



THE PRACTICE OF SELF-INJURY IN YOUNG PEOPLE: A PAIN TO ANALYZE

A PRÁTICA DE AUTOLESÃO EM JOVENS: UMA DOR A SER ANALISADA

AUTOLESIONES EN JÓVENES: DOLOR A ANALIZAR

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ABSTRACT

Pain is an experience considered unpleasant; however, there are situations in which it is self-inflicted. The theme of this work involves the behavior of causing pain through self-injury. **Objective:** to analyze the phenomenon of self-injury based on the meanings attributed to pain perception by young people who undergo or underwent this experience, besides identifying aspects related to the practice of self-injury. **Method:** it is a qualitative study, through semi-structured interviews, with 10 young people between 18 and 28 years old, who practice or have already practiced self-injury. The data were analyzed by thematic content analysis technique and interpreted by Freudian psychoanalytic theory. **Results:** seven categories were identified, however, in this article only the categories "the meanings and senses of pain" and "sensations and feelings" will be discussed. The first category includes the themes "physical pain relieves emotional pain", "good pain", "intensity of pain" and "desired pain". The second category the themes "relief", "anguish", "guilt", "sadness" and "anger". **Conclusion:** self-injury seems to be a discharge of unbearable psychic contents and provides relief from psychic suffering.

Keywords: Self-Injurious Behavior; Psychoanalysis; Mental Health.

RESUMO

A dor é uma experiência considerada desagradável, no entanto, há situações em que ela é autoprovocada. A temática deste trabalho envolve o comportamento de provocar dor por meio da autolesão. **Objetivo:** analisar o fenômeno da autolesão a partir dos significados atribuídos à percepção da dor pelos jovens que vivenciam ou vivenciaram tal experiência, além de identificar aspectos relacionados à prática de autolesão. **Método:** consistiu em estudo qualitativo, por meio de entrevista semiestruturada, com 10 jovens com idade entre 18 e 28 anos, que praticam ou já praticaram autolesão. Os dados foram analisados pela técnica de análise de conteúdo temática e interpretados pela teoria psicanalítica freudiana. **Resultados:** foram identificadas sete categorias, entretanto, neste artigo apenas as categorias "os significados e sentidos da dor" e "sensações e sentimentos" serão discutidas. Na primeira categoria surgiram os temas "a dor física alivia a dor emocional", "dor boa", "intensidade da dor" e "a dor desejada". Já na segunda categoria surgiram os temas "alívio", "angústia", "culpa", "tristeza" e "raiva". **Conclusão:** a autolesão parece ser uma descarga de conteúdos psíquicos insuportáveis e proporciona alívio do sofrimento psíquico.

Palavras-chave: Comportamento Autodestrutivo; Psicanálise; Saúde Mental.

RESUMEN

El dolor es una experiencia desagradable; sin embargo, hay situaciones en las que es auto provocada. El tema de este trabajo involucra el comportamiento de provocar dolor a través de la autolesión. **Objetivo:** analizar el fenómeno de la autolesión a partir de los significados atribuidos a la percepción de dolor por parte de los jóvenes que han vivido la experiencia, e identificar aspectos relacionados con la práctica de la autolesión. **Método:** estudio cualitativo, a través de la entrevista semiestructurada, con 10 jóvenes de entre 18 y 28 años, que se autolesionan o ya se han autolesionado. Los datos fueron analizados por la técnica de análisis de contenido temático e interpretados por la teoría psicoanalítica freudiana. **Resultados:** se identificaron

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siete categorías; sin embargo, en este artículo, sólo se discutirán las categorías "los significados y los sentidos del dolor" y las "sensaciones y sentimientos". En la primera categoría surgieron los temas "el dolor físico alivia el dolor emocional", "buen dolor", "intensidad del dolor" y "dolor deseado". Ya en la segunda categoría surgieron los temas "alivio", "angustia", "culpa", "tristeza" y "enojo". Conclusión: la autolesión parece ser una descarga de contenidos psíquicos insoportables que alivia el sufrimiento psíquico.

