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SUICIDE IN INTERNET POSTS: PERCEPTION OF SOCIAL NETWORK USERS

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Abstract: Throughout history, the phenomenon of suicide has been discussed and questioned from various perspectives that contributed to the formation of multiple conceptions about the theme. Currently, from a scientific point of view, this phenomenon is seen as a scientific problem, and also a public health problem. The Internet today has brought an extensive range of information resources and services that can be easily accessed by those who have it. It provides a platform that enables people to express themselves freely, sharing experiences and reports about personal experiences and feelings in the various social networks that it allows them to form. Among the themes addressed on these networks is suicide. The present study aimed to perform a phenomenological analysis of the discourses about suicide on virtual social networks, considering that the publications made generally reflect the individual's perception about the phenomenon addressed. The research is exploratory in nature and qualitative in approach, and sought the discourses about suicide in the social networks Twitter and Facebook. From the data analysis, meaning units that relate suicide around themes such as religion, courage and cowardice, depression, failure of society, unbearable pain, and the need for support to individuals with suicidal behavior emerged. In this communication, we intend to present the results of this study, which shows how people in general understand suicide.

Keywords: Suicide. Internet. Social media. Phenomenology. Psychology.

INTRODUCTION

Suicide is a complex phenomenon that has been the object of questioning and reflection by philosophers and scholars over the centuries, with the aim of understanding this disturbing behavior. Throughout history, several perspectives have influenced the discussion on suicide, from moral and religious judgments and legal penalties to the scientific and public health approach (BOTEGA, 2015).

According to the World Health Organization (WHO), suicide is the second leading cause of death among young people aged 15 to 29, affecting 800,000 people per year worldwide (MINISTRY OF HEALTH, 2017). These data highlight the importance of studying suicide in health sciences and public health, in order to seek ways of prevention.

Currently, suicide is understood as a multidimensional disorder resulting from the complex interaction of environmental, social, physiological, genetic and biological factors, which is defined by the behavior in which the individual, thinking about ending his life, devises a plan to kill himself. and obtains the means to do so, thus completing the act (WHO, 2006).

Suicidal behavior is understood in three categories: suicidal ideation, suicide attempt and suicide itself. Self-injury does not necessarily fit into these categories, and it is not always considered suicidal behavior; since to be categorized as such, this act must be accompanied by the intention to end one's own life, that is, the simple thought of wanting to die is part of this behavior.

Suicide is often an act of desperation, in which the individual does not find other possibilities of existence that can alleviate suffering or provide meaning to his life. Thus, to end this despair, one of the alternatives that the person finds is to cease with their own existence.

In Western culture, the discussion of suicide has always been a taboo. The taboo, with its multifaceted meaning, is represented by a sacred, mysterious, dangerous and forbidden character, and in face of this, denotes something that must be kept at a distance. In today's society, taboos are considered funereal conduct or characteristics and

subject to reproach or reclusion (ARAÚJO; ANDRADE, 2012). Thus, filled with fears, fears and anxieties, death receives a negative connotation, which in other cultures, especially in the East, is accepted more naturally. The discussion about suicidal behavior has even more complications than death by other means, since the mysteries and violence that suicide represents can awaken helplessness, helplessness, shame, and especially guilt in survivors. Such feelings make close friends and family members of someone who died by suicide unwilling to talk about their loss, thus highlighting the taboo that society has about this phenomenon (SBEGHEN, 2015).

In this context, scholars affirm the need to talk about suicide for more effective prevention, since by addressing the topic, making it more discussed, this taboo decreases. The WHO points out that this obscuring taboo reinforces a stigmatized behavior that prevents people from seeking help from health services. This way, public awareness and support for society's health systems can contribute to more effective prevention (BOTEGA, 2015). In addition, another important measure that we can highlight for good prevention is to strengthen protective factors, such as a positive perception of life, enjoying a life project and strengthening good bonds, since the greater the affective bonds, the lower the tendency suicidal (BAPTISTA; CARNEIRO; CARDOSO; GOMES, 2014). However, erroneous beliefs about suicide perpetuate the taboo and make it difficult to provide support to people at risk. It is important to dispel these beliefs and approach the issue sensibly and honestly, strengthening the bond with the individual who suffers.

In Brazil, Yellow September is a campaign started in 2015 by the Center for Valorization of Life (CVV), Federal Council of Medicine (CFM) and Brazilian Association of Psychiatry (ABP), with the aim of alerting the population about suicide and its consequences. forms of prevention. This campaign brought greater visibility to the issue and became an important moment for public discussion of the phenomenon. Suicide awareness and attention are essential to deal with this problem that affects the entire world.

