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Social representations about suicide

Representações sociais sobre suicídio

Representaciones sociales acerca del suicidio

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This is a qualitative-quantitative research, carried out in 2019, in Brasília – DF, Brazil. It aimed to verify and describe the social representations of psychology students about suicide. Evocation questionnaires with justification in the free field were used. The data were interpreted with statistical procedures proposed by the Prototypical Analysis. The participantes were 170 academics from the second to the fourth period, from a private university. The students were between 18 and 50 years old, 89% were women and 11% were men. Among the main values: Class 1: 19.6%; Class 2: 14.44; Class 3: 26.1; Class 4: 26.8 and Class 5: 13.1); and, the data from interviews allowed the construction of two categories: *Depression and social support* and *Suffering and weakness*. The social representations of suicide for students of psychology are structured based on the following elements of the central nucleus: *death*, *pain*, *suffering*, *depression*, *fear*, *pressure* and *sadness*. However, when participants are asked to evoke terms that they attribute to colleagues, the elements of *pressure* and *fear* no longer appear, but the word *weakness* does.
Descriptors: Suicide; Social Psychology; Depression.

Essa é uma pesquisa quali-quantitativa, realizada em 2019, em Brasília, DF, com objetivo de verificar e descrever as representações sociais de estudantes de psicologia sobre o suicídio. Utilizou-se questionários de evocação com justificativas em campo livre. Os dados foram interpretados com procedimentos estatísticos propostos pela Análise Prototípica. Participaram 170 acadêmicos do segundo ao quarto período, de uma universidade privada. Os estudantes tinham entre 18 e 50 anos, sendo 89% mulheres e 11% são homens. Dentre os principais valores: Classe 1: 19,6%; Classe 2:14,44; Classe 3:26,1; Classe 4:26,8 e Classe 5:13,1); e, os dados provenientes de entrevistas permitiram a construção de duas categorias: *Depressão e suporte social* e, *Sofrimento e fraqueza*. As representações sociais do suicídio para os estudantes de psicologia são estruturadas com fundamento nos seguintes elementos do núcleo central: *morte*, *dor, sofrimento, depressão, medo*, *pressão* e *tristeza*. Entretanto, quando os participantes são instados a evocar termos que atribuem aos colegas, os elementos *pressão* e *medo* não aparecem mais, surgindo, então, a palavra *fraqueza*.
Descritores: Suicídio; Psicologia Social; Depressão.

Esta es una investigación cuali-cuantitativa, realizada en 2019, en Brasilia, DF, Brasil, con el objetivo de verificar y describir las representaciones sociales de los estudiantes de psicología acerca del suicidio. Se utilizaron cuestionarios de evocación con justificaciones en campo libre. Los datos se interpretaron con los procedimientos estadísticos propuestos por el Análisis Prototípico. Participaron 170 académicos del segundo al cuarto periodo de una universidad privada. Los estudiantes tenían entre 18 y 50 años, siendo el 89% mujeres y el 11% hombres. Entre los principales valores: Clase 1: 19,6%; Clase 2: 14,44; Clase 3: 26,1; Clase 4: 26,8 y Clase 5: 13,1); y, los datos de las entrevistas permitieron la construcción de dos categorías: *Depresión y soporte social,* y *Sufrimiento y debilidad*. Las representaciones sociales del suicidio para los estudiantes de psicología se estructuran a partir de los siguientes elementos del núcleo central: *muerte, dolor, sufrimiento, depresión, miedo, presión* y *tristeza*. Sin embargo, cuando se pide a los participantes que evoquen los términos que atribuyen a sus colegas, ya no aparecen los elementos *presión* y *miedo*, y entonces aparece la palabra *debilidad*.
Descriptores: Suicidio; Psicología Social; Depresión.

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INTRODUCTION

Suicide is a cross-cultural manifestation; it is subject to ambivalent valuations and marked by meanings that vary throughout history. It is defined as an act intentionally performed by the individual against themself with the goal of causing their death[1,2].

The origin of suicide is multidetermined and includes ideations, thoughts and the desire for death[3,4]. These manifestations evolve into an attempt, preceded, in most cases, by a plan that carries subjective meanings[5]. Due to the complexity of its manifestation, it constitutes an intricate web of biological and psychosocial factors involved in the idea and the act[6-8].