Palabras clave: Conducta Autodestructiva; Psicoanálisis; Salud Mental.

INTRODUCTION

Pain is an unpleasant sensory and emotional experience, associated with actual or potential damage to tissues or described in terms of such damage.¹ The International Association for the Study of Pain, when publishing this concept, suggests that pain is a subjective, complex and multidimensional phenomenon, but still needs to integrate social and psychic aspects of pain as a perception produced at the brain level.

Considering that the feeling of pain is regarded as an unpleasant experience, it is suggested that people tend to avoid it. However, there are situations in which pain is self-inflicted. The theme of this work involves the behavior of causing pain through self-injury.

The practice of provoking self-injury is also known in Brazil as self-mutilation, self-flagellation, scarification, abrasion, body marks and others.² The current study uses the term self-injury and defines it as an act with non-fatal results, in which the individual performs one of the following behaviors: practice of acts with the intention of causing self-injury; intake of substance in more excessive dose of what has been prescribed or of the known therapeutic dose; intake of an illicit or recreational drug in an act that the person considers to be a self-assault; intake of non-ingestible substances or objects.³ However, due to the wide variety of behaviors, we decided to investigate only the practice of acts intended to cause self-injury, such as cuts, burns, beating, scratching, sticking the skin with sharp objects and poke it until causing injuries.

Literature review analyzed 128 studies of self-injury prevalence worldwide, conducted between 1993 and 2012. The countries studied were United Kingdom, United States, Canada, Turkey, Belgium, Sweden, Switzerland, Germany, Italy, New Zealand, Australia, Holland, Spain, Norway, Finland, Japan, China and Indonesia. The results showed an average prevalence of 17.2% in adolescents (10 to 17 years old), 13.4% in young adults (18 to 24 years old) and 5.5% in adults (25 years old or older).⁴

Another study on the average prevalence of self-injury during life, in international studies, found that 16.1% of the general population will perform or undergo self-injury at least once in their lives.⁵

A longitudinal study conducted from 1992 to 2008 with 1,802 Australians of an average initial age of 15.9 years old and final age of 29 years old found that, between 14 and 19 years old, the incidence of self-injury was 8%, 10% female and 6% male. In the young adult phase, between 20 and 29 years old, only 2.6% continued to practice self-injury. Thus, there is a reduction, but not total interruption. The authors also identified that adolescents with anxiety and depression have a high risk of self-injury and continue practicing, as a young adults.⁶

In some studies, people have reported a sense of relief after performing self-injury, as well as the recognition that, when they get hurt, they feel better. Other perceptions involve the desire to get rid of a terrible state of mind (distressing state). In addition, they found that self-injury behavior aimed to show how desperate they were feeling, how much they wanted to scare someone, find out if someone loves them and draw attention.^{3,7,8}

From this data, we can say that self-injury is a worldwide problem. These prevalence requires attention and concern from public agencies, health professionals and education, since they indicate that the act has been practiced widely by adolescents and young people. In Brazil, there are no studies on the prevalence of self-injury; however, it is thought to follow the world indices.

Currently, in Brazil, it is possible to find websites and virtual communities on the subject, which become dialogical spaces in which users report their self-injury practices and try to help themselves to cease such behavior. Moreover, in psychological care, this practice is usually reported. Given scientific evidence, this study is justified by the need to deepen knowledge about perception, meanings and feelings of self-injury pain.

The aim of this study is to analyze self-injury phenomenon based on the meanings attributed to pain perception by young people who undergo or underwent this experience, besides identifying aspects related to the practice of self-injury.

METHODS

This study consists of a clipping of a master's research. The following categories emerged after content analysis, "the context of self-injury practice", "sensations and feelings", "reasons", "purpose", "associated aspects", "meanings and senses of pain" and "experiences described".

