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SUICIDE IN ADOLESCENCE AND WELCOMING BEREAVED SURVIVORS IN THE LIGHT OF LOGOTHERAPY

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INTRODUCTION

Adolescence is a biological phase that marks the end of human childhood and the beginning of adulthood. It is full of dilemmas and the search to build one's own identity, while at the same time mourning the loss of the child's body despite denying the childhood stage. Suicide, the other hand, is self-extermination and when it happens in adolescence, it becomes even more complex and the suffering more intensified, leaving deep traces in the bereaved survivors and making it difficult for them to experience the grieving process.

Preparing for adulthood is a very sensitive and complex process terms of understanding how a young person will behave in the face of high stress. According to Araújo, Vieira and Coutinho (2010), adolescence, a period of development marked by profound biological and social changes, usually accompanied conflicts and anguish. In recent decades there has been an increase in suicidal behavior among young people, and according to Borges and Werlang (2006), the age of 15 is considered critical for manifestations of suicidal ideation in this period of life.

This qualitative, exploratory bibliographical study asks: How can we find ways to minimize the impact of the pain of a family bereaved by suicide in adolescence? As such, it aims to investigate the strategies of practices to deal with suicide in adolescence, in the light of Logotherapy, to consider the efficiency of these practices, to verify the relationship between the increase in self-suicide in adolescents and the environment in which they are inserted, to analyze ways of resolving the family's distress, as well as pointing out the destructuring aspects caused by the action of denying life.

Despite being a very serious topic, there are still many taboos surrounding this type of finitude of life in adolescents. However, it needs to be talked about, discussed and welcomed, given that adolescence is a stage of life that is

related to the acquisition of socio-emotional skills. The very condition of developing people requires actions that can support adolescents at this stage and make a significant contribution to building life and giving it meaning.

Man is a being who seeks meaning by participating in history and, in history, building life and giving it meaning. Frankl (1989), in an attempt to conceive of man's dimension of freedom, mission and transcendence, in the face of mass catastrophe, the ideology of cultural imperialism and the psychological coercion that determines man's conscience, developed a foundation called Logotherapy, capable of leading this being to question his own person and discover the ultimate meaning of every action and his entire existence.

ADOLESCENCE AND THE BREVITY OF LIFE THROUGH SUICIDE

This article shows that in the majority of cases of self-destruction, the teenagers were not aware of the seriousness of their act and this situation of trying to end their lives is a cry for help and attention from their family and society, because they don't want to die, they want to end the pain they are in. Cassorla (1991) tells us that suicidal people want to die, but they also want to live. They are in conflict and help or a threat can decide the direction they want to take, influencing them both positively and negatively. So they can commit the lethal act.

is a time great inner conflict, as the vulnerability of this cycle can lead to suicidal ideation. Borges & Werlang (2006) state that in the period between the ages of 13 and 19, changes appear both in physical physical and the psychic psychic that contribute significantly to the formation of their personality. It is considered a turbulent time of discord and uncertainty. The child's identity is dissolved and the signs of an adult gradually appear, which are the pathways to understanding the psycho-affective evolution of this divergent phase, which desires independence.

The phenomenon of suicide in adolescence is still viewed with a certain shyness in society, which, according to Sanches (2009), makes logotherapeutic intervention with children and adolescents a new field of study that needs to be explored and debated due to its relevance.

The author also argues that there is a predominance of psychoanalytic and cognitive-behavioral work.

Simões and Aquino (2022) postulate that in a contribution to expanding the available bibliography on psychotherapy based on Logotherapy, the Brazilian logotherapist Kroeff (2012) published a case of child logotherapy. He points out that Frankl gave greater emphasis in his work to psychotherapy with adults and that, subsequently, some professionals had to adapt their work to work with children and adolescents. The adolescent population is one of the most sensitive groups to absorb situations that often unwanted, inopportune, difficult to resolve even lethal, such as suicide. Aberastury and Knobel (1981) tell us that adolescents' problems begin with changes in the body, with the definition of their role in the context of procreation, and continue through to changes in the psyche. They renounce the condition of being a child and being treated as such, because he considers this fact to be a derogatory matrix that devalues him in social terms.

Death by suicide is considered to be one of the biggest public health problems in the world, whether in adolescence or adulthood, given that the number of young people committing suicide, according to Alpe (2023), is one every 40 seconds. According to the WHO (2014), Brazil is the eighth country on the planet in absolute numbers of suicides. In 2012, 11,821 deaths were recorded, around 30 a day, of which 9,198 were men and 2,623 women. Between 2000 and 2012, there was a 10.4% increase in the number of deaths, and a 30% increase in young people, including teenagers.

