Cogitare Enfermagem

ORIGINAL ARTICLE

SOCIAL SUPPORT FROM FAMILY AND FRIENDS: DISCOURSE OF PEOPLE WITH SUICIDAL BEHAVIOR*

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ABSTRACT

Objective: To identify the elements that favor the social support from family and friends to people with suicidal behavior.

Method: Qualitative study with 18 individuals undergoing therapeutic follow-up in the Center for Suicide Research and Prevention (NEPS) of Salvador, Bahia, Brazil. Data was collected from March to August 2018 and organized based on the Collective Subject Discourse methodology.

Results: The study showed that affectional bonds, previous experiences of mental suffering, empathy and understanding of suicidal behavior are elements that reflect significant social support from family and friends.

Final Considerations: Knowledge and use of these elements may support actions for the prevention of suicide, since health professionals responsible for care to people with suicidal behavior may develop strategies aimed at strengthening social support.

DESCRIPTORS: Suicide Attempt; Social Support; Family Relationships; Mental Health; Nursing.

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SUPORTE SOCIAL DE FAMILIARES E AMIGOS: DISCURSO DE PESSOAS COM COMPORTAMENTO SUICIDA

RESUMO

Objetivo: identificar os elementos que favorecem o suporte social de familiares e amigos às pessoas com comportamento suicida.

Método: trata-se de uma pesquisa qualitativa, desenvolvida com 18 pessoas em acompanhamento terapêutico no Núcleo de Estudo e Prevenção do Suicídio, Salvador, Bahia, Brasil. Os dados foram coletados de março a agosto de 2018 e organizados com base no Discurso do Sujeito Coletivo.

Resultados: o estudo evidenciou que o vínculo afetivo, a experiência prévia de sofrimento psíquico, a empatia e a compreensão acerca do comportamento suicida constituem elementos que refletem suporte social importante por parte de familiares e amigos.

Considerações Finais: o conhecimento e a utilização desses elementos poderão subsidiar ações para a prevenção do suicídio, uma vez que os profissionais de saúde ao cuidar das pessoas com comportamento suicida podem desenvolver estratégias que visem ao fortalecimento do suporte social.

DESCRITORES: Tentativa de Suicídio; Apoio Social; Relações Familiares; Saúde Mental; Enfermagem.

APOYO SOCIAL DE FAMILIARES Y AMIGOS: DISCURSO DE PERSONAS CON COMPORTAMIENTO SUICIDA

RESUMEN

Objetivo: identificar los elementos que favorecen el apoyo social de familiares y amigos a las personas con comportamiento suicida.

Método: investigación cualitativa, desarrollada con 18 personas en acompañamiento terapéutico en el Núcleo de Estudio y Prevención del Suicidio, en Salvador, Bahia, Brasil. Se obtuvieron los datos de marzo a agosto de 2018 y estos se los organizaron con base en el Discurso del Sujeto Colectivo.

Resultados: el estudio evidenció que el vínculo afectivo, la experiencia previa de sufrimiento psíquico, la empatía y la compresión acerca del comportamiento suicida constituyen elementos que revelan apoyo social importante por los familiares y amigos.

Conclusión: el conocimiento y la utilización de esos elementos podrán subsidiar acciones para la prevención del suicidio, ya que, al cuidar de personas con comportamiento suicida, los profesionales de salud pueden desarrollar estrategias para fortalecer el apoyo social.

DESCRIPTORES: Intentos de Suicidio; Apoyo Social; Relaciones Familiares; Salud Mental; Enfermería.

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INTRODUCTION

Mental suffering that culminates in suicidal behavior is a serious public health problem. In view of the individual's desire to get rid of feelings arising from an intolerable existential crisis, the implementation of care strategies is urgent, and social support, especially from family and friends, is a key element in this process.

Suicidal behavior ranges from thoughts and plans about one's own death to suicide attempts and suicide[1]. It is a multifactorial phenomenon, hence there are many risk factors involved in suicidal behavior, not only one. Studies reveal a complex network of biological, psychological and social factors that include, among others, mental disorders, chronic or disabling physical diseases, impulsiveness, inability to deal with unfortunate life events and difficulties in establishing social bonds[2-3].

