

Reasons for attempting suicide among men who use alcohol and other drugs



Motivos da tentativa de suicídio expressos por homens usuários de álcool e outras drogas
Razones de intento de suicidio expresado por los hombres usuarios de alcohol y otras drogas

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ABSTRACT

Objective: To understand the reasons that lead men who use alcohol and other drugs to attempt suicide.

Methods: Qualitative research at an alcohol and psychosocial drugs support centre (CAPSad) in the state of Rio Grande do Sul, Brazil, in December of 2011, with 11 men who use alcohol and other drugs and who attempted suicide. Data were collected by means of phenomenological interviewing. The phenomenological sociology of Alfred Schütz was used to analyse and interpret the interview statements.

Results: The results led to three categories: attempted suicide triggered by alcohol and drug use; attempted suicide triggered by the family lifeworld; and attempted suicide triggered by everyday feelings.

Conclusion: We found that alcohol and drug abuse and the different life circumstances of men in their families and social relationships contributed to the suicide attempt.

Keywords: Suicide, attempted. Suicide. Men's health. Substance-related disorders. Nursing.

RESUMO

Objetivo: Compreender os motivos que levaram à tentativa de suicídio por homens usuários de álcool e outras drogas.

Método: Pesquisa qualitativa, realizada em um Centro de Atenção Psicossocial Álcool e Drogas do estado do Rio Grande do Sul (RS), Brasil, em dezembro de 2011, por meio da entrevista fenomenológica com 11 homens usuários de álcool e outras drogas que tentaram suicídio. Utilizou-se a análise e interpretação da Sociologia Fenomenológica de Alfred Schütz.

Resultados: A partir dos resultados emergiram três categorias Tentativa de suicídio pelo uso de álcool e outras drogas; Tentativa de suicídio pelas situações do mundo da vida familiar, Tentativa de suicídio por sentimentos vividos no cotidiano.

Conclusão: Concluiu-se que o abuso de álcool e outras drogas e as diversas circunstâncias da história de vida vivenciada pelos homens na família e nas relações sociais contribuíram para a ação suicida.

Palavras-chave: Tentativa de suicídio. Suicídio. Saúde do homem. Transtornos relacionados ao uso de substâncias. Enfermagem.

RESUMEN

Objetivo: Comprender las razones que llevaron al intento de suicidio por hombres usuarios de alcohol y otras drogas.

Métodos: Investigación cualitativa desarrollada en un Centro de Atención de Drogas y Alcohol Psicossocial en el estado de Rio Grande do Sul (RS), Brasil, en diciembre de 2011, a través de la entrevista fenomenológica con 11 hombres usuarios del alcohol y otras drogas, que intentaron suicidio. Se utilizó el análisis y la interpretación de la sociología fenomenológica de Alfred Schütz.

Resultados: De los resultados surgieron tres categorías: intento de suicidio por el alcohol y otras drogas; Intento de suicidio por situaciones del mundo de la vida familiar, intento de suicidio por sentimientos vividos en la vida diaria.

Conclusión: Se concluyó que el abuso de alcohol y otras drogas y las diferentes circunstancias de la historia de vida de los hombres en la familia y las relaciones sociales contribuyó a la acción suicida.

Palabras clave: Intento de suicidio. Suicidio. Salud del hombre. Trastornos relacionados con sustancias. Enfermería.

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■ INTRODUCTION

The growing mortality and mortality rates of the Brazilian male population has forced the national health system to increasingly invest in men's healthcare strategies by consolidating and expanding public policies. Some of the grievances that affect men's health have intentional external causes, such as suicide and attempted suicide.

Suicide is a complex and multicausal phenomenon that results from the interaction of philosophical, anthropological, psychological, social and biological factors. Suicide is an act that is provoked and completed by an individual for the purpose of ending his or her own life⁽¹⁾.

In Brazil, the national comprehensive men's health policy (PNAISH) claims that suicide is the third external cause of death among men and represents 7.4% of these deaths, after 40.3% for homicide, 30.0% for transport accidents and 22.3% for other causes⁽²⁾.