Durkheim[9] defined suicide as "*any case of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result*" and, based on the study of particular cases based on universal laws, also delimits the sociological study of the theme, arguing that suicide is a social fact with its genesis in the constitution of societies. Through the concept of collective representations - *understood as a form of shared social conscience* - it is established that the study of suicide must go beyond individual causalities, which would belong to the field of psychology[9].

All over the world, the number of suicides has risen steadily, exceeding 800,000 cases every year. In 2020, suicides caused 2.4% of total deaths in the world, with a predominance in developing countries[10].

In Brazil, it is estimated that around 17% of people have had suicidal ideas at some point in their lives[11]. The country has 8th highest suicide rate in the world, according to the World Health Organization[12], and the number of cases increased by 36% across the country between 2002 and 2012. There were 106,374 cases of self-inflicted death in Brazil between 2007 and 2016. That means that one person kills themself every 45 minutes and 32 die this way every day[13].

These numbers have a huge impact in several aspects of Brazilian society that go beyond the sphere of public health. Although these are alarming numbers, it is estimated that suicide attempts exceed 10 times the consummation of the act[14]. The increase in suicides affects the whole society, with drastic consequences in terms of the economy, interpersonal and family relationships and the physical and psychological health of those involved[3,14-16].

In this scenario, scientific research in suicide finds many obstacles, due to the taboo and interdictions raised by the theme[17]. In addition, these studies have not contributed to the decrease in the incidence of suicide cases in the world due to the disordered growth of cases and the statistical difficulties of registration[12,14]. One of the causes for these difficulties in the scope of scientific investigation lies in the fact that research in this area usually analyze and discuss data about thoughts, ideations, self-harm and suicide attempts without distinction[18]. Studies that do not mix these aspects allow for a more refined analysis and admit less generalized referrals[19-22].

The theme of suicide is marked by prohibitions, taboos and prejudices directed at the subjects and their families[1,14,16,23]. Research shows that the impact of a suicide is very high for survivors, with an estimated 5 to 10 family and friends affected by this event. Because of this, these people become part of a risk group, given that the most frequent reported feelings are social stigma, abandonment, shame and guilt[2,7,13,14,24].

Like the families of people who died of HIV in the late 20th century, people close to suicide victims feel helpless and have a strong sense of failure, especially when it comes to mothers and wives. They feel that their suffering is not recognized, as they are marked by strong beliefs of interdiction. This inability to share their suffering keeps them away from social support and makes it difficult for the grieving process to be experienced properly, which raises the risk of new suicides among survivors[25,26].

Founded on these issues and in the perspective of understanding the repertoire of psychologists in training on this theme, the Theory of Social Representations (TSR)[27] and its methodological developments[28] were used.

Moscovici[27] created the TSR based on the concept of collective representations proposed by Durkheim[9]. Research on the psychological processes underlying the subjective elaboration of social models is recent in psychology. It is the emergence of the study of a phenomenon that had been previously studied only as a concept. This change in epistemological conception about representations allows social psychology to explain them from an empirical point of view.

Thus, social representations (SR) are at the interface between the individual and the collective, accentuating the psychological character of its structure insofar as the symbols shared by the group are mediated and internalized by the individuals, becoming constitutive of the essence of that same group and psychologically organizing their daily lives[29].

SR is part of social and psychological aspects, in the form of socially elaborated and shared knowledge that contribute to the construction of a common reality, enabling the subject to understand and communicate in the world. The SR are linked to values, notions and individual practices that guide the conduct in the daily life of social relationships and are manifested through stereotypes, feelings, attitudes, words, phrases and expressions. It is the knowledge of a socially constructed and shared "*common sense*", which is different from a reified and fundamentally cognitive scientific knowledg[30].

"*Did the people we interviewed say what they think?*" Abric[28] reflected on the reliability of research data in SR, as there is a possibility that the participants will not reveal the true representations. This phenomenon occurs mainly with research with themes of a sensitive nature and with content reified by several prohibited social discourses, such as the theme of suicide.

SR are extracted through social discourses mediated by culture and are permeated by interdictions, negotiations and social desirability. They are speeches articulated with the social norms and with the characteristics of the group that they are part of. Because of this, it is possible that there is a gap between what people think and what they write in the research questionnaires. Thus, the respondents' deliberate strategy consists of hiding *"some components of their thoughts in certain situations, and in these there are two facets of representation: one, explicit, verbalized; another not verbalized, not expressed, called silent zone*"[31].

