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Psychosocial aspects of youth suicide: identifying social representations of health and education professionals from bonfim/mg

Aspectos psicosociales del suicidio en jóvenes: identificando representaciones sociales de profesionales de salud y educación de Bonfim/MG

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Abstract

In view of the proportion and growth of suicide rates among Brazilian youth, studies that contribute to the expansion of the understanding of death by self-injury in these age groups and to better deal with the issue in practice are becoming increasingly relevant. Thus, a qualitative case study was carried out on theme/category-based content analysis in the light of the Theory of Social Representations with the objective of identifying social representations of young people's suicide by health and education professionals. The study was carried out through in-depth and semi-structured interviews carried out online with professionals from the city of Bonfim/MG, already considered the city with the highest consumption of tranquilizers in Brazil. Through the data, it is considered that it was possible to identify differences between the social representations of general suicide with those of young people, indicating the existence of social representations of young people's suicide by education and public health professionals in the city of Bonfim. Therefore, substance abuse, relationships, psychic pain, and immaturity are considered at the most central core of the social representations of youth suicide. Being self-mutilation and the internet the most recent topics that touched the discussion about the young person's death by self-injury. Through the results, medicalization is questioned as a mental health strategy institutionalized by the municipality and the possible effects of this on the way youths deal with their issues. It examines how much a stigmatized perception of a youth can impact the treatment of the subject from the perspectives that professionals have. Furthermore, the prevention of the suicide demands psychosocial contributions, requiring the involvement of economic sectors and social protection strategies. Being the area of education with its professionals a possible area of prevention of suicide of young people.

Keywords

Suicide, Youth; Mental health; Educators; Health professionals.

Resumen

En vista de la proporción y el crecimiento de las tasas de suicidio entre los jóvenes brasileños, los estudios que contribuyen a ampliar la comprensión de la muerte por autolesiones en estos grupos de edad y abordar mejor el tema en la práctica se vuelven cada vez más relevantes. Así, el estudio de caso cualitativo se realizó a partir del análisis de contenido categoría temática a la luz de la Teoría de las Representaciones Sociales con el objetivo de identificar las representaciones sociales del suicidio juvenil por parte de profesionales de la salud y de la educación. El estudio se realizó por entrevistas en profundidad y semiestructuradas realizadas en línea con profesionales en la ciudad de Bonfim/MG, ya considerada la ciudad con mayor consumo de tranquilizantes en Brasil. A través de los datos, se considera que fue posible identificar diferencias entre las representaciones sociales del suicidio general con las de los jóvenes, indicando la existencia de representaciones sociales del suicidio juvenil por parte de los profesionales de la educación y de la salud pública en el municipio de Bonfim. Por lo tanto, el abuso de sustancias, las relaciones, el dolor psicológico y la inmadurez se consideran en el centro de las representaciones sociales del suicidio juvenil. Siendo la automutilación e internet los temas más recientes que tocaron la discusión sobre la muerte del joven por automutilación. A través de los resultados se cuestiona la medicalización como estrategia de salud mental institucionalizada por el municipio y sus posibles efectos en la forma en que los jóvenes enfrentan sus problemas. Además, la prevención del suicidio requiere aportes psicosociales, requiriendo el involucramiento de sectores económicos y estrategias de protección social. El



área de la educación con sus profesionales es un campo posible de prevención del suicidio juvenil.

Palabras clave

Suicidio, Juventud; Salud mental; educadores; Profesionales de la salud.



1. Introduction

According to a report by the World Health Organization (WHO) (2019), among young people aged 15 to 29, suicide was the fourth leading cause of death in the world, behind traffic accidents, tuberculosis and interpersonal violence.

In Brazil, the rates show an increase among young people and adolescents aged between 15 and 19 years old. Considering only the state of Rio de Janeiro, a 60% mortality rate in this age group can already be seen, comparing 2019 with 2020, the group that suffered the highest increase in the 2019-2020 biennium (Rio de Janeiro, 2021).

According to a survey conducted with 68,000 young Brazilians “Youth and the Coronavirus Pandemic” in 2021 by the Conselho Nacional da Juventude (CONJUVE), 1 in 10 young Brazilians reported that one of the impacts of the COVID-19 pandemic on their lives was thoughts about suicide or self-mutilation, and this number is even higher in the 15- to 17-year-old age group. Thus, it appears that the intricate factors that permeate the suicidal act became more evident in the face of the health crisis.

As stated by the Ministério da Saúde (MS) (2021) death by self-inflicted violence is a complex and multifactorial phenomenon, which impacts the individual and collective, of different origins, sexes, cultures, social classes and ages. It has a complex etiology that is related to a range of factors, from those of a sociological, economic, political, cultural nature, passing through the psychological and psychopathological, to biological ones.