Suicide rates in some countries such as South Korea and Lithuania are around 31/100,000 per inhabitants (h). In Brazil, the epidemiological rates are lower, at around 5.3/100,000h⁽³⁾. However, there is a disparity in the Brazilian states with regard to deaths caused by suicide. The state of Rio Grande do Sul (RS), for example, has one of the highest suicide rates in Brazil, with approximately 10.9/100,000h⁽³⁾. Suicide mortality among the young women of this state is 4.1/100,000h, while among men this number reaches 17.4/100,000h⁽³⁾. These numbers stress the need for studies and suicide prevention strategies that consider sociocultural aspects, risk factors and situations that trigger suicide, especially among the male population.

To understand the reasons for attempted suicide in men, this article presents a qualitative approach based on the phenomenological sociology framework of Alfred Schütz. This sociologist referred to the phenomenology studies of Edmund Husserl and the comprehensive sociology of Max Weber to support phenomenological sociology, thus contributing to the construction of knowledge in the fields of social sciences and humanities. This framework provides in-depth knowledge of the social reality as a world that is experienced by social actors and their peers, who are also endowed with the conscious capacity to attribute meaning to their experiences and actions⁽⁴⁾.

One of the reasons for the increase in suicide among men has been attributed to the crisis of masculinity and the fact that the men are unable to adapt to a changing world⁽⁵⁾. Moreover, impulsive behavior, easier access to lethal technologies and firearms, excessive consumption of alcohol and other drugs, mental and physical illness, chronic disease, violence, sudden and important life changes,

and cultural and socioeconomic situation are important risk factors for suicide⁽⁶⁾.

Regarding the relationship between alcohol and drug use and suicide attempts, some scholars suggest that the consumption of psychoactive substances, especially alcohol, can enhance and increase the likelihood of suicide attempts and suicide, especially among men⁽⁷⁻⁸⁾, which shows a direct relationship between substance abuse and suicidal behavior.

Most research on attempted suicide is based on the quantitative approach. It characterises the suicide profile of both genders, reports the triggers as being mental disorders and abuse of psychoactive substances, which are some of the reasons for attempting suicide provided by adolescents, women and the elderly, and discusses the assistance provided to individuals who have attempted suicide^(5, 7-10).

The scarcity of qualitative studies that further investigate attempted suicide among men, the relationship of suicidal behavior with drug abuse, increasing suicide rates among men, especially in the state of Rio Grande do Sul, and the impact of suicide on society show the relevance of this study. This study can provide theoretical support for the field of mental health, for the creation of suicide prevention policies, and for the management of suicidal behavior in health services and in the social scope.

Consequently, the research question was: what are the reasons behind suicide attempts among men who use alcohol and other drugs? The aim was to understand the reasons that lead men who use alcohol and other drugs to attempt suicide.

■ METHOD

This is a qualitative phenomenological research paper based on the master's dissertation⁽¹¹⁾ entitled "*Motivos da tentativa de suicídio expressos porhomensusuários de álcool e outrasdrogas*". The research was conducted at a psychosocial alcohol and drugs support centre (CAPS-Ad) in the state of Rio Grande do Sul (RS), Brazil.

The CAPS-Ad provide care in the modalities of therapy (intensive, semi-intensive, not intensive) to people suffering from mental distress due to alcohol and drug abuse with the aim of minimizing the damage, reducing admission to psychiatric institutions, and articulating with the community services network to promote the reintegration of these individuals into society.

The CAPS of this study includes a receptiondesk, an office, consultation rooms (medical, nursing, social service, psychology), rooms (for groups, literacy, crafts, workshops), kitchen and cafeteria, an open patio, washrooms for work-

ers and washrooms for users (men and women). The team consists of physicians (a general practitioner and a psychiatrist), a nurse, two nursing technicians, two psychologists, a social worker, a physiotherapist, two mental health technicians, a damage control agent, an assistant to the administrative assistant, an administrative assistant, and a general services assistant.

The research subjects were selected using the suicide attempt records in the medical charts of the patients and by recommendation of the CAPS professionals. After this search, the subjects were contacted in person to receive project details and the men were invited to participate in the interview. The criteria for inclusion were men between the ages of 19 and 59 who attended one of the service modalities. The criteria for exclusion were men suffering from mental confusion or cognitive and neurological sequelae that limited their capacity to participate in the study and men who were drunk or under the influence of drugs at the time of the interview.

