

AN INVESTIGATION INTO THE WORK OF THE PSYCHOLOGIST WITH SUICIDE AND BEREAVEMENT IN THE SCHOOL COMMUNITY.

Una investigación sobre el trabajo del psicólogo ante el suicidio y el duelo en la comunidad escolar.

Ana María López Calvo de Feijoo¹.

Abstract

The purpose of the action research, entitled an investigation of suicide and grief in the school community, was, firstly, to investigate the way in which the environment - specifically the school environment of the person who committed suicide - was affected by the event. The relevance of this investigation consisted of proposing a clinical management to be articulated with the school group. For this study, we used the hermeneutic-phenomenological method of investigation, from a psychological perspective, with its different stages: reconstruction, destruction and construction and their respective consequences: reduce and suspend; point out the aporias of the truths established by the theories - inductive or deductive -, which deal with the studied theme and to follow the internal vectors to the phenomenon in its space-time dynamics and; finally, to describe and explain the meanings of the experience, pointing to what concerns the structural unity of the phenomenon in the perspective in which it was investigated. As a result, both for prevention and postvention of suicide, the following modes of clinical group action were required by the schools: information; cathartic and explanatory. The three pointed to the importance of clinical actions in embracing grief and preventing suicide.

Keywords: Postvention, prevention, suicide, grief

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Resumen

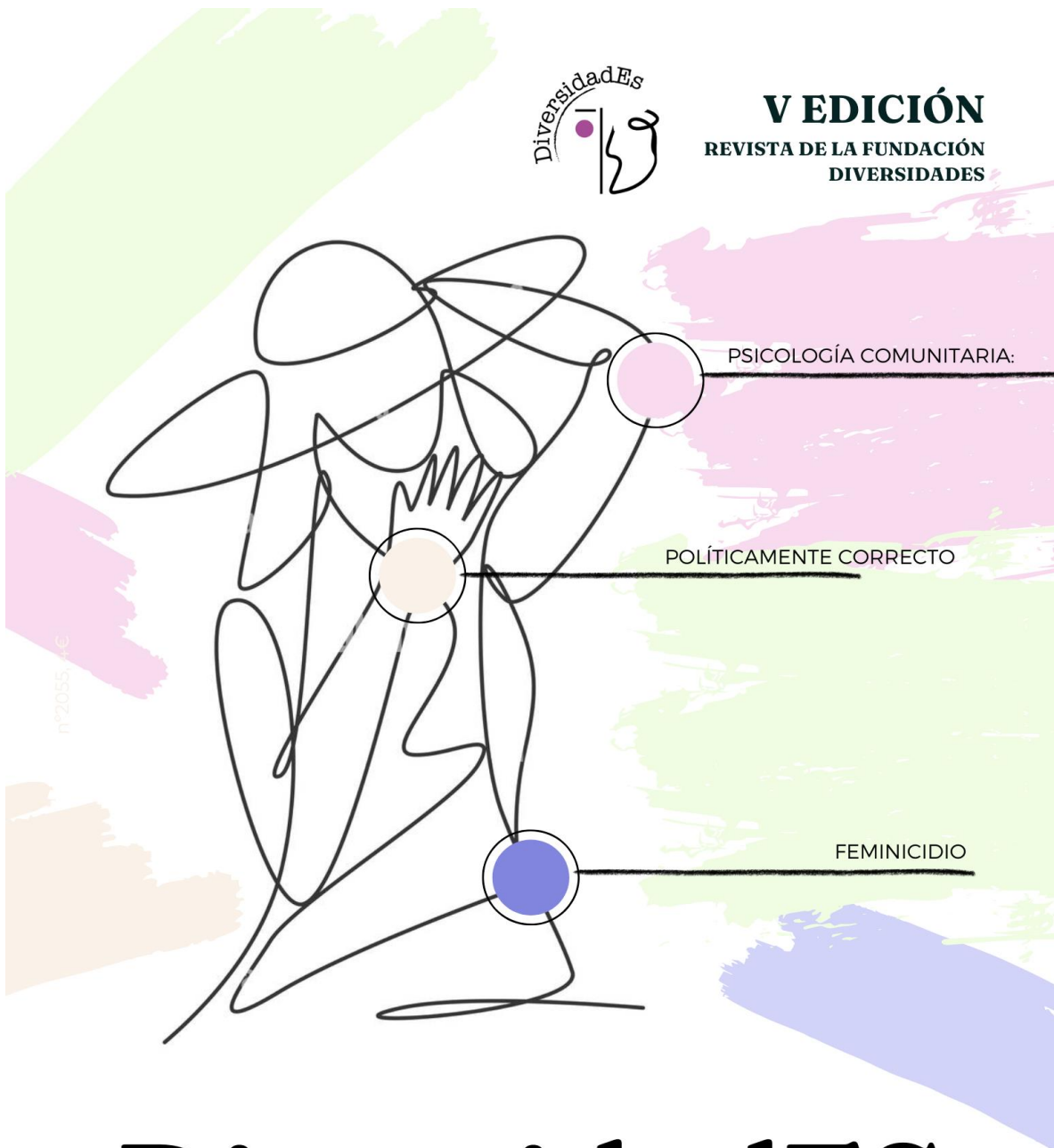
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Palabras clave: Postvención, prevención, suicidio, duelo.