This article aims to discuss the categories **"meanings and senses of pain"** and **"sensations and feelings"**, since they respond to the proposed objective.

This is a descriptive, exploratory research of qualitative character, and its theoretical framework was Freudian Psychoanalysis, which based the data collection and analysis. The methodological framework used for data analysis was content analysis, following the three main stages: pre-analysis, material exploration and data processing and interpretation.⁹

The research was carried out in a university room and in a psychologist office of a city in the interior of *São Paulo*, according to what the participants chose.

Ten young adults who reported practicing or having practiced self-injury participated in the study. The inclusion criteria consisted of: being 18 to 29 years old or older; of any sexes; have practiced or being practicing self-injury, specifically cuts, burns, hitting, scratching, sticking the skin with pointed objects and poking it until causing injury. The study consisted of an intentional sample of participants, considering that 34 people sought out the main researcher with the intention of participating in the research. However, seven people did not meet the inclusion criteria; eight stopped contact, making it impossible to schedule the interview, and five scheduled interviews, but did not attend.

Thus, 14 interviews were conducted, but four were excluded because they did not show, in speech, the intention to perform the act, which is explicit in the definition used in this study.

The participants were invited by the website of a public University and in the psychological care services of the same university. In any of these means, anyone interested in participating had to send an email or call the researcher in this study. Thus, the participant always made contact with the researcher, showing their interest in the process. When the individual contacted, by e-mail or mobile phone, at first the researcher explained again about research and inclusion criteria. To those who met the inclusion criteria the researcher explained that their participation consisted of being interviewed by the researcher who is a psychologist.

We used the self-report technique through semi-structured interviews, which was composed of a script containing the following guiding questions: "In relation to self-injury, what specifically do you usually do or used to do? Do you remember when the first time you practiced self-injury was? How do you feel before practicing it? And how do you feel while you practice it? How do you feel afterwards? Do you feel pain while you perform self-injury? Tell me a little bit about it. How do you assess pain after self-injury? Why do you think you practiced/practice self-injury?" In addition, during the interview, it was possible to question issues that emerged in the participants' statements.

The interviews were conducted from May to July 2016 and lasted from 25 minutes to one hour. Participants were identified by the letter "P" referring to "Participant", followed by the sequential number of the interview, such as P1 to P10.

We conducted a pilot test interview; however, there was no need to alter the data collection instrument. Thus, we included the data in this interview in the results.

The research was submitted to the Research Ethics Committee of *Universidade Federal de São Carlos*, as well as

the Free and Informed Consent Form (ICF), and was approved (CAAE: 49627215.4.0000.5504). The participants signed the Free and Informed Consent Form.

RESULTS AND DISCUSSION

Regarding the participants' characterization, they were between 18 and 28 years old, practiced self-injury at the time of the interview or in the past, three males and seven females; nine were university students (undergraduate or post) and one had only completed high school. Regarding the type of self-injury, the participants beat, performed cuts, burns, pinch, scratch themselves, and the most common was cutting themselves. They reported the use of needle, fork, nail toothpick, broken ruler, broken glass, hot object, knife, tweezers, stiletto, razor and nails. Self-injuries were performed predominantly in the arms and the age of onset ranged from 11 to 21 years old.

Although it is not possible to draw comparisons between this study and international studies, which are of quantitative methodology, in which the sample number is much higher, we observed that in other studies the most common types of self-injury were cut and burn, with a higher frequency in females.^{3,6}

It can be considered that, for cultural reasons, women often talk more about their feelings and seek help more than men, which may indicate a non-real prevalence rate for the practice of self-injury. A study showed that girls have more frequency of self-injury, while boys, when practicing it have more risks of suicide, showing perhaps more severity.¹⁰

As already said above, this article aims to discuss the categories "*meanings and senses of pain*" and "*sensations and feelings*", and the first category encompasses how pain is experienced in self-injury and the second makes it possible to understand the sensations and feelings that permeate this pain experienced. These categories make it possible to understand the meaning of self-inflicted pain in this practice.