> Current research indicates that preventing suicide, while possible, involves a whole range of activities, ranging from providing the best possible conditions for raising our children and adolescents, to effectively treating mental disorders, to controlling environmental factors. of risk. Appropriate dissemination of information and awareness are essential elements for the success of suicide prevention programs (WHO, 2006).

The internet plays a significant role in suicide prevention, allowing users to disseminate content related to this topic and expand the reach of the campaign.

The internet has brought a wide range of information resources and services that can be easily accessed by anyone who owns it. One of the main services it offers is the high speed of communication between individuals from all over the world, as well as a way of freely expressing oneself, sharing experiences and reports about the personal experiences and feelings of users in the various social networks that it enables to form.

Social networks, which serve as a "digital diary", allow horizontal and non-hierarchical relationships between participants, who can discuss different contents according to their interests and relevance (BUENO, 2013). Users of these tools start to produce and share their own content, where the reader is not just a spectator, but someone who also contributes to their production. This diary is no longer like the old diary, personal and confidential, it ceases to be for intimates and becomes alter-directed. (GERMANO; NOGUEIRA, 2017). Writing on the internet is interactive, there is a direct collaboration from the user who likes,

comments, shares and criticizes. This way, this space becomes a place of jointly produced discourses. That, reflects on a perception and exchange of information in real time on various subjects, which contributes to the broadening of the discussion of the themes conveyed there, which is no different when it comes to suicide. This conversation on the network creates new perspectives, that is, subjectivities can be changed from an exchange of writings that affects both the author and the interlocutor (GERMANO; NOGUEIRA, 2017). Suicide is a phenomenon that is presented and discussed daily in these interactive networks. Communities, pages and people create possibilities for relationships with the exchange of information, which can welcome, help and answer questions from those who address this topic. This conversation on the network creates new perspectives, that is, subjectivities can be changed from an exchange of writings that affects both the author and the interlocutor (GERMANO; NOGUEIRA, 2017). Suicide is a phenomenon that is presented and discussed daily in these interactive networks. Communities, pages and people create possibilities for relationships with the exchange of information, which can welcome, help and answer questions from those who address this topic. This conversation on the network creates new perspectives, that is, subjectivities can be changed from an exchange of writings that affects both the author and the interlocutor (GERMANO; NOGUEIRA, 2017). Suicide is a phenomenon that is presented and discussed daily in these interactive networks. Communities, pages and people create possibilities for relationships with the exchange of information, which can welcome, help and answer questions from those who address this topic.

This new historical period we are living in, due to the ease of communication through social networks, is marked by the proliferation of narratives that yearn to be seen and heard. Our daily life is characterized by the exchange of experiences of the narratives we hear and speak, and how our experiences are told and made explicit by us and by others. (GERMANO; NOGUEIRA, 2017).

In this dynamic of creation and observation of content, the writings come to be seen as autobiographies, a text that proposes to convert experiences into words, that is, it suggests showing individual perspectives on different themes. This writing is configured as a space of self-representation, in which the subject positions himself in front of phenomena, and says about himself (GERMANO; NOGUEIRA, 2017), and can affect others. Thus, it is interesting to look at publications on social networks to observe how certain themes are treated and how they are perceived, so that one can understand how certain phenomena appear to individuals and society.

Although it is still difficult to categorically state what effects social networks have on people, it can be said that they have the potential to interfere with an individual's behavior, changing their mental health and understanding of the world. And when dealing with a subject as delicate as suicide, this is worrying and deserves attention.

Bearing in mind that the publications made generally reflect the individual's perception of the phenomenon addressed, the present study is an effort to advance some productions on the general theme of death by suicide, and represents an attempt to understand the social representations of this type of death. That said, the research aims at a phenomenological analysis of the discourses about suicide in the virtual social networks Facebook and Twitter. It is expected to contribute to a discussion about this phenomenon that is so recurrent, but little discussed among people in our society.

As a social being, human beings have always lived in an environment of communication and collaboration, using the technologies available in each historical phase for this relationship. Thus, one can highlight the importance of using social networks in contemporary life, especially for young people, since today, one of the main functions of these networks is to help maintain and expand human social contact, at the same time, which is also used as a great form of leisure (SILVA, 2010).

The internet is a revolutionary communication technology, which interferes in the lives of individuals, both in the social sphere and in the ways of thinking, acting, feeling and being, therefore, it has been appearing as an important theme for the study of psychology (GERMANO; NOGUEIRA, 2017). This work, by proposing to analyze posts on the internet, more specifically on the social networks Facebook and Twitter, tends to obtain data on the individual's perception of suicide, consequently on how society, or a part of it, perceives this phenomenon. In addition, it may contribute to expanding discussions and reflections on this subject, offering knowledge to reduce the taboo in relation to suicide, promoting its prevention.