Considering the proportion and growth of suicide rates among Brazilian youth, studies that contribute to the expansion of understanding in these age groups and the best way to deal with the issue in practice are increasingly relevant. It is still necessary to consider that such numbers do not reveal the totality of the problem when evaluating that the rates of death by self-injury suffer a great impact from underreporting. Often because it is a type of death that the relatives themselves try to hide (Botega, 2015).

Dealing with themes involving the issue of death is a social provocation, is already a taboo. In this sense, it should be borne in mind that: “It is not possible to reach suicide without



first having to face death. So, suicides carry within them the stigmas, fears and fantasies of death.”. [my translation from Portuguese] (Silva Filho & Minayo, 2021, p. 2694).

As Silva Filho (2019) states, in suicide there is not only the rescue of the memory that the human being is finite, there is also a transgression of the self-preservation instinct where the perpetrator of violence is paradoxically victim and guilty. Therefore, suicide would be established as a double taboo, a term proposed by Dias (1991, as cited in Silva Filho, 2019). But Silva Filho and Minayo (2018) will also propose that the suicide of adolescents and children gives an extra intensity, a triple taboo, due to the greater silence and difficulty of talking about it. With so many intersections that the theme affects and is affected, the present work will seek to deal with the subject from a psychosocial perspective, using the Theory of Social Representations as a theoretical and analytical support.

The Theory of Social Representations (TSR) is coined in the research carried out by social psychologist Serge Moscovici in 1961 and becomes effective through the release of Moscovici's thesis entitled “*La psychanalyse, son image et son public*” [Psychoanalysis, its image, and your public]. In 1976, in a second edition, the author publishes his thesis in book format. Since then, TSR has begun to gain notoriety, becoming one of the most paradigmatic perspectives within the field of social psychology and other social sciences (Jesuino, Mendes and Lopes, 2015).

According to Moscovici's proposal (1976 as cited in CASTRO, 2002, p.952), Social Representations (SR) are a “set of propositions, actions and evaluations issued by public opinion, which are organized in different ways, according to classes, cultures or groups, and constitute so many universes of opinions” [my translation from Portuguese]. With the development of the SR, Moscovici (1969 as cited in VALA, 1993) goes beyond the study of psychoanalysis. He suggests, therefore, the understanding of the theoretical construction process that individuals, through social interactions, make on the other social objects that surround them and that make communication and the organization of behaviors possible. This proposition will situate the study of SR in psychosociology, an intersection path between Psychology and Sociology. So:

Talking about social representations implies considering them as emerging in the



symbolic dimension of social life, as they serve to act on the world and on others. Social representations are born in everyday life, in the interactions that we establish, whether in the family, at work, at school, in health relationships, among other dimensions of social life, that is, wherever there is a reality to be appropriated and shared [my translation from Portuguese] (Naiff e Naiff, 2008, p.3).

Thus, this study had as general objective to identify the Social Representations (SR) of the suicide of young people in health and education professionals who work in the city of Bonfim / MG. As a secondary question, it was analyzed whether the social representations of youth suicide differ from the social representations of suicide in general, as a way of seeking to understand whether the act happening among young people would bring some specific element in the social representations. The general intention, then, was to reflect the impact of such SRs in this “acting on the world” of professionals relevant to the prevention and treatment of death from self-injury.

To this end, a qualitative case study based on theme/category-based content analysis was carried out through in-depth and semi-structured interviews carried out online with public health and public education professionals in the city of Bonfim/MG.

2. Method

This qualitative case study took place in the Brazilian city called Bonfim, the city belongs to the state of Minas Gerais and is located 95 km from the state capital Belo Horizonte (Google Maps, 2021). The municipality has a population of 6,818 people according to the last census of the Brazilian Institute of Geography and Statistics (IBGE) carried out in 2010. It has a geographic density of 22.59 inhab./km². And it has a territory of 301,865 km². Much of its jurisdiction is located in rural areas and its urbanization rate of public roads is 9.4% (IBGE, 2020).

The city of Bonfim was chosen as the research setting due to prior knowledge of data on the rates of use of tranquilizers, as disclosed by the Estado de Minas (2013) the Pharmaceutical Syndicate of Minas Gerais report in 2012 informed that the city consumed 70,000 pills of tranquilizers, an average of 10 pills per person and became known by the media as the “city of tranquilizers”, for having been the highest national average of consumption of tranquilizers per inhabitant that year. (R7, 2013).



Regarding voluntary deaths, 2 cases were observed in 2011, 1 case in 2013 and 6 suicides were experienced by the city in 2019 (increase of 600% between 2013 and 2019), among them young people, 2 young people (considering the age group of youth between 15 and 29 years old from WHO) (DATASUS, 2021).

As a research instrument, it was chosen to carry out a semi-structured in-depth interview remotely using the Zoom® platform. The research was approved by the *Conselho de Ética em Pesquisa* [Brazilian Research Ethics Council] through report n°. 4,228,328 in August 2020.