A total of 11 (eleven) interviews were conducted with men who used alcohol and/or drugs, who had attempted suicide and who were undergoing treatment at the service in December 2011. This number of participants was not predetermined, and the field stage occurred concurrently to the analysis. However, the number of interviews was sufficient to achieve the objective of the study. This stage was concluded when the meanings expressed in the statements were considered sufficient⁽¹²⁾.

Data were collected by means of individual phenomenological interviews that were recorded with the consent of the participants. Prior to being interviewed, the participants were notified of the purpose of the research and signed an informed consent statement. The question that guided the interview was: what were the reasons that led you to attempt suicide?

The men were identified by the letter H, the initial letter of the word *homem* (man, in Portuguese) followed by a number (H1, H2, H3 and so forth) in order to preserve their identities. Data were analysed according to the steps prepared by scholars⁽¹²⁻¹³⁾ of the phenomenological sociology of Alfred Schütz.

The steps are as follows: reading of the statements to capture the experienced situation and the reasons why the men attempted suicide; identification of specific categories that cover the acts of the subjects; rereading of the statements to select and combine excerpts that contain significant aspects that are similar to the action of the subjects; use of common characteristics in the statements to establish the meaning of the action of the subjects and describe the common aspects of the action of the men who

attempted suicide to represent the essence or what this social group has in common.

The research project was approved and filed under Opinion No. 0297.0.243.000-11 of the human research ethics committee of the Universidade Federal de Santa Maria (UFSM), in accordance with the ethical aspects of Resolution No. 466/12 of the national health council⁽¹⁴⁾.

■ RESULTS AND DISCUSSION

The analysis and interpretation of phenomenological sociology revealed three categories: attempted suicide triggered by alcohol and drug use; attempted suicide triggered by the family lifeworld; and attempted suicide triggered by everyday feelings.

Attempted suicide triggered by alcohol and drug use

The use of drugs is a human practice that is present in all peoples. Drugs have been consumed by different societies and cultures in a range of historical contexts and they have always been a part of mankind, whether for religious rituals, healing or therapeutic purposes or to increase disposition and provide energy and leisure⁽⁹⁾. The use of these substances has become a sociocultural habit created by all individuals, especially men who adopt this habit as a way of social interaction. This custom is a social heritage that is passed down to the children who are born and grow within the group. This is because the customs system establishes a pattern that the internal group uses to "define its situation"⁽¹⁵⁾.

The consumption of alcohol has become a social habit that is mostly encouraged among boys from the end of infancy, which shows the influence of social groups in relation to consumption and the subsequent motivation for attempting suicide.

I started when I was eleven or twelve years old. I wasted by childhood and adolescence on drugs and alcohol. My parents were the only ones who never realised. I was stronger, more resilient when I was younger. They found out I was using drugs when I was seventeen. [...] Lots of things created conflicts in my life: I got married, separated and drowned my sorrows in alcohol. The attempts were triggered by the thought: I take my own life or I take the lives of others. So, it's better to take my own life. (H3)

Social relations are formed through the actions of individuals that are part of the social world and are the result

of conduct with a specific end. These actions are driven by the intentions of the actor⁽¹⁵⁾. When the men used alcohol and other drugs and thought about their social relationships, which were often complicated and permeated with distress, anguish and despair, they externalised their mental suffering by attempting suicide.

I keep to myself. I see bad things happening and keep them to myself, I don't rant with anyone. On that occasion, I had ingested alcohol. The first thing that came to my mind was: do not assault my family, assault anybody, don't hit my wife. I tried to kill myself. [...] Through the drinking, with the alcohol, if I don't put alcohol in my mouth, I am calm, really calm. (H6)

[...] I drank heavily and any little thing that I drank, drove me a little crazy. I felt distressed, sick of it all, living eating. I drank, just beer and I would take the car and drive off at high speed. (H9)

Alcohol and drug abuse became a habit adopted by the men throughout their lives. The men felt anguish and guilt after consuming alcohol and/or drugs and tried not to project the rage they felt for being dependent on psychoactive substances onto their family members by engaging in self-aggression or attempting suicide and consequently punishing themselves for this habit.

