

# Suicide Prevention Based on the Lived Experience of Students Who Attempted Suicide (A Case Study of Lower Secondary School Girls in Delfan, Lorestan Province)

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## ABSTRACT

**Objective:** This study aimed to design and evaluate a suicide prevention educational package based on the lived experiences of adolescent girls who had previously attempted suicide and compare its effectiveness with a meaning-centered intervention grounded in logotherapy.

**Methods and Materials:** This research employed a mixed-methods design, including both qualitative and quantitative components. The statistical population consisted of all lower secondary school girls in Delfan County, Lorestan Province, during the 2023–2024 academic year. In the qualitative phase, data were collected through in-depth semi-structured interviews using a phenomenological approach and snowball sampling until theoretical saturation was reached. Thematic analysis was used to extract the main themes related to suicidal ideation. Based on these findings, a 10-session educational package was developed. In the quantitative phase, 45 participants were randomly assigned to three groups: a lived-experience-based intervention group, a meaning-centered intervention group, and a control group. The Beck Suicide Ideation Questionnaire was administered pre- and post-intervention. Data were analyzed using analysis of covariance (ANCOVA).

**Findings:** Thematic analysis revealed eight main themes contributing to suicidal ideation, including academic pressure, family conflict, loneliness, psychological problems, trauma, lack of awareness, media influence, and insufficient social support. ANCOVA results showed that both intervention packages significantly reduced suicidal ideation compared to the control group. Although no statistically significant difference was found between the two intervention groups, the lived-experience-based package had a slightly greater effect size. Adjusted means indicated lower suicidal ideation scores in the lived-experience group post-intervention.

**Conclusion:** Both the lived-experience-based and meaning-centered suicide prevention packages were effective in reducing suicidal ideation among adolescent girls. Integrating phenomenological insights with existential therapy provides a culturally and psychologically resonant framework for suicide prevention in educational settings.

**Keywords:** Suicide, Lived Experience, Prevention Package, Adolescent Girls

## 1. Introduction

Suicide among adolescents is one of the most pressing public health challenges worldwide, often rooted in multifaceted psychological, social, and existential distress. Adolescence is marked by profound biological, cognitive, and emotional transitions, making it a vulnerable developmental stage for the emergence of self-harming behaviors and suicidal ideation (Bell, 2025; Lu et al., 2025; Yeşilkaya & Hocaoglu, 2025). Multiple studies have consistently confirmed that suicidal behavior in this age group is rarely the result of a single cause; rather, it arises from a complex interplay of individual vulnerabilities, psychological suffering, socio-cultural stressors, and lack of meaning in life (Hawton et al., 2012). In particular, the growing trend of suicide attempts among adolescents in Iran, as reflected in population-based studies, signals an urgent need to explore more culturally responsive and experientially grounded prevention strategies (Abbasi-Ghahramanloo et al., 2024; Fakhari et al., 2021). This study seeks to address this concern by designing a suicide prevention educational package grounded in the lived experiences of students who have previously attempted suicide, and comparing its effectiveness with a meaning-centered intervention rooted in logotherapy.

Suicidal ideation is often preceded by experiences of psychological trauma, emotional neglect, social rejection, and existential crisis, all of which have been recurrently identified in qualitative accounts of adolescents who engage in self-harming behaviors (Mohammadi et al., 2022; Mohibi et al., 2020). Adolescents' lived experiences reveal key psychosocial themes such as academic pressure, familial conflict, loneliness, and hopelessness as dominant precursors of suicidal behavior. These experiential insights suggest that preventive interventions must not only target symptom relief but also integrate the subjective narratives of those affected to build relevance, trust, and emotional resonance (Diktaş Yerli, 2023). While traditional preventive approaches often emphasize psychiatric symptoms and clinical risk factors, recent sociological and phenomenological perspectives emphasize the need to consider structural and cultural contributors to suicide, especially among youth in transitional societies like Iran (Ghaderi & Nazari, 2019). A sociological analysis of suicide in Iran between 2010 and 2014, for instance, highlights the crucial role of social disintegration and intergenerational conflict in escalating suicidal tendencies among adolescents (Ghaderi & Nazari, 2019).