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The purpose of the action research, entitled an investigation of suicide and grief in the school community, was, firstly, to investigate the way in which the environment - specifically the school environment of the person who committed suicide - was affected by the event. The relevance of this investigation consisted of proposing a clinical management to be articulated with the school group. For this study, we used the hermeneutic-phenomenological method of investigation, from a psychological perspective, with its different stages: reconstruction, destruction and construction and their respective consequences: reduce and suspend; point out the aporias of the truths established by the theories - inductive or deductive -, which deal with the studied theme and to follow the internal vectors to the phenomenon in its space-time dynamics and; finally, to describe and explain the meanings of the experience, pointing to what concerns the structural unity of the phenomenon in the perspective in which it was investigated. As a result, both for prevention and postvention of suicide, the

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following modes of clinical group action were required by the schools: information; cathartic and explanatory. The three pointed to the importance of clinical actions in embracing grief and preventing suicide.

Keywords: Postvention, prevention, suicide, grief

Resumen

El objetivo de la investigación-acción, titulada Investigación sobre el suicidio y el duelo en la comunidad escolar, era, en primer lugar, investigar cómo el entorno, concretamente el entorno escolar de la persona que se suicidó, se vio afectado por el acontecimiento. La relevancia de esta investigación consistió en proponer una gestión clínica a articular con el grupo escolar. Para este estudio se utilizó el método de investigación hermenéutico-fenomenológico, desde una perspectiva psicológica, con sus diferentes etapas: reconstrucción, destrucción y construcción y sus respectivas consecuencias: reducir y suspender; señalar las aporías de las verdades establecidas por las teorías - inductivas o deductivas -, que tratan del tema estudiado y siguen los vectores internos al fenómeno en su dinámica espacio-temporal y; finalmente, describir y explicar los significados de la experiencia, apuntando a lo que concierne a la unidad estructural del fenómeno en la

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Palabras clave: Postvención, prevención, suicidio, duelo.

Resumo

O objetivo da pesquisa-ação, intitulada investigação do suicídio e do luto na comunidade escolar, foi, primeiramente, investigar a forma como o ambiente - especificamente o ambiente escolar da pessoa que cometeu suicídio - foi afetado pelo acontecimento. A relevância desta investigação consistiu em propor uma gestão clínica a ser articulada com o grupo escolar. Para este estudo recorreremos ao método de investigação hermenéutico-fenomenológico, numa perspectiva psicológica, com as suas diferentes etapas: reconstrução, destruição e construção e suas respectivas consequências: reduzir e suspender; apontar as aporias das verdades estabelecidas pelas teorías - indutivas ou dedutivas -, que tratam do tema estudado e acompanhar os vetores internos ao fenómeno em sua dinâmica espaço-temporal e; por fim, descrever e explicar os

significados da experiência, apontando para o que diz respeito à unidade estrutural do fenômeno na perspectiva em que foi investigado. Assim, tanto para prevenção como para prevenção do suicídio, as escolas exigiram as seguintes modalidades de atuação clínica grupal: informação; catártico e explicativo. Os três apontaram a importância das ações clínicas no acolhimento do luto e na prevenção do suicídio.