As a research design, we chose to conduct interviews with public health professionals from Bonfim because the topic has been considered a public health problem since 1990 by the WHO (Botega, 2015), also because these professionals are the ones who assist young people who comment attempted deaths by self-injury. In addition to these professionals, public educators from Bonfim were elected for interviews, understanding that they are professionals present in the daily lives of most young people in the city. Since the municipality concentrates secondary education in a single school.

The choice of education professionals is also justified by the importance of the school context as a territory for understanding the subjectivities of various youths. According to Naiff and Naiff (2021), the school is a space for social interaction characterized both by the acquisition of new knowledge and by socializing with peers and is of great social relevance because it is a potential for mobilizing those who work in their setting. Considering the school as the place where young people and children are inserted, and where they express their subjectivity, at the same time they acquire their understanding about the world and about themselves in their belonging groups. Hence, the relevance of such a choice is shown.

Sampling was for convenience, through invitations for online interviews. It is important to mention that the beginning of the interviews took place at the beginning of the confinement protocols of COVID-19 in Brazilian territory. Thus, the research was carried out remotely without subjecting the participants to contamination risks. In total, nine professionals working in the city of Bonfim were interviewed, five in the health area and four in the education area. It is believed that greater participation could have been had, if under other conditions and in person.

The interviews were audio recorded with the consent of all signed by the Records Registros de Consentimento Livre e Esclarecido – RCLE [Free and Informed Consent]. We



chose to conduct the interview in a semi-structured, but non-directive, in-depth way, where after the invitation to participate, the subject of youth suicide was diluted in the course of the interview, seeking to avoid “ready speeches” on the subject.

The interviews were manually transcribed in full, preserving the identity of the professionals. As nomenclature, the acronyms were used to differentiate the four education professionals: E1; E2; E3 and E4. For the five health professionals, the acronyms were used: S1; S2; S3; S4 and S5.

From the written transcripts, data analysis began, following the theme/category-based content analysis procedures. As Oliveira (2008) will point out in the first phase of the analysis, a floating reading was carried out. For Oliveira (2008), the floating reading is intuitive and alludes to the exhaustive reading of the corpus chosen for analysis. In this phase, it is sought that the researcher lets himself float through the text, that is, that he can be moved by the contents present without prior intention of specific elements in the reading.

Following the procedure described by Oliveira (2008), there is a construction of a hypothesis that is always provisional. In this case, the alignments between the interviews and the bibliographies consulted for the research were observed. From there, the process of choosing the so-called registration units began.

For Bardin (1977/2016, p.134) “the registration units is the unit of meaning encoded and corresponding to the content segment considered the base, aiming at categorization and frequency count” [my translation from Portuguese]. According to the author, register units can be considered: words, themes, object, character, event, document. For the research, it was learned that the most appropriate in the face of the object of study would be to choose the unit: theme.

For Unrug (1974 as cited in Bardin, 1977/2016) the theme is a unit of complex meaning, it can diversify in length and its validity is not linguistic but psychological. It can be developed in several statements, or in allusions, or propositions, any fraction that refers to the theme. In summary, Bardin (2016) understands as registration units a cut that follows the rule of meaning and not of form.

Therefore, for Bardin (1977/2016, p.135) “To carry out a thematic analysis consists of discovering the “nuclei of meaning” that make up communication and whose presence, or frequency of appearance, can mean something for the chosen analytical objective” [my



translation from Portuguese].

In this bias, we sought to cut the interviews into themes from the nuclei of meaning found in more than one interview that corresponded primarily to what professionals related to adult suicide or suicide in general without age division. And then, the nuclei of meaning that made specific and clear references to the suicide of young people were sought.

Afterwards, the choice of registration units was dealt with, thus the thematic categorization phase began. Bardin (1977/2016, p. 201) describes it: Among the different possibilities of categorization, the investigation of themes, or thematic analysis is fast and effective in terms of applying to direct discourses with manifest and simple meanings [my translation from Portuguese].

Continuing with Bardin's methodology, the theme/category-based analysis is the operation of classifying the elements that make up a set by differentiation and later by regrouping them with previously defined criteria. This categorization has the elementary objective of providing what the author calls condensation, a simplified representation of the raw data. And it can use two processes, the first one where the categories system is provided, and the elements are allocated as they are found. And second, it follows the inverse procedure, called collection, where the conceptual title of the category is defined at the end of the stage (Bardin, 1977/2016).

In the research, the collection procedure was used, that is, after reading and cutting out the recording units, we tried to understand what was in common in the interviews, in order to apprehend if there were differences between the categories of general suicide vs. the suicide of young people, identifying or not evidence of the presence of SR of the suicide of young people in the interviewees' speeches.

The theme/category-based content analysis is transversal, that is, it fragments the various interviews and their contents by categorization and takes into account “the frequency of themes extracted from the set of discourses, considered segmentable and comparable data” [my translation from Portuguese] (Bardin, 1977/2016, p. 222).