The content of the silent zone of the SR is counter normative, as it expresses the thinking that people believe they should have in order to be in accordance with certain social discourses that they consider hegemonic about the researched theme. These cognitions, if they were expressed openly, could contradict the social and moral values of groups, and this threatens the idea of belonging. That is why people tend not to say everything they think about certain topics considered sensitive in the social context they belong to[31].

With suicide as one of these socially sensitive themes, a survey on SR of suicide and depression[32] with 233 psychology students showed that SR had elements such as: *illness*, *disillusion*, *anguish* and *imbalance*, considering depression and suicide in the same way and in the same semantic field.

Considering the contemporary public discussion about the increase in suicide cases in Brazil and in the world[7,12,33] and in view of the relevance of this theme for the area of psychology and mental health, the following question emerges: *How is suicide represented by psychology professionals in the course of their education?* Thus, this study aims to verify and describe the social representations of psychology students about suicide.

METHODS

This quali-quantitative research was divided into two articulated studies: Study 1 addresses social representations in a personal way, while Study 2 refers to social representations through the projective technique of the silent zone.

To include the sample, participants should be enrolled and in good standing in the Psychology course at a private university in Brasilia. Students enrolled in the 1st semester of the course were excluded from the sample. Data collection started after some guidelines

(anonymity and confidentiality of information, in addition to the use of results exclusively for scientific contributions), explanation of the study proposal, as well as by signing the Informed Consent Form (ICF). All participants answered the study individually, without any communication between colleagues.

An evocation questionnaire was applied, which is based on the free association technique[29], which allows participants to evoke what they have in mind when they encounter the term inducer, that is, the representational object.

For Study 1, the evocation questionnaire allowed the free association of ideas about the proposed inducing term: *What are the first words or ideas that come to mind about suicide*? Thus, from this inductive term, the participant wrote, in a specific space, 6 (six) words or expressions, classifying them, then, in order of importance, assigning the number 1 (one) to the most important word and 6 (six) to the least important. Then, the participant justified the choice of the most important word.

For Study 2, referring to the silent zone, the substitution technique was used[31], repeating the same procedures from the following inductive term: *What are the first words or ideas that you think come to the minds of your fellow students when they think about suicide*? The explanation of the word that is best associated with the term inducer allowed to qualify the answer looking for its meaning in the context of the evoked words[32].

Prototypical analysis was the technique used to organize the structure of representations[35]. For this, the computer program Iramuteq was used. The analysis procedure is developed based on the calculation of the frequency and the average order of evocations and the formulation of categories formed by frequency, compositions and co-occurrences.

Through prototypical analysis, the object-cognema relationship was sought based on two fundamental criteria of accessibility of the cognitive element: the frequency and speed of evocation by the groups provided by the average order of importance attributed to the expression. This calculation is done by means of the weighted average of the degrees of importance[34].

The double system formed by the possible central and peripheral elements is given by identifying the relevance of the elements associated with the term inducer. The correspondences between these criteria allow for a structural analysis of the representations, with a glimpse of the content and internal organization. Several researches have been carried out mainly through software to support content analysis[34,35].

RESULTS

The studies were conducted with the voluntary participation of 170 psychology students from the 2nd to the 4th period of a private college in Brasília. The participants' ages are distributed as follows: between 18 and 30 years old (n = 21); between 31 and 40 years old (n = 27) and between 40 and 50 years old (n = 22). Regarding the participants' gender, 89% are women and 11% are men.

The result of the Post-Factorial Analysis (PFA) showed the frequency of the words (F) and the mean evocation order (MEO). The lower the MEO index, the faster the participant remembered the word. The evoked words will be presented together with their frequencies and MEO in parentheses (frequency/average order of evocation).

The results of this analysis in Study 1 reveal that students represent suicide with the term *death* (21; 2.5) and other related expressions: *pain* (59; 2.6), *suffering* (42; 2.7), *depression* (92; 2.9), *fear* (32; 3.1), *pressure* (21; 3.2) and *sadness* (71; 3.2). Regarding the silent zone, it was observed that the terms *fear* and *pressure* did not appear in the central nucleus (Table 2). However, the term *weakness* (27; 2.9) appeared here.

