

# Dialogue and taboo-breaking about suicide favor the valorization of life

Elisa Henzler / 22 de fevereiro de 2024 / In English

**Mental health | To prevent self-inflicted death, it is necessary to be aware of objective and subjective factors and openly talk about it. Professionals from medicine, psychology, sociology and philosophy point out and analyze structural foundations of society and the individual that lead to the occurrence of this social and public health problem**

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If you, as a reader, find yourself in a period of fragility, we highly suggest that you seek support and return to this text at another time.

Self-inflicted death often reflects broad social and cultural challenges such as loneliness, isolation, lack of community connections, and sociocultural expectations that can contribute to feelings of hopelessness and helplessness. The stigma surrounding suicide can cause people to avoid talking about the issue, a behavior that can put them at risk of not reaching help. The tragic outcome can speak loudly about our current type of society, which condemns to subjectiveness and silence what could precisely prevent it: the dialogue. Finding a way to carry out this dialogue, and to employ strategies that lead to the appreciation of life is a societal issue. The desire here is to create an opening for such dialogue to happen. If you, as a reader, find yourself in a period of fragility, we suggest that you seek support and return to this text at another time.

Taboo can reinforce the idea that the topic is prohibited for open and honest discussion. "Our type of society, far from defending freedom and the foundations of a republican life, condemns the desire to die to silence and condemns to a solitary and violent death those who have not found ways to express their unavoidable anguish and suffering," says Alexandre Henrique dos Reis, professor at the Mercosul Integration Center (UFRPEL) and researcher at the Graduate Program in Philosophy at UFRGS (Federal University of Rio Grande do Sul).

The latent thought about suicide covers a series of underlying and complex themes that are not explicitly discussed but that play a significant role in understanding this phenomenon. "We need to ask ourselves why people often give themselves up to death without expressing, even to people very close to them, their desire to die," asks Reis. He remembers that, when talking about this type of death, there is always a unique personal story with its idiosyncratic aspects.

"In the cases I have dealt with of people with suicidal behavior, prejudice was one of the most latent factors," notes the psychologist, post-doctoral student in Psychiatry and Behavioral Sciences at UFRGS and member of the Suicidology and Suicide Prevention Section at the European Psychiatry Association (EPA) Cleonice Zatti. She adds that prejudice is a silent violence on the part of the society that attacks. Many deaths occur due to types of violence such as transphobia and homophobia, which are crimes and increase the risk for suicide among the LGBTQIAPN+ population.

"I think that in a society that moves in the same direction in favor of life, we need to raise our heads and look at human vulnerabilities."

When it comes to an overt thought about suicide, it is usually perceived by family members and friends of the person with suicidal thoughts, points out the psychiatrist and professor at the Department of Psychiatry and Forensic Medicine and the Graduate Program in Psychiatry and Sciences of Behavior at UFRGS Neusa Sica da Rocha. Some of the warning signs involve statements on social networks - translating feelings of hopelessness -, lack of interest in social activities that were previously enjoyable, abusive use of alcohol and other psychoactive substances, violent behavior, putting oneself at risk, involvement in fights with physical aggression, possession of a bladed weapon or a firearm. "Upon noticing any warning sign, it is important to offer or seek help," she recommends.

The Brazilian Psychiatric Association (ABP) indicates three main causes of suicide: hopelessness, despair, and helplessness. Vulnerable groups are faced with increased risks: LGBTQIAPN+ population, black people, teenagers, elderly people, people with chronic diseases and mental disorders. "After more than a decade working and specializing in suicidology, I would say that people who attempt suicide or have had thoughts about death feel a type of pain that contains complex components - such pain comprises what we called the three I's: interminable, inescapable and intolerable," reports Cleonice.

When you notice someone you are related to presents the three I's, the best thing to do is to offer love, refuge, affection, attention and acceptance, health professionals recommend, in addition to seeking specialized support.