Palavras-chave: Posvenção, prevenção, suicídio, luto

Introduction

In a panoramic view of the development of the proposal for group psychological care, group psychotherapy began in 1905, gaining greater diffusion in the 50's and 60's of that same century, with consolidation in the 70's. Undoubtedly, group psychotherapy reaches greater scope than individual psychotherapy and has been widely used in situations in which people are directly or indirectly affected by a common problem (Bechelli & Santos, 2004), as in the case of mourning suicide and its prevention.

The groups are structured and composed, in many situations, without the presence of professionals trained in Psychology for this type of activity. We have different groups that form to support people who are suffering for some specific

reason, for example, 'alcoholics anonymous', 'women who love too much', 'suicide survivors', among others. It is a therapeutic device that has been consolidated in a powerful and constructive way, bringing countless beneficial effects to its participants. The WHO (WHO, 2006, pp. 7-8) provides for this modality of support for survivors, entitled *Suicide Prevention*, with the proposal to guide how a group of survivors can be established, ensuring that this group can provide its members with: sense of community and support; an environment of empathy and a sense of belonging, when the afflicted person feels dissociated from the rest of the world; the hope that normality can be won eventually; a shared experience regarding difficult dates or special occasions; the opportunity to learn new ways of dealing with problems; a setting to discuss fears and concerns; a scenario where the free expression of pain is accepted, putting into practice confidentiality and compassionate attitudes, without judgment.

Romeu (2013) proposes the creation of therapeutic groups to work clinically with the bereaved. With the title: *Mourning groups - Smiling again*, in a practical experience, the author differentiates self-help or mutual help groups from therapeutic groups. In the first one, like-minded people come together to share their experiences with grief. In the second,

there is the figure of a therapist who guides, advises and accompanies the members of the group. In this there is a need for a professional preparation that allows dealing with emotions and affections. This preparation consists of extensive experience with group situations and knowledge of the grieving process.

Throughout the course of this research, we aimed to point out the possibility of action in the phenomenological-existential psychological clinic in situations of suicide and mourning in a prevention and postvention character. In this way, we share Romeu's thought (2013) that there is a need to prepare psychologists for group work. The question of this investigation was: how, after all, is a clinical group work carried out with a school community undergoing the experience of mourning, by suicide, for one of the members of that community? Based on the information above, we conclude that a professional apparatus is necessary to meet the peculiarities of group members - and for that, it is necessary to continue to develop studies and research on the procedures and interventions in clinical psychology in group situations.

Material and methods

For this research, we used, inspired by Heidegger, the hermeneutic-phenomenological method of investigation, from a

psychological perspective, with its different stages: reconstruction, destruction and construction and their respective consequences: reduce and suspend; point out the aporias of the truths established by the theories - inductive or deductive -, which deal with the studied theme and to follow the internal vectors to the phenomenon in its space-time dynamics and; finally, to describe and explain the meanings of the experience, pointing to what concerns the structural unity of the phenomenon in the perspective in which it was investigated (Feijoo, 2021).

First Stage – Reconstruction

Based on a narrative review of the literature, we proceeded to a location, analysis, synthesis and interpretation of investigations on the way in which Psychology in particular, and the Human Sciences in general, have thought about working in situations of bereavement by suicide, with regard to postvention, prevention and therapy in a school context. It is also interesting to be aware of how programs to assist survivors are being developed. Therefore, we consulted the databases of virtual libraries: Scielo, Google Scholar, Pepsic and Mendeley and carried out a literature review on the topic of suicide and grief, from 2016 to 2021, with the following descriptors:

“suicide and guilt”, “suicide and resentment”, “suicide and family”, “suicide and the media”, “suicide and postvention”, “suicide and support groups”. From this survey, 54 publications were found and after excluding articles for not being included in the dynamics of our investigation, 27 articles remained.