If a person shows variations in behavior, with repression, condemnation, tolerance and exaltation, when the subject of suicide is broached, it was due to the situations that led them to proceed in that way, in the heat of that moment. Fukumitsu, et al (2015), presents the risk factors for suicide: irritable or moody individuals; depressed people; people who isolate themselves from family and friends; low or no school performance; a significant drop in performance and learning; consumption of psychotropic substances; physical violence and running away from home.

The term suicide, according to Werlang BSG *et al* (2005), is relatively recent, having been used as a Latin modernism in England in 1630. According to Louzã Neto *et al* (1995), the term suicide was first used in French by Abbé Desfontaines in 1737 to mean the death of oneself. With an etymological meaning of *Sui* () and *Caedes* (action of killing). Holanda (1986) says that it is still common to observe the use of the word *autocide* as a synonym for suicide, and that it has now become part of the vocabulary.

Self-destruction has become a phenomenon, and it happens everywhere in the world. Angerami (2023) warns that 800,000 people die every year for committing the lethal act against their own lives. According to Gandra (2024), Brazil showed an increase in the rate of self-harm of 6% per year between 2011 and 2022, but the rates of notifications of self-harm in the 10-24 age group grew by 29% per year over the same period. These figures exceeded those recorded for the general population, whose rate of this type of death grew by an average of 3.7% per year and of self-destruction by 21% over this period.

In Brazil, data on self-extermination is underreported, according to Angerami (2023), due to various factors, ranging from the family's request to alter the *cause of death* on the death certificate to the existence of clan-

destine cemeteries. This situation also occurs with the varying rates of suicide incidence and attempted suicide at this stage, which may reflect a lower or higher rate of finitude of life, when recorded at statistical levels.

SURVIVORS' GRIEF, WELCOME AND PREVENTION

Mourning, in its essence, is a process that represents great suffering, and when it comes to death by suicide in adolescence, the pain is even more intensified, immeasurable. According to Lustosa (2021), suicide is a finitude that takes life early. It's as if the world loses the meaning of an existential place, flowers their perfume. Grief narrows the passage of joy, darkens the clarity of human reason. The paths that were once so flowery and joyful now have a grayish hue.

Freud (1917) in his work *Mourning and Melancholia*, states that mourning is the response to loss, in other words, a process that begins after the loss and starts the work of letting go is inherent to it. The reaction arising from the loss is usually overcome time, and is a process that requires external intervention accompanied by an elaboration that can be successful or unsuccessful, when applied.

Fukumitsu (2019) emphasizes that it is in pain and pleasure that we recognize ourselves. There are people who live only with pain. But we need to know our weaknesses and fragility in order to be able to protect ourselves and delineate our boundaries of contact. In mourning, we don't appear to be, we just are. Coming out of the existential emptiness and transforming pain into love and the unknown into knowledge is taking on the very condition of being in spite of what we are suffering, adjusting creatively. Changing and accompanying the changes in themselves around them, conquering their own balance, giving meaning to their own lives.

According to Kübler-Ross (1996), mourning has stages that are as real as they can be when there is a great loss, be it of a loved one, the end of a relationship, unemployment or the loss of material goods, which she classifies into five stages: denial, anger, negotiation, depression and acceptance. This last stage does not mean that the person has overcome the pain of the loss, but that they have found a way to live with it. It is an understanding of what has happened, finally accepting the harsh reality and trying to move on from there. This understanding represents the path towards a possible adaptation to this enormous void.

Shneidman (1973) states that people who experience the loss of loved one are called bereaved survivors, and can be family members, friends, teachers, school or university colleagues, work colleagues, in short, a series of individuals with some kind of link or relationship with the person who killed themselves, because the turbulence of the feelings of loss involved take away part of their life, and they therefore need help to become alive again.

Sonneborn and Werba (2013) argue that psychological welcoming is a brief form of care. Due to its effectiveness, it is increasingly present in public and private clinics. It is a way of meeting demands in emergent and urgent conflictive situations. It can be carried out by a psychologist in private or in a group and by anyone who is willing to face this process head-on, given that this being is in emotional disorganization.

Welcoming a person bereaved by suicide means showing them the value of existence the functioning of life. It's making them aware of the importance of their self in order for the world to turn in perfect gears, putting everything in its proper place. That even though you're immersed in a sea of pain, you can find positive feelings of tranquillity. Because even if that tearing pain, which is seen as intolerable

le, is the pain of loss through teenage suicide, its purpose is to stop the flow of it through the cessation of consciousness.

