



# Multidimensionality of meanings of self-harm in adolescence: perspective of adolescents, caregivers and health professionals

*Multidimensionalidade de significados da automutilação na adolescência: perspectiva de adolescentes, responsáveis e profissionais de saúde*

*Multidimensionalidad de los significados de las autolesiones en la adolescencia: perspectiva de adolescentes, cuidadores y profesionales de la salud*


Érika de Sene Moreira<sup>1</sup> 

Johnatan Martins Sousa<sup>1</sup> 

Eurides Santos Pinho<sup>1</sup> 

Marciana Gonçalves Farinha<sup>2</sup> 

Elizabeth Esperidião<sup>1</sup> 

Camila Cardoso Caixeta<sup>1</sup> 

<sup>1</sup> Universidade Federal de Goiás (UFG), Goiânia, Goiás, Brasil.

<sup>2</sup> Universidade Federal de Uberlândia (UFU), Uberlândia, Minas Gerais, Brasil.

## Corresponding author:

Érika de Sene Moreira

E-mail: [erika.sene@credeq-go.org.br](mailto:erika.sene@credeq-go.org.br)

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## ABSTRACT

**Objective:** to analyze the meanings of the practice of self-harm in adolescence from the perspective of adolescents, their legal guardians and health professionals. **Methods:** descriptive, exploratory, qualitative study. Participants were 7 adolescents, 20 legal guardians and 6 professionals from a Psychosocial Care Center for Children and Adolescents in the central region of Brazil. Data were collected through individual interviews with guardians and professionals, and focus groups with adolescents. Thematic content analysis was used in data analysis. **Results:** the thematic category "Meanings of self-harm" emerged, covering seven subcategories: "Psychopathology"; "Social communication"; "Peer identification"; "Regulating emotions"; "Generated feelings"; "Intentionality of action" and "Dependency". **Conclusion:** there is a disconnection of the meanings attributed to self-harm by adolescents, legal guardians and professionals. The different meanings in the understanding of self-harm can interfere with the assertiveness of the care offered by professionals to adolescents, in the perception of legal guardians regarding the need to seek help, and in adolescents' motivation to adherence to care.

**Descriptors:** Self Mutilation; Adolescent Behavior; Mental Health; Adolescent Health; Community Mental Health Services.

## RESUMO

**Objetivo:** analisar os significados da prática da automutilação na adolescência na perspectiva de adolescentes, seus responsáveis e profissionais de saúde. **Métodos:** pesquisa descritiva, exploratória, de abordagem qualitativa. Participaram 7 adolescentes, 20 responsáveis e 6 profissionais de um Centro de Atenção Psicossocial Infantojuvenil da região central do Brasil. Os dados foram coletados por meio de entrevistas individuais, com os responsáveis e profissionais, e grupo focal com os adolescentes. Para análise dos dados, utilizou-se análise temática de conteúdo. **Resultados:** emergiu a categoria temática "Significados da automutilação", contemplando sete subcategorias: "Psicopatologia"; "Comunicação social"; "Identificação de pares"; "Regular emoções"; "Sentimentos gerados"; "Intencionalidade da ação" e "Dependência". **Conclusão:** há uma desconexão dos significados atribuídos à automutilação pelos adolescentes, responsáveis legais e profissionais. Os diferentes significados na compreensão da automutilação podem interferir na assertividade do cuidado ofertado pelos profissionais aos adolescentes, e na percepção dos responsáveis legais de que é necessário buscar ajuda, assim como na motivação dos adolescentes em aderir ao atendimento.

**Descritores:** Automutilação; Comportamento do Adolescente; Saúde Mental; Saúde do Adolescente; Serviços Comunitários de Saúde Mental.

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## RESUMEN

**Objetivo:** analizar los significados de la práctica de autolesiones en la adolescencia en la perspectiva de los adolescentes, sus tutores legales y profesionales de la salud. **Métodos:** estudio descriptivo, exploratorio, cualitativo. Participaron 7 adolescentes, 20 tutores legales y 6 profesionales de un Centro de Atención Psicosocial a Niños y Adolescentes de la región central de Brasil. Los datos fueron recolectados a través de entrevistas individuales con tutores y profesionales, y grupos focales con adolescentes. En el análisis de datos se utilizó el análisis de contenido temático. **Resultados:** surgió la categoría temática “Significados de la autolesión”, que abarca siete subcategorías: “Psicopatología”; “Comunicación social”; “Identificación de pares”; “Regular las emociones”; “Sentimientos generados”; “Intencionalidad de la acción” y “Dependencia”. **Conclusión:** hay una desconexión de los significados atribuidos a la autolesión por los adolescentes, tutores legales y profesionales. Los diferentes significados en la comprensión de la autolesión pueden interferir en la asertividad del cuidado ofrecido por los profesionales a los adolescentes, en la percepción de los tutores legales sobre la necesidad de buscar ayuda y en la motivación de los adolescentes para la adhesión al cuidado.