Before starting the studies in a more systematic way, and in order to gain familiarity and knowledge of the topic suicide in adolescence, and also about family, support groups and suicide in the school context, we show the content of research on the themes that make up our investigation. The item below deals with the information obtained in the analyzed articles. In reading, we can see that some information is contradictory and, still, some conclusions are ambiguous, as we see below.

Suicide and adolescence

Jaen-Varas, D. et al. (2019), UNIFESP, reports that the number of suicides has been decreasing worldwide. However, these scholars warn that among adolescents there has been a significant increase in death by suicide. They also state that in Brazilian metropolises, suicides in this age group have increased

from 13% to 24%. Between 10 and 19 years old there was a considerable increase.

An article published in 2021, entitled *Indices of suicide attempts in the adolescence phase shows preventive needs in the education environment* (Roberto, Filho, Elimeire & Rodrigues, 2021), highlights the fact that the suicide rate has increased significantly in the aged 15 to 44 years. We also know that the self-inflicted death of young people ranks third among causes of death. These researchers also refer to the fact that for each occurrence of suicide, on average ten people are affected. However, when this occurs in the age group in which young people are attending school, many more people are affected. This is even worse when suicide occurs in the school environment – there is a marked mobilization among students, which results in depression, discouragement and even what suicidology calls the risk of contagion.

The article cited above refers to the research carried out by the members of the group with the objective of seeking:

[...] to understand this phenomenon that has affected several relationships, the characterization of the individual emerges. In this context, we realize the importance of developing new projects in the areas of

health and education that can reveal important prevention measures [...] (Roberto, Filho, Elimeire & Rodrigues, 2021, p. 401).

Other scholars on the subject, such as Olsen and Backes (2017) and Bindean (2017) warn of the risk of suicide in young people by living in virtual environments. Olsen and Backes warn that these environments incite suicide and cite the phenomenon that was broadcast under the name 'Blue Whale'. Levinzon (2018) points to the increase in voluntary death after the series *Thirteen reasons why*.

There are articles such as the one by Brás et al. (2016) and Silva et al. (2017), who refer to the need to identify the risk factors present in adolescence in order to promote a more efficient preventive campaign.

Barros *et al.* (2017) establishes a positive relationship between drug use and suicide. Through a questionnaire applied to students, he obtained results that point to the need to create intervention programs for the prevention of drug consumption and thus be able to reduce the number of suicides.

Suicide and family

Some articles point to the relationship between family dysfunction and adolescent suicide. Forero et al. (2017), Andrade Salaz Gonzales Portillo (2017), Bahamón et al. (2018) and Magnani and Staudt (2018) establish a positive relationship between the dysfunctional family and suicide in young people, even putting this criterion as a risk factor for suicide.

Nunes et al. (2016) warn of the risk of contagion: other suicides within the family favorably contribute to young people committing the act. These scholars call attention to the need for postvention work as an important factor for prevention – they are referring to the contagion effect, that is, the suicide of one of the group members can lead other people to do the same. Postvention work would significantly lessen the contagion effect. Thus, even if the action is a postvention, it would also have the effect of prevention.

Suicide, grief and intervention strategies

Dutra et al. (2018), through interviews, develop qualitative research with families bereaved by suicide and conclude that there are three categories of family bereavement: going into a state of shock, living with the suffering and

repercussions of losing a family member, and rebuilding life. With this, the authors develop action strategies for each of these categories. Silva et al. (2018), in their research, develop care, listening and welcoming strategies for those bereaved by suicide. Ribeiro (2016), working in a Psychosocial Care Center (CAPS), draws attention to the need for a host program, in these centers, for families bereaved by suicide. Finally, Scavacini's thesis (2018), which dealt with focus groups of people bereaved by suicide, points out that the way in which the environment understands the taboo and stigma that surround this type of death can favor postvention and prevention actions.