"MEANINGS AND SENSES OF PAIN"

We observed that pain in self-injury seems to acquire new meanings. Thus, some themes that emerged were "physical pain relieves emotional pain", "good pain", "intensity of pain" and "desired pain". These themes refer to how participants describe the pain experienced in self-injury.

The themes found may relate to masochism, since pain is not reported as unpleasant and some interviewees manifest that they wish to feel it.¹¹ The principle of masochism is explained by the pain that generates pleasure.

To explain masochism we have to understand the principle of pleasure, which seeks pleasure, avoids displeasure and acts following the principle of Nirvana, which aims to reduce the

sum of excitement to zero or the smallest possible. However, in masochism that such a sensation does not proceed, since it is expected to pain produce displeasure, which does not occur. Everything indicates that increases and decreases in stimulation magnitudes are perceived as a sequence of tension sensations and obviously, some tensions are felt as pleasurable, as well as some distensions perceived as unpleasant.¹¹ Perhaps the more important is the qualitative and not the quantitative nature of the stimulations, which helps explain the question of masochism.

Nirvana's principle is associated with death pulse, as it seeks quantitative reduction of stimuli; the principle of pleasure represents its transformation into a claim of libido and the principle of reality. It represents the influence of the external world, accepting to postpone discharge and, temporarily, displeasure.¹¹

Four participants mentioned the theme "intensity of pain". In most statements, they describe weak pain and even absence of pain during self-injury, as if anesthesia occurred, a fact that draws attention, since they are situations in which the sensation of pain is expected. We highlight psychic suffering, since in some statements of this category they emphasize psychic pain to the detriment of physical pain.

Very light, I feel like I'm doing like this, you know?! When you don't feel almost anything?! Just a little squeeze, then only after I see it's purple, it's red, that it was serious, but at the moment [...] at the time the pain I feel is very light, very light, it does not seem that I put as much strength, both in the pinch and in the slap, as when I pull my hair (P3).

Physically it doesn't hurt, just if for some reason or another I take a very hot bath and the skin... the blister pops before the time and the skin is open, and then the psychological pain, it all depends on the reason, you know?! If it's such a serious thing I'm fine, if not, I'm still bad, so I don't know, I keep listening to sad music and crying (P4).

So sometimes I have a crisis that I remember all these bad feelings at the same time, and usually during the crises I have self-injury... and that's where self-injury doesn't cause such a pain to me, because the pain of these feelings, panic, fear, sadness, sometimes hating someone, is so great that physical pain doesn't matter (P5).

An experiment on pain tolerance and self-injury identified that in a situation of stress/anguish people who practice self-injury have more tolerance to physical pain than those who do not practice self-injury.¹² In a study to identify painful perception in self-injury regarding pain intensity, most participants declared absence of pain or mild pain during self-injury.¹³

Pain occurs not only due to neurophysiological alterations but also influenced by social, psychological and cultural aspects.¹⁴ In self-injury, this is no different. The results of the current study and research cited reveal that the perception of pain in self-injury is influenced by other factors, such as psychic suffering, sensations and feelings, better described below.

Destruction pulse derives from death pulse, and can be addressed to the outside world. Masochism returns into the individual and acts violently against the person themselves.¹¹ the hypothesis in self-injury is that destruction pulse becomes an act in the body itself, so aggressiveness addresses to themselves and expressed in the body, as the participants of this study reported. The aggressiveness that addresses to themselves seems to cause strangeness, especially in family, friends, educators and caregivers. Strangeness seems to occur because they do not understand why they cause pain and that it causes pleasure.²

Nine participants mention that "physical pain relieves emotional pain". Participants declare so intense psychic suffering, that physical pain seems to have another meaning, that is, it seems to bring relief and be different from pain felt in other situations. Thus, physical pain seems to go beyond a consequence of self-injury, it seems to have the function of helping to decrease psychic pain.