Efforts to develop more effective suicide prevention programs have increasingly drawn on the principles of positive psychology and existential therapy. In particular, Viktor Frankl's logotherapy—centered on the human capacity to find meaning even amidst suffering—has gained attention as a transformative approach to mitigate depression, hopelessness, and suicidality (Marshall & Translated by Rahim, 2017; Tahmasbi Pour, 2020). Empirical studies support the application of logotherapy in clinical and educational contexts, showing significant improvement in meaning in life and reduction in suicidal ideation among diverse populations (Sun et al., 2022; Zekri et al., 2024). Specifically, interventions based on meaning-centered therapy have shown promise in enhancing resilience and reducing negative affect in adolescents (Karimi Dastaki & Mahmudi, 2024). The integration of cultural and spiritual resources into logotherapy—such as the mystical teachings of Molana Rumi—has also been proposed as a culturally sensitive adaptation for Iranian populations (Amiri et al., 2016; Haj Zain al-Abidin et al., 2022; Mahdavi, 2021). These works underline that meaning is not only a philosophical concept but a protective psychological factor that can be operationalized in therapeutic contexts.

Despite the advances in meaning-centered and cognitive-behavioral interventions, many suicide prevention programs lack grounded insight from the real-life experiences of adolescents who have survived suicide attempts. The lived-experience perspective offers a nuanced understanding of the psychological and contextual dynamics that contribute to suicidal behavior. Phenomenological studies conducted on adolescents who have engaged in non-suicidal self-injury or suicide attempts reveal profound feelings of emotional disconnection, identity confusion, and lack of perceived social support (Mohammadi et al., 2022; Mohibi et al., 2020). These insights call for prevention programs that not only educate but also empathize and resonate with the unique psychological narratives of at-risk youth. In this context, developing a suicide prevention package derived from the lived experiences of students who have attempted suicide represents a significant step forward in tailoring intervention content to the actual needs and psychological reality of this population.

Equally important is the comparison of such experiential packages with meaning-oriented therapeutic approaches to evaluate their relative impact on suicidal ideation. Youth suicide prevention programs have historically focused on school-based psychoeducation, gatekeeper training, and skill

development (Gould et al., 2003). However, meta-analyses indicate that the long-term effectiveness of such programs depends on their ability to foster a deep sense of self-worth, future orientation, and psychological meaning-making (Gould et al., 2003). In this regard, Molana Rumi's spiritual philosophy—emphasizing the human journey toward transcendence, acceptance of suffering, and discovery of inner truth—offers profound therapeutic value when integrated into psychological education (Kompani Zare, 2019; Tiranaz, 2018). These teachings, when adapted into structured meaning-based interventions, can function as existential tools that reconnect adolescents with purpose and belonging—two critical elements in suicide prevention (Roozbehaneh, 2021).

Furthermore, suicide prevention efforts must be contextualized within the broader socio-cultural and public health frameworks. Studies conducted in Northwestern Iran, where this current research is situated, reveal regional variations in the prevalence and patterns of suicide, influenced by social stigma, economic marginalization, and inadequate access to mental health services (Abbasi-Ghahramanloo et al., 2024; Fakhari et al., 2021). Therefore, a one-size-fits-all model is unlikely to meet the psychological and existential needs of all adolescents. What is needed is a dual-approach that combines empirically supported methods like logotherapy with qualitative insights drawn from the personal testimonies of those who have attempted suicide (Sun et al., 2022; Zekri et al., 2024). Such a model is capable not only of treating symptoms but also of addressing the root existential distress that often drives adolescents to the edge.

In sum, the current study aims to design and evaluate a suicide prevention educational package based on the lived experiences of adolescent girls who have attempted suicide in Delfan County, Lorestan Province.