Second Stage - Phenomenological destruction

The question is how to proceed in order to retreat in the face of the valuative demands that relate young people's suicide to drug use, family dynamics, the media and the own age group? If we do not focus on these relationships, we tend to accept these hegemonically moral premises, therefore stereotyped, on suicide. To work clinically with these groups, we need to suspend such stigmas and prejudices.

Destruction of established truths

In the first moment of the phenomenological

destruction, we show how the research of different scholars on the subject arrive at different results, thus showing that the truths dictated by scientific studies can be questioned when affirming certain conclusions about the phenomenon.

Suicide and family dynamics

Antas (2020) performed an integrative review of the literature and highlighted that research on suicide and family dynamics present contradictory results. Research conducted by Forero et al. (2017) pointed to a positive relationship between dysfunctional family and youth suicide, and claimed that in authoritarian families there is a greater risk. Bahamón et al. (2018) and Magnani and Staudt (2018) state that among more tolerant parents, the incidence of voluntary death in their children is higher. The thesis of Ribeiro (2016) reports that the CPAS, with preventive purposes, should intensify (that is, promote) the relationships between family members and individuals with suicidal behavior, in order to try to reduce the incidence of this type of death among young people.

Suicide and virtual environment

Regarding the effect of the media on the incidence of suicides among young people, we can resume this fact when

Goethe (1774/2012), in *The Sorrows of Young Werther*, was held responsible for the voluntary death of young people, which is conventionally called “Werther effect”. For many decades it was decided that we should keep the occurrence of suicide completely secret, for the purpose of prevention. Until the WHO reviewed this idea and started to authorize that suicide could be reported, but not make it a spectacle or give details about how and where it took place.

Although we can find in the social imagination a relationship between suicide and its disclosure, there is no scientific evidence of this relationship. Cinema and literature are rich in situations that portray the heartbreak with an outcome in the suicide attempt or suicide itself. Throughout history there are many writings relating heartbreak to suicide – for example: Alcetis and Porcia; Dido, character of the Aeneid, in Greco-Roman mythology; Tristan and Isolde in the Middle Ages; Romeo and Juliet, which portrays the suicide of young people for unsuccessful love. And yet, it is worth mentioning that love suicide, as we can see in romanticism, was an act totally devoid of a reprehensible moral connotation, on the contrary, it was considered an honorable motive or even an artistic inspiration.

Suicide and care centers

The creation of care centers is justified by the alert released by the World Health Organization (WHO, 2015), which points to suicide as one of the main causes of death among children and adolescents. The WHO also highlights the need to create reception centers and clinical care as necessary forms of suicide prevention. A general perception in Brazilian schools is an increase in student reports related to the desire to end their own lives and the practice of self-mutilation. On the other hand, the silence surrounding these situations ends up covering up possibilities of attentive listening and care. Educational institutions, their employees, their directors and teachers are in a complex situation: they are approached by students or co-workers who present these complaints, they feel responsible, but they do not find tools to work on these issues, resulting, in many cases, sometimes, in a complete despair in the face of situations presented.

There was some unanimity, in almost all articles, about the importance of a more intense policy regarding the implementation of strategies for suicide prevention. Also, Silva et al. (2018) refer to the need for greater investment in learning care, listening and welcoming strategies.

In the media, as well as in the scientific literature, we

found moralizing elements in relation to the act of putting an end to life. By assuming a non-moralizing attitude towards suicide, we intend to gain distance from prejudices surrounding the phenomenon, so that we can then approach the experience of those who have gone through attempts to end their lives.

Description of vectors internal to the phenomenon or to the space-time dynamics of phenomena

To follow the internal vectors of the phenomenon, present in the statements of the members of groups of which a classmate had committed suicide, we present two situations: Renato, 16 years old, attending high school and Clara, 12 years old, attending elementary school, both in state schools in Rio de Janeiro¹.

