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Welcoming people who have attempted suicide and the contributions of psychology from a gestalt-therapy point of view

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ABSTRACT
This paper is dedicated to thinking about the relationship of Psychology as a collaborating agent and facilitator during the reception of patients with suicide attempt. Given its multidimensional perspective, it is necessary to understand the welcoming process by psychologists through contact psychotherapy, i.e., Gestalt-therapy, to clients who present this demand, with the purpose of restoring and expanding this contact, the client's awareness, in order to promote the expansion of his awareness, under the light of Gestalt-therapy, providing an effective empathic and welcoming emotional support. For the elaboration of this study, we used an integrative literature review, from the last five years, in scientific articles related to the theme, collected in the database ofthe platforms Pepsic (Periódicos Eletrônicos em Psicologia), Scielo (Scientific Eletronic Library Online) and Google Acadêmico. Hence the importance of adopting mechanisms that offer support to strengthen the customer contact cycle, so that there are no blockages, interruptions, or even discontinuation of this cycle.

Keywords: Welcoming, Suicide, Attempted Suicide, Gestalt Therapy.

1 INTRODUCTION

This work is dedicated to thinking about the relationship of Psychology as a collaborating agent and facilitator during the reception in cases of patients with suicide attempts. We can define suicide as a behavior that, although not a diagnosable disorder, is qualified as a self-inflicted, fatal destructive act with explicit or supposed intent to die (GOLDSMITH, at al, 2002, p. 27 *apud* WHITBOURNE & HALGIN, 2015). Durkheim, (2019), already said that suicide is the result of social anomie, therefore, according to him, as long as there are social problems, there will be people who commit suicide, however, in contemporaneity it is no different.

According to the Ministry of Health (2022), data from the WHO (World Health Organization) indicate that, annually, more than 700 thousand people die by suicide each year. Therefore, in the spectrum of self-injurious behavior, suicide is the tip of an *iceberg,* as it is estimated, according to BOTEGA (2015), that the number of suicide attempts exceeds the number of deaths, by at least ten times.

The occurrences of suicide attempts or completed suicide affect millions of people, because society suffers daily physical, economic and emotional losses from these deaths that occur on

highways, railways, subways, viaducts, buildings, public and private institutions, and homes (Gutierrez, 2014). Thus, it can be considered that with regard to the prevalence of suicide attempts, the statistics are even more flawed, since the registered cases are only those that require police investigation, and are assisted in public hospitals in large cities (CASSORLA, p. 88, 2021).

Suicide and suicide attempts are complex occurrences also motivated by hereditary, biological, social and cultural factors, so when the body and mind reach a level of exhaustion, nothing else matters, as long as the suffering ceases (CASSORLA, 2021). For this state of psychic exhaustion with the desire to kill oneself, the psychologist Edwin Shneidman, considered the father of suicidology, created the term *psychache*, "the pain of the soul" to designate the psychic state of those who seek death, qualifying the pain and psychic suffering, the despair that a person who attempts suicide is going through (BOTEGA, 2015).

There is also a need to reflect on the facts that external agents act directly on suicide and suicide attempts, including generating fantasies that involve the person, since they are influencers, acting as torturers, leading the individual to wish for death, causing him a lot of suffering, which exhausts him mentally (CASSORLA, 2021).

According to Fukumitsu (2019, p. 19), suicide, in his view, is divided into two focuses: intentionality - the representation of suicide attempts - and lethality - the representation of when death occurs. It is a complex and dynamic process, which goes through a series of stages before culminating in the act that ends life (HERNÁNDEZ et al, 2008).

Let's think of suicide as a retroflexive mechanism, in which the victim and the perpetrator are the same person, who hurts his existence, because he fails to perceive parts of his own existence - his body. (FUKUMITSU, 2019, p. 91). But what is the real meaning in the act of killing oneself? To flee from the difficulties of life, or to end suffering in an attitude of despair?

Death is an escape, even if it is not clear where it is (CASSORLA, p. 43, 2021).

1.1 SUICIDAL BEHAVIOR

It is in the period between suicidal thoughts and actions that prevention becomes important, as suicidal behavior involves a process that begins from ideation, or attempt, threats to the consummated act, death (FUKUMITSU, 2014).