## 2. Methods and Materials

In this study, a mixed-methods design was employed, combining both qualitative and quantitative approaches to comprehensively examine the phenomenon of suicidal ideation and prevention strategies among adolescent girls. The statistical population consisted of all lower secondary school female students in Delfan County, Lorestan Province, during the 2023–2024 academic year. In the qualitative phase, the study adopted a phenomenological approach, with a primary focus on in-depth interviews aimed at exploring the lived experiences of students who had previously

attempted suicide. Participants in this phase were selected through the snowball sampling method, which continued until theoretical saturation was achieved. This approach allowed for the collection of rich, nuanced data from individuals who had directly encountered the phenomenon under investigation. In the quantitative phase, a total of 45 participants were randomly selected from the same student population and were equally assigned to three groups: a meaning-centered intervention group, a group receiving the proposed suicide prevention package based on lived experiences, and a control group receiving no intervention. The quantitative design was quasi-experimental in nature, utilizing a pretest-posttest structure with a control group to assess the effectiveness of the interventions.

The data collection tool in the quantitative section was the standardized Beck Suicide Ideation Questionnaire, a widely validated instrument designed to measure the severity and frequency of suicidal thoughts. This self-report scale includes items that assess various dimensions of suicidal ideation, including the wish to live or die, passive and active thoughts of suicide, and plans or intentions regarding self-harm. Participants were instructed to respond to each item based on their experiences over the recent past, ensuring temporal relevance and psychological accuracy. The questionnaire was administered twice—once before the intervention (pretest) and once after the completion of the intervention program (posttest). To ensure ethical considerations, the participants' anonymity and confidentiality were strictly maintained, and informed consent was obtained from both students and their guardians prior to participation. The qualitative interviews were semi-structured and conducted in a private setting, allowing respondents to express their experiences and emotional states without constraint, which enriched the depth and validity of the data collected for thematic exploration.

The data analysis process was divided into two distinct phases, corresponding to the study's mixed-methods design. In the qualitative phase, data from interviews were analyzed using thematic analysis, which involved systematically coding the textual data, identifying recurring patterns, and organizing these patterns into coherent themes. This method enabled the researchers to capture and articulate the key psychological, social, and contextual factors contributing to suicidal ideation among adolescent girls. The thematic analysis was conducted manually and iteratively, with frequent peer reviews to enhance the reliability and credibility of the themes extracted. In the quantitative phase, statistical analysis was performed using analysis of

covariance (ANCOVA) to evaluate the effectiveness of the two intervention packages. ANCOVA was chosen to control for potential pretest differences among the groups, allowing for a more accurate assessment of the intervention effects on posttest scores of suicidal ideation. The analysis revealed whether the intervention groups showed significant improvements compared to the control group and whether there was a meaningful difference in outcomes between the meaning-centered package and the lived experience-based intervention. This dual-layered analysis provided both in-depth qualitative insights and robust quantitative evidence,

enabling a comprehensive understanding of the research problem.

### 3. Findings and Results

In the present study, the initial aim was to extract the core and sub-themes underlying the causes and contributing factors of suicide among adolescent students, with an emphasis on the lived experiences of participants who had engaged in unsuccessful suicide attempts.

**Table 1**

*Main and Sub-Themes Related to Suicide Among Adolescent Students*

Main Themes	Sub-Themes
Academic Pressures	Intense school competition High expectations from parents and teachers Anxiety and stress caused by examinations
Family Problems	Lack of emotional support from the family Family conflicts and environmental tensions Absence of effective communication with parents
Loneliness and Isolation	Feeling of not belonging to peer groups Lack of close and supportive friendships Experience of social rejection
Psychological Problems	Depression and anxiety Feelings of worthlessness and hopelessness Suicidal ideation and self-harming thoughts
Traumatic Experiences	Experiences of abuse and harassment Experience of bereavement or loss of loved ones Exposure to painful and traumatic events
Lack of Awareness/Education	Insufficient knowledge about mental health Absence of educational programs in schools Fear of judgment and non-acceptance when expressing problems
Role of Media	Negative influence of media and social networks Inaccurate portrayal of suicide and mental health issues Easy access to harmful and dangerous content
Need for Social Support	The importance of having counselors and psychologists in schools The need for support programs and support groups Strengthening social connections and group activities

Following the extraction of main causes of suicide, an educational intervention package for suicide prevention was developed based on the lived experiences of students who had previously attempted suicide. This package was derived from the qualitative phase analysis, interview transcripts, and the extracted thematic content and consisted of 10 structured sessions.