The first situation concerns the suicide of a 16-year-old, whom we call Renato. The way this boy behaved, wandering through the school corridors, caused strangeness. People passed him, gave him a furtive glance, and moved on. The fact was that this boy threw himself from a very high floor, reaching his death.

¹ The names of these schools have been omitted to avoid exposing the institution to possible media effects.

After that event, people who were close to the situation and watched the whole scene said that the boy's parents and family arrived immediately after the young man had thrown himself and found their son lying on the floor, dead. On that day and at that time, the young man's graduation ceremony would take place and, therefore, parents and family members were present. The course coordination, as well as the teachers and classmates were very shaken by the situation. We were asked to work in this context. The highly mobilized classmates said that the young student, although he was on the list of those who would graduate, would not actually graduate, as he had failed in some subjects. They also said that he was worried about having to tell his parents the truth and that he was afraid of disappointing them. He himself sometimes criticized himself for the way he conducted his studies, however he had never talked about suicide. After introducing ourselves as researchers on the subject of suicide and making ourselves available, we launched the mobilization to let them bring up the issues that worried them. Below we describe the expressions present in the reports of the students who participated in the meeting:

Silence – for the first five minutes, there was total silence, it even seemed that we had agreed to do that minute of silence in memory of the deceased. Everyone remained looking down.

Request for information – some members of the group asked if the suicide of family members was a prognostic factor, if the suicide was related to a pathology, if many people committed suicide and if this occurred frequently among young people.

Risk of contagion – some reported a desire to do the same. One of the students said: “Many times I have thought about doing the same, but I didn’t have the courage”. The desire to do the same and catharsis of all kinds appeared.

Guilt – the close friend asked if he should have noticed the signs. He said: “I knew he was worried about failing. I knew he was afraid to tell his parents. I could have helped, but I didn’t, I was more worried about myself. I was selfish.”

Concern for oneself – many in the group were much more mobilized with their own issues than with the death of the boy who had committed suicide. And they wanted to talk about their issues and their conflicts. One of his classmates was asking

about how to deal with her depression, another wanted to talk about his conflicts with his father.

Mobilization with the friend’s death – the closest friends were not interested in general information about the suicide, or in the personal issues of the other colleagues. Outraged at the way things were going, we first noticed that they were restless. Then they got up and left the room. At that moment, one of the members of the research group team accompanied them, and they formed another group in another space provided by the school. In this other group, affective expressions appeared with more potency. One of them said, “Why didn’t he tell me?” Another said: “I cannot accept it”. Another was crying nonstop.

Individual care – one of the members of the group left the room in tears and was immediately accompanied by the third member of the NAC team in individual care.

The second situation involved a young woman, aged 12, whom we call Clara, who on a Saturday day did not go to school; she headed to a tall building and threw herself from the 12nd floor. As it was the weekend, the building was empty. Therefore, no one saw the young woman walking through the halls. And as the windows were closed, the girl threw herself through the top swing window. The situation caused a general commotion, not

only in Clara's class, but throughout the school, including coordination, teachers, inspectors and students from other classes. In this situation, we were asked to work. Colleagues told how Clara was charismatic, always gave good advice to her colleagues, wrote poems and was very fond of poetry.

Guilt – a close friend said that lately Clara had been reading a lot of poetry about death. With that, this friend confessed: "Why didn't I see the signs? I feel guilty for not realizing what was happening. For not telling her parents." Another friend continued: "I feel very guilty for not having seen that she was bad, so she was the only one to notice when I was bad". Another friend reported: "Clara had a different relationship with the idea of death, once she read a poem in class". Another friend said, "She once asked me if I had ever thought about dying."

The attribution of charisma by her colleagues – a close friend referred to her as follows: "Clara was a very happy girl, who brought light wherever she went. She gave advice to everyone. I didn't expect her, just her, to commit suicide."

Outrage – another friend said, "How could she do this to us? I prefer to believe that it didn't happen, that I'm going to send her a message and that she'll answer me". They said, "If she

was visibly depressed, maybe it would be easier to forget. How could she lie all this time? Why didn't she tell us?"