A study conducted in the state of Ceará with individuals who attempted suicide found that drug use was decisive in the constitution of the suicide experience of the interviewees. This fact puts the analysis of suicide attempts before the need to consider the effect of drugs on human behaviour. This is a factor that cannot be analysed in an isolated manner, but rather as an important social component that is present in the choice of killing oneself⁽¹⁶⁾.

The intense desire to consume drugs and alcohol and the memory of the pleasant effects, in the absence thereof, creates a huge desire for these substances, which is also known as craving⁽¹⁷⁾. This craving caused by the absence of alcohol and drugs forced the men to create strategies to acquire more substances. When they failed to acquire more drugs or alcohol, the men would sometimes resort to suicidal behaviour.

[...] It was when I was drinking, the drinking gets too strong and we start getting dizzy. I was using crack, smoking rock. I started smoking one, two, three, and was already running low and when I saw I didn't have any money and I was going insane thinking of ways to get the money, I started to feel that anxiety, nervousness. It's like we get the jitters and those thoughts come and go: do this, do that. (H8)

The men had been consuming alcohol and drugs since childhood and it continued to affect their lifeworld and social relationships throughout adulthood. Substance abuse, lack of drugs, the sudden changes of behaviour and situations arising from their social world all contributed to the suicide attempt.

Attempted suicide triggered by the family lifeworld

The family is a social system formed by standards, practices and values of a group of individuals that share traits, emotions and beliefs in a particular social space, and it is considered the primary socialising agent of its members⁽¹⁸⁾. The family system has a direct negative or positive influence on its members.

Among the surveyed men, there was a lack of interaction between them and their family members. The lack of dialogue and opportunities to exchange ideas associated with the abuse of alcohol and drugs in the family environment weakened the family relations and led to conflict and arguments, which widened the gap between the men and their families and triggered the suicide attempt.

[...] I went deeper and deeper into drinking and did not realise it was affecting my family [...] and they were already seeing the way I came home [...] My ex-wife started to say, all you do is drink, all you do is work, there is no room for the family [...] and then the arguments would begin, here, there, and they started to affect the children and the drinking always in the middle, so I left home [...] and I thought about actually killing myself. (H1)

[...] My family slowly abandoned me, or rather, I abandoned them and ended up alone [...] and I would often get depressed, drink, use drugs and would really feel like ending it, end all the suffering that my life had become. (H2)

[...] I believed I was this useless person to society and a burden on my family. I thought that that would bring them some peace (family), since they thought the problem was all me. So, I thought that I could stop the suffering and stop their suffering as well. (H5)

Dependence on alcohol and other drugs hinders family interaction and makes family relationships complex, troubled and unstable. The suicidal act was motivated by the feeling of being a "nuisance" that caused pain to the family and the idea that they could end their suffering and the suffering of their family members.

In the world of social relations, individuals are surrounded by roles, duties and behaviours that are imposed by society and culture in a historical and cultural context. The family represented by the predecessors teaches and encourages the social role that men must play, such as studying, working, and having a family. Moreover, they must assume the role of leader and provider of the family's financial resources^(5, 19).

The family's livelihood is considered one of the most important duties of men as individuals who are responsible for themselves and for the other members of the family. Failure to assume these duties due to dependence on alcohol and other drugs contributed to the suicide attempts of these men.

[...] It's as if my life isn't worth anything [...] I didn't feel I was worth anything, unemployed, on the streets. [...] I thought that being an adult was very simple. I had to support myself, without relying on my father, mother and siblings. (H4)

[...] I tried to set up a business for myself and my family and it didn't work. I lost money and there was no other alternative except killing myself. (H6)

The most relevant factor associated with suicide is the loss of status that work and employment provide, which made the men feel they had lost their social position and had failed to fulfil the role as they had been taught. Inactivity implies a radical change of the organisation of time and financial inputs and carries a symbolic (anti)value because it alters the sense of the role they have assumed so far⁽²⁰⁾.

Given their failure to assume their social role, the surveyed men resorted to suicide to end their misery in relation to the purpose of their presence in the world and did not see other options besides self-destruction.