Regardless of the motives related to an individual's attempt to end his/her life, suicidal behavior emerges as the only possibility to cease intense mental suffering. A study with nurses, psychologists and physicians who work at a Psychosocial Care Center (CAPS) in southern Brazil showed that mental suffering is so overwhelming that the individual decides to end it by committing suicide[4]. Since these individuals want to end the pain experienced and not their lives[4-5], this attitude may have a devastating effect, highlighting anxiety, feelings of helplessness, hopelessness and loneliness that metaphorically culminate in several partial deaths, before the finitude of the physical body.

In view of the aforementioned, it is necessary to understand this phenomenon, in order to cope with suffering and to expand strategies that identify and enhance support for individuals with suicidal behavior. This is where social support comes in, especially support from family and friends, because due to the emotional-affectional bond, they may influence the way someone with suicidal behavior perceives and deals with stressful situations. A study with elderly people with suicidal behavior found that family support was essential for them to overcome their pain[6].

This support brings to light the human need to interact with others, to live in groups, to establish bonds that usually begin in the family group and later include friends, schoolmates, co-workers, partners or spouses, and the society as a whole. Thus, the social support created is based on the relational structures of each individual[7].

Corroborating the aforementioned, a Latin American study conducted by nurses endorses the relevance of social support in suicide prevention by demonstrating that adolescents with suicidal behavior are more emotionally stable when they receive maternal support to face situations that generate stress and mental suffering[8]. In the United States, a study with 392 adolescents on risk and protective factors for suicide showed that the support received by parents and friends, especially in times of stress, had a positive impact on the image that young people have of themselves, contributing to improve self-esteem and self-control[9].

Since affectional bonds with family and friends favor social support in stressful situations, helping the individual deal with ideas or thoughts about suicide, the present study aimed to unveil elements that contribute to the development of social support to individuals facing intense mental suffering and at risk for suicide. From this perspective, the following question was asked: What elements favor the social support of family and friends to individuals with suicidal behavior? To answer this question, the present study aimed to identify the elements that favor social support from family and friends to individuals with suicidal behavior.

METHOD

Qualitative study attached to the project entitled "Promotion of health care for women who attempted suicide by poisoning and intoxication", funded by the Research Support Foundation of the State of Bahia (FAPESB), Public Notice 003/2017 – SUS Research Program: Shared Health Management – PPSUS/BA.

The study was conducted at the Center for Suicide Research and Prevention (NEPS), a public service specialized in the assistance to people with suicidal behavior. The NEPS is part of the Poison Control Center (CIAVE), which is managed by the Bahia State Department of Health (SESAB), in the city of Salvador, state of Bahia, Brazil.

The study counted on the collaboration of eighteen (18) people monitored by the NEPS, of which 16 were women. Because of this prevalence of women, we thought it appropriate to refer to these individuals as "female collaborators" in the text. The selection of the female collaborators was based on the following inclusion criteria: individuals with suicidal behavior regularly monitored by NEPS professionals at least once a week. Users who were not emotionally stable at the time of data collection, according to an assessment of the psychology service were excluded.

The possible female collaborators were contacted through group therapeutic workshops called "Information Workshops", which are conducted and coordinated by the occupational therapist and the nurse of the Service. At the end of the workshops, the researcher presented the research proposal, explained its relevance and invited the women to participate in the study.

Data was collected through interviews that were guided by the following question: What elements favor social support for people with suicidal behavior? Data collection was performed from April to May 2018, in a private NEPS room. To ensure the anonymity of the participants, they were identified by letter I (interview) followed by a number (I1, I2, I3…)

After the interviews, the statements were transcribed, organized and systematized with the use of the Collective Subject Discourse (CSD) methodology where the thought of each group appears as an individual discourse. The following methodological figures were used for the construction of the CSD: 1) Central Idea (CI), name or expression that translates the core (synthesis) of the discursive content 2) Key expression (KE), excerpt from the full discourse of the collaborators that is used to compose the speech. With the use of these two methodological figures, synthesis discourses can be constructed, which are named Collective Subject Discourse [10].

The study was approved by the Human Research Ethics Committee under protocol no 1.813.544.

RESULTS

Of the 18 people with suicidal behavior interviewed, most reported being black: 16 (88.9%); female: 16 (88.9%) and with low educational level: 11 (61.11%). The respondents, who were aged 23-62, said they lived with at least one family member. The discourses were organized to elucidate the elements that favor social support for people with suicidal behavior, and then the central ideas emerged.