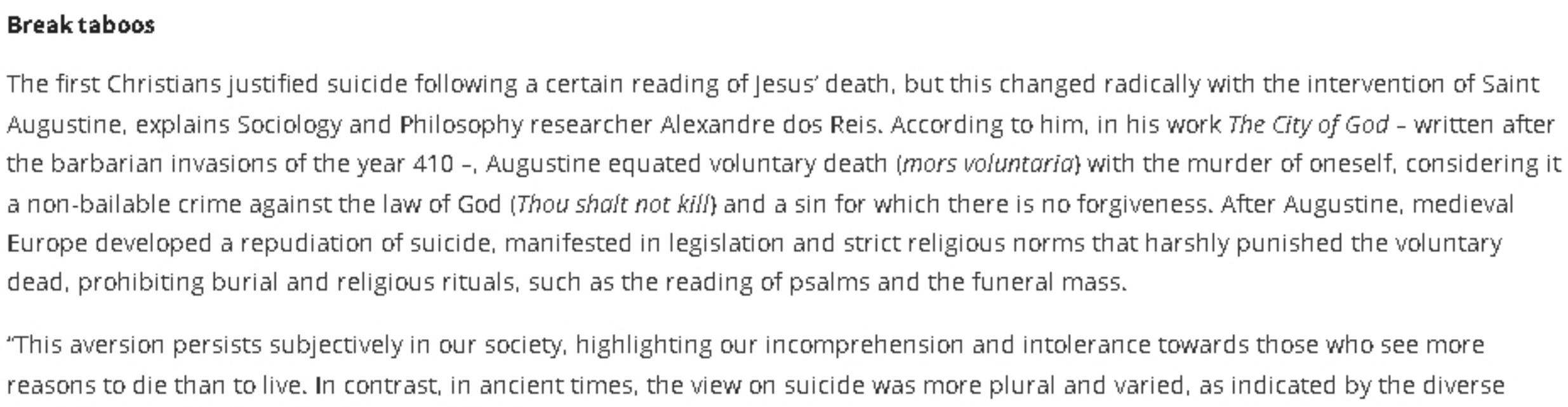
**Postvention**

Postvention is an action that aims both to care for those mourning a loss and to prevent new suicides. When a death occurs, people who are affected by this loss may experience a complex range of feelings and thoughts. Guilt is the most recurrent among them.

Gabriela Gehlen, a psychologist specialized in grief interventions and PhD student in Psychology at UFRGS says that postvention is carried out to offer a space to welcome and share the feelings that are mobilized after the loss. According to the researcher, it involves psychoeducation on the multifactorial nature of suicide, safe and effective strategies for managing the guilt and self-accusations that can occur during the grieving process in the face of violent deaths, as well as assistance in identifying those affected by the loss that may need more individualized and specific support.

"Talking about an individual who passed away, who they were for each person, remembering that person beyond their manner of death helps those who remained to adapt to such loss with more mental health."

In the cover image and in the images of this report, frames of scenes from the film Elena, directed by Petra Costa (2012), and produced by Busca Vida Filmes, in the autobiographical documentary, the director tells the story of her sister, actress and dancer Elena Andrade (Reproduction/YouTube)



In the cover image and in the images of this report, frames of scenes from the film Elena, directed by Petra Costa (2012), and produced by Busca Vida Filmes, in the autobiographical documentary, the director tells the story of her sister, actress and dancer Elena Andrade (Reproduction/YouTube)

## Break taboos

The first Christians justified suicide following a certain reading of Jesus' death, but this changed radically with the intervention of Saint Augustine, explains Sociology and Philosophy researcher Alexandre dos Reis. According to him, in his work *The City of God* - written after the barbarian invasions of the year 410 -, Augustine equated voluntary death (*imors voluntaria*) with the murder of oneself, considering it a non-bailable crime against the law of God (*Thou shalt not kill*) and a sin for which there is no forgiveness. After Augustine, medieval Europe developed a repudiation of suicide, manifested in legislation and strict religious norms that harshly punished the voluntary dead, prohibiting burial and religious rituals, such as the reading of psalms and the funeral mass.