The Descending Hierarchical Classification (DHC), made as the textual *corpus* of the participants' justifications, provided a dendogram with word classes, which chi-square exceeded X2>12.52. The main elements of each class and the percentage of Elementary Context

Units (ECUs) that they share were verified. This analysis makes it possible to formulate categories formed by frequency, compositions and co-occurrences.

The analysis, as well as the justifications for class of words (C1, C2, C3, C4, C5), study (S1 or S2) are in Tables 1 and 2, as well as the justification score that represents the relevance of speech for the class in question. It was decided to present the justifications that obtained the highest scores.

Table 1. Prototypical Analysis of Study 1 carried out with 170 Psychology students from a private university. Brasilia, 2019.

Class 1 (19.6%)		Class 2 (14.44%)		Class 3 (26.1%)		Class 4 (26.8%)		Class 5 (13.1%)	
Words	Class 1	Words	Class 2	Words	Class 3	Words	Class 4	Words	Class 5
To find	23.4	Depression	48.365	Better	31.574	Lack	15.857	To live	56.57
Duty	21.193	Main	24.458	To define	25.156	To take away	15.438	Will	42.177
Situation	20.337	Fact	24.118	Word	23.516	Level	14.12	Sad	24.172
To be	18.659	Feeling	23.357	Pain	18.614	To arrive	13.476	To lose	20.736
To think	16.724	To leave	18.221	Search	17.642	Big	12.981	To resemble	20.376
Family	16.088	Factor	18.221	To escape	17.642	Point	12.669	World	13.863
Difficult	12.546	State	18.079	To kill	16.072	To try	11.611	Human	13.863
Fussiness	12.546	Illness	13.868	Attempt	14.602	To give up	10.175	To feel	12.031
Thing	9.852	Majority	13.868	To represent	13.482	To fight	8.359	To stay	10.018
To extist	9.852	To take	8.738	Suicide	13.189	Way out	8.2	Empty	10.018

Table 2. Prototypical Analysis of Study 2 carried out with 170 Psychology students from a private university. Brasilia, 2019.

Class 1		Class 2		Class 3		Class 4	
Words	Class 1	Words	Class 2	Words	Class 3	Words	Class 4
Depression	43.335	To sit	18.865	Colleague	25.51	Problem	22.439
To take	22.911	Life	18.11	To believe	18.315	To commit	22.188
Illness	16.565	Way out	16.396	Thing	17.597	To say	19.878
Suicide	13.732	To end	15.426	To be	13.73	To listen	18.865
To study	11.714	Own	9.641	To help	9.151	Family member	12.984
To choose	11.714	Suffering	8.573	To happen	9.151	To dig	9.641
Type	7.86	Idea	6.23	To pass	5.604	Weak	9.641
To go	5.111	Lonely	6.23	To do	4.802	Person	6.777
To think	3.973	To see	6.23	To think	4.412	To be	6.777
		Pain	6.23			To want	6.141
To be	-9.586	Suicide	-7.53	Depression	-8.996	To think	-4.353
Life	-7.233	Colleague	-6.991	Problem	-5.024		
To believe	-5.756	Depression	-5.662				
To want	-4.375	To believe	-5.193				

Two categories were built from the ECU: *Depression and social support* and *Suffering and weakness.*

Depression and social support

In Study 1, the structure of the dendogram obtained through the DHC points out that Classes 1 and 2 are interconnected, which indicates that their data must be analyzed in an articulated way. Class 1 has 19.6% of ECUs and includes terms that demonstrate the role of family and social circle in supporting or increasing the risk of potentially suicidal individuals.

