



The Phenomenon of Suicide in the Elderly Subject

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Abstract

The article presents a theoretical framework on the Suicide Phenomenon in the Elderly Subject. Questions worthy of reflection will be addressed, such as the history of suicide through the ages to the present day, on the phenomenon of population growth which is signaled by the Brazilian Institute of Geography and Statistics (acronym in Portuguese IBGE), and the increase in the rate of suicides among the elderly in Brazil. This has drawn the attention of health authorities. According to the Ministry of Health, the suicide rate is 8.9 cases per 100 thousand inhabitants of individuals over 70 years old, between 2011 and 2016, the Brazilian average is 5.5 for each 100 thousand. This article aims to show some factors that lead the elderly subject to attempt against his own life, and how the Code of Ethics of the Psychology Professional can support in critical cases in which confidentiality must be broken, and in the psychologist's performance in the psychoanalytic view. of the management of elderly patients.

Keywords: Suicide; Elderly; Mental Health

Introduction

Suicide is the term used since the 17th century [1], it is seen as an intentional act of the individual to take his own life, using means that the subject believes to be lethal. The World Health Organization [2] presents every forty seconds an individual commits a suicidal act, and every three seconds a subject tries to commit self-cide. With this projection, by the year 2020 there may be a 50% annual growth in death by suicide around the world.

According to the Brazilian Association of Psychiatry [3], points out the global trend in relation to the increase in suicides in Brazil, it is in eighth place, in the years 2000 to 2012,

it had a 10.4% increase in deaths, emphasizing weighting in the data. Brazilians in relation to self-extermiation, caused by underreporting and variations in regional rates. What draws attention is the increase in suicide in the elderly.

One of the possible reasons is due to the increase in the population of the elderly, which is more accelerated in the Brazilian context in confrontation with the more developed countries, which takes a gradual process, with the aging of the population being more than a century [4].

Recent data released by the Ministry of Health, in the first Epidemiological Bulletin of Suicide Attempts and Deaths in Brazil, show that people over 70 years of age have

a suicide rate of 8.9 cases per 100 thousand inhabitants, in 2011 and 2016, noting that the Brazilian average is 5.5 per 100 thousand [5].

Emphasizing that current data and future projections related to suicide in the elderly population are underway in this year 2022. Due to the pandemic situation of COVID-19, the surveys that are carried out in the general census of the Brazilian population each decade, by the Brazilian Institute of Geography and Statistics, have been delayed.

Psychology is the science that aims at mental well-being, it can help the subject who has suicidal ideation, according to Zana AR, et al. [6] the professional must act not only if concerned about the individual's psychological health, but must act with caution in deciding when to break confidentiality when faced with a situation where the desire to take one's own life is real, without harming the therapeutic process and trust.

In this context, Psychology professionals can play a relevant role through intervention in cases of elderly people with suicidal ideation, especially in the composition of multidisciplinary health activities that work with this public.

Based on these considerations, the phenomenon of suicide in the elderly was chosen as the object of study. Seeking to answer, based on the scientific productions in Brazil, the following question that guides the investigation: what are the actions to be taken in the face of the phenomenon of suicide in the elderly subject?

The choice of the object of study presented, stems from a personal reflection due to an event with some professionals who were working in the clinic, of which one commented on the lack of Psychologists who care for the elderly, and observing the current Brazilian scenario on the phenomenon of elderly population growth and the increase in suicides in the elderly, which in the future will need professionals not only from Psychology but from other areas, due to these circumstances it is necessary to discuss the intervention of the Psychologist professional on these issues regarding their performance with the elderly who has suicidal thoughts, of which few are addressed and studied, despite considerable advances, there is a lack of professionals with specific knowledge in this age group.

The study shows a potential for academic contribution, because in the literature there are few publications focused on this aspect, serving both as a reflection, theoretical and practical improvement of the Psychology professional who intends to assist or assist elderly people. And because it is a bibliographic review, contributing to the systematization of scientific production, and generating new knowledge.