METHOD

The study had an exploratory nature and a qualitative approach, which sought discourses posted on the social networks "Twitter" and "Facebook" about suicide. For the analysis of the discourses, the phenomenological method was used, which focuses mainly on the phenomenological reduction to let the phenomenon show itself as it appears to the subject. In the case of the proposed study, we searched for the suicide phenomenon as it appears to the authors of the posts, and at the time of analysis, as it appears to the researcher. The intention is to stick to the attitude of returning to things themselves,

free of assumptions and prejudices, seeking to understand what is shown and what appears directly to consciousness. In this sense, phenomenology intends to suspend previous beliefs and a priori explanations of a given phenomenon. (GARNICA, 1997).

The research, regarding the material, was carried out in three stages. First, a search was performed using the Facebook and Twitter search tool for mentions of words related to suicide. For this, inclusion and exclusion criteria were established, which defined the posts considered useful to compose the sample that was analyzed. Inclusion criteria were posts written on these social networks from the years 2017, 2018 and 2019, in Portuguese, by users, pages and groups, which mention one of the words or expressions: "suicide", "suicide", "se kill", "methods of suicide", "kill me", "painless suicide", "killed himself". And as exclusion criteria: news and images.

It is notable that, when searching for the word "suicide" in the "Facebook" search tool, the following message of support is presented: "If you or someone you know is going through a difficult time, we would like to help.", with an option to "Get support". In this option, the user is redirected to a page with three other assistance options: "Talk to a friend", which suggests sending a message or calling someone the user trusts; "Contact a support line", an option that shows three alternatives for communicating with specialized care and support services at the Centro de Valorização da Vida (CVV) and, "Finding ways to help yourself", which it refers to suggestions of things to do that other people have found useful in difficult times, such as: Ways to calm down in the middle of a crisis; a "change of scenery", which suggests going for a walk, or opening a window for fresh air; and take care of yourself, drinking a glass of water, having a meal, or looking for something to relax, like a bath or a break.

To compose the analysis material, sixty posts were selected, thirty from "Facebook" and thirty from "Twitter". The first thirty posts of each social network, with the mentions identified, and considered belonging to the inclusion criteria, were copied, saved and in a file identified by numbers, corresponding to the order in which they were found.

With the selected material, the second stage was the data analysis according to the phenomenological perspective. The posts (speech) of the users were read and afterwards, units of meaning were searched for in the collected texts. According to Martins and Bicudo (1989, p. 99) "meaning units are discriminations that are spontaneously perceived in the subjects' descriptions when the researcher assumes a psychological attitude and the certainty that the text is an example of the researched phenomenon (apud GARNICA, 1997, p. 117). In this sense, the work continued to be guided by these units of meaning, which grouped the various aspects of the subjects' experiences, what we call ideographic analysis.

From these units of meaning, the nomothetic analysis began, the last part of the data analysis. At that moment, an analysis of the divergences and convergences expressed by the units of meaning is carried out, and this analysis was carried out based on an interpretation, in which the researcher evaluates what appears to him as convergent and divergent. In view of this, new categories were formed and, in a constant process of separating convergences and divergences, new, more general categories were formed. This way, the generalities formed by these analyzes, give the result of the phenomenological research, given its perspective character (GARNICA, 1997).

RESULTS AND DISCUSSION

Following the phenomenological method of analysis, we sought to find the units of meaning present in the individuals' speeches, which outline the understandings of the phenomenon for them. Thus, we arrived at six units that, according to our analysis, express the perspectives of the authors of the posts that made up our sample. Thus, we arrived at six units that, according to our analysis, express the perspectives of the authors of the posts that made up our sample. They are: 1) Suicide as a sin; 2) Suicide as an act of courage or cowardice; 3) Suicide as a result of depression; 4) Suicide as a resource to end unbearable pain; 5) Suicide as a failure of society; *6) What to do for those who present suicidal behavior.*

SUICIDE AS A SIN

It was possible to observe that a portion of the posts on the networks bring speeches that introduce elements of religious beliefs, informing that their authors relate suicide to the religious foundations they follow or believe. There are people who understand that suicide is a sin for which there is no forgiveness and this matters for the fate of the person after death, as the following posts illustrate:

- Suicides will not be saved. That's what the word of God says. (Fb, 15)

- Those who kill themselves have no time for repentance, so they have no salvation. (Fb, 14)

- I'm thinking about killing myself, but I don't have the courage because I know that suicide has no forgiveness and I'm going to hell. (Tw, 49)

- Suicide takes you straight to hell and then the suffering is double, so if you know someone who is going through some kind of depression, panic disorder or something like that, help that person, take him to a church as soon as possible. (Fb, 16)

Throughout human development, there

have been discussions about life and death, which have varied according to culture and time. Philosophy, religion and science are examples of expressions and reflections that permeate the history of civilization, providing foundations for thoughts and appropriation of ideas (SBEGHEN, 2015). In Brazil, a predominantly religious country, understanding how religions approach suicide is important, as they provide insights on this topic.