"This aversion persists subjectively in our society, highlighting our incomprehension and intolerance towards those who see more reasons to die than to live. In contrast, in ancient times, the view on suicide was more plural and varied, as indicated by the diverse vocabulary used to describe this type of death," Reis analyzes.

After Augustine's condemnation, voluntary death began to be seen as a special form of murder, which later materialized in the modern word suicide. According to Reis, instead of promoting a comprehensive and compassionate dialogue around this dramatic topic, the word "suicide" already introduces a negative charge (inherited from the word homicide) that limits our ability to understand and listen to those who go through moments of anguish, and suffering. "It is therefore crucial to examine this condemnatory language and explore more empathetic and open approaches that can capture the complexity of the human experience in the face of self-inflicted death," he concludes.

"There are ways to deal with life, and our guidance is to talk about suicidology, depression, disabling disorders in our society," highlights psychiatrist Neusa. According to her, it is important that people who live with someone who is at risk - or even someone reading this report - know that there are ways out.

"We need to talk about valuing life. Several people who have faced mental disorders or experienced a suicide attempt or have at some point thought about ending their lives have been treated and are now working, studying and facing adverse situations".

"It is still essential to understand that the speech of someone who wants to express their desire to die is often repressed," notes Reis. He asks: "Why do we impose this restriction? Why don't we make space to listen and talk to this person?" And he responds: "Often, we condemn voluntary death, automatically associating it with a form of homicide. However, talking about the desire to die can reveal reasons that, when discussed openly, can be transformed and modified," he says.

For the researcher, the primary change in our attitude when faced with the manifestation of a death wish must be to listen. "It is necessary to allow the other person to express themselves, even if they want to express their death wish. Allowing this hearing and building a peaceful dialogue can lead to profound, liberating transformations and even prevent the act from taking place," considers Reis. Therefore, it is essential to seek to break the taboo surrounding suicide, encouraging public and empathetic discussions. According to him, this approach not only enriches our understanding, but can also pave the way for a broader dialogue on fundamental existential and ethical questions.

Between 2010 and 2022, the number of self-inflicted deaths in Rio Grande do Sul (RS) increased by more than 50%, while the population grew by less than 2%. In Brazil, this public health issue followed the same trend: a 43% increase in this type of death was recorded, while the Census showed population growth at 6.5%. The table is configured based on the crossing of data from the State Department of Health (SES/RS), the Ministry of Health (MS) and the Brazilian Institute of Geography and Statistics (IBGE).

"Between 2010 and 2019, 112,230 deaths by suicide occurred in Brazil, with a 43% increase in the annual number of deaths, from 9,454 in 2010 to 13,523 in 2019", records the MS in an Epidemiological Bulletin released in September 2021. In Rio Grande do Sul 1,034 deaths were recorded in 2010; in 2019, 1,423. Even though this measurement was carried out over continuous years and with a similar methodology, the topic is complex and has many variables and nuances to be considered, experts warn.

Year	RS	Brazil
2013	1.137	10.533
2014	1.111	10.653
2015	1.138	11.178
2016	1.170	11.433
2017	1.345	12.495
2018	1.237	12.733
2019	1.422	13.520
2020	1.417	13.835
2021	1.514	15.499

Alexandre dos Reis warns us that, despite the numbers collected, there are no solid epidemiological studies that currently confirm this increase. Author of the book *História do Suicídio - Livro 1 - Variações Antigas e o Domínio do Cristianismo (History of Suicide - Book 1 - Ancient Variations and the Dominion of Christianity)*, translated freely), the researcher states that it is not difficult to imagine that there were more voluntary deaths in Brazil in the 18th or 19th century. "If we had records from slave-owning Brazil, we could even identify situations in which self-inflicted death was a reasonable response to the suffering of enslaved people," he explains.

Another aspect to be considered, for Reis, is that in recent years there has been greater attention to this topic, which has led to more rigorous studies, expanding the perception of what is called "suicide", and consequently indicating that the number of cases may be even higher. Although there has been more visibility of the matter today, the health problem is, however, serious, the causes are multifactorial and a sociological retrospect also indicates a structural problem in the current model of society.