Methodology

It is research of the bibliographic review type, according to Marconi and Lakatos (2003) "[...] it is an overview of the main works already carried out, coated with importance, for being able to provide current and relevant data related to the theme."

The articles were collected in the databases Scientific Library Online (SciELO), Electronic Journals in Psychology (Pepsic) and Dedalus-University of São Paulo (Acronym in Portuguese USP) and documentary sources. To help the search for articles, keywords were adopted that allowed searching studies related to the topic on the Psychologist's performance with elderly patients with suicidal ideation, the descriptors used were: "Performance (Psychology)", "Suicidal Ideation", "Elderly", "Prevention & control", "Primary prevention", "Psychoanalysis" and "Suicide".

Publications from 2013 to 2018, in Portuguese, available in full, were considered, prioritizing those authored by Psychology professionals. Publications dealing with suicides in age groups other than the elderly, duplicate articles, those outside the intended theme were discarded. The development of the study was divided into four axes: the elderly with suicidal ideation; ethical issues in the performance of patients with suicidal ideation; suicidal ideation in the psychoanalytic view; the psychoanalyst's management with subjects with suicidal ideation.

Results and Discussion

The Elderly with Suicidal Ideation

Cavalcante FG, et al. [7] emphasize that most cases of elderly suicidal people always precede an intense suicidal ideation during the state of depression. Before the suicidal act, the shows signs of thoughts of self-extermination, it is during this period that there must be attention, as the subject lives in an inconsistency between the choice of whether to live or die.

Gameiro GR, et al. [8], comment on depressive characteristics that can cause in the elderly, which are isolation, stressful situations in everyday life and throughout life, without social assistance, death of loved ones in their life cycle, retirement, and loss of the employment relationship.

Minayo MC, et al. [9], cite some factors in relation to the associated suicidal behavior, which would be the factors: personal, social, psychological, cultural, biological and environment. And this suicidal behavior appears after, from the thought of self-extermination, when it is a phase where the elderly gives some signs of their intention of take your

own life.

Ethical Issues in the Performance of Patients with Suicidal Ideation

Zana AR, et al. [6] present in relation to secrecy in these issues related to suicidal ideation if they rush towards ethical issues, but the Psychology professional must always be guided by ethics aiming at guarantees between the psychologist, patient and the social, prioritizing life. For when the suicidal thought turns into a wish to be fulfilled, the analyst can intervene to preserve the patient's life, which is above all. How should the Psychology professional act?

According to the Code of Ethics for Psychology Professionals in Brazil [10], you can break confidentiality: Art. 10 - In situations where there is a conflict between the requirements arising from the provisions of Art. 9 and the statements of the fundamental principles of this Code, except in the cases provided for by law, the psychologist may decide to break confidentiality, basing its decision on the search for the least damage.

Sole paragraph - In case of breach of confidentiality provided for in the caput of this article, the psychologist should confine himself to providing the strictly necessary information.

Zana AR, et al. [6], this breach of confidentiality has two sides "on the one hand, there is concern for the well-being and life of the patient and, on the other hand, the risk of taking hasty actions, impairing continuity of the therapeutic process, as it is based on a bond of trust [...]". Due to this situation, it is quite complex when the patient's confidential information is exposed to those responsible, and the analyst's credibility is possibly weakened with his patient, the most important thing above all is the subject's life. Through this, the family is a great ally as well as the team that accompanies the subject, according to Rigo SC [11], uses an acronym that is PIC: P, partnership; I, information; C, courage.

Suicidal Ideation in the Psychoanalytic View

Mucida A [12], recalls that in Psychoanalysis in its initial steps, Freud contraindicated the analysis with some subjects, due to the limitation of the approach (this at the time), among which the elderly was in contraindication. But remember that in the psychoanalytic perspective there are no symptoms of old age, since it is already present in the individual over time and that it manifests itself at some point, in the case of aging. The occurrence that the elderly feels, the analyst must work on a new option to deal with or overcome the pain felt, and that the professional who follows the psychoanalytic approach, verbalizes through the

individual's speech, questions that make him to deal with this suffering, psychic.