Morsch (2021), in his studies, presents some welcoming practices in favor of the patient's psychological health: qualitative listening - listening without judgment. Welcoming - which enables care and establishes a bond. Risk classification - which enables the order of priorities, degree of physical and psychological suffering. It's a fast but effective service. Flexible care - aimed at practicality and convenience and thus allows for various formats of care. Support - which pays attention to the feelings that arise. And the use of clarification that dispels fantasies, increases information, restructures thinking and reduces anxiety and helplessness.

Throughout history, man has always experienced suffering. Frankl (2022) argues that suffering is inherent to the human being, and that it brings meaning to life at different levels of intensity throughout its existence. The author then highlights the tragic triad of pain, guilt and death, but it is possible to transform suffering into human achievement and fulfillment. Therein lies the challenge: deciding what to do in the face of pain. To extract from guilt the opportunity to better oneself, to change for the better. Make sense of life's transience in order to carry out responsible actions.

Frankl also says that it is possible to seek positive attitudes in the face of pain, such as death. It means relearning how to walk, how to communicate with other people, how to identify oneself as a living human being and how to evaluate one's own emotions. Fukumitsu (2023) states that every being carries with them an inherent suffering and also an invisible power, so one should not devalue someone's potency. This strength that emerges from such a significant wound is the possibility of transforming pain into wisdom and self-love. To resignify the process of suffering

is to say yes to life. Extracting the possibility of a life with substance from such a painful loss, and moving on.

Regarding the triad of values, Frankl (2022) *apud* Aquino and Penna (2016), establishes three categories of values that facilitate the psychic understanding of the individual, configuring concrete possibilities for the human being to seek their own fulfillment through a meaning for their life. Frankl says that suffering, in a way, ceases to be suffering the moment it finds the meaning of a sacrifice. So, these categories of values lead in the direction of understanding: Creative Values, Experiential Values and Attitudinal Values.

EXISTING RELATIONSHIP BETWEEN THE INCREASE IN SUICIDE IN ADOLESCENTS AND THE ENVIRONMENT IN WHICH THEY ARE INSERTED

Human existence has its shy or vivid, grayish nuances, especially in relational dimensions, such as the family, for example, a space where the primary social of self-recognition is developed, a source of identity, affection and support, but which can also be a factor in mental illness. According to Carsten (2014), although families are often presented as a set of caring relationships, complementary and supportive, in many cases they can be the center of the suffering, and therefore the psychological illness, of their loved ones.

According to Fernandes, *et al*; (2020), the location says a lot about the occurrence of suicide, as there is a predominance of this phenomenon in the family environment, which should be welcoming, safe and provide subsidies for the development of the individual, inserting him into society as a citizen present in the world and with the world, in a positive perspective of physical, psychic, social and cultural growth with confidence, becoming a safe citizen for life.

In Brazil, statistics show that deaths from external causes have risen sharply in recent years. Lima, *et al*; (2022), state that among these deaths, suicide is the third biggest cause of external deaths in the country. This demonstrates the impossibility that the country has in terms of practices and care in an attempt to minimize this sad reality.

In his work “Suicide”, Durkheim (2000) says that every society has, at some point in its history, a disposition towards suicide. And the relative intensity of this disposition would be measured by taking the ratio between the overall number of voluntary deaths and the population of all ages and all sexes. And that the evolution of suicide is made up of distinct and successive waves of movement, which occur in spurts, developing for a while, then stopping, then starting again. Suicide is any case of death resulting directly or indirectly from a positive act.

According to Durkheim (2000), social characteristics have been grouped into four types of suicide: Egoistic - which is revealed by an act of extreme individualism, since it occurs in individuals who are more isolated from their social groups and feel out of place. Altruistic - happens because of an ideal. It is due to obedience to subordination, to a specific group or in society as a whole. Anomic - that which is revealed in periods of crisis or social transformation. Fatalistic - the latter refers to extreme oppression governed by social norms, in which the person is cut off from their social environment.

According to Fukumitsu & Kovács (2016), suicide not only victimizes the perpetrator, but also causes an action that causes the suffering of family members who live through this experience. Because when the suicidal person appears in the life of a human being, they leave a feeling numbness, terror and judgment, lacking an affective welcome, both from others and from the person themselves. Fukumitsu

(2023) says that the suffering caused by the action of denying life requires a permanent place for the “we” to be able to face the frequent restlessness of the “I”, because all individuals are subject to being affected by pain of various intensities.