The Catholic Church, throughout its history, has presented a perspective on suicide, as observed in the readings of the Old and New Testaments, as well as in speeches by influential representatives of the Church (BOTEGA, 2015). Although ancient biblical scriptures do not explicitly condemn suicide, later dogmas, discussed in councils and in the Catechism of the Catholic Church, condemn such behavior.

As the councils passed, the condemnatory perspective in relation to suicide was strengthened, establishing it as a crime associated with the demonic order, denying funeral rites and religious burial for suicides (BOTEGA, 2015). The Catechism of the Catholic Church (2005) considers suicide as disrespect to God, since He granted free will to preserve life, not to dispose of it, since life was given by God, its creator.

> Each one is responsible to God for the life He has given him, God is the sovereign lord of life; we must receive it with gratitude and preserve it for his honor and the salvation of our souls. We are stewards and not owners of the life that God has entrusted to us; we cannot dispose of it (CATECHISM OF THE CATHOLIC CHURCH, 2005, §2280).

The Catechism also mentions that disorders, anguish and serious psychic suffering reduce the suicide's responsibility. Furthermore, in §2283, it states that the individual who commits suicide can receive the opportunity of repentance offered by God, not being deprived of an eternal salvation.

Other religions also have positions on suicide. In Judaism, the commandments do not directly address suicide, but the Talmud condemns this action and precludes funeral rites for suicides. Similar to the Catholic Church, individual responsibility is diminished when suicide is the result of mental illness, torture, honor or chastity (BOTEGA, 2015).

In Islam, suicide is condemned, as the Qur'an states that death is decreed by Allah and cannot be anticipated. However, interpretations of some groups see certain sacrifices, such as suicides of a political-religious nature, as forms of heroism (BTESHE et al., 2010).

In Spiritism, which is a Christian doctrine, suicide is understood as an extreme unhappiness that affects a spirit, as it is believed that the suicidal person lacks faith, in addition to being affected by a displeasure of life over these individuals. In the Spirits' Book, there is a subchapter dedicated to specific questions about suicide. There, during all inquiries, the idea is left that only God can dispose of human life, and those who end it through suicide will undergo suffering on the plane of spirits or in future incarnations. For individuals suffering from mental illness, this subchapter contains a release from guilt and punishment, because "The madman who kills himself does not know what he is doing" (BTESHE et al., 2010).

From the perspective of Pentecostal evangelicals, although condemned, suicide is not directly addressed, related to this, in Brazilian evangelical churches there are forms of physical and emotional healing of the individual, rituals for liberation from demons, mental and material prosperity and resolution for various problems. Thus, various procedures are provided by the church that, in a way, can influence the approach to suicide, and according to the subjects, in a positive

way (BOTEGA, 2015).

Given the above, one can observe different perspectives regarding suicide related to some religions. Its role is important, considering that it provides a system of beliefs, and also a possible protection against suicide, given that, in general, religious perspectives are condemnatory, and therefore, individuals tend to respect them. her and avoid this condemnation. However, this may contribute to an increase in the stigmatization of suicide, creating an increasingly repertoire of condemnatory and discriminatory discourses, discouraging individuals with suicidal behavior from seeking medical or psychological assistance, thus defending more religious precepts. On the other hand, the demand for specialized assistance can also be stimulated.

SUICIDE AS A RESULT OF DEPRESSION

It was common to find posts that associate suicide with depression, including in some lines this relationship is taken for granted.

- Yesterday a boy threw himself off the Rio-Niterói bridge. Many of the comments were about how he was young, handsome, and seemed to have a happy life. Depression and suicide has no face. (Fb, 4)

- I believe that no one in their right mind commits suicide. And judging the reason, associating it with fact A or B is deeply mistaken. Depression is one of the saddest illnesses that exist. Imagine you, not having your own emotional balance! It's sad! (Fb, 10)

- You are better than that, don't let depression and anxiety win this battle! If anything happens, talk to someone, or even call me to vent, but don't do that. "We are suicidal youth, telling other suicidal youth that suicide is not the last option." (Fb, 24)

- So much anxiety crisis, so much depression crisis, so much desire to self-harm so much desire to kill myself, it's destroying me. (Tw, 34)

Although it is not possible to predict suicide, or the possibility of asserting the cause(s) of a suicide or suicide in general, there are factors that can aggravate your risk and make some individuals more prone to the act than others., as they are in a more fragile mental and psychological condition (VIEIRA; COUTINHO, 2008). A mental disorder is an almost fundamental risk factor for suicide. This occurs due to situations that tend to arise that predispose the affected individual to various stresses, such as, for example, having to adapt to the situation of the mental disorder; recurrently experiencing feelings of anxiety, anger, frustration; represent an emotional and financial "burden" for family members and close ones; and consequently, a decrease in quality of life (BOTEGA, 2015).

