverty Stats Underestimate Actual Number of Poor Filipinos – IBON', IBON Foundation, 19 August 2024, <https://www.ibon.org/official-poverty-stats-underestimate-poor-filipinos/>.

⁴⁷ J.D. Ratcliff, 'Gland That Makes the Man', *Panorama* 17, no. 10 (1965): 46.

⁴⁸ Florence Schmidt, 'Preparation of Teachers', *Panorama* 20, no. 6 (1968): 32–35.

who kills themselves must be insane. However, all groups were equally likely to believe that individuals with mental illness could be helped and that their brain size was the same as that of ‘normal’ individuals.⁴⁹

In 1986, Enriquez et al. published a study in the *Philippine Journal of Psychiatry* of 113 cases of attempted suicides from 1980–5 in the University of Santo Tomas (UST) Hospital; unmarried men and married women were more at risk than their married and unmarried counterparts. Most attempted to die by organophosphate poisoning with herbicides and pesticides, and the most common precipitating factor (36%) was arguments with loved ones, followed by domestic issues. Most did not have any known psychiatric illness. The authors’ suggested preventative mechanism was, in brief, prospective studies focused on demographics of suicide.⁵⁰

Discourses on suicide awoke once more with the death of Jaime Ongpin at the end of 1987. Columnists debated the cause of his death, and many posed the question “Why?”. This included an editorial in *Malaya* entitled “Why, Jimmy?”, which repeatedly asked this question, eulogizing Ongpin’s “incredible” intellect that he had given “to the nation” and then taken away. The editorial concludes with the refrain: “As we pray for you and those you leave behind, we continue to ask—why, Jimmy?”⁵¹ His son retorted to one rude columnist in *Malaya*, who had called Ongpin self-absorbed with delusions of grandeur, that his father suffered from clinical depression in the last months of his life and asked for respect for his family.⁵² A few days after his death, a column also appeared in *The Philippine Star* on the grief of losing someone to suicide, namely the son of the author’s neighbour; his friends asked repeatedly “why?” and hoped that he would have told them his problems, so that they could have helped.⁵³ This media frenzy and outpouring of grief following Ongpin’s death remind us that, as much as multiple discourses along medicalised, religious, and social lines existed, the way people grieved for Ongpin in public was how families grieved their dead in private—asking why and weeping for them. Despite public ideas about suicide, families have consistently, always grieved and struggled to understand the deaths of their loved ones.

⁴⁹ Lee Sechrest et al., ‘Attitudes toward Mental Disorder among College Students in the United States, Pakistan, and the Philippines’, *Journal of Cross-Cultural Psychology* 4, no. 3 (1973): 342–59, <https://doi.org/10.1177/002202217300400306>.

⁵⁰ R.Y. Enriquez et al, ‘Suicide patterns in the 80s’, *Philippine Journal of Psychiatry* 13, no. 2 (1986): 54–58.

⁵¹ ‘Why, Jimmy?’, Board Room, *Malaya* (Manila), 9 December 1987.

⁵² Rafael Ongpin, ‘Ongpin Son’s Rejoinder to Sipin Column’, Views/Opinion, *Malaya* (Manila), 12 December 1987.

⁵³ Domini Torrevillas-Suarez, ‘When Someone Goes’, *The Philippine Star* (Manila), 10 December 1987.

At the tail end of the millennium, 13% of Filipino college students had contemplated suicide by 1991, and 3.4% had attempted it.⁵⁴ Throughout the 1990s, it was found that Filipino domestic helpers abroad were at extreme risk of suicide due to isolation and mistreatment abroad.⁵⁵ The majority of children of Filipino immigrants in 1997 had contemplated suicide.⁵⁶

To date, suicide remains a significant issue. Suicide rates continue to rise, and increasing numbers of cases are reported among students, battered wives, and young professionals who die by suicide.

This raises the question of the appropriate directions for future response.

Conclusion

While religious stigma against suicide has persisted throughout the 20th and 21st centuries in the Philippines, it has never been the sole or dominant discourse in the media. Yet it has persisted, and suicide continues to be a major issue, marred by stigma and misunderstanding—so what is to be done?

The researcher believes that historical research on discourses around suicide is part of destigmatising it. First and foremost, it is crucial to demystify popular cultural discourses surrounding suicide; these are not natural, immutable parts of Filipino culture, but are constantly changing and developing. Furthermore, promoting awareness of suicide and understanding suicide as an issue of wellness are nothing new in the Philippine context. It cannot be denied that it is only in the 21st century present that ‘suicide awareness’, so to speak, has come into mainstream urban consciousness; nevertheless, these movements do, in fact, have a genealogy, and can perhaps trace their origins back to the very same popular writers and researchers who wrote on suicide in the 20th century.

We may learn from these discourses—which of these ‘cures’ for suicide do we still endorse? May we take a leaf from *Panorama* and further promote friendship as a tonic for depression? Could we remember to keep andropause in mind when assessing mental health in middle-aged men?

⁵⁴ David Lester et al., ‘Locus of Control, Depression, and Suicidal Ideation Among American, Philippine, and Turkish Students’, *The Journal of Social Psychology* 131, no. 3 (1991): 447–49, <https://doi.org/10.1080/00224545.1991.9713873>.