According to the Brazilian Psychiatric Association (2014), suicide can be defined as a deliberate act carried out by the person intending to kill themselves. They believe that by ending their existence, all their problems will be solved. They want to get out of that suffering, and in their dazed mind, the only quickest way out is to self-destruct their life. On the other hand, attempted suicide is characterized and understood as a peculiarity of the individual who does not go through with the lethal act.

LOGOTHERAPY, ITS CONTRIBUTIONS AND THE ENCOUNTER WITH BEING

To think about Logotherapy and Existential Analysis is to understand the existence of human beings beyond their psychophysical potential, from the perspective of embracing the noetic dimension. It is an approach to clinical psychology, composed of a two-way structure, that is, it is open to its own evolution, just as it is willing to collaborate with other psychological currents. Focusing on the human dilemma, it helps patients overcome their existential crises. Frankl (1977) points out that Logotherapy bases its technique, called paradoxical intention, on the dual fact that fear produces what we are afraid of and that excessive intention makes it impossible to achieve what we want.

The practice of Logotherapy is based on the dialogical relationship between psychologist and patient, the “paradoxical intention” technique and the foundation of psychotherapy based on the encounter. The encounter is a personal experience of interactivity between

the self and the you. Frankl (1989) points out that when therapist and patient establish that an encounter is not just for a consultation, but for something beyond that space between two people, with a specific objective, since both expect to leave there better than they arrived, but something that goes beyond the presence of one being to another. Logotherapy, in its great essence, shows us that the encounter between patient and logotherapist indicates a way of seeking and cooperating.

According to Silva and Breitenbach (2009), the encounter leads man to transcend himself, to go out and meet the other. The individual cries out for intimacy, a search that will be achieved by the existential presence of the other. Intimacy will be the protagonist of a constant movement of human search and fulfillment and, with this, the search for meaning. For the human being, any situation of conflict or challenge must include a therapeutic practice that emphasizes the human condition through the centrality of the patient. The encounter between two people goes beyond the simple presence of the other.

Logotherapy brings the concepts of freedom and responsibility as fundamental contexts, being essential characteristics in the human being. Thus, Frankl (2012) tells us that freedom must always be accompanied by responsibility, because both are constituent elements of the noetic dimension of the individual transcending himself, surpassing himself. Coming out of and thinking of the other, in an existential encounter in the outside world.

SOME LOGOTHERAPY TECHNIQUES FOR BEREAVED SURVIVORS

Logotherapy is characterized by the exploration of immediate analysis, based on human motivation (interaction between logotherapist and patient) for freedom and for finding the meaning of life. It uses therapeutic techniques to treat the patient in their state of disharmony. These logotherapeutic mechanisms consist of a path of guidance to help him find sanity, his true liberation of spirit. Frankl (1978) points out that Logotherapy originates “from” the spiritual, while Existential analysis is directed “towards” the spiritual. Existential analysis focuses on man’s struggle for meaning, not only in suffering, but also in the meaning of life.

According to Frankl (2011), Logotherapy is based on three pillars: Freedom of Will, Will to Meaning and the Meaning of Life. For the sake of the patient’s well-being, it also presents some techniques that are used successfully, depending on each situation: Active Listening, Socratic Dialogue, Bibliotherapy, Derreflexion and Paradoxical Intention. The latter is not often used to work with the context of suicide, because according to Frankl (2022, p.147-148), “it consists of an inversion of the patient’s attitude, since their fear is replaced by a paradoxical desire.” In this technique, the patient is instructed to desire a (dubious) paradox, configuring a neurosis of anguish.

A BRIEF ANALYSIS OF THE RESULTS

Sousa Filho (2020) believes that the process of self-knowledge in adolescents is a *continuum* (it lasts throughout life) and can reach greater or lesser intensity at certain stages of life, in the face of crises and conflicts. Since adolescence is the period when people need to define their identity, their place in the world, in the social and professional spheres and with other people. It is the search for oneself. It is therefore an instance of identity crisis par excellence.

Vásques and Piñeros (1997) say that some circumstances in society favor suicidal attitudes in adolescents, such as: easy access to psychotropic medication, the handling of sharp objects, the abuse of chemical substances and the loneliness that occurs at times of crisis, when they isolate themselves from family, relatives and friends in an attempt to rid themselves of that imminent suffering.

Fukumitsu (2019) believes that it is violent to treat the stories of survivors as case studies to be presented at events or entertainment programs. This author emphasizes that the greatest care that should be taken with suicide prevention and postvention is not to expose these people to suffering. It is necessary to prioritize, to learn how to preserve, already strengthening oneself to take care of other people's wounds. Trying to transform this painful situation through extensive education into love.