In this category, suicide is represented as a result of loneliness caused by disqualification of psychological suffering by people, according to the social environment in which the individual is inserted. When this suffering is not recognized by others, people would find suicide as a solution to this unsatisfied demand. This representation can be seen in the statements below:

Because a person who has depression and thinks about suicide is never understood by their family, friends and colleagues because many end up thinking that this suffering is just fussiness or just a difficult phase that the person is going through. (C1, S1), Participant 144

Because for the person who wants to commit suicide, they must be going through some difficult time suffering from some situation or thinking that nobody cares about their existence and feeling alone. (C1, S1), Participant 9

Because when a person thinks about suicide, they are going through something bad in life; they feel abandoned by their family friends, they don't have the support they need at that moment. This reinforces the idea that they are not valued. (C1, S1), Participant 67

I think that at the moment of the individual's total despair, it leads them to such an act without thinking straight or when they may be thinking that there is no more salvation or that they are alone where there is no one to help or that there is no solving their problems. (C1 , S1), Participant 62

Because I think that when a person is thinking about committing suicide they must be very desperate for some reason that maybe they think there is no solution with other feelings, they think about suicide. (C1, S1), Participant 118

Class 2 of Study 1 presents 14.4% of ECUs. The content of this category shows that the participants considered suicide as a manifestation of a state of depression which affects individuals. In conjunction with the results obtained in Class 1 of that same study, from which it can be inferred that the social support of family and close people is essential for the prevention of this state of depression and its consequent suicidal act. In speeches with higher scores, suicide is represented as the course of a disease of psychic origin that comes "*from inside out*" and that is characterized by despair and the impossibility of solving it through words:

Because it reflects the disease, and the fact that the person cannot deal with it alone; the feeling of helplessness caused by depression will bring despair, leading to suicide as a solution to problems. (C2, S1), Participant 89

When you are depressed, the world has no color. You think that someday you will get out of that. Words do not help because you have no hope that somehow the feeling will pass, that you will change that hope will resurface and that things will actually improve. (C2, S1), Participant 143

Depression is a disease that consumes the individual, it comes from the inside out silently and when we realize, we are in a hole trying to get out, but we cannot manage the fact that it is so painful and hard that it generates a high rate of suicide. (C2, S1), Participant 83

Depression, because it is a serious disease, which, if left untreated, can lead to suicide; I also think that this is the main cause of suicide. (C2, S1), Participant 17

Regarding the perspective in the study of the silent zone, Class 1 of Study 2 (25.2% of ECUs) presents similar results with the content of Class 2 of Study 1, considering that in both cases suicide was represented as a morbid phenomenon caused by depression. However, the results obtained in the silent zone reveal criticisms of the hyperpathologization of everyday aspects and the attribution of too much causality to the state of depression as a disease that causes suicide. In the following statements, we can observe the production of the participants' sense of these aspects:

Nowadays everything revolves around depression. The disease of the century always surrounds our conversations: if you get a bad grade, it is because you were depressed and did not study; if you isolate yourself, you are depressed; if you got sick, it happened because you are depressed. (C1, S2, 73), Participant 24

Most people would name depression as an answer, but end up forgetting that everything that has been written can lead to depression and consequently to suicide. (C1, S2, 74), Participant 81

Suffering and weakness

Class 5 of Study 1 shared 13.1% of the ECUs. The structure of the dendogram obtained by DHC points out that its contents must be analyzed in an articulated manner with those of Class 4. In this category, suicide is represented as the result of an existential emptiness that causes people to have no more meaning for their lives.

Representations of this category appear in expressions such as *isolation*, *loneliness*, *loss* and *sadness*. This situation would contribute to the state of isolation, helplessness and frustration caused by failure to fulfill social expectations: This idea of emptiness is related to the inability to deal with social pressure and demands:

Loneliness and emptiness make the human being lose the will to live. (C5, S1), Participant 147

When a person is depressed, they feel very empty and sad, so nothing makes them happy and they lose the will to live because it seems that nothing is enough. (C5, S1), Participant 74

In isolation, the person has no desire for anything, loses all desire for food, bathing and relating; a huge void, where it looks like death will bring an escape for all of this. (C5, S1), Participant 144

A person lives in society and this is natural. From the moment they cannot put up with social demands anymore, they are unable to carry out simple day-to-day activities, they are not accepted or they cannot get approval from a certain social group. Anyway, isolation is very sad, because nobody can live alone. (C5, S1), Participant 63

Class 4 of Study 1 has the highest percentage of ECUs, with a total of 26.8%. It is inferred that the participants represent suicide as an unwillingness to live. The terms *lack* and *to take away* belong to similar semantic fields, indicating that the lack is objectified in the act of taking life away. For students, the level of sadness and hopelessness reaches such a point that the solution is to give up fighting and, thus, attempt suicide. The justifications of the participants below show how these representations are organized for the creation of meaning:

I believe that a person that reaches this point of taking their own life has already exhausted all their emotional state, they no longer see any solution and with that despair is too great. No one understands it. Not even them. (C4, S1), Participant 95

Pain is what people carry due to frustration, hurt, unforgiveness, among others, and if this is not treated, there comes a time that it is too suffocating, to the point of believing that this is no longer possible. (C4, S1), Participant 141

Because for a person to reach a level of suffering to the point of attempting suicide, they must be very distressed, suffocated without hope and not thinking straight anymore. (C4, S1), Participant 16

Class 3 of Study 1 (26.1% of ECUs) presents contents that point out that students represent suicide as a means of dealing with their feelings and not as an end in itself. The participants used the term *escape*, stating that death was not necessarily the end goal, but rather the path to a different situation from the emotional states that emerged in the classes mentioned above - *isolation*, *loneliness*, *loss*, *sadness* and *despair*. As in Class 4 of Study 1, the way out is to give up fighting and take one's own life. The excerpts below point to this perspective:

I believe that pain is the best word to define suicide because it is what most suicides report in their farewell notes, death is a way to end all the suffering that torments their minds. (C3, S1), Participant 77

For me, escape defines it better because I see suicide as an escape, a way for people to find an escape to that so intense pain. (C3, S1), Participant 109

Due to the difficulty that a person feels, depression is a way to end their suffering. (C2, S2), Participant 69

Because you feel alone or are going through a moment of suffering. (C2, S2), Participant 35

These same results were found in Class 2 of Study 2 (24.3% of ECUs). The students also attributed to their colleagues the idea that suicide is a mediating act between the current state of suffering and another state that is not objectified. However, the results found in Class 4 of the silent zone (24.3% of ECUs) reveal the representation that this exit is considered an act of weakness in the face of problems and pressures from the social environment. These results converge with those obtained by Post-Factorial Analysis, which quadrants revealed *weakness* as one of the elements that make up the central nucleus of SR in the study of the silent zone (Table 2). In the statements below, this position is observed:

I have heard people say that whoever commits suicide is weak for trying to solve their problems. (C4, S2), Participant 73

I always hear people say that someone who does it is weak. (C4, S2) *It is common to hear from other people the association of a weak person with a person who commits suicide, as if suicide were summed up by someone's lack of willpower*. (C4, S2), Participant 52

From what I have already heard from colleagues in some class conversations on the subject, I believe that the most quoted word was escape, because they say it is a way of not feeling anything else; those who commit suicide really run away from everyday problems. (C4, S2), Participant 164

DISCUSSION

The results obtained in this work allow us to affirm that social representations of suicide for students of psychology are based on the following elements of the central nucleus: *death*, *pain*, *suffering*, *depression*, *fear*, *pressure* and *sadness*. However, when participants are asked to evoke terms that they attribute to colleagues, the elements of *pressure* and *fear* no longer appear, and the word *weakness* does. Likewise, even though students associate suicide with dispositional aspects (*depression*, *sadness* and *suffering*), the term *pressure* suggests that, for them, suicide also has an external social dimension, since they relate suicide to weakness due to social pressure.

Regarding the representations of psychology students on this theme, studies show that there is a belief among psychological approaches that suicide is an act that aims to end unbearable psychological suffering by the subject, who does not find other ways to live with the anguish that disturbs them[15,36]. Similar results were found in another study[31], in which the element of *death* was represented as an escape from adversity from the external environment. It was also noticed that students based the notion of suicide in their academic experiences, building their representations on this theme in clinical symptoms and in the idea of mental health as an emotional balance.

Suicide was represented as a result of clinical depression and as an act not necessarily aimed at death. In this direction, another study[37] also showed the representation of suicide as an extreme mechanism to end psychic pain, due to an absence of psychological repertoire to deal with problems, taking place in the act as an escape strategy.

In another study[37], it was found that those who commit suicide do not seek death itself. Other works also reveal that, in these attempts, there is the development of fantasies in which the act does not have the perspective of ending life, but rather the transformation of psychological suffering through an extreme rupture[6,36,38,39].

Another investigation is the suicide represented by terms: *suffering*, *to escape* and *despair*, which establishes the idea that people kill themselves because they see this as the only way to deal with their state of suffering as a common point of representation among groups[36,40]; this can be attributed to a rigidity of thought that prevents other possibilities[41].