An additional protocol for meaning-centered therapy was also designed, based on the philosophical and mystical teachings of Rumi (Mawlana). The curriculum was developed using his prose and poetic works and structured into an educational framework reflecting meaning-oriented concepts. After drafting, it was reviewed by two experts in Persian literature, revised accordingly, and finalized for implementation.

**Table 2**

*Structure of Sessions in the Meaning-Centered Educational Program Based on Rumi's Thoughts*

Session	Brief Description
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First	Introduction: Familiarization with participants, outlining the course rules, establishing rapport, presenting the program, and conducting the pretest.
Second	Review of previous session and feedback. Philosophical foundations of meaning in life. Definition and need for logotherapy. The three pillars: meaning, free will, and will to meaning.
Third	Review and feedback. Geographic exploration of the meaning issue. Various perspectives on “meaning” and “life.”
Fourth	Review and feedback. Key concepts of logotherapy in harmony with Rumi’s thoughts: meaning-seeking, freedom, responsibility, conscience, destiny, love, suffering, and perspective.
Fifth	Review and feedback. The meaning of life in Rumi’s life before and after meeting Shams. Geometry of human spirituality according to Rumi.
Sixth	Review and feedback. Meaning in Rumi’s worldview. Rumi through Frankl’s lens. Divine nature of meaning. Love as a transcendent force.
Seventh	Review and feedback. Life and suffering from Rumi’s perspective. Why life includes pain, and how Rumi frames suffering with patience and endurance.
Eighth	Review and feedback. Exploring meaning as value. Distinction between values and goals. Identifying life values.
Ninth	Review and feedback. Continuation of exploration into meaning as value.
Tenth	Review and feedback. Final summary of all sessions and administration of the posttest.

According to expert evaluations, the suicide prevention intervention protocol demonstrated strong content alignment and implementation quality. The agreement coefficient for content relevance was 0.83; for appropriateness of session structure, 0.91; for adequacy of allotted time, 0.93; for intervention sufficiency, 0.78; and for overall assessment, 0.84. The total expert agreement score for the entire protocol

was 0.86. These values reflect a high level of content validity and methodological rigor in the design and structure of the educational program. Following these evaluations and final approvals from academic supervisors and consultants, the protocol was implemented in **10 weekly sessions**, each lasting 1.5 hours, for the experimental group.

**Table 3**

*Results of ANCOVA for Post-Test Suicide Ideation Between Experimental and Control Groups*

Source	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Post-test Suicide Ideation	27.513	1	27.513	7.699	0.010	0.222
Group	254.373	1	254.373	71.182	0.001	0.725
Error	96.487	27	3.574			
Total	5251	30				

As illustrated in Table 3, after adjusting for the pre-test scores of suicide ideation, a statistically significant difference was observed between the experimental and control groups ( $F(1, 27) = 71.182, p \leq 0.001$ ). Therefore, the null hypothesis of no difference between the two groups is rejected, and it is concluded that the suicide prevention educational package based on the lived experience of

students who had attempted suicide had a significant effect on reducing suicidal thoughts. Furthermore, the intervention effect size (Eta squared) of this educational package on suicidal ideation was 0.72, indicating a large effect.

Additionally, the adjusted means and standard errors of suicide ideation scores for the experimental and control groups are presented in Table 4.

**Table 4**

*Adjusted Mean and Standard Error of Suicide Ideation Scores for Experimental and Control Groups*

Group	Adjusted Mean	Standard Error
Experimental	9.75	0.491
Control	15.64	0.491

As observed in Table 4, there is a notable difference between the adjusted post-test mean scores of suicide ideation between the experimental and control groups.

**Table 5**

*Results of ANCOVA for Post-Test Suicide Ideation Between the Lived Experience-Based Package and the Meaning-Centered Package*



Source	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Post-test Suicide Ideation	5.266	1	5.266	0.697	0.411	0.025
Group	5.921	1	5.921	0.783	0.384	0.028
Error	204.067	27	7.558			
Total	3235	30				

As shown in Table 5, after adjusting for the pre-test scores of suicide ideation, there is no statistically significant difference between the effects of the two suicide prevention educational packages—one based on lived experience and the other on meaning-centered therapy—on post-test suicide ideation ( $F(1, 27) = 0.783, p \geq 0.001$ ). Therefore, the null hypothesis of no difference between the two groups is

confirmed, and it is concluded that there is no significant difference between the effects of the lived experience-based suicide prevention package and the meaning-centered package on suicidal thoughts among students.