Well, while it's hurting out, it doesn't hurt so much inside, so it's kind of that (P1).

I kept thinking that I had to be able to take that pain away from me... that body pain would be better than the pain I was feeling inside (P4).

Oh, it is a feeling of relief, relief, in the face of a very large psychological pain, physical pain almost balance everything [...] When I have night terror, and if I have self-injury, I pay more attention to the pain I'm feeling in my arm than in problems (P5).

From the issue of masochism it is possible to understand pain can cause discharges of tension.² Thus, in self-injury, pain seems to be a form of discharge that generates a feeling of relief and produces temporary improvement of psychic suffering.

Moral masochism is the result of the conflict between Ego and Superego, since Ego does not meet the ideal established by Superego.¹¹ In moral masochism we observe Ego's masochism, which wishes to be punished by the Superego. Thus, Superego's sadism and Ego's masochism complement and unite each other to promote the same results.¹¹ therefore, we infer that the relief of psychic pain may be related to the conflict between Ego and Superego, and self-injury has the function of providing the punishment desired by Ego. Thus, not corresponding to

the ideal imposed by Superego can generate conflicts that produce psychic suffering, intolerable for some people and in need of discharge, which, in this case, occur through acts such as self-punishments.

Participants five and two, respectively raised the themes “good pain” and “desired pain”. The statements highlight that pain in self-injury is different from not provoked and/or desired pain and address that it is not a bad pain. Pain is described as being not only a consequence of self-injury, but also as good.

It's not a bad pain, it turns out that it turns out not being a bad pain. You feel, only, it's pretty weird because... it hurts, but it's different a pain when you fall down and grate a knee or you hit on a door or something. Now, when you're sick and you do it, it hurts, but it's like you don't give much importance to this pain, because the one inside is bigger (P1).

Oh, as I told you, you feel, right, I think even more for being with the razor, it burns, right, it hurts, but it's a good pain, right, I make an analogy with the tattoo, right, you feel the pain, or a piercing, you feel the pain, but it has another meaning, right, so it ends up transforming this pain to another... giving another meaning, right, I think this pain is not lived as: 'ah you cut yourself' (P6).

Yes, then I tried to feel more pain, I forced until it started to burn, it was just a risk, and then I kept trying to make it stronger, slower, deeper. [...] I don't know, but I wanted more pain, I wanted more and then, like, I even found it in a good way, when I was doing it, it's weird actually, but like I wanted it to hurt anyway (P8).

It's not a pain so... because when we feel pain we stop, right?! So it's very strange, it hurts as hell, but you want to feel pain, you know?! (P9).

“SENSATIONS AND FEELINGS”

The “sensations and feelings” found generated the themes “relief”, “anguish”, “guilt”, “sadness” and “anger”, and “relief” was mentioned by all participants.

Reports of pain present description of psychic suffering, perhaps the feelings and sensations that permeate self-injury help to better understand the choice of this act.

One participant mentioned the feeling of “anger”. In the speech, it is possible to notice the relationship of anger with the Ego ideal, as if the person is not well because of the choices they made, and so they punishes themselves. There is also a difficulty to bear the feeling of anger.

I feel a little angry, so it's a bit angry, so, I don't know, for some reason I think the decisions I made, some seem wrong, so I feel guilty about it, and I get angry at things in general, you know? [...] It's basically same rage (P1).

Superego is formed from Ego and influenced by the relations, initially with parents and, later, with other people such as teachers, family members and authorities. Superego performs the function of moral consciousness and, due to the tension between Ego and Superego, the feeling of guilt arises. This tension occurs because Ego realizes that it does not meet the ideal imposed by Superego.¹¹ Thus, not corresponding to the Ego ideal imposed by Superego can cause frustration, conflict and consequences, such as the feeling of guilt.