Depression is commonly associated with suicide, and when related to other fragile conditions, it is possible to assume an increase in this suicidal tendency. Some authors, when relating depression to suicidal behavior, consider it as a symptom or a consequence of this disorder (CORRÊA; BARRERO, 2006 apud VIEIRA; COUTINHO, 2008). Depressive feelings, such as hopelessness, loss of self-esteem and the inability to face and solve problems are strongly associated with suicidal behavior (VIEIRA; COUTINHO, 2008).

According to the World Health Organization (WHO) Depression is a common disorder worldwide, and in 2018 it is estimated that more than 300 million people suffer from it. In addition to causing the affected person great psychic suffering, influencing all areas of his life, depression in the worst case can lead to suicide, according to the institution. Like most psychological phenomena, depression

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is a multifactorial illness. It has biological bases making heredity play an important role. People who have always lived dynamically, happily and optimistically are not exempt from the possibility of developing depression, that is, it is not just the most fragile people who can become depressed (BOTEGA, 2015).

Depression is often confused with a sadness or a natural discouragement that afflicts us during some moments of life, however, some characteristics present in both are different. The duration of depression is from weeks to months; self-esteem is usually very compromised; there is the presence of the feeling of uselessness; performance in everyday tasks is very compromised; and suicidal ideation is common. A hallmark of depression is anhedonia, a feeling that affects the ability to take pleasure in things that are usually pleasurable. Meaninglessness and feeling, a feeling of emptiness, are usually the descriptions given to feeling depressed. It is important not to neglect and be aware of these and other possible symptoms of depression,

SUICIDE AS AN ACT OF COURAGE OR COWARDICE

There are many understandings that one can have regarding a suicidal intention: from great psychic suffering, immeasurable pain, an act to draw attention, a feeling of loneliness, individual or social failure and many other reasons. Different points of view are speculated daily in discussions about suicide, and several times the question of possible courage or cowardice is introduced regarding the decision-making of the individual who chooses to die by his own hands. It is known that, given the complexity of human decisions, speculation about choices, guidelines or paths taken by subjects is a source of complex discussion, often generating controversy.

- Who gave me that courage. Could it be that if we think about it constantly every day, we execute it? (Fb, 13)

- Suicide act. Cowardice? In my point of view, it is not, I think you need to be very brave for such an act. Did it right who did it? From the point of view of those who made it, yes! From the point of view of the family that is in pain, no! (Fb, 23)

- And who said suicide isn't the best way to break free? I admire the courage of those who got rid of this world. (Fb, 30)

According to Dicio, online dictionary of the Portuguese language (2020), courage can be defined as the ability to act despite fear, or in the face of risks and dangers, being related to bravery and courage. And cowardice is seen as a lack of courage, a gesture characterized by fear or fear. In view of this, one can introduce the dilemma, is suicide an act of courage, or of cowardice? Committing suicide can be seen as an act of extreme courage, facing the fear of the incomprehensible lack of life that death offers us. On the other hand, for others, the suicidal act can be seen as a lack of courage to face the adversities of life, characterized as cowardice. However, it must be emphasized that this dilemma is grounded in moral perspectives on suicide. That way, courage and cowardice relate to the character of the individual. He who ends his own life, considered his most precious asset, has courage. Likewise, this act can be seen as a cowardly posture, implying that the subject did not have enough strength to deal with the difficulties, and therefore chose to end his own life (FEIJOO, 2019).

Courage does not eliminate fear, but drives the individual to act even in the face of it. According to Aristotle, courage is a behavior motivated by reason, located between trust and fear, in which the person recognizes fear, but acts courageously facing it (GIRALDI PIRES, 2019). On the other hand, Michel Foucault (1987) approaches courage related to suicide within the perspective of a biopolitical society,

which values life at any cost, promoting the search for eternal youth and health.