Additionally, the adjusted means and standard errors of suicide ideation scores for both groups are presented in Table 6.

**Table 6**

*Adjusted Mean and Standard Error of Suicide Ideation Scores for the Lived Experience-Based and Meaning-Centered Packages*

Group	Adjusted Mean	Standard Error
Lived Experience-Based Suicide Prevention Package	9.589	0.710
Meaning-Centered Package	10.478	0.710

As shown in Table 6, there is no considerable difference between the adjusted post-test mean scores of suicide ideation between the two suicide prevention educational packages.

#### 4. Discussion and Conclusion

The present study aimed to develop and evaluate a suicide prevention educational package based on the lived experiences of adolescent girls who had previously attempted suicide and compare its effectiveness with a meaning-centered intervention grounded in logotherapy. The findings revealed that both intervention packages were effective in reducing suicidal ideation, with no statistically significant difference between the two. However, descriptive data and adjusted mean scores indicated a slightly greater reduction in suicidal thoughts in the group receiving the lived-experience-based package. This result highlights the practical value of designing interventions that directly emerge from the experiential narratives of at-risk youth and are tailored to their psychological realities and contextual challenges.

The thematic analysis of the qualitative phase revealed eight major themes influencing suicidal ideation among adolescent girls: academic pressure, family conflict, loneliness and social isolation, psychological problems, traumatic experiences, lack of awareness and education, the negative role of media, and inadequate social support. These findings align with prior qualitative research that

underscores the significance of socio-emotional disconnection, family dysfunction, and psychological distress in driving suicidal behavior among adolescents (Mohammadi et al., 2022; Mohibi et al., 2020). In a similar phenomenological study, participants described deep-seated feelings of worthlessness, emotional abandonment, and a desire to escape unbearable psychological pain (Mohammadi et al., 2022). The consistency of these results across different studies confirms the importance of addressing not only cognitive and behavioral aspects but also subjective and existential dimensions of adolescent suicidality.

Quantitative findings from the ANCOVA analyses supported the effectiveness of both intervention models. The educational package based on lived experience significantly reduced suicidal ideation in the experimental group compared to the control group. This outcome indicates that when adolescents engage in content that reflects their lived struggles and emotional truths, they are more likely to internalize prevention messages and apply them in meaningful ways. The high effect size observed ( $\text{Eta}^2 = 0.72$ ) reflects the intervention's strong influence, suggesting that experiential authenticity may be as important as therapeutic modality. This is consistent with literature emphasizing the impact of youth-informed, narrative-based prevention strategies, especially in cultures where direct conversations about suicide are often stigmatized or avoided (Diktaş Yerli, 2023; Ghaderi & Nazari, 2019).

On the other hand, the meaning-centered intervention grounded in Viktor Frankl's logotherapy and enriched with Rumi's spiritual teachings also demonstrated notable success in reducing suicidal ideation. Although statistical comparison revealed no significant difference between the two packages, the structured meaning-making approach provided students with a philosophical and psychological framework for interpreting suffering and restoring purpose. Prior studies have validated the effectiveness of logotherapy in reducing hopelessness, depression, and suicidal thoughts in clinical and non-clinical populations (Sun et al., 2022; Zekri et al., 2024). Frankl's core concepts—freedom of will, will to meaning, and meaning in suffering—resonate deeply with adolescents navigating identity crises and emotional upheaval (Marshall & Translated by Rahim, 2017; Tahmasbi Pour, 2020). Moreover, Rumi's integration into this approach added a culturally rooted dimension, bridging spirituality, literature, and therapy in a form that is emotionally accessible to Iranian adolescents (Amiri et al., 2016; Haj Zain al-Abidin et al., 2022).