Lack of interest in school – many expressed that after Clara's suicide, going to school had become a burden. Others added: "the stairs, the elevator, the classrooms, the chair, all this makes me feel the horror of death".

The crying, the hug, the despair – the mourning had become a collective experience. At that moment, the pain of loss was still very present, they were crying together.

Clara's memory, the charismatic and always cheerful person, was now tainted by suicide. The suicide of an apparently happy young woman had been so incomprehensible that it had become difficult to make sense of the event. Group members expressed a mixture of guilt, anger and denial of death. Our clinical management in bereavement situations maintained the maxim that in each grieving experience there is the possibility of rearticulating the deal with death, so as to be able to transform guilt, resentment and doubts into longing (a conclusion we reached by investigating parental bereavement). And it was on this maxim that we conducted our clinical task.

Some students in Clara's class saw in her suicide what they also wanted to do. They referred to the young woman's

courage and their weakness for thinking about the act, but for cowardice, insofar as they did not consummate it. We separate this group from the other group, to work on a preventive basis. The action took place in the sense of expanding other possibilities, which in these people's own reports showed how much they were connected with life.

Clara's letter – Clara left a letter addressed to close friends, which said that it was the joyful Clara that should be remembered for.

Third Stage – Construction

At this stage, we first point to the different explanations of the meaning of experiences, as revealed in the meeting with the two groups of students. Then, we move on to the different modes of action that emerge from the students' demand. These modes are drawn from what the accounts require.

Description and explanation of the experience

After a careful and detailed reading of the reports obtained, we present, through a hermeneutic analysis, the meanings present in the experiences:

Formation of different groups – in the two groups in which we carried out our research, there was the formation of

subgroups according to the students' interests, those closest to the person who committed suicide required group psychotherapy. Those who only knew, but were not close, demanded information and still others wanted a space for conversation where they could talk about their impressions. And there was still a demand for individual care.

Search for information – in the group that wanted information, the questions were about the age and sex in which suicides occurred the most, the causes of the act, about the myths surrounding the theme, about the dissemination of *Blue Whale*, about the series *13 Reasons Why*.

Conversation circle – the group constituted as a conversation circle was characterized by their desire to talk about the topic, not about those who committed the act. They wanted to talk about their impressions on the topic and other issues, such as family relationships, with teachers, etc.

The fear of doing the same – in both group situations, some students demanded individual assistance; very mobilized, they asked for help out of fear of doing the same.

Mobilization: silence, crying, despair – these expressions were present in those closest to those who committed suicide. They wanted to talk about their memories,

their guilt, their indignation. They wanted to know why their friends had done this. Sometimes they remained silent, other times they cried, at other times despair seized them. In these, the reactions were of mourning: pain, suffering and longing were present. They also referred to the lack of willingness to return to the school space.

Results and Discussion

The recent publication of Law 13,819/2019 (Brasil, 2019), which establishes the National Policy for the Prevention of Self-Mutilation and Suicide, seems to accentuate the anxiety generated in teachers and managers by these situations, since it makes mandatory to report cases of suicidal ideation or behavior and self-mutilation. Reports become mandatory in educational establishments and intended for the local health authority and the tutelary council. Under these conditions, the preventive effect of informative and/or therapeutic activities in school communities, involving both staff and students and even parents, reduces the difficulties faced in these environments. On the one hand, it offers relevant information on how to proceed in these cases; on the other hand, it safeguards the opportunity for people in suffering to seek help.

We saw that the information mode appears as a group demand for the search for information – present in both investigated groups. The cathartic activity appears the fear of doing the same as the colleague did, the indignation and guilt. The elucidative mode, on the other hand, concerns the need to talk about the event, in which the group shares the silence, the crying, the despair and the hug.

As a result of this study on the clinical performance of the psychologist in suicide and bereavement in the school community, we built a welcoming proposal with schools that concerns the emotional and affective consequences arising from suicide situations. We also arrived at specificities that appeared as a demand from the groups: information; cathartic; explanatory.