In an existentialist perspective, having courage is being able to obtain possibilities for self-realization even taking into consideration, an anguish that threatens one's own being, and having the strength to assume this goal and transform this anguish into ways of coping for the individual. However, the individual, due to the human condition itself, is never free of this feeling of anguish, and is always subject to its reappearance, thus, courage is essential to overcome anguish, since this condition is inherent to human existence. Forghieri (1996) says about the individual who has overcome the anguish: "This way, he recovers the psychological balance, which will be, again, risky to be, again, conquered, and so on in the course of his existence".

Within this perspective, in relation to the discussion of suicide, a question must be asked: is suicide a confrontation with anguish or an escape from it? Authors refer to suicide as one or the last possibility that the individual found to end the great psychic suffering that afflicts him. Faced with this, courage starts from the principle of overcoming distressing states to a state of balance, so that the individual can then move on to the next overcoming. However, when there is suicide, there will be no possibility of trying to reestablish psychic balance, due to the extinction of the being itself. That said, from this perspective, the suicide does not correspond to this conception of courage, as he does not welcome the threatening anguish, but, because he has nowhere else to go, he runs away from it.

If we take Tillich's conception of courage, we will see that contrary to what is thought in relation to suicide, courage is related to the affirmation of being, and it is decisive for human beings to remain as beings in the world. For this author, courage considers taking upon oneself the problem of anxiety, fate and death, as they are inherent to the human condition, and involves three dimensions: "the courage to accept the world that surrounds us, the courage of solitude and the courage to participate in the creative power that is in every person" (SOUZA, 2009, p. 99).

SUICIDE AS A RESOURCE TO END UNBEARABLE PAIN

The suicidal act is not something casual or without purpose, on the contrary, it refers to the attempt to resolve a situation that is causing intense suffering to the individual. This is a suffering that involves feelings of hopelessness and helplessness, which regularly arouse conflicts between the survival of the being and an unbearable exhaustion, in which the perceived options for solving problems are shortened and, thus, the need to escape is shown, through death, in the face of this torturous affliction (PARENTE et al. 2007).

- When a person thinks about suicide, understand, he wants to kill the pain and not life... when he reaches the point of killing himself, it's because he was already dead and nobody noticed. Brazil is the country in Latin America that is in 1st place in the depression index... until when are we going to close our eyes? (Fb, 6)

- Then you imagine how a person is feeling when they think about suicide! In his head there is no more solution for him. The soul hurts! The worst thing that exists is that you live without meaning. For what? Where? Do what? With whom? It will be? As? And the days go by, and nothing changes! You don't eat, you don't sleep, your body shakes, you cry all day, a hole in your chest insists on not going away, an anguish, a total disappointment, it hurts, it hurts a lot, and how it hurts!!! (Fb, 12)

- Those who attempt suicide actually

don't want to kill themselves, they want to kill the pain that exists inside them. Let's help each other more, pay more attention to each other... (Fb, 18)

Throughout human life, it is common to experience experiences that arouse different types of emotions, which can favor states of satisfaction, euphoria, sadness, as well as extremely unpleasant emotions, considered deep and destructive. These uncomfortable feelings constitute pain distinct from physical pain, and are focused on a psychological dimension of pain, as named by Shneidman (1993). This intolerable internal pain is associated with an introspective experience of negative emotions, linked to sadness, fear, anger, anguish, despair and loneliness. And it justifies the cause of this pain, arising from frustrations of basic psychological needs, such as the needs for achievement, autonomy, recognition, the failure to materialize important interpersonal relationships and even difficulties in dealing with suffering (LUÍS, 2016).

Different perspectives and theoretical models address psychological pain, but there is a consensus that it is an intolerable, unsustainable and extremely unpleasant pain. It is seen as a rupture in individual and social integrity, resulting from the disappointment and despair caused by the non-fulfillment of goals and expectations. In cases of depressive episodes, psychological pain can be perceived as worse than any physical pain ever experienced (LUÍS, 2016).

Shneidman (1993) highlights the relationship between psychological pain and the risk of suicide, stating that this pain may be a necessary factor for suicide to occur. When negative emotions exceed the individual's tolerance limit, he may consider suicide as the only alternative to end this pain, especially when the possibilities of life seem null or extremely reduced.

Faced with the recognition of psychic suffering as an important factor in suicidal behavior, it is essential to reflect on forms of support for the suicidal subject, taking into consideration, the way of dealing with this pain, in order to reduce the risk of suicide. It is essential to understand that, during a suicidal crisis, the individual's psychological state can prevent the search for solutions to their problems, highlighting the importance of considering this pain and adopting a humanized approach towards the subject. Some looks at suicide demonstrate disregard for those who are suffering, which devalues their feelings and can increase the feeling of hopelessness for the suicidal subject.