In this phase there were three moments: the first brought together the categories found referring to both suicide in general and youth suicide. And then, we sought to categorize only what was typical of the nuclei of meaning of youth suicide. Subsequently, the categories were compared to reach the research objective.



For a correct analysis, the categorization complied with the following rules described by Bardin (1977/2016, p. 42): “they are homogeneous, that is, “there is no mixing of garlic and cloves”; exhaustive, where the entire text is exhausted. Being exclusive, therefore, the same element could not be classified twice in different categories. Be adequate or relevant, which refers to being adapted to the content and purpose” [my translation from Portuguese].

About categorization and TSR, Ordaz and Vala (1997) will argue that TSR was developed in advance of the systematic study of categorization processes, but the two perspectives of analysis on everyday thinking are articulated when it comes to understanding the organization of social representations and the social nature of the categories. The researchers use the prototypical perspective on the categorization of Rosch (1978 as cited in Ordaz & Vala, 1997) and the social categorization of Cantor and Mischel (1978 as cited in Ordaz & Vala, 1997) to defend that the categorization can be considered part of the process of objectification, one of the processes of constitution of the SR. Therefore, according to Ordaz and Vala (1997, p. 859-860):

a prototype corresponds to the set of characteristics generally associated with the elements that make up a category, it condenses the meaning of a category (...) In this sense, the categorization and construction of a prototype are not understood as the reproduction of an object or its subjective reconstruction, but as the creation of a functional reality, based on everyday theories [my translation from Portuguese].

Therefore, based on the categorization, a functional reality in the research is designated, thus the use of SR, which according to Ordaz and Vala (1997) works as a system of interpretation of reality, which manages the relationships of individuals with its physical and social environment, since it generates behaviors, conducts, and practices. It is, therefore, a functional guide for action and social relations, in addition to a systematization of the pre-modification of reality, as it ends up promoting anticipations and expectations.

Thus, it is from the comparison between the categories found on "General Suicide" and "Youth Suicide" that we sought to identify the possibilities of existence of SR of suicide of young people by health and education professionals from Bonfim/Minas Gerais.

3. Results and discussion

To present the result of the categorization, a comparative table of the categories found in the interviews about “General Suicide” and “Youth Suicide” was created, the categories were

named and organized by frequency. For this one, the number of individuals was considered, and not the number of statements about the category, that is, a professional could have two statements or more in the category, but it was counted only once. Still on the frequency, the number of speeches of education or health professionals was differentiated as a way of seeking greater understanding.

It is worth mentioning that the in-depth interview is very rich and, in addition to the Table nº1: General Suicide vs Youth Suicide Comparison, we will present some of these statements in order to deepen the discussion and value the depth of the reports given.

Analysis Table nº1 - General Suicide vs Youth Suicide Comparison

Analysis Table nº1 - GENERAL SUICIDE vs YOUNG SUICIDE COMPARISON							
General Suicide				Young Suicide			
Categories by frequency	Total number of professionals	Description		Categories by frequency	Total number of professionals	Description	
		Pf. Health	Pf. Educ.			Pf. Health	Pf. Educ.
1- Substance abuse	9	5	4	1- Substance abuse	9	5	4
2- Psychic pain and hopelessness	8	5	3	2- Relationships	7	3	4
3- Occupations	6	4	2	3- Psychic pain and hopelessness	6	2	4
4- Relationships	5	3	2	4- Immaturity	6	2	4
5- Named mental disorder	4	3	1	5- Incomprehensible	5	2	3
6- Religion	3	1	2	6- Occupations	4	1	3
				7- Religion	3	1	2
				8- Self-mutilation	3	2	1
				9- Internet	2	0	2
				10- Named mental disorder	1	0	1

From the comparison, an overlap of categories of general suicide was noticed with the suicide of young people regarding the three most frequent categories: “Substance abuse” (medication, alcohol, and other drugs); “Psychic pain and hopelessness” and “Relationships”.

Regarding the category “Substance abuse”, it is noted the frequency in the speeches and



the emphasis given by the professionals. All nine of them cited substance abuse in some way related to the city's general population and youth suicide rate. Some speeches follow.

Practically the entire population of the city uses antidepressants, a lot of people use it, a lot of people. And the population is not bothered to use it, you understand. The problem with medication is that many times the person relies on that, turning into a crutch, right? So, getting out of this is not a goal in the person's life, she is supporting that there, right [my translation from Portuguese] (S1).

Last year we had this... a conversation, me and the medical team to see if they could hire one more... someone, right? a psychologist to help. And then the answer we had was the following "no, what we spend on medication does not pay the psychologist's salary", right? "What we spend is infinitely less than paying someone else to be here", so... (embarrassed laughter) we were like this (questioning), right? "OK! and now what do we do? [my translation from Portuguese] (S3).