One study showed suicide linked to *suffering*, *to escape* and *despair*. Among the participants of the same study, another group of people with no knowledge of the topic reported representations of *to escape*, *despair*, *cowardice*, *nervousness* and *attention seeking*[42].

Suicide cannot be considered a rational and conscious act, since people do not seek death voluntarily unless their cognitive structure have death as their goal[43]. It is possible that this argument is related to the fact that suicide attempts exceed 10 times the consummation of the act[14].

Regarding the association made by participants between psychopathologies and suicidal ideation, some studies argue that depressive symptoms are strong predictors of suicide[44-46]. Research has been divided between those that attribute suicide to mental disorders and others that do not correlate with psychopathological factors[47-49]. However, there are researchers who criticize the causality of suicide in the dynamics of psychological disorders supported by modern medicine and pharmacology, given that such results have been shown to be reductionist in addressing this complex and multi-causal phenomenon[50].

In the case of external influences, the term *pressure* is present in the central core of representations. In general, there are studies that attribute suicidal behavior to dispositional factors - which foundations lie in the person's internal dynamics - whereas there are other studies that associate it with situational factors with external causality[10,14,24]. Some situational

factors are associated with the risk of suicide, such as: *stress*, *interpersonal conflicts*, *absence of social support* and *traumatic events*[35].

The students pointed out that family and closest social circle have a fundamental role of social support for those who have a potential suicide risk. Also, loneliness and isolation were identified as factors associated with suicide, due to unrecognized psychological suffering and non-fulfillment of social expectations. Other studies show that there is a correlation between the external social dynamics and the subject's internal plane, considering that, in different social groups, psychological disorders significantly explain the risk of suicide[46-48].

The impact of suicide is high for the families involved, affecting between 5 and 10 people[2,13,25]. Social stigma, guilt and abandonment are feelings frequently reported by surviving family members, who become potential risk groups[24]. Such feelings constitute barriers to access the support needed for the social experience of the grieving process[10,23,27].

Just as it happened in cases of family members killed by the AIDS virus, family members report that they feel constrained to experience grief publicly, as it is not recognized or authorized[2]. In the case of women, this feeling leads to the idea of failure, since they feel that they have not adequately performed their roles as caregivers[51,52].

These taboos are the foundation for the development of psychiatric illnesses and other serious health problems[23]:

> "*Survivors may find it difficult to resume their lives after the event, isolating themselves to avoid possible social judgments, in addition to experiencing shame and ambivalent sensations that make them about two to three times more susceptible to suicide*[1].

CONCLUSION

Research on socially sensitive topics, such as suicide, is pertinent to the instrumentalization of appropriate interventions by professionals who deal with this phenomenon in clinic and culture. In addition, the understanding of this practical knowledge that people build about suicide allows these interventions to be more consistent with the psychosocial dynamics of the group in question, as the representations vary according to the plan in which they are being formulated.

In the case of psychology students, the shared representations on the subject are marked by cognemas that associate suicide with disorders with clinical symptoms. It is necessary that the training of health professionals takes into account the intricate factors that permeate the theme, for a practical action, which is not reductionist and limited.

Psychological and interdisciplinary support is essential to assist people who have suicidal ideations or behaviors. Because of it, mental health professionals play an essential role in welcoming and treating people who have thoughts, ideas or who have tried to commit suicide. It is necessary to carry out studies aimed at understanding the beliefs of these professionals, with a view to equipping them to deal with this phenomenon in a more efficient and appropriate way.

In the same way, students represented suicide as a way of dealing with psychological suffering, looking not for death, but for the end of pain. For this reason, new studies must be undertaken, aiming to understand the shared thinking about death and psychological suffering. *What are the main beliefs that underlie suicide as a way of dealing with psychological suffering? What is the role of families and social circle in the prevention and risk of suicide?* These questions are urgent for the next investigations on this theme.

Among the limitations of this study, the number of respondents could be broader, with greater interpretative perspectives, stands out. In addition, other quantitative analyzes, such as the application of instruments of attitudes, could have been employed in order to broaden the understanding of the phenomenon.

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CONTRIBUTIONS
Otávio Henrique Braz de Oliveira Calil contributed to the study design, data analysis and writing. **Daniela Scheinkman Chatelard** participated in reviewing.

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