The risk of suicide increases with the number of attempts and is also associated with shorter time intervals between these attempts (Gutierrez, 2014). There is still an impenetrability related to the real motivations of a person with suicidal ideation or who attempts a suicidal act, the motives are infinite, and there is no room for theorizing about the real triggering fact, since the desire to end one's own life is not always perceived by the temptress as the finitude of life (CASSORLA, 2017).

Fukumitsu (2019) refers in his work to the three factors pointed out by the Mental Health Organization (The World Health Organization, 2000), which reveal characteristics of the state of mind of patients in suicidal crisis. They are: Ambivalence, Impulsivity, and Rigidity of Thought.

According to the author, ambivalence: these are ambiguous thoughts of life and death because they are in a moment of despair. Impulsivity occurs with a person in a suicidal crisis, it is temporary and lasts a few minutes, it is usually triggered by isolated events. Rigidity, on the other hand, is characterized by the individual with more rigid thoughts and feelings and constantly thinking about suicidal desire (FUKUMITSU, 2019).

Other risk factors stand out: being elderly, young, living in social isolation, belonging to excluded, marginalized and/or prejudiced groups, factors such as being a man, presenting psychological distress, having depression, family conflicts, and a history of suicidal behavior in the family (GOMES et al, 2019).

The person who goes through this process has ambivalent feelings about voluntary death, which demonstrates the need to activate the protection network for their care and suicide prevention (GOMES et al, 2019).

1.2 MANAGEMENT OF SUICIDAL BEHAVIOR

Prevention treatment goes beyond the suicidal act, that is, its objective should be mainly focused on the care of the various manifestations of suicidal behavior (suicidal ideation, threats, suicidal gestures and/or suicide attempts) (HERNÁNDEZ et al, 2014).

It is recommended to reduce risk factors while reinforcing protective factors, influencing both psychological state and physical environment and/or cultural/subcultural conditions (HERNÁNDEZ et al, 2014). One in three people who attempt suicide is treated in a hospital medical service (FREITAS and BORGES, 2017).

Since the therapeutic relationship is an event where two fields interact concomitantly, and any and all changes happen in it (Fukumitsu, 2019, p. 44), the professional psychologist is able to observe his client as a whole, through body movements, facial expressions or a possible state of muscle tension, as the client's speech is not the only form of externalization. This understanding occurs through the empathy of the psychotherapist, as a facilitating agent capable of making himself available in the presentation with his client, at the time of care (FUKUMITSU, 2014).

In addition to apparent postures and movements, semi-automatic microgestures, alterations in blood circulation perceptible by pallor or localized flushing, among others, are also amplifications of the patient's perception or gestures, which the Gestalt therapist perceives and uses as a "gateway" to direct contact with the client (GINGER at al, 1995, p.161).

Fukumitsu (2014) points out that the gestalt view of man is one in which man also influences, is influenced and is known by interpersonal relationships.

However, management is a priority so that the psychotherapist's internal concepts are not projected onto the client's demand, they must be worked on so that during the care of clients who present suicidal behavior, the professional is devoid of their personal impressions (FUKUMITSU, 2019).

Such internal concepts are given as psychological defense mechanisms presented in order to avoid the perception of this human drama and at the same time maintain self-protection, making it necessary for professionals to put aside their prejudices and allow themselves to expand their consciousness (BOTEGA, 2015).

According to Ginger (1995), when there is a need to expand awareness of what the patient feels or even his perception of some other symptom, his awareness is broadened.

Fukumitsu (2019, p. 114) brings the client's need to discover in himself the answer to the following reflection: "We live learning the importance of living every second. We are now left with our responsibility to choose how we want to walk in this constant exercise of living."

Thus, Gestalt therapy, when applied during the psychotherapeutic process, provides the expansion of the client's awareness in relating to himself and the external environment, aiming at the recovery of psychic balance, through his own internal supports, resulting in a relational functionality with himself and with the environment.

2 METHOD

This work was developed with the purpose of presenting contributions of psychology from the perspective of Gestalt therapy, during the process of welcoming people with suicide attempts. For the elaboration of this study, the instrument used was the integrative literature review through the qualitative methodology of descriptive character, supported by the publications collected in the database of the Pepsic (Electronic Journals in Psychology), Scielo (Scientific Electronic Library Online) and Google Scholar platforms. The criterion for inclusion was works published in Portuguese and Spanish, and between 2018 and 2023, which had at least one of the following descriptors in the title or abstract: Psychology, Suicide attempt, Suicide, Reception and Gestalt Therapy. A bibliographic survey was also carried out using the classic works of predecessor and contemporary authors, on the theme explored in this work. The excluded publications were all those that, after categorization, did not have an effective relationship with the descriptors, those that were in a foreign language, that were not within the adopted publication period, and all other publications that did not meet the proposed theme.