Four participants mentioned the theme “guilt”. In all the statements presented, we notice the feeling of guilt after performing self-injury, which may relate to Superego and the perception of not meeting the Ego ideal. Only one interviewee refers guilt before the act, which became one of the motivations to self-harm and reinforces the idea of rigid Superego.

After a while I already kind of, damn it, I didn't have to do it, I feel a little guilty. I feel guilty later. [...] (P1).

It gets better at the time, but then, along with sadness, which doesn't go through, comes the guilt, you know?! Then I stare and I get [...] I look like this and say “that ridiculous”, because deep down it's kind of ridiculous, you know?! [...] (P9).

“Then all this flood of feelings I told you come back, also guilt and the fact that I'm in the same place, haven't changed anything, that I'm the same. [...] I blame myself for everything wrong in my life, I have that voice that says everything is wrong was because I didn't try hard enough [...] (P10).

In this theme, we observe the importance of affective relationships and how people bother or suffer when they cause self-injury. Maybe the guilt also relates to what others will think and talk. The concern may related to the fact that the issue is permeated by stigmas and little discussed in society. Thus, guilt seems to relate both to issues of mental functioning, such as the Superego rigidity and the Ego ideal, as well as to relationships.

Four participants reported the feeling “sadness”, which alludes to loss experiences. In some situations, the individual easily identifies what was lost, but some have the feeling of loss, without being able to name what they lost, which seems to be the case of some participants. The participants also mentioned sadness as a cause of self-injury, which can refer to Ego ideal

and the perception of not being able to achieve this ideal. Perhaps they also question why they do this, why they use this resource to deal with distress.

I'm usually very... very, very sad, sometimes I cry, sometimes I cannot cry and then I don't know, this comes my head, and then I do it (P4).

[...] so it's two mixed feelings, right, this question of relief, I'm coming back, but also the question of sadness, what you're doing to yourself, so there are two opposite things at the same time. [...] It's sad, it's sad to think you got to that point (P5).

Nothing so serious had happened to say, that was it, but since I remember, I feel sadness from nothing, you know?! And then I remember that this day was one of those days [...] There are the sorrows we talk about, ah! I'm sad about it, and there's these sorrows that, I don't know, is a cluster of strange sensations that make you very sad, and there's no specific thing (P9).

Five participants remembered the theme "anguish". Although not everyone named what they feel as anguish, it is possible to perceive it in their discourse, as if sometimes the anguish invades the psychic apparatus and self-injury appears as a form of discharge.

Oh, it's just that you look like you're kind of choking, you know?! That feeling of anguish, you want, I don't know, run away and everything. It gets that thing stuck like this in your chest and such in the throat too and everything else [...] And then it's this really desperate thing, wanting to run away from something like that, that I don't know what it really is, but it's that feeling of I don't know there, it's being alone, that anguish (P1).

I feel a lot, I don't know, an anguish, oh, I can't describe it right, but I feel really, really... it's more distressed, sad too, I think it's more distressed, sad too, but I think it's more distressed that way (P2).

I think it's such an anguish, especially very great of things [...] A lot of anguish, a very heavy thing you know, heavy heart (P6).

Anguish has its bases on Ego and arises in two situations that are in response to a situation of danger or as a warning, to avoid a possible situation of danger. This situation ultimately relates to the fear of separation and loss of the object.¹⁵

Birth is the first experience of anguish. We can observe that the newborn dependence is primarily in the biological dimension, in which it needs care of the maternal figure to survive. This fact generates the first situations of danger that relate to the possibility of helplessness. Anguish may relate to the possibility of loss of the object and this fear is anguish linked to psychic helplessness. Ego seeks to avoid anguish and, for this reason, can use defenses and symptom formation.¹⁵

Thus, anguish relates to the fear of losing the beloved object, that is, to loneliness, to sadness. One of the ways to reduce anguish and suffering all the participants mentioned is present in the theme "relief"; they seem to feel relief from anguish and feelings. The relief felt with self-injury seems to be associated with discharge from this act, which may demonstrate a need. We observe that it is a momentary and incomplete relief; therefore, the interviewees recognize that the distressing sensation will return.