SUICIDE AS A FAILURE OF SOCIETY

In most of the questions present in the posts about the reasons for a suicidal act, the targets are the individuals who practice it, that is, the explanations fall on psychic suffering (anxiety, depression, low self-esteem), an act of courage or cowardice, lack of sociability, loss of something fundamental to life, etc., reducing the explanation to factors centered on the individual. In the 1960s, the UN classified suicidal behavior as a multifactorial, multidetermined phenomenon that develops along complex and identifiable paths. Given this, an important aspect can be noted that must be addressed so that we can have a broader understanding of these possible multiple determinations, which is the question of the role of society and the social problems that surround this phenomenon. (BOTEGA, 2015). There are users of social networks who perceive a connection between certain social conditions and suicide. In the posts that were analyzed in this study, one appeared that puts someone's suicide as a result of society's failure.

- Every time someone takes their life through suicide, I feel like we have

failed. As a society, as a State, as humans!!! One more victim. (Tw, 55)

Durkheim, a renowned sociologist, approached suicide as a social phenomenon, distancing himself from an individual psychological perspective. He argued that suicides must not be analyzed in isolation, but as a whole, since they constitute a new social fact with its own nature. Durkheim believed that these social facts already exist in society even before the birth of individuals, and they affect all spheres and participants (ALMEIDA, 2018).

> Indeed, if, instead of just seeing suicides as particular events, isolated from each other and which demand to be examined separately, we consider the set of suicides committed in a given society, during a given unit of time, it appears that the total thus obtained is not a simple sum of independent units, a collection whole, but that it constitutes in itself a new and sui generis fact, which has its unity and its individuality, consequently its own nature, and which, moreover, it is an eminently social nature. (DURKHEIM, 1986, p.8, apud TEIXEIRA, 2002)

Durkheim's proposal was to study suicide through the understanding of social facts and collective consciousness, which consists of beliefs and feelings shared by most members of a society. To understand the phenomenon of suicide, Durkheim emphasized the need to understand the social causes that lead to suicidal predisposition and these collective phenomena (ALMEIDA, 2018).

Durkheim (2000) identified social cohesion as an essential element and argued that the greater the social cohesion, the lower the suicide rate in that population. He illustrated this by comparing suicide rates in societies with different predominant religions. In societies with a predominant Catholic religion, suicide rates are lower compared to societies where Protestantism is predominant.

This is due to the principle of free examination that characterizes Protestantism, allowing more individual thinking and less group integration, in contrast to Catholicism, which has rigid traditions and greater group integration.

The dissolution of institutions that promote the integration of individuals, such as religion, family and the State, can affect suicide rates in society. The lack of support in forming sets of shared ideals, or "collective consciousness", that give meaning to life, contributes to a feeling of excessive individualism and low social cohesion, leaving peoplepeople more vulnerable to suicidal behavior (CARNEIRO, 2013).

On the other hand, Michel Foucault (1987) proposed an analysis of modern society as a biopolitical society, where life is considered the most valuable asset and must be preserved (FEIJOO, 2019). This perspective is rooted in a capitalist model of production, in which bodies are disciplined and regulated to become productive. In this context, the suicidal act is considered a pathology and prevention policies are created to keep bodies useful and docile to society (DANNER, 2010). However, this emphasis on preserving life intensifies the individual's suffering and reflects the disease of modern man.

Marx (2006), in turn, considers that social injustice, unemployment, misery and violence fostered by capitalist society are the conditions for suicide. And he recognizes that "although poverty is the greatest cause of suicide, we find it in all classes, both among the idle rich and among artists and politicians" (p. 24), because capitalist society dehumanizes everyone.

WHAT TO DO FOR THOSE WITH SUICIDAL BEHAVIOR

When performing the analysis of the collected posts, it was noticed the presence of information about possibilities of support

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for the individual with suicidal behavior. This way, it was possible to observe that some of these posts pay attention to considerations on what to do in this situation.

- Maybe living always at rock bottom is already a form of slow suicide. Seek help and leave this place. (Fb, 8)

- You are better than that, don't let depression and anxiety win this battle! If anything happens, talk to someone, or even call me to vent, but don't do that. "We are suicidal youth, telling other suicidal youth that suicide is not the last option." (Fb, 24)

- If anyone is in need of a shoulder to lean on, call me on XXXX-8225. Suicide is not and must not be an option. I don't judge you, I help you. (Fb, 30)

- Suicide prevention: Valuing life. Call 188 to talk for free when you need help in emotional pain. Depression is not freshness. Asking for help is not a sign of weakness. Don't isolate yourself. It doesn't cover so much. Never give up on you. You are important. (Tw, 38)

Preventive actions are considered essential to alleviate the problem of suicide, as highlighted by the WHO (2006). Several activities aim to improve therapeutic methods and address the environmental and mental health risk factors associated with this phenomenon. The dissemination of adequate information and awareness of the population are essential elements to strengthen prevention programs (WHO, 2006).