3 RESULTS AND DISCUSSION

A total of 18 reference results were found, of which 06 were included in the review: 03 from SciELO and 02 from PePSIC and 01 from Google Scholar, which deal specifically with the topic addressed in the research. A total of 12 contents were discarded because they did not meet the inclusion criteria.

FIGURE 1 - Table showing the total number of articles found and selected according to the inclusion and exclusion criteria.

Article Title	Type of Research	Year	Authors	Database
Illness and suicide: a gestalt reading of the documentary "Elena".	Interpretive study	2023	Silveira, et al	PePSIC
Contact Blocks in the Gestalt Therapy View	Content Review	2022	Kobata, et al	Google Scholar
Psychological interventions in the imminence of suicide in the light of Gestalt Therapy	Literature review	2021	Souza, et al	SciELO
Integrative review of scientific productions of psychology on suicidal behavior	Literature review	2019	Gomes, et al	PePSIC
Approaches and distancing from suicide: analysers of a psychosocial care service	Research Cartographic Car	2018	Cescon, et al	SciELO
Suicide: from the displacement of the being to the deserter of himself	Literature review	2018	Fukumitsu	SciELO

3.1 DISTANCING FROM DEATH AND THE TABOO OF NOT TALKING ABOUT SUICIDE

Silveira, et al (2023), bring in their article the way suicide was treated during its historical-cultural process, where the prevalence of the medical gaze imputed that the act of suicide was considered only as a pathology, a madness, causing the segregation of any conversation in which death and/or suicide was the object of discussion.

Thus, in some period of a people's history, prejudice and repudiation of issues related to death was decisive in the formation of their culture. This way of thinking has crossed centuries and even today we avoid talking about death, suicide or any subject about the finitude of life.

The aversive way in which death and suicide were contextualized reflect the absence of dissemination of the study of suicidology, whether in psychology courses or the like. Fukumitsu (2018) reinforces this thought when he states that we should remember that the topic of suicide is not part of the curriculum.

However, this theme is beyond psychology offices, because human beings have experiences throughout their lives that are difficult to deal with, which disfavors them existentially, and end up

impacting them by causing psychic damage, existential interruptions that manifest themselves in the form of blockages or discontinuation, and even the escape from contact itself.

Regarding Gestalt therapy, Silveira, et al (2023) refer to the definition brought by Ginger & Ginger (1995), related to Contact Theory as being "an action implied in giving/finding good form or a full Gestalt", and complementing, Kobata, et al (2022), define Gestalt therapy as contact psychotherapy, where its main objective is to restore it.

In the following topic, we'll talk a little bit about this contact flow reconstruction.

3.2 THEORY AND THE FLOW OF CONTACT

Kobata, Souto, Souza, Vaqueiro, Miranda & Justino (2022), brought Rodrigues (2000), in their article when talking about "the importance of working holistically and existentially with clients, reaching emotional and relational levels." Working in this way, Gestalt therapy enables the therapeutic partner to have autonomy of their actions and responsibility for them. Through comprehension and more technical listening, bonds should be created so that there is facilitation, where the subject finds autonomous ways to solve their difficulties within their existence.

According to Kobata, et al (2022), contact blocks, on the other hand, are understood in Gestalt therapy as tools to avoid contact between the individual and the other or the environment, and are related to the condition of their mental health. They are: introjection, confluence, projection, retroflexion, deflection, proflexion, egotism, desensitization, fixation.

3.3 GESTALT THERAPY: RECEPTION AND MANAGEMENT OF SUICIDE ATTEMPTS

The psychological intervention sustained by Gestalt therapy, in the imminence of the suicidal act, as brought by Souza & Belmino (2021), occurs from a frank dialogue between the professional and the client, about this strong desire to die, so that this conduct is not judged or qualified only as an act of madness or imbalance.

Through the vision of Gestalt therapy, the fact requires broader investigations, going beyond the diagnosis of traditional medicine, as the approach considers all biopsychosocial factors when analyzing the functioning of your client. Once this investigation is done, the goal of the psychotherapist is always to help, to create strategies for his client to reach self-knowledge, and consequently, becoming aware of what surrounds him, and not only of that specific situation.