It ends up relieving what I'm feeling, but it's also temporary, it's just a little, then so. [...] Because... to alleviate the symptoms of anguish I feel, everything, right? [...] It helps at the time, right, but so is not the treatment, right, it relieves at the time what I'm feeling, but it always returns, always returns, always returns (P2).

The first feeling is relief... that I get out of this state of panic arising from pain, so in my case it is a relief [...] It was the solution that I found and this solution ended up ataying, until today when I have very strong crises and I want to wake up from this crisis, I end up making cuts on my arm, because it gives me a feeling of relief to this day [...] (P5).

Seeing the blood coming out, seeing the wound there, I think it was really a way to alleviate the anguish, the tensions I was feeling (P6).

I felt that, in a way, I found this relief yes, but it's temporary, like I said, is like putting things under the rug, you know?! (P8).

Moral masochism also presents an erotic character, and even with the destruction pulse addressed to the Ego there is libidinal satisfaction.¹¹ A study discussed medical care of three young people who caused self-injury and found feelings of anger, guilt and pleasure in self-inflicted pain. They concluded that it is necessary to reflect on self-injury and the issue of masochism, thus, while the act of self-injury can be an aggression, it can also produce satisfaction.¹⁶

The statements reinforce the idea that self-injury pain is different from pain in other contexts. Participants describe a feeling

of good pain, in addition, they stress that they want to feel this pain, perhaps because they relate it with relief soon after practice.

We perceived, from their discourse, that there is the idea that physical pain has other meanings. These meanings are translated as the relief of psychic pain, punishment, self-aggression, satisfaction, making it possible to think that physical pain has the function of helping these people feel alive, even with so much suffering.

It seems that self-injury is the way they found to help themselves I front of disorganizing suffering. The speech of P6 addresses the issue of seeing blood, the wound, which generates the question: is it a way to feel life in the midst of so much suffering?

The skin is the refuge to cling to reality and avoid sinking when an event opens an abyss in existence. People in living flesh, in terms of feelings, flay their skin to regain control. Thus, self-injury also seems to be a way suffering containment.¹⁷

It seems that, at the time of intense sensations and feelings, able to disorganize, the act of self-injury helps young people feel better, with less psychic pain, and to obtain relief, even if it is temporary and, in some cases, permeated by other feelings such as guilt.

We see that self-injury is a complex phenomenon and even pain in self-injury has multiple meanings. It is important that listening to individuals who perform self-injury exceeds the issue of body pain and encompasses psychic pain.¹⁸

FINAL CONSIDERATIONS

Self-injury seems to be used as an escape, a form of discharge of psychic contents that, at that moment, become unbearable. With so much suffering, the participants report physical pain is a different pain, a good and desired pain; it can relieve psychic pain, which is distressing and needs to be minimized in some way.

This study also made it possible to find the feelings and sensations most present in people who practice self-injury, such as relief, anguish, guilt, anger and sadness. Feelings of anguish, guilt, anger and sadness increase psychic suffering; they can be present before or after the practice as a vicious cycle. Anguish seems to have disorganizing character and be intense, making self-injury a form of discharge that produces relief, but that after some time it becomes guilt and sadness and again leads to the practice of self-injury.

This article sought to understand the meaning of self-injury. However, other research should be carried out so that more can be reflected on this phenomenon, since this work, in its entirety, does not respond to all questions, although it provides some information on ways of dealing with suffering, which are contemporary. Perhaps the approach to the subject helps to reduce the fear of educators and health professionals

when faced with this situation, facilitating discussions on the subject between professionals and parents, so that everyone can expand knowledge and better welcome.

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