Attempted suicide triggered by everyday feelings

The vast knowledge available to men on the reasons attributed to the suicide attempts at some point in their lives shows that the suicidal ideation is based on thoughts of their everyday lives. The biographical situation, the intersubjective relations, the daily life of alcohol and drug addiction and the losses they incurred throughout their lives contributed to the suicide attempts.

In the lifeworld, social interaction is a key element for the acquisition of intersubjective bonds that lead to affective ties, feelings and affinities. However, when men become dependent on alcohol and other drugs, social

interaction can be impaired and cause difficulties in their interpersonal relationships, which is also a hindrance to establishing emotional relationships.

[...] I was heart broken, I had a fiancée, and then I had a relationship with a person that didn't work either... alcoholism makes us aggressive, unable to accept things... I'm a lousy loser. If it didn't work, I thought drinking would fix it [...] it would bring her back. I just had to get her attention (fiancée). But I'm not going to blame my fiancée, when I lost her. (H11)

The abuse of alcohol and other drugs can drive people away and hinder social affective relations, which can lead to isolation and suicidal behavior. While living in the world of alcohol and drug abuse, the surveyed men had fragile romantic relationships and had difficulties in establishing more solid and permanent bonds. These problems frequently lead to breakups and solitude and no one with which to share their lives.

[...] The moment I'm alone I get this agonising feeling (SUICIDAL IDEATION), I think I have to have someone to talk to, if you don't have anyone to talk to, then there's no escape [...] because then I have that feeling, that desire to kill myself. (H7)

[...] I attempted suicide because I had no friends because I was everyone's enemy [...] because I could no longer survive, for me there was no other way. (H10)

A study⁽¹⁰⁾ that investigated the daily lives of individuals who attempted suicide stresses that the reasons behind such a decision are sense of abandonment, disappointment, sadness, discouragement, desire to be alone, thoughts about death and thoughts on how to end life.

Based on the conceptions of Schütz⁽¹⁵⁾, the lifeworld cannot be experienced in a solitary manner since individuals intersubjectively act in a setting that is shared with others. Schütz⁽¹⁵⁾ conceptualises intersubjectivity by stating that the world does not merely make sense to me, but to all human beings, and that the experience of the world is justified and corrected according to our experience with others and those with whom I interact, work and suffer. Therefore, the intersubjective world is interpreted as a possible field of action of all⁽¹⁵⁾.

It is in this intersubjective world shared with their peers⁽¹⁵⁾ that men are inserted and from which difficulties in sharing experiences, interacting and communicating arise. The difficulties of living, the memories of a lonely life, the sense of

loss in relation to material things, the failure to comply with the social role of men, the loss of family and employment and other situations experienced in the everyday world contributed to the suicide attempts of these men.

■ FINAL CONSIDERATIONS

Suicide is a complex social problem permeated by different causes and investigated by various areas of knowledge that seek theoretical support to understand this cultural and self-destructive phenomenon. The discussion of the negative impacts of suicide, the taboos on the subject and the cases of suicide attempts treated in the health sector have increased concerns about this social problem.

This research aired the silenced voices of men who have tried or have been trying to end their lives and revealed that the most common reasons for suicide attempts have a direct relationship with alcohol and drug abuse in the social context of the subjects. The hopelessness of being in the world and of not being able to live without alcohol and drugs is intertwined with a life of troubled social and family relations.

In Brazil, actions to protect life have been established by means of suicide prevention guidelines and manuals. However, such actions have been insufficient in the social and professional practice of the individuals involved with human living. In this sense, we believe in the need for a coordinated network between the emergency services, the mental health services and the family health units, and intersectoral coverage that includes the various departments and associations such as social welfare, public safety, education, life protection centres, and the press. The union between the different sectors and the health worker network can strengthen suicide prevention and the valuation of human life.

We hope this study will help society and health workers understand the reasons that lead individuals who consume alcohol and other drugs, especially men, to attempt suicide and consequently create care strategies for this problem. The male population requires more humanised care and assistance that considers their demands, which can be achieved by means of collective health actions, a thematic approach to vocational training and new research that gives voice to vulnerable men of different age groups and social contexts.

The limitation of this study is that it was conducted at a single health service. In order to better understand and provide a broader, more diversified outlook of this phenomenon, we suggest further studies in different regions of Brazil since each region has its particularities and social habits and customs.

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