Fruett AC [13] points out that in the elderly clinic, the subject is totally egocentric, and the punishment would be a payment for something he did in the past, and that these issues can be seen in a different way and the present without this way of punishing himself. The importance of listening is very important in the management of the elderly. It is simply being heard your anguish, your pain, your agony in this inner struggle of taking or not taking life and showing that the present cannot punish itself for what it did in the past, since it cannot go back. back in time. The analyst becomes a confidant of the elderly's problems, which cannot be shared with someone intimate, where desires that contradict values that he believes, or believed in, with bad experiences are included, and cycles that have been closed, and outside the failed ideals, and issues related to the social environment in which he lives. Regarding suicidal ideation, it would be the undressing of your intimate to the therapist, who must welcome this moment of fragility and expose your anguish.

In this case, it is up to the therapist, according to Mucida A [12], to take ownership of what is within reach, but always acting in a way that brings the elderly person to be responsible for their attitudes.

The Psychoanalyst's Management with Subjects with Suicidal Ideation

Rigo SC [11] comments on how the Psychology professional must act in this situation in which the subject has suicidal ideation, in the case of the theme with the elderly, he must be aware that they are difficult patients (whether elderly or not) where the pleasure to be in to end his own life, and his ethical basis in the desire for death, the psychologist must show himself neutral in the face of the situation, but acting in a way that he is willing to give up such an act. The author's recommendation is that the patient speak instead of taking an attitude of taking life, so the desire to take life is reduced, giving a demand that makes treatment possible. Therefore, the patient with this suicidal desire will allow himself, finding other ways of coping with suffering, finding a meaning for life.

In the case where the subject chooses to die, what can the Psychology professional do? According to the same author, in the first instance it is the reception of the patient, and then she uses the term mood as an acronym for the analyst's performance. Of which Rigo SC [11] describes the word as an acrostic, the way the therapist acts: "A" for Attention, knowing how the patient is in relationship with the family; "N" means neutrality, it refers to listening, listening to him without pre-judgments, but this does not mean being passive

to the situation; "I" of interest, in the sense of understanding the subject's history, because the individual needs to be heard, and listening shows importance in what he says, there is a difference; "MO" of motivation, because the professional must be patient because he must wait for the subject's time, patience is necessary to have enthusiasm for this type of clinic. The author emphasizes that it is important that the Psychology professional has to make his contacts available to patients in this state in urgent cases. Thus, showing the patient that he has a unique importance.

Conclusion

The present article investigated the phenomenon of suicide in the elderly subject, demonstrating the psychologist's performance in a psychoanalytic perspective, bringing principles that govern this type of context in the clinic that is common, but little discussed in articles on the way of acting. He presented the Brazilian reality, about the facts of the increase in suicide in the elderly population, and how institutions are seeing this phenomenon happening and recognizing that greater future attention should be paid to this public, and especially the way in which the analyst who follows Psychoanalysis should use principles for the management with the one that is in the aging phase.

It was noticed that the articles addressed the subject studied; a good part is in the area of Sociology, addressing more issues focused on the problem than in the form and posture that the professional must be through to the elderly patient. However, it should be noted that there is no structured way of working and managing elderly patients with suicidal ideation, this depends from individual to individual. But for those who follow the line of Psychoanalysis, there are principles that can help the analyst to enter the world of the elderly patient.

Regarding the Psychologist's Code of Professional Ethics, in more extreme cases, the breach of confidentiality is supported, when the analyst realizes that there is a possibility that the subject wants to attempt against his own life, giving the necessary information to those responsible. That's why the family is an essential support in the process.

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