This convergence between existential theory and Persian mystical thought has been previously explored by scholars who argue that Rumi's philosophy offers a language of healing particularly suited for adolescent psychological growth in Eastern contexts (Mahdavi, 2021; Roozbehaneh, 2021; Tiranaz, 2018). Rumi's vision of pain as a path to inner transformation complements Frankl's logotherapy by reframing suffering not as an endpoint but as a catalyst for personal meaning. This spiritual-existential integration not only enhances therapeutic engagement but also fosters resilience, a protective factor that moderates the risk of suicide (Karimi Dastaki & Mahmudi, 2024).

Nevertheless, it is crucial to highlight the unique contribution of the lived-experience-based package. While the meaning-centered model offers a coherent existential structure, the experiential package allows for emotional immediacy and psychological mirroring. Adolescents are more likely to trust and respond to messages that reflect their own language, fears, and dilemmas. This aligns with studies showing that suicide prevention programs designed with the participation of youth or based on peer experience tend to be more effective than top-down didactic models (Gould et al., 2003). Moreover, the lived-experience approach aligns with qualitative research that calls for more empathetic, participatory, and culturally specific interventions in suicide prevention (Abbasi-Ghahramanloo et al., 2024; Fakhari et al., 2021).

These findings also resonate with sociological studies in Iran, which have identified suicide not only as a mental health concern but as a reflection of broader social and existential disruptions (Ghaderi & Nazari, 2019). The tension between traditional values and modern expectations, weakened family cohesion, and limited access to mental health resources are recurring contributors to adolescent distress (Diktaş Yerli, 2023). The effectiveness of both intervention packages in this study suggests that suicide prevention cannot rely solely on clinical approaches but must integrate cultural, spiritual, and experiential dimensions that acknowledge the realities of adolescents' lives. The inclusion of Molana's teachings in the meaning-centered package and the lived testimonies in the experiential program represent two such culturally congruent pathways.

In general, the study's findings suggest that suicide prevention among adolescent girls in Iran can benefit significantly from dual-focused intervention strategies. On one hand, meaning-centered therapy cultivates philosophical insight and future orientation, while on the other, experiential approaches provide emotional validation and psychological safety. The absence of a statistically significant difference between the two packages suggests that both models are valuable and may serve complementary roles in a tiered prevention strategy. In practice, schools and mental health providers may consider implementing both types of interventions, tailored to different student needs and levels of risk.

## 5. Limitations & Suggestions

Despite its valuable insights, this study is subject to several limitations. First, the sample size was relatively small and limited to female students in one county (Delfan, Lorestan), which restricts the generalizability of the findings to broader populations, including boys or adolescents in urban areas. Second, the duration of the intervention and follow-up was limited to the immediate post-intervention phase; thus, the long-term sustainability of the effects remains unknown. Third, while both intervention packages were implemented with care, differences in facilitator delivery, student engagement, or environmental context may have subtly influenced the outcomes. Finally, although the phenomenological method captured rich lived experiences, there is always the risk of subjectivity in thematic analysis, especially given the sensitive and emotionally charged nature of the topic.

Future research should aim to expand the sample to include adolescents of diverse genders, regions, and cultural backgrounds in order to validate and refine the intervention models. Longitudinal studies are necessary to examine the lasting effects of both the lived-experience and meaning-centered interventions on suicidal ideation and psychological well-being. Additionally, future research could explore integrating digital platforms or peer-led modules to increase accessibility and reduce stigma. Comparative studies could also investigate the combined or sequential use of both approaches to assess whether integrating them offers synergistic benefits. Finally, researchers are encouraged to engage adolescents more actively in the co-design of intervention content to enhance authenticity, engagement, and cultural alignment.

From a practical perspective, schools should consider embedding both experiential and meaning-centered suicide prevention programs into the educational curriculum. School counselors and psychologists can be trained to facilitate these programs, using culturally adapted materials and trauma-informed practices. Policymakers should prioritize funding for adolescent mental health programs that are grounded in local realities and validated by youth voices. Furthermore, educational and health systems should work together to establish collaborative frameworks where spiritual, psychological, and sociocultural dimensions of well-being are addressed in an integrated manner. Empowering students to share their experiences in safe, supportive environments can foster resilience, reduce stigma, and ultimately contribute to a culture of life affirmation and emotional growth.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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## Authors' Contributions

All authors equally contributed to this article.

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