In addition, identifying risk and protective factors is crucial to reducing the risk of suicide. The WHO (2006) includes family and social support, religious and cultural beliefs, community involvement, satisfactory social life and access to mental health services as protective factors.

Knowledge about suicidal behavior has advanced, revealing the importance of the interaction between several factors in determining these behaviors. Epidemiology has contributed to identifying risk and protective factors, in addition to highlighting the cultural influence in this context (WHO, 2014).

The media plays an important role in suicide prevention, and the WHO offers a handbook for professionals in this area, providing guidelines to adequately address the topic. Some productions, such as the "13 Reasons Why" series, have adopted WHO recommendations, including alerts and resources to seek help (WHO, 2014).

In Brazil, the recognition of suicide as a public health problem resulted in the publication of national guidelines by the Ministry of Health in 2006, aiming to guide a National Suicide Prevention Plan. This plan seeks to develop strategies to promote quality of life, inform society, promote care and intervention projects, and promote the education of health professionals (BOTEGA, 2007).

Another initiative of the Ministry of Health is the creation of a Suicide Prevention Manual for mental health teams, which aims to guide professionals in the treatment of people with suicidal behavior and contribute to reducing the taboo around this topic (MINISTÉRIO DA SAÚDE, 2018).

The Ministry of Health also provides recommendations for dealing with a person with suicidal behavior, including recognizing the warning signs, having a sincere and calm conversation, encouraging the search for professional help and maintaining contact in times of crisis (MINISTÉRIO DA SAÚDE, 2018).

CONCLUSION

The purpose of this study was to unravel the understandings of suicide from narratives or reports shared on the social networks

Facebook and Twitter. These media provide a space where people can speak freely about their understanding of various phenomena, including suicide. To achieve this goal, we consider it important to address the issue of suicide by observing and describing the perceptions expressed by others, without prejudice or taboos, and without seeking causal relationships in advance. Our goal was to understand how people turn to this phenomenon.

We found that the internet, as a means of online communication, facilitates access to content about suicide, providing information about methods, encouragement and possibilities. At the same time, we noticed that the internet also promotes preventive communication, through campaigns, online support groups, websites and blogs, which aim to prevent suicide. Thus, the possibility of using the virtual network as a prevention strategy is evident, training professionals to provide support both in person and through chats, groups and forums.

We were surprised by the richness of the material collected and how the internet, this "new" area of study, can increase knowledge and understanding about suicide. The analyzed reports revealed a multiplicity of aspects related to the theme, which can be substantiated by the historical roots surrounding this type of death. When researching conceptions about suicide, we found the prejudices that stigmatize this phenomenon and the ideas that surround it, based on taboos and historically grounded beliefs.

We observed that users' perceptions regarding suicide are diverse and reflect the notion that suicide is a multidimensional and multidetermined phenomenon. Aspects of a religious nature, rooted in the Middle Ages, and aspects related to contemporary scientific knowledge, such as studies on psychopathology and, especially, depression, are striking in users' perceptions. It is important to take these different aspects into account in suicide prevention, working on the nuances of individuals' subjectivities and recognizing the difficulties in understanding the scientific knowledge on the subject.

The subjects' speeches reveal different interpretations of the human experience in the face of suicide, demonstrating the plurality of voices present. Some see suicide as society's failure to support individuals, while others ground it in religious concepts. There are also those who no longer see life as a possibility in the face of suffering, as well as those who consider the courage to dispose of life as a valuable act. The theme of suicide allows a wide range of meanings, requiring an approach that does not reduce these understandings in a simplistic way.

In this work, we seek to signal suicide as a Public Health problem and recognize the dimension of this phenomenon. The World Health Organization (WHO) has well-established research on preventing this type of death. Our objective was to contribute to a plural discussion, providing a reading that would clarify understandings about suicide and cooperate in the development of additional prevention strategies.

In addition, we found that part of the users' reports is related to scientific conceptions about suicide. This helps these people understand the risk factors and possibilities for support for individuals with suicidal behavior. Therefore, we highlight the importance of talking about suicide in order to break with the taboos that surround it. We noticed that the apprehension or fear of approaching this subject reveals a general lack of information. As long as the taboo persists, perceptions that the topic must be silenced will be reinforced. However, our finding is that talking about suicide contributes to more effective prevention and

demonstrates empathy towards the suffering of others. This way, we can give voice to the pain and, consequently, offer support to the suicidal individual.

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