⁵⁵ Christopher Bagley et al., ‘Stress Factors and Mental Health Adjustment of Filipino Domestic Workers in Hong Kong’, *International Social Work* 40, no. 4 (1997): 373–82, <https://doi.org/10.1177/002087289704000402>.

⁵⁶ Diane L. Wolf, ‘Family Secrets: Transnational Struggles among Children of Filipino Immigrants’, *Sociological Perspectives* 40, no. 3 (1997): 457–82, <https://doi.org/10.2307/1389452>.

Moreover, how can we move forward? It may be noted that suicide is not merely an issue of individual medicalised mental health, but also a social issue. These historical discourses may also be taken a step further, and their shortcomings, as well as those of contemporary approaches, may be recognized. Consideration may be given not only to andropause but also to menopause, alongside advocacy for improved medical treatment of women’s health, including their mental health, which is no longer dismissed as insignificant in relation to suicide. Attention may also be directed to other vulnerable sectors that experience higher rates of suicide due to discrimination and adverse material conditions, similar to women, such as LGBTQIA+ individuals (nearly half of whom in the Philippines have attempted suicide) and domestic workers, who have historically experienced—and continue to experience—higher rates of mental health issues and suicide. It is necessary for us to do so, and it is even more crucial that we continue the work of *true* suicide prevention and understanding of suicide, not merely the “reactive” response to suicide that has been common in the Philippines: too little, too late, an official statement by a school following a student death, and meager efforts at counselling.

To pay attention to the mental health of these vulnerable groups, we must pay attention to the root causes of their pain. Many of these social and medical issues cited in prior research and writing about suicide in the Philippines hold true today. Money problems continue to be a common precipitating factor for mental health issues and suicide, and as previously stated, depression is a completely expectable response to the long-term stress of poverty and discrimination (as in the case as well of higher suicide attempt rates against women, who navigate a misogynistic society). Officially, around 1.55% of Filipinos live below the poverty line as of 2023; however, official poverty statistics undermines the actual prevalence of poverty in the Philippines, as they peg the daily per capita average threshold at 91 pesos—three meals at 21 pesos each (an absurdity, considering the cost of nutritious, filling food) and another 28 pesos for non-food needs. In actuality, it is likely that over half of Filipino families experience poverty, which is not merely about family income and basic food needs but also capacity for healthcare, education, housing, well-being, and political empowerment.⁵⁷ Who, in this situation, would not feel horrendously depressed and perhaps even want to end their life?

⁵⁷ ‘Official Poverty Stats Underestimate Actual Number of Poor Filipinos – IBON’, IBON Foundation, 19 August 2024, <https://www.ibon.org/official-poverty-stats-underestimate-poor-filipinos/>.

Furthermore, teachers' apathy toward students, as one article cited, is emblematic of an overwhelmed educational system as well as an outgrowth of Filipino cultural attitudes toward child-rearing, which promote discipline and punishment. Teachers frequently make less than they need to support their own family; around 48% of teachers in the Philippines who plan to quit do so due to unrealistic compensation. The entry level salary of a private school teacher is 14,000 pesos monthly, while the entry level rate for a public school teacher is 27,000 pesos—neither amount being particularly great, and the former just barely missing the poverty threshold for a family of five assuming a sole earner.⁵⁸ How can teachers care well for their students when they themselves struggle to survive?

Thus, addressing the problem of poor mental health and suicide, both of which are precipitated by poverty, involves addressing poverty itself and seeking out ways to reduce it massively. Attitudes toward children also must shift toward one of mutuality and kindness, rather than a punitive, discipline-focused culture. While our existing psychological services are helpful and access to them must be increased, we also must expand beyond our medicalised view of suicide to address the poverty, disempowerment, discrimination, loneliness, and stigma that all perpetuate the issue of suicide, and this is even more transparent when we look at the history of suicide in the Philippines.

We must proactively increase psychological support for those who are vulnerable, and make these services financially and geographically accessible; it is important that suicide and mental health awareness and response are not confined to bourgeois Manila (as the sources of this study admittedly are), but spread throughout regions and social classes. Furthermore, undoing stigma against mental health issues remains important, as is the encouragement of peer, family, and community support—thus, promoting socialisation among people of all ages is necessary. This may mean better third spaces and the encouragement of community groups. Seeing higher rates of suicide in marginalised groups, like women and the LGBTQIA+ community, both historically and in the present means that the reduction of bigotry and political violence is crucial; as stated, to address the issue of suicide that has plagued the Philippines for a century and more, we must move toward constructing a society where every person has enough to not just survive, but fully thrive on.

These are all learnings we can gain from analysing historical and current discourses on suicide, which run the gamut from religious to medical to

⁵⁸ Reviel Marc Dela Cruz, 'Low Compensation among Teachers a Continuing Injustice in the Philippines', *INQUIRER.Net*, 28 August 2024, <https://opinion.inquirer.net/176376/low-compensation-among-teachers-a-continuing-injustice-in-the-philippines>.

social. in the end, one of the most crucial lessons one learns from reflecting on the history of suicide in the Philippines is that suicide prevention does not merely mean preventing death, but creating the conditions for the flourishing of life. *

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