Central Idea: Affectional bond with the subject

The discourse revealed that bonds of affection, complicity and love between the respondents, their families and friends favor this social support to people with suicidal behavior. Therefore, being cared, having someone to talk to and caring people nearby are forms of affection that make collaborators feel supported.

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My relatives care for me because they love me and want me to feel good. They know that I have always been a hard-working person who wakes up early to face the world. But all of a sudden, they realized that I am in a completely different situation, someone who lost the desire to live and want to end her suffering. Throughout my life I have met very significant people… people I've always been able to count on. [...] my friends are wonderful people that I consider as a family. [...]We walk together and take care of each other. My mother has always been my companion.. she sits by my side to talk and try to understand how I feel to be able to help me. She takes care of me because she loves me. I'm sure she would do everything within her power to have me by her side (I3, I5, I11).

Central Idea: Previous experience of mental suffering

In their discourses, the collaborators affirmed that when people have previous experiences of mental suffering, they become more sensitive to the pain of others. Similar stories of suffering emerged as an element that favors the care to people with suicidal behavior.

I think only those who experience mental suffering and attempt suicide can understand what we feel, have a more sympathetic attitude towards the others and take better care of them [...] very few people understand this suffering. My friend and her mother welcome me because they know how I feel. I believe that these people are more sensitive and treat me with respect and affection because they also have symptoms of depression [...] it is as if we were in the same boat (E14, E15, E9)

Central Idea: Empathy towards the subject

The statements highlight that placing oneself in the other's place, perceiving one's pain, promotes non-judgment and sensitivity that favor support and acceptance. Thus, empathy, as a feeling that makes it possible to realize that the others need care, is a favorable element for sharing emotions and care to individuals with suicidal behavior.

I think it's only possible to take care of someone when we put ourselves in someone else's shoes. If we place ourselves in someone else's shoes, we become more sensitive to the feelings of others and to the care they need. It is necessary to think about how the others would want to be treated, looked at, perceived. Then, we hug each other and share moments of joy and sadness, accepting each other without judgment. I am experiencing this with my family, my friends and caregivers. That gives us warmth and comfort (E4, E13, E7).

Central Idea: Understanding of suicidal behavior

The discourse reveals that understanding suicidal behavior favors the support to people who experience this phenomenon, enabling a relationship of affection and love. Or else, when families and friends understand this suffering, they are more likely to have these empathetic attitudes.

In addition to my family, I can count on some friends. They are all aware of my problems, understand me and do not judge me, so I feel respected and cared for. My family and friends know all the difficulties I have been through and understand my pain. [...] Understanding makes them treat me with love and care. My wife and children understand me [...] When I have a crisis, they are by my side all the time, taking turns to take care of me (E10, E6, E18)

DISCUSSION

The collective discourse of individuals with suicidal behavior showed that the

existence of a bond with family and friends favors the construction of relationships of care, affection and trust. It is suggested that this bond is a possible protective factor against suicidal behavior by individuals in mental suffering.

In this regard, a study with adolescents with suicidal ideation, conducted in the United States, showed that affectional bonds between parents and children were a positive aspect for reducing suicide attempts [11]. An African study with elderly people who showed suicidal behavior, which reported the existence of loving relationships with family and friends, also reinforced that this support increases the desire to live [12].

Another element cited by people with suicidal behavior, which favors social support, brings to light the previous experience of this type of mental suffering. According to the collaborators, individuals who had this previous experience are more sensitive to the need to care for others. Thus, when relatives and friends who have already experienced this type of mental suffering are empathic towards individuals facing this suffering, these individuals feel that the others are aware of their pain and identify with them, which makes them feel stronger. Studies conducted in Brazil and Swaziland, Africa, claim that counting on an empathetic family is part of the structure necessary to ensure care for people at risk for suicide at all times in their lives, favoring the overcoming of suicidal attempts and ideation [5-6].

A Brazilian study corroborates this data by showing that sharing similar life experiences, especially those that cause suffering, contributes to making people feel valued in their exchanges, while reducing the feeling of loneliness of individuals who experience mental suffering and protecting them from suicide attempts [6]. Thus, experiencing situations that allow the sharing of feelings and emotions about suffering favors the feeling of belongingness and hence strengthens social support.