As a result of this research, we created a Psychological Assistance Center in Suicide Situations in the School Context. High schools in the state of Rio de Janeiro can now count on this service, provided by professionals and students of the Psychology Program, whenever they want follow-up, whether in a postvention or prevention nature. With this study, research and practice, we expanded the mode of working in psychology so that more schools and universities could benefit from scientifically based psychological care.

We present below how the proposals for clinical performance in the school context were established in all modes. We emphasize that we extracted from the research the modes of action required of us by the schools: information; cathartic and explanatory. And each of these modes arose, first, by the demand that appeared in schools participating in the study.

Information Mode

To be able to correspond to this mode of group action, the professional working in these groups must be well informed about the deliberations of the World Health Organization (WHO, 2006), where we found that in 2020 there may be a growth of around 50% in deaths by suicide, at a global level. Currently, the world rate of suicides per 100,000 people is around 10.6 cases. Suicide was considered the cause of death for 1.4% deaths worldwide, ranking 18th in the number of deaths in 2016. It is a phenomenon that occurs worldwide, regardless of whether the country is developed or underdeveloped.

We must also consider the studies of the Ministry of Health, which in an epidemiological survey (Brasil, 2019) showed that the increase in the percentage of suicide is so significant that it is no longer possible to treat it as something that concerns the private sphere, highlighting that it is a public

health problem. The WHO (2017) stated that in each death by suicide there are, on average, six close people, whether family members, friends or those who witnessed the scene, who are affected in their different spheres: affective, emotional, social and economic. Although Jean-Varas, et al. (2019) state that the number of suicides has been decreasing in recent years, the WHO stated that in 2017 approximately 800,000 people died by suicide and had predicted that in 2020, this rate could grow by up to 50%, greatly exceeding deaths by homicide and those resulting from war. We are faced with an alarming public health problem. Since in 2020 approximately 1,200,000 people died by suicide, and that around six people could be affected by each death, we conclude that about 7,200,000 individuals suffered sequelae of voluntary deaths. These data point to the need to act preventively and to give more attention to those bereaved by suicide.

Still in the information mode, through an expository presentation, we showed the map of violence, statistics on suicide in recent years, incitement to the act through the internet. We also present a plan of how to proceed in the event of a suicide or attempted suicide. We gave information about suicide, such as: causes, risk factors, guidelines on what to do to avoid it. Even in the information mode, there was a therapeutic

proposal, because as the information is forwarded, action is taken to remove the idea of guilt, as well as resentments and revolts. And we are still providing the information in order to break with the stigmas and prejudices regarding suicide. Thus, in this mode, there is liberation from consequences that greatly contribute to an imprisonment to stigmas, guilt and resentment. Finally, we informed about accessible reception devices and indicate the places they can turn to if they need reception. On this occasion, we started to publicize the closest host networks, such as: Psychosocial Care Centers (CAPS), Applied Psychology Services (SPA) of nearby universities, the means of contact of the Center for Valorization of Life (CVV) and Hospitals with Psychiatric Emergency services. This type of group action lasted one hour and thirty minutes.

Cathartic mode

This mode concerns what Romeu (2013) called the therapeutic group. And issues such as guilt, resentment, a desire to do the same often arise, and catharsis of all kinds emerge. In this mode, mobilization can take place through art-related activities and although the time cannot be defined a priori, on average it took two hours and thirty minutes.

Explanatory mode

This mode took place through a conversation circle, for which we needed two hours and thirty minutes, in which we worked with the theme arising from the group, and aimed to: a) provide a space for collaborative discussion between parents, teachers and the team of psychologists on the topic of suicide, so that each member can contribute with their reports (anxieties, experiences, doubts and reflective contributions); b) to correlate parallel themes to suicide referring to the school context; c) make the conversation flow among people, so that the collective can hear and, above all, be heard; d) ask those present to speak openly about the ideas that come to their minds when they hear about suicide, and they can also present associations that they have heard about from other people.

Based on this research, other schools requested our presence in addition to clinical work with the bereaved people - we were invited to work both in prevention and postvention in suicide situations.

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