Fukumitsu (2018), in the same line of reasoning, argues that Gestalt therapy has a very solid way of caring for people who have experienced suicide attempts, and that the techniques of identifying psychological and physical aspects have helped enormously in the psychological follow-up of these people. The body presents signs that reflect different feelings, rarely perceived by a doctor, in the face of that patient who has approached death, because in his routine it is more common to treat an injury

or even a patient in a depressive state. However, the relationship between life and death, when projected, whether through flushing on the face, or untimely body movements, or even the total absence of signs, is something specific to psychology, through Gestalt therapy.

Souza et al, (2021), state that during this dialogic process, the effective relationship is established with due reception and singularity, which bring the four conditions for dialogic contact to occur: 1) presence, 2) inclusion, 3) confirmation, 4) communication.

The awakening of this client to the competencies of the here-and-now leads him to approach and learn about what is happening to him, to have contact with his own characteristics and perceptions of his identity, to understand and enter the boundaries between organism and environment. This path of change towards the integration process is called awareness (SOUZA et al, 2021).

This author mentions that in psychology the aspects of suicidology are reflected in the relationship between therapist and patient, that is, several people who attempted suicide then sought psychological help, either taken by family and friends or on their own initiative.

Still on the contribution of psychology to clinical management in situations of imminent suicide, the authors Souza, et al (2021) highlight the three phases of psychological follow-up in Gestalt therapy for people who have attempted suicide: 1) asking and exploring, 2) understanding, affirming and welcoming, 3) referring and accompanying.

For the management of the person with suicidal tendencies, based on Gestalt therapy, it will be necessary for the psychotherapist to make interventions to understand the here-and-now of this client, in order to then evaluate intervention alternatives that corroborate a meaning of suicidal action, investigating his feelings and emotions, welcoming him and always accompanying him, especially in his moments of doubt about his existence.

3.4 PSYCHOLOGY AND SUICIDAL BEHAVIOR BEYOND THE CLINIC

The authors Gomes, Iglesias & Constantinidis, (2019), reveal that there is a scarcity of scientific production on prevention and interventions in the psychosocial care network, related to suicide also caused by the little and inaccurate information available, such as underreporting, the refusal of health and life insurance plans to meet their financial obligations in the face of a suicide or attempt.

The authors, Gomes et al (2019), also mention that the number of suicides is ten times higher than the reported number and that suicide attempt rates are even rarer and less reliable.

Coming out of clinical experiences, the authors Cescon, Capozzolo & Lima (2018), say that during specific research in a Caps in the city of São Paulo, they were able to perceive the little problematization during the process of caring for patients with demands of suicide attempt, "being the service reduced to a triage, where users were received at the counter, by the receptionist, who

scheduled another date for the first appointment with a higher education professional, when an assessment of her demand was carried out (CESCON, CAPOZZOLO & LIMA, 2018).

According to these authors, the outcome could be avoided, in most cases, because if there was proper reception and monitoring of the situation, through the creation of appropriate spaces, it would enable users to form bonds, and build affectivity in the therapeutic intervention, in addition to being a way to monitor more closely the processes that involve suicidal ideation or attempt.

From this analysis, it was possible for the team to perceive that there was a lot of suffering among the Caps workers, a feeling of powerlessness and fragility (especially in relation to suicide), pointing out that all users who sought care at the unit for previous suicide attempts (recent or not) had as their main offer the consultation with the psychiatrist. with medication management and appointments with monthly returns (CESCON, CAPOZZOLO & LIMA, 2018).

Fukumitsu (2018) asks: how to welcome the person who sees suicide as the relief of their suffering? She reports that as an undergraduate, she never had a class in which she could learn how to deal with a client with suicidal potential, or an orientation that offered subsidies for instrumentalization when people attempted suicide.

The author also states that health professionals, because they receive guidance to always care for and care for the health and life of patients, do not know how to deal with issues that lead to death. They do not see suicide attempts as a disease, because they have hardly received guidance on management in the face of a patient with suicidal behavior.

- Despite caring for people with suicidal behaviors and working with a huge support network, the author "says she is aware of her limitations as a professional and a human being, she knows that she can be an educator so that her client understands that no human being can handle everything" (FUKUMITSU, 2018).

It also reinforces the need to always be accessible for listening, so as not to leave only those who are in a total and constant state of loneliness, in the process of dying.