In an article about suicide in Brazil, Social Sciences professor José Benevides Queiroz points to a sociological perspective. "In Durkheim's view, the progress so announced by modernity was not prodigious in making people happy, as the Enlightenment had promised. It also brought with it an increasing number of suicidal deaths, a phenomenon that imposes worry and suffering on people's lives, making it an indelible mark of this society."

Raquel Weiss, professor of the Department of Social Sciences at UFRGS, corroborates the research of her colleague Queiroz and highlights that Durkheim's book about suicide, published in 1897, shows certain apparently individual phenomena that can also be understood sociologically. "The focus of his [Durkheim's] analysis is on the impact that the type and intensity of the bond, that is, the social bond, had on the subjects' psychic health."

According to the researcher, this understanding allows us to avoid a deterministic approach, which says that religion X or Y will produce more or fewer suicide rates, but rather a proposal to look in detail at how the social bond is constituted in different social contexts.

Durkheim analyzed the variation in rates between Catholics and Protestants, for example, and sought to understand what characteristics of the type of social ties present in these different religious traditions could offer an explanation. "In sum, the author's premise is that the existence of a bond, a social bond, is constitutive of the subject, but this bond can take on pathological forms that are either incapable of offering sufficient anchorage, or which may themselves be the cause of the suffering that makes life unbearable," says Weiss.

## Pandemic, suicide and technology

Suicide is one of the leading causes of death worldwide, according to the WHO's report *Suicide worldwide in 2019*. Among young people aged 15 to 29, it ranks fourth. "The topic has been taboo for several decades, because it was believed that talking about it could induce the act, when today it is known, in fact, that the opposite happens: talking about suicide contributes to prevention", warns psychologist Cleonice Zatti.

Cleonice is the author of the study *Pulling-together Effect na pandemia de covid-19: análise do risco de suicídio em pacientes atendidas na modalidade de psicoterapia online (Pulling-together Effect in the covid-19 pandemic: analysis of the risk for suicide in patients treated in online psychotherapy)*, translated freely), recently recognized internationally for refuting the thesis that deaths by suicide can increase in global crises, such as natural disasters, pandemics and catastrophes.

"The decrease in suicide rates during the Covid-19 pandemic refuted the hypothesis of many researchers in suicidology, as the concern was that cases would increase, but, on the contrary, the rates decreased. We attribute this decrease to the *pulling-together effect* and to the easier access to mental health treatments, such as online psychotherapy," explains psychiatrist Neusa Sica da Rocha, who was Cleonice's research supervisor. She states that technology has made it possible for people living in remote areas or far from treatment centers to gain access - many of whom making their first contact with a psychologist or psychiatrist.

Rocha adds that this positive effect may happen in adverse life situations in which people from the same group share similar experiences, because they tend to support each other in social relationships, and this feeling of unity reduces the risk for suicide. "We all remember some news from the media about the effect of people getting together (in their homes) and supporting the cause against Covid-19, but, as the months went by, the effect disappeared. Something already proven during wars, when this effect disappears at the end of the conflict - periods in which there is an increased risk for mental disorders, including suicide," Zatti points out.

Cleonice concludes that the risk for suicidal behavior and the increase in depressive, anxious or even post-traumatic stress disorder symptoms appear to be significantly higher at the end of the any conflict, after strength has been exhausted. Furthermore, as psychologist Gabriela Gehlen highlights, there is no such thing as "a single cause for suicide", it is a multifactorial problem.

"Everything that is part of that person's life context can be an aggravating factor in a situation and, therefore, become a risk factor, just as it can become a protective factor when it can offer health and relief."

For Rocha, a common aggravating factor to consider in the education environment is academic excellence, which cannot be sustained at the expense of students' mental health. "The training of good professionals should not be guided by the destruction of self-esteem, the positive self-concept that students have of themselves, nor by the deprivation of sleep or social life," she says. Still, according to the psychologist, the idea that to deserve to be in an institution of excellence - and to meet the expectations of such educational system - you should give up your entire life context is sickening. "Excellence that is maintained at the cost of physical and mental illness should not be rewarded," she advises.