Lukas (2012) emphasizes that Logotherapy does not exclude man's subjective experience. On the contrary, by adhering to it, the individual can easily experience himself as a person, letting himself be affected by values, and thus understand how life relates to him. The author goes on to say that this approach deals carefully with the concept of feeling. She states that there are two categories in this context: on the one hand, that which is totally conscious, transcending oneself in an attempt to reach something beyond oneself. On the other hand, the psycho-instinctive states of the human being, which can be irrational, illusory and inhibit the self.

Frankl (2022) argues that it is in experiencing suffering that the subject has the opportunity to mature and grow. It is important to bear in mind that the meaning of suffering is characterized not by ceasing to suffer, but by experiencing this grief with support. He also says that existential frustration will contribute to the emergence of existential emptiness, that feeling that life has no meaning or significance.

Shneidman (1996), corroborates that usually not even the person with suicidal ideation has an understanding of the reasons why they contribute to their self-destruction. Thus, in the context of suicide, doubts tend to increase the stigma around it, bereaved survivors may even be reluctant to confide that the death was really self-aggression, which causes even greater isolation on the part of the community and even family members, who in this case could provide the necessary support and assistance.

Dalgarrondo (2008) points out that will is a complex dimension of psychic life, closely related to the instinctive, affective and intellectual spheres of the human being, which requires analyzing, judging, deciding, as well as a set of values, principles, habits and socio-cultural norms that the individual brings with them throughout their existence, from a perspective of will, of wanting to move forward.

Fukumitsu, *et al*; (2015) mentions that there are several actions that can be carried out by psychology professionals with bereaved survivors, called postvention, a term that is defined, according to this author, as any activity, after a suicide, to prevent another suicidal act or attempt.

Fukumitsu & Kovács (2015) point out that individual or group psychotherapy, psychological counseling, psychoeducational work, information on warning signs and predisposing and precipitating risk factors, as well as encouraging suicide prevention work, training professionals to enable them to deal with crisis situations, promoting events, lectures, on the aforementioned theme, are factors that effectively corroborate prevention and even avoid the lethal act.

Martins and Leão (2010) emphasize the importance of developing projects that improve support practices for families bereaved by suicide so that they can have the psychological conditions to cope with the situation, increasing their capacity for acceptance and resilience

towards themselves and society, restoring their self-esteem, with a view to promising futures.

FINAL CONSIDERATIONS

Based on the contributions of some of the authors referenced, this research brought various singularities, such as reflecting on suicide in adolescence, the impact caused to families devastated by this phenomenon, welcoming bereaved survivors, as well as death and its aggravating factors in terms of the brevity of life through self-extermination. She reflected on postvention and some of the practices of Logotherapy and how they contribute to coping with the process, presenting the effectiveness of these actions in reducing the impact on families, with a view to rescuing the beliefs of those devastated by the pain of loss and transforming them into living people again.

This study also sought to demonstrate that the whole practice of Logotherapy is directed towards the search for meaning. This desire is born in man and manifests itself in his life, especially in the face of the neuroses that aggravate his existence. The relevance of this analysis lies in the attempt to propose a discussion about the investigation of strategies for suicide care practices, and with this, the way in which human nature and the social pathology that complicates the mind are understood.

Logotherapy, in its essence, presents itself as the science of the contemporary world, which values man in his unity, composed of somatic dimensions (physiology), psychology (instinctive and cognitive) and noetics (of

the spirit, the main factor that differentiates it from other animals). Thus, the human being is a unity in bio-psycho-noetic diversity, which has its highest degree in the latter. In other words, he is capable of reflecting on himself, and, if necessary, rejecting himself; when he makes an object of himself or points out objections to himself at the moment he manifests himself in various ways in work and altruistic love, in true intuition.

In short, even though it is notoriously effective, postvention methods are still limited, due to the stigmas surrounding death by suicide in adolescence and the grief triggered by this episode, research and studies are still scarce. It is therefore essential to broaden the discussion on this topic, so that it is accessible to society, students and all those who take ownership of this work, who can contribute to the development of new reflective approaches, with welcoming strategies for coping with such a violent and challenging act.

In addition to the above, there is a need to recognize and care for these people so that they do not feel unassisted, helpless and uninformed. Considering the size of Brazil's population, the shortcomings in terms of prevention policies and affirmative strategies in the field of mental health, it is imperative to take a close look at this section of society and the biopsychosocial damage resulting from deaths by suicide in adolescence, and to understand the urgency of treating it with the importance it deserves, as it is considered a public health problem.

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