In addition to the sharing of experiences, the collective discourse of people with suicidal behavior also includes empathy as an element that predisposes to care in situations of intense suffering. It should be noted that studies about the empathy and care showed by human beings advocate the continuous exercise of looking at the other, perceiving what the other feels, as a challenge to the legitimacy of care [12-13].

In the healthcare area, this care tends to minimize the successive dis-encounters caused by health practices that value the biomedical model focused on the treatment of the disease and technological advances to the detriment of the individuals and their life histories [14-15]. The legitimacy of this care, based on the valuation of the others and their stories, was also raised in the present study, which addressed the social support to people with suicidal behavior.

A study conducted in a Psychosocial Care Center (CAPS) in southern Brazil showed that empathic relationships between professionals and users treated for suicidal behavior provided a better understanding of the suffering related to the suicidal crisis, and, thus, strengthened the bonds that result in a humanized care, sensitive to the weaknesses of the other [4]. It is inferred, therefore, that the sensitivity to look at the other, listen to him/her and perceive his/her pain without judgment favors the sharing of feelings. This gives rise to the possibility of rethinking ideas about suicide [16].

However, although this study contains elements that favor social support, it is worth noting that the fact that someone has never had a suicidal behavior or placed him/herself in someone else's shoes, does not imply that comprehensive and effective care is impossible, regardless of the circumstances experienced. Thus, it should be stressed that support can be provided by the society, in general, but is more easily offered by those who are close to people with suicidal behavior, such as friends and family [17-18].

Based on this assumption, support emerges from a broader understanding of suicidal behavior in any social group in which health professionals are inserted. A Canadian study showed that the primary care team is in a strategic position to provide care, as these professionals are aware of the local factors that impact health and most often have contact

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with the family and friends of people who have attempted suicide, which reinforces the social support received by the participants [19].

Therefore, health professionals play a key role in the strengthening of the bonds of patients with their families, friends and the community, for the establishment of networks that favor suicide prevention [20-21]. However, the statements of health professionals who participated in a study on suicide prevention and postvention strategies in a Psychosocial Care Center revealed the difficulties in approaching, welcoming and providing care to people at risk for suicide in institutions that adopt the biomedical model. This care model is focused on the treatment of the disease, not perceiving the patients as individuals with unique biological, psychological and social characteristics. Besides, health professionals tend to stigmatize patients with mental problems. Thus, the biomedical model devalues and minimizes the complaints of patients with suicidal behavior and the need to assist their families [4,22].

In this regard, a study on primary health care (PHC), which also highlights the importance of counting on professionals trained to deal with people at risk for suicide, claims that these professionals are responsible for developing strategies aligned with different contexts of health assistance, including the biopsychosocial dimensions. Therefore, PHC services are valuable and capable of developing and disseminating care to their users [23].

Thus, social support as a response to the health needs of subjects and communities should be maximized [24]. Based on the understanding of mental suffering and suicidal behavior, as well as other elements that contribute to the involvement of relatives and friends in the creation of social support, health professionals prepared to receive and care for people at risk for suicide are valuable assets.

One limitation of this study is the small sample size, since it included only professionals who worked in one outpatient service specialized in suicidal behavior. However, the elements that favor social support are present in the discourses of the participants. These elements motivate the reflection on aspects that impact the care process and, consequently, suicide prevention.

FINAL CONSIDERATIONS

The present study identified the elements that favor social support, more precisely those associated to the support from family and friends to people with suicidal behavior, as follows: affectional bond with the subject, which is revealed by the expressions of affection, love and attention; previous experience of mental suffering that make people more sensitive to the pain of others; empathy towards someone who is suffering, which allows us to put ourselves in someone else's shoes, and understanding of suicidal behavior: understanding of the phenomenon and its severity.

These elements that predispose to social support are relevant contributions to the care to individuals at risk for suicide, because they can be used by health professionals who involve relatives and friends individuals in this process.

The establishment of networks for suicide prevention is favored by health professionals, who can coordinate social support with relatives and friends of individuals at risk for suicide, and society in general.

Therefore, suicide should be included among the topics addressed in learning spaces and continuing health education programs as soon as possible, particularly those targeted to the nursing team, which is in permanent contact with people who need care. Health professionals would be then more prepared, not only for the recognition of signs associated with suicidal behavior, but also for the implementation of suicide prevention and postvention strategies, where coordination with social support is inserted.

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