**What is a good life?**

When seeking information from experts to compose this report, Ju suggested that some interviewees speak freely and more broadly about life and how to live. Here are their answers:

Raquel Weiss: "The definition of a good life is historically variable, that is, there is no substantive definition that can be provided a priori. I would venture to say, however, that a good life is a possible life, in which social ties engender cooperation and can be sustaining, instead of competition and impossible demands."

Gabriela Gehlen: "I believe it is a life with meaning. It is being able to offer individuals tools to deal with adverse issues, access to mental and physical health, and the possibility of choosing and experiencing what brings meaning to their life, what corresponds to their desires and needs. It's about being satisfied with the choices you make for yourself and reconciling obligations with a healthy lifestyle."

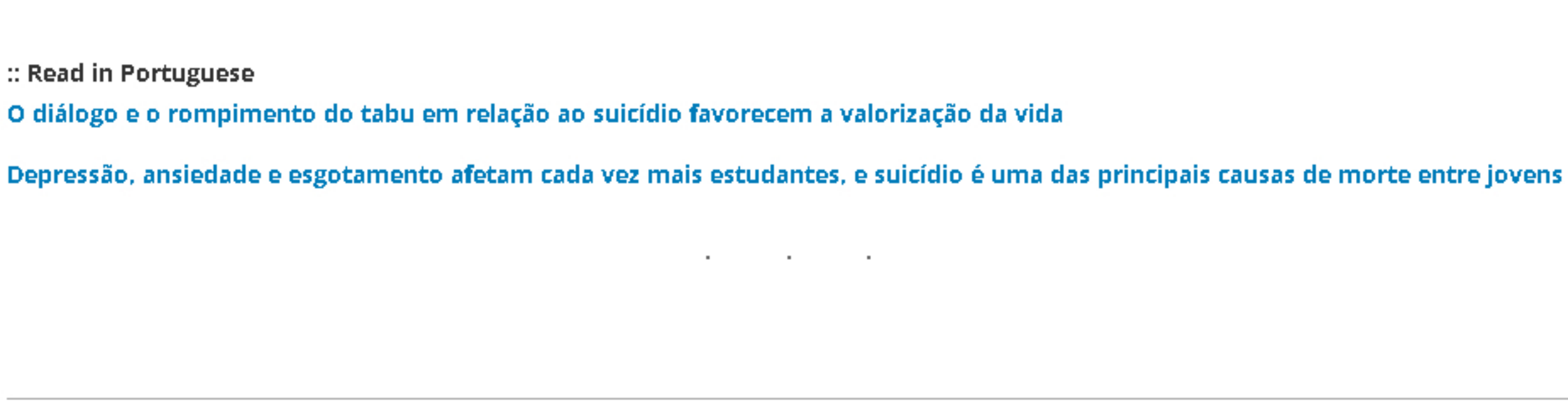
"A full and satisfying life is one that finds meaning in the simplest everyday things, such as watering a plant or washing the dishes, perceiving in each task an essential purpose that makes up life in its entirety. It is built on a foundation of authentic human connections, deep self-knowledge, and the understanding that our purpose is to create meaning, not just for ourselves, but for the community of which we are a part. A good life is rooted in the acceptance of finitude, the appreciation of diversity and the ability to transform simple actions into meaningful experiences and sources of hope. A good life requires self-criticism - criticism over one's own vanity and the exclusionary way of life we practice. A good life, to cite Cícero again, is a shared life."

Translated into English by **Adrian Ferreira Oliveira**, undergraduate student enrolled in the course "Supervised Translation Training II (English)" of the Undergraduate Program in Language and Literature, under the supervision and translation revision of Professor Elizamari R. Becker (P.H.D.) - IU/UFRGS.

## Read in Portuguese

**Diálogo e o rompimento do tabu em relação ao suicídio favorecem a valorização da vida**

**Depressão, ansiedade e esgotamento afetam cada vez mais estudantes, e suicídio é uma das principais causas de morte entre jovens**



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