**Descriptor:** Automutilación; Conducta del Adolescente; Salud Mental; Salud del Adolescente; Servicios Comunitarios de Salud Mental.

## INTRODUCTION

Adolescence is a period characterized by the transition from childhood to adulthood, in which biological and psychic changes occur, such as hormonal changes, physical and sexual maturation, identity formation and acquisition of skills for adult relationships<sup>(1)</sup>. However, it also a phase of potential risks, as many young people experience questions and impasses without having the necessary skills to deal with these issues, causing psychological distress<sup>(2)</sup>.

The psychic suffering experienced can influence the person's life trajectory<sup>(3)</sup> and even lead to destructive behaviors, such as self-harm. When this suffering is enhanced by feelings of anguish, guilt, anger and sadness, it predisposes to self-harm in order to alleviate emotional pain.<sup>(4)</sup>

Self-harm is understood as wounds or injuries, such as cuts, scratches, bites and self-inflicted burns on one's own body, with no conscious intention of suicide<sup>(5)</sup>. The expression “Cutting” is used to refer to cuts made on the belly, upper and lower limbs, caused by objects such as knives, rings, needles<sup>(6)</sup> or even one's own nails.

In a systematic review and meta-analysis study<sup>(7)</sup>, 261 studies on self-harm in adolescents (12 – 18 years old) from 41 countries published between 1990 and 2015 were evaluated, and a prevalence of 16.9% over time (Confidence Interval – CI = 95%; Standard Deviation – SD = 15.1-18.9; 280,408 participants) was found, with a mean age of onset at 12.8 years (CI = 95%; SD = 11.8-13.8 ; 22,031 participants) and a relative risk of 1.7 (CI = 95%; SD = 1.6-1.9) for females (225,389 versus 218,089 male participants). Among self-inflicted injuries, self-harm was the most prevalent (45.0%; CI = 95%; SD = 40.0-50.0%; 187,638 participants).

Research carried out in Vietnam involving 1,316 students aged 15-18 years revealed that almost half (43.9%) of adolescents were involved in at least one type of self-harm behavior in the period of 12 months<sup>(8)</sup>.

In the Brazilian scenario, the phenomenon of self-harm has been debated and studied<sup>(4)</sup> and is generally associated with the age group corresponding to adolescence<sup>(9)</sup>. In 2018, a study carried out with 517 adolescents aged between 10 and 14 years found a 9.48% prevalence of self-harm in the previous 12 months<sup>(10)</sup>.

This context reinforces the importance of strengthening aspects of mental health to face the challenge represented by self-harm in adolescence as a public health problem<sup>(11-13)</sup>. In 2019, with a view to improving the prevention of this event and suicide, in Brazil, Law 13.819 was published<sup>(14)</sup>. It establishes the National Policy for the Prevention of Self-Harm and Suicide with the objective of developing permanent strategies to prevent the occurrence of these events and for the treatment of conditions associated with them. However, this regulation does not establish specific criteria and recommendations for the population of children and adolescents.

Throughout history, mental health care actions aimed at children and adolescents rest on omission and exclusion marked by institutionalization<sup>(15)</sup>. Although after the institution of the Child and Adolescent Statute (Portuguese acronym: Estatuto da Criança e do Adolescente – ECA) and the Psychosocial Care Centers for Children and Adolescents (Portuguese acronym: Centros de Atenção Psicossociais Infantojuvenis - CAPSi) there is a growing number of published studies related to child and adolescent mental health, they are still incipient in proposing new and successful actions and public policies for this public<sup>(15)</sup>. In this direction, there is an urgent need to develop studies on this topic to investigate the consequences and causal factors and propose prevention strategies<sup>(16,17)</sup>.

Thus, in order to fill this knowledge gap, the objective of this study was to analyze the meanings of the practice of self-harm in adolescence from the perspective of adolescents, their guardians and health professionals.

## METHODS

Descriptive, exploratory, qualitative study<sup>(18)</sup>. The Consolidated criteria for reporting qualitative research (COREQ) checklist were followed in the operational stages of the study and the construction of the report<sup>(19)</sup> in order to answer the following guiding question: What are the meanings attributed to the practice of self-harm in adolescence by adolescents, their legal guardians and health professionals?