The speeches of S1 and S3 highlight the concern about the exaggerated use of the population in relation to antidepressants and tranquilizers, as stated by S1: "practically the entire population uses it". This culture seems to replace facing the problems that are at the root of the symptom. Both statements point to a practice of medicamentation of people residing in the city. S3's speech even indicates that medicamentation is a mental health strategy used by the city hall, due to its cost containment character, that is, it would be cheaper to medicate than to hire another mental health professional.

In this sense, according to Rosa and Winograd (2011), currently, the procedure of medicalization of psychic discomfort has become the cornerstone of the mechanism of power over life, with autonomy and effectiveness as prevailing in the construction of subjectivities. The term medicamentation refers to the use of medication in the social sphere, not necessarily medical, such as the use of drugs to relieve or improve one's lifestyle or condition. "Medication can be considered one of the consequences of medicalization" (Ministério da Saúde, 2019, p. 14). This last term — medicalization — is complex and polysemic and involves more vast, subtle, and perverse processes of controlling people's lives and society than medication. To medicalize encompasses a deterministic rationality that reduces the complexity of human life to individual issues, often biologizing social aspects (Ministério da Saúde, 2019).

Through the statements in the interviews, as already mentioned, the professionals also relate this culture of medication and substance abuse, not only with general suicide, but also



with a connection to the suicide of young people. As we can see in the professional's speech:

There was the first case, at the beginning of September, and then a few days later the brother of the one who committed suicide, also committed suicide. And then both were drug users, right? [...] Last year there was another one... yeah... right after September, if I'm not mistaken... and it was a young man, it was a young man who also tried with medication and was hospitalized there for several days at Hospital João XXIII. So, it's... I believe that these two ways are the most common here, through medication and hanging [my translation from Portuguese] (S3).

Usually, for example, just like these two cases of the young people I told you about, it was the same, they were drug use cases. He used too many drugs, he tried to stop, and he couldn't. Then he preferred to commit suicide [my translation from Portuguese] (S2). So... they do what? Do what? So, they (young people) become closed off, they look for other means, drugs, which are easier, drinking, and that's where everything is generated, right? [my translation from Portuguese] (E1)

So, I think the consumption of medication in the city is exaggerated, right? Often, even in conversation with parents, we see that they comment “ah, my son takes this, my son takes that”, right? Take... Ritalin, then... Wow, the name that is spoken in school is that Ritalin, right? [my translation from Portuguese] (E3)

S3 indicates that drug abuse would be one of the most common forms of attempted death by self-injury, along with hanging, and cites cases that he was aware of. E1 points out the use of illicit and licit drugs as a resource for young people to deal with their problems, with drugs being a principle for increasing the risk of suicide, as in the passage “that's where everything is generated”. E3 already says about the culture present in the school of medicating children and young people with Ritalin in the sense of excesses. While S2 reports recent cases of death of young people by self-injury where the professional related it to the abuse of illicit substances.

A differentiation of this category in young people was the abuse of illicit substances being cited more frequently than in relation to the rest of the population. There are studies that place substance abuse as one of the risk factors for suicidal behavior (Botega, 2015) and it can be thought that the beginning of youth tends to be a phase of greater vulnerability to the issue, as pointed out by Barros, Pichelli and Ribeiro (2017, p. 307):

Some studies indicate that the first contact with drugs occurs in adolescence (Marques; Cruz, 2000; Pratta; Santos, 2007) and its use is also significantly associated with suicidal ideation (Juan et al., 2010; Souza, 2010) – another problem that affects the health of adolescents. In recent years, information on drug use in adolescence has been notorious, as it is a public health problem. Some data from the II National Survey on Alcohol and



Drugs indicate that there are 14 million adolescents in Brazil, a country identified as one of the emerging nations in which the consumption of some drugs has increased (while in most countries consumption is decreasing) [my translation from Portuguese] (Laranjeira et al., 2014).

In relation to SR, one can think of what Ordaz and Vala (1997, p.866) propose as a process of objectification of personification or exemplars, through their studies on the SR of suicide in communication vehicles:

In models that conceive categorization by exemplars, it is assumed that the information is understood as it is and is compared with other information already included in a category. It is assumed, for example, that when it is known that person x has attempted suicide, he is mentally compared with other suicides (character y, z) recorded in memory. The suicide's most salient attributes will thus vary depending on the attributes of the memorized characters. These characters thus fulfill the task of giving a face to a phenomenon that, from abstract and strange, becomes concrete and familiar, acquiring meaning and life in the space of concrete personal stories [my translation from Portuguese].

Thus, professionals from Bonfim may have made a connection with substance abuse due to the history of the report on the municipality, which anchors it as a “city of tranquilizers”. Another issue may be related to the context in which the research was carried out: shortly after two young people died of suicide and the resulting explanation was related to the substance abuse involved, a case that was very impactful to what was perceived in the interviews:

It shocked the whole school. It turned like this... the school became the wake. For you to see 450 children and the school... silenced, you know? So... it became that general sadness. It moved everyone. And I think that... the difference between young people and adults, going back to the previous question, is this. Because the old man, the adult, you think “has lived long enough”, the young man is starting now, wants to take his life? So, it messed up the little heads of our students here [my translation from Portuguese] (E1).