Loneliness, the absence of pleasure, gradually leads the person to dislodge from himself, when attempting suicide, the individual leaves this condition to assume the role of being the deserter of himself. (FUKUMITSU, 2018).

The suicidal act is impulsive and, for this reason, the task of a suicidologist, through Gestalt therapy, begins in welcoming, promoting an integral contact between him and his suffering client, expanding any fraction of time in favor of the resumption of his psychic balance, the resumption of the desire not to die again.

4 FINAL CONSIDERATIONS

The understanding and recognition of suicide attempts as a pathology is necessary, since throughout this study, the resistance of health professionals to welcome victims with demands for suicide attempts was verified, making it urgent and essential to disseminate the culture that it is not just an act to "get attention". but that this individual is confused, psychically ill, in a self-destructive process.

In view of this, let us think that these professionals need to be instrumentalized through psychoeducational actions that reach them and always lead them towards the deconstruction of the false conception that the individual who seeks the suicidal act cannot be considered a patient, since they were prepared to save lives, take care of illnesses, and not someone else. who seeks death.

In fact, this search for death happens as the only way that that individual sees to relieve his pain, it is someone who finds himself in total existential suffering, and only through a daily movement regarding the search for understanding what this phenomenon called "suicide" really is, this conflicting desire that goes on inside the people who try. which, when leaving the clinical offices and the loneliness of the one who feels and suffers, promotes an estrangement and misunderstanding caused by the lack of knowledge of the act itself and the feelings of that person.

To live for Gestalt therapy is to be in contact, to consider the relationship between the field and the organism and the environment intrinsically indispensable; Thus, the existential humanistic and phenomenological look at the being, the need for the sensation of being integrated, of belonging to that field is an imperative condition at the moment of welcoming the patient with a suicide attempt, enabling the non-fragmentation of this being, as well as a possible resignification of their pain.

REFERENCES

Botega, N. J. (2015). Crise Suicida - Avaliação e Manejo, (2ª ed.). Porto Alegre (RS): Artmed.
Brasil. Ministério da Saúde – Secretaria de Saúde. (2021). Boletim Epidemiológico 33: Mortalidade por suicídio e notificações de lesões autoprovocadas no Brasil - Volume 52.

Cassorla, R.M.S. (2021). Suicídio. Fatores inconscientes e aspectos socioculturais: uma introdução (4ª edição). São Paulo (SP). Blucher.

Durkheim, Émile. (2019). O suicídio: estudo de sociologia, (3ª. edição). São Paulo (SP). WMF Martins Fontes.

Freitas, A. P. A., & Borges, L. M. (2017). Do acolhimento ao encaminhamento: O atendimento às tentativas de suicídio nos contextos hospitalares. Estudos de Psicologia.

Fukumitsu, K. O. (2019). Suicídio e Gestalt-terapia, (3º ed.). São Paulo (SP): LOBO.

FUKUMITSU, K, O; (2019). Sobreviventes enlutados por suicídio. 1 ed. São Paulo: Summus.

FUKUMITSU, K. O. (2014). O psicoterapeuta diante do comportamento suicida. São Paulo: Instituto de Psicologia USP, v. 25, n. 3, p. 270-275.

Ginger, S.; Ginger, A. (1995). Gestalt: Uma terapia do contato, 2ª ed. (trad. S. S. Rangel). São Paulo: Summus. [Links]

Gomes, Eliene Rocha; Iglesias, Alexandra; Constantinidis, Teresinha Cid (2019) Revisão integrativa de produções científicas da psicologia sobre comportamento suicida Revista Psicologia e Saúde, vol. 11, núm. 2, 2019, Maio-Agosto, pp. 35-53 Universidade Católica Dom Bosco, Programa de Mestrado e Doutorado em Psicologia DOI: 10.20435/pssa.v11i2.616

Gutierrez, B. (2014). Assistência hospitalar na tentativa de suicídio. Psicologia USP, São Paulo 25(3), 262-269. doi: 10.1590/0103-6564D20140002

Hernández, Ana María Chávez; Núñez, Miriam Carolina Medina; Garcí, Luis Fernando Macías. (2008) -Modelo psicoeducativo para la prevención del suicidio en jóvenes Vol. 31, No. 3.

Whitbourne, S. Halgin, R. P. (2015). PSICOPATOLOGIA - Perspectivas clínicas dos transtornos psicológicos. (7º ed). AMGH.