Considering the “Relationships” category, this is a category more related to youth suicide when compared to adults. In all, there were 7 professionals, 4 from education and 3 from health. Here are some excerpts from the interview:

And as a teenager... what I notice here is that most of the time it's very... it's very much related to family conflict [my translation from Portuguese] (S3).

When attempts at self-extinction among young people come to us, we can notice some similarities. First, bad relationship with the family, we notice this a lot. Especially with the mother, you don't have a good relationship with the mother, you know, another is very, very strong is bullying, there are many attempts at self-extinction of



schoolchildren, in this case, teenagers, due to bullying attempts, right. And others, another cause that weighs heavily related to, eh..., dating is, relationships, you know, dating, anyway. We also notice this in a younger, more adult adolescence, right [my translation from Portuguese] (S1).

In these narratives, points of differentiation with the adult can be perceived, especially the relationship of the young person with their family members and the importance of friendships at this time of life. In the first speech, the bad relationship with family members stands out, in the second with the mother figure. Dating is also mentioned, and another aspect mentioned about socialization that differs from adult suicidal behavior.

According to Chachamovich et al. (2009), there is a consensus among researchers in suicidology that a single factor is not able to account for the attempt or the suicide itself, that is, there is not a single isolated factor. But relationships are among the extensively studied risk or protective factors such as social and family support. Therefore, good social ties enter as protective factors and the lack of them, do not explain, but enter as risk factors. In Durkheim's classic sociological work – Suicide — he, for example, will call selfish suicide the one motivated by an exaggerated isolation of the individual from society, where he becomes lonely, marginalized, with insufficiently solid ties and without solidarity with society. social groups (Durkheim, 1999/2019).

Regarding socialization in the school context, it is worth noting that the pandemic revealed the importance of personal presence in schoolchildren, in the face of previous changes that were leading to the understanding that schools should migrate to the virtual world as it is just a place of knowledge transfer, at that moment “The living presence made all its relevance to didactics felt precisely when objective conditions prohibited it” [my translation from Portuguese] (Ronchi, 2020 as cited in: Saggese, 2021, p.5). Therefore, the school is positioned not only as a space for formal learning, but as practically the first and most important space for the socialization of the child, later of the young person, assuming a function that was previously only a function of the family. “It is what allows the student to face different ways of being and living in the world, to build moral and social values, important for their adult identity” [my translation from Portuguese] (Saggese, 2021, p.4)

In addition to the SR of suicide in youths being more intensely connected to relationships, another differentiation that appears in relation to youth suicide was bullying. A



still incipient relationship that only one professional made directly between bullying and suicide. But others relate to general mental health in the school environment that may go unnoticed by adults. And, according to Bezerra and Galvão (2018): “

Thus, the common conclusion reached by the authors of the aforementioned body of research is that educational spaces must increasingly undertake efforts seeking to combat and prevent the practice of bullying, not only to reduce violence in the educational environment, but also with the aim of preventing suicide [my translation from Portuguese].

On the category “Psychic pain and hopelessness” in relation to young people there were speeches identified in the interview of six of the nine professionals, among them four (all) of education and two of the five health professionals. Such statements are in line with the studies of Edwin Shneidman, according to Botega (2015) he is considered the father of Suicidology (the study of human suicide) and coined the term “psychache” to refer to psychic pain. For Shneidman (1993) the term refers to pain, anguish, the wound that occurs in the mind. In his understanding, suicide is not about killing oneself, but rather an action taken to stop a pain that happens in an individual's mind. And I included, among the most common emotions of those who resort to suicide: hopelessness and helplessness. Psychic pain and hopelessness are factors that would be at the core of the risks for suicidal behavior (Botega, 2015)..

However, there is a difference score by some professionals regarding adult suicide in terms of the perception of suffering:

Difference? No... No, I don't see a difference like that. Maybe we... people have a... the perception that a young person may not have problems, may not have responsibilities, right? But I think... that the pain of suicide, the pain that leads to suicide, it's way beyond all that. Of course, when you see a 10-year-old child there, right? We... here, we don't have it, but we see reports talking about it, you think "my God, what made a person at that age do that?", but how many things do we take to life that are marks of childhood? So... maybe he couldn't take it for as long as an adult could take what has happened there [my translation from Portuguese] (E2).

This report presents a certain possibility of differentiation in relation to the adult, as I included psychic pain as a motivation, but adds the incomprehension or surprise of a person in their youth feeling this pain. Therefore, the category of “Incomprehensible” was created, being cited by five professionals only in relation to the suicide of young people:

(...) the suicide of a young man, I still haven't been able to understand... If you think about why, well... everyone has a problem, but I believe that an adult has a much bigger problem. Because the responsibilities are also much greater [my translation from



Portuguese] (S2).

As can be seen in the speech, there is this estrangement with the suicide of young people, which is in line with the intensification of the social taboo that suicide causes in younger age groups. Prior to “Incomprehensible”, there is the category “Immaturity” due to its frequency and with the same number of professionals who talk about “Psychic pain and hopelessness”. Within “Immaturity”, the nuclei of meanings of the interviews were added that related the suicide of young people to a less mature or even problematic way of solving problems. This category was selected by the frequency that appeared in the speeches, in six professionals in all. Four from education and two from health. Here's a quote from the interview:

Then the person matures a little, and I haven't had any problems with any yet [my translation from Portuguese] (S5).

This speech refers suicide to a problem related to those who are not mature, and as age advances, the problems with suicide would resolve themselves.

Oh... The young, I think, like this... I think both of them have the same point in common... right? I think that... everything is a consequence of a fact that generated that there... right? The adult, for example... The young, because he is weaker, he is more influenced. He lets himself be influenced more, right?... [...] So, well, that was very positive. It showed that they have a huge world ahead of them. That it's not because of... of... of an iota (a drop) that you have to die and do a thousand things. Huh? You can form this drop in an ocean of possibilities in your life and growth [my translation from Portuguese] (E1).

E1's report considers the young person to be weaker and more influential, making the young person unable to deal with any influence that would lead to suicide. In the second speech, the phrase “It's not because of... of... of... a drop that you have to die and do a thousand things.”. Where the word drop leads to understand the exaggeration of a small issue that would lead to self-injury.

Therefore, “Immaturity” seems to be a category related to the representation and stigma of adults' expectations of young people, rather than to young people's suicide per se. In this case, according to the reports, it seems that there is a generalization of the figure of what it is to be a young person/adolescent, where behaviors characteristic of the phase is stipulated, which can induce some individuals to simply assume this role due to their own social expectations.

From a psychosocial point of view, as Oliveira et al. (2021) points out, youth are



multiple and exist in different ways in different realities. This diversity permeates both the individual and the collective and is expressed as young people act and are perceived in the spaces in which they transit.

In addition, “Before being an age period or a crisis in the course of life, youth is today the privileged field of experiment and suffering because it finds itself in a world where the marks that could guide the course of the subject have been erased” [my translation from Portuguese] (Saggese, 2021), p.4). That is, there is no guidance, the rites and demarcations no longer show a place in the world for the individual. Parents, teachers and other figures of alterity against whom the new generations had to clash in order to seize their own independence, share the same feeling of uncertainty, of disembedding. Therefore, they start from global and instantaneous interactions that subvert the notions of space and time, a certain “generalized adolescence” due to the great transformations of the last decades. Adding the Covid-19 pandemic as a more recent realization of a certain fragility of the position of the contemporary human in relation to what he perceives as perspectives for the future (Saggese, 2021).

The category of “Occupations” was more related to general suicide. However, five professionals, 2 from health and 3 from education, related occupational issues to youth suicide. The factors related to the particularities of the city of Bonfim, which has a substantial rural territory, are highlighted:

Otherwise, if there were more sources of work for them, more possibilities of life, I don't think there would be so many cases...(…) Not only for those who live in the city and especially for those in the countryside. Why will the rural area do what? To plant? A young man who has just graduated from high school has a different mind... Right? He sees the wonderful world on the internet, he went to high school, but he can't afford to go to college, is he going to extract cassava? Fill cassava truck? Huh? Are you going to weed, mow? So in a way, if he doesn't have a well-planned mind, if the family isn't right there to say “Oh, my son... it's as... gratifying as any other profession”, working with him... He it will really frustrate, why...! Huh? [my translation from Portuguese] (E1).

Questions about the conflicts of expectations and professional possibilities with young people from the countryside are observed in the speech, since many will not be able to go on to higher education and will need to continue in their rural activities.

According to studies, the situation of young people in rural areas can be even more



worrying, given that rural poverty rates in Latin America greatly exceed those in urban areas. In addition, young people from the countryside tend to start working before those who live in urban areas, which can reflect educational difficulties (Troian & Breitenbach, 2018). Another factor present in studies on rurality and youth shows that many of these young people, when going to cities, experience difficulties in entering urban jobs due to the difference in experiences they had (Kliksberg, 2006).

“Religion” had the same frequency of citation in youth suicide and in general. It is believed that it is a category that is still part of the SR of suicide, as it has been considered the greatest of sins in the Christian religions for hundreds of years and a crime within society, but nowadays suicide is approaching the area. health, especially, but not only, psychiatry (Barbagli, 2019).

However, by the last category of youth “Named mental disorder” there is a certain incongruity when one thinks of relating youth suicide to a specific mental disorder. Only a professional makes this connection explicitly. On the contrary, there was a speech that makes a differentiation:

The causes of course are different, the adults are more related to marriages and financial relationships. Finally, a strong depression and the young more for reasons of personal formation, acceptance, I think it's more like that. I don't know if I understood, I think I messed up a little to talk [my translation from Portuguese] (S1)

The health professional even mentions depression but related to adults. Where adult suicide would be due to a “strong depression”. While the young person's suicide would not be linked to a mental health issue, but to the order of experience and exchange with social, such as the search for acceptance.

Therefore, there seem to be some contradictions regarding youth suicide being considered a mental health issue, as there is little relationship with specific mental disorders such as anxiety, depression, schizophrenia, while psychic pain and hopelessness are reported. Perhaps, it is a more everyday language of suffering than the disorder itself. It is known that it was only in the 2000s that suicide was officially considered a public health problem, and it was only in 2008 that the WHO organized a mental health program to deal with the issue (Botega,



2015). The question remains whether relating suicide to mental health is a recent movement, including for the health area itself, and how much this impacts on the prevention and treatment of youth suicide.

Finally, it should be noted that the categories of “Self-mutilation” together with the “Internet”, despite having less expressive citations, may indicate representations that slip in other more nuclear social representations about youth suicide. The appearance of these elements may indicate needs, transformations and trends on the subject in this social group, mainly when considering studies that refer to both.

For example, in a survey on the demand for care at the Child and Adolescent Psychiatry Service of the Psychiatry Institute of the Federal University of Rio de Janeiro, it was noted that between the 11- to 17-year-olds there was an increase of 18.6 % due to cutting or self-mutilation. These data are the largest in the historical series of demand for care in the Service in relation to these issues (Saggese, 2021).

For Saggese (2021), it is worth reflecting that cutting oneself leads to the lowering of any psychic operation, as an interruption of the flow of thinking as a way of dealing with or paralyzing psychic suffering, leading to the relief of this suffering. The same is confirmed in Lima et al. (2021), this attitude marks psychic suffering and has a tendency to become repetitive and, even with no primary suicidal intention, has negative effects on health and life. Regardless of whether or not it is on the continuum of suicidal ideation, self-mutilation should not be taken lightly and, like death from self-injury, self-mutilation is complex and multifaceted.

In the reports of professionals who related suicide to the internet, one of the common points was the speeches about dealing with “Blue Whale Challenge”. For Khasawneh et al. (2020) who studies this challenge - where the young people were challenged to perform acts of self-mutilation and to publish photos for the other participants, so once inside the game, giving up was prohibited and the last phase of the game was suicide - more efforts are needed to spread and educate persons about factors that encourage contagion effects.

Studies indicate that the use of social media can have a social contagion effect through the repetitive exposure of self-injurious behaviors that end up functioning as modeling via



social media, particularly among adolescents, especially when these contents go viral (Lima et al, 2021). Also, according to Brown et al. (2017, p.8): “Some of these pictures showed very severe wounds, which can be disturbing to (especially younger) users of Instagram, and that those severe wounds generated more comments than pictures of mild wounds”.

Coming to the end of the discussion, according to the research carried out, it can be considered that it was possible to identify differences between the social representations of general suicide with those of young people, indicating the existence of Social Representations of young people by education and public health professionals from the city of Bonfim. Therefore, it is estimated that substance abuse, relationships, psychic pain and immaturity are at the most central core of the SR of youth suicide. Self-mutilation and the internet are more recent topics that have touched the discussion about death by self-injury only for young people and tend to be increasingly related to the topic.

4. Conclusion

When carrying out a qualitative case study with in-depth interviews, it is recognized that there are a number of limitations, such as a reduced number of participants and therefore of data. Thus, it is emphasized that the production of scientific knowledge is a collective process, according to Alves-Mazzotti (2006), this production resembles a continuous dialogue between researchers, with dialogue as the core of the researcher's craft.

In this construction bias, through the methodology and intersections with studies in the area, it is considered that it was possible to identify the social representations of youth suicide for health and education professionals in Bonfim. However, it should be noted that the topic requires more studies, mainly due to the increase in indices and the complexity of the topic. Studies with socially vulnerable populations such as indigenous peoples, members of the LGBTQIA+ community, black population (black and brown), people from rural and vulnerable areas, refugees, among others, are also of paramount importance. Also, the importance of listening to young people themselves and understanding more about their needs when dealing with issues involving suicide is highlighted.

Through the results, medicamentation is questioned as a mental health strategy



institutionalized by the municipality and the possible effects of this, such as the young people's own dealing with their issues. It examines how much the stigmatized view of a youth can impact the treatment of such a complex topic. In addition, it is clear that the prevention of the issue requires psychosocial contributions, requiring the involvement of economic sectors and social protection strategies, especially when talking about violence and drug trafficking in the countryside and economic opportunities in more rural areas. Soon it is configured as an agenda that takes place in public and mental health, but far beyond, demanding greater integration of strategies.

Finally, through the experiences and reports in the interviews, it is clear that education professionals can be agents in the prevention of child and adolescent suicide due to the intense contact with the theme in their daily context.

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