Data collection took place from July to September 2017 at a CAPSi in the metropolitan region of Goiânia. This Center belongs to the Psychosocial Care Network (Portuguese acronym: Rede de Atenção Psicossocial - RAPS) and care is intended for children and adolescents with demands resulting from severe and persistent mental disorders and suffering. An average of 334 consultations per month were performed in the service during the data collection period.

Seven adolescents, twenty legal guardians and six higher education professionals who worked at the CAPSi participated in the study.

Inclusion criteria for adolescents were: age of 12-18 years, having at least one record of an episode of self-harm, regularly attending CAPSi activities during the data collection period and having authorization from the legal guardian to participate. We emphasize that although according to the WHO, adolescence is from 12 to 19 years old<sup>(1)</sup>, the CAPSi provides care up to 18 years of age. Exclusion criteria were diagnosis of intellectual deficit and autism.

For the identification of adolescents, the active medical records (with regular attendance to therapeutic activities according to the singular therapeutic project) of the 329 users of the service were evaluated, of which 302 were excluded for not meeting the inclusion criteria, leaving 27 medical records. We tried to contact the legal guardians of all 27 adolescents by telephone, but the contacts of two adolescents were outdated. Of the 25 legal guardians, five did not consent to participate. The others agreed and signed the Informed Consent. Nine legal guardians were interviewed in the CAPSi setting and eleven at home. The adolescents did not participate in the interview with their legal guardians.

The 20 adolescents whose legal guardians consented were invited to participate in a focus group in the CAPSi environment, of which eight attended and seven agreed to participate by signing the Term of Assent.

Regarding the CAPSi multidisciplinary team, professionals with a higher education degree, at least one year in the service, working in direct care to adolescents with self-harm, and in full professional practice were included in the study. The multidisciplinary team consisted

of 15 professionals: social worker (n = 1), art therapist (n = 1), nurse (n = 3), pharmacist (n = 1), physical therapist (n = 1), pediatrician (n = 1), psychiatrist (n = 1), music therapist (n = 1), psychologist (n = 4) and educational psychologist ((n = 1). Only eight met the inclusion criteria, of which two were off work activities (vacation/sick leave) and six agreed to participate in the interviews (a psychiatrist, a psychologist, an art therapist, a nurse, a social worker and a music therapist) by signing the Informed Consent.

The individual interviews with both the legal guardian and the health professional lasted an average of 60 minutes and were conducted by one of the researchers and a research assistant, who were trained through the discipline "Interview as a method of data collection in research" taken in the Postgraduate course.

The focus group with adolescents was carried out in two meetings lasting three hours each, conducted by two other members of the research group (nurses) with specialization in Group Dynamics. All information from the interviews and the focus group was audio recorded and photographs were taken.

To preserve the anonymity of participants, the records of speeches were coded as follows: (A) speeches of adolescents; (G) speeches of legal guardians; and (P) speeches of health professionals, followed by an Arabic number according to the chronological order of interviews or the position of the adolescent in the focus group (Ex.: A1; A2...; G1, G2...; P1, P2...).

Semi-structured scripts were used (Figure 1) to conduct the individual interviews. A semi-structured script and the *Boneco Vazio* technique (paper representation of their own body) were used in the focus group<sup>(16)</sup>.

**Figure 1** - Semi-structured scripts for individual interviews and focus groups with adolescents, legal guardians and health professionals, municipality in the metropolitan region of Goiânia, GO, Brazil, 2017

Continue...

### Guiding questions for the focus group with adolescents

*Boneco Vazio* technique<sup>(16)</sup>.

1. When I self-harm, I think..."
2. When I self-harm, I feel..."
3. "The desire, the will, the need for self-harm appears when..."
4. "This started in my life when..."

### Guiding questions for the interview with legal guardians

1. Why did you seek care at CAPSi?
2. How do you understand the self-harm behavior?
3. How did you realize that your child was self-harming?
4. During your child's life, do you notice any facts that may have influenced his/her current behavior?
5. For you, what is it like to experience this situation?

**Figure 1** - Semi-structured scripts for individual interviews and focus groups with adolescents, legal guardians and health professionals, municipality in the metropolitan region of Goiânia, GO, Brazil, 2017  
Continue...

Guiding questions for the interview with health professionals
1. How do you understand self-harm in adolescents?
2. In your opinion, what causes self-harm?
3. Tell us about the care for adolescents who self-harm at the CAPSi.
4. Considering the personal, technical and structural aspects, what potentialities do you perceive in the care of adolescents who self-harm?
5. Still considering the three aspects, personal, technical and structural, tell me about the difficulties that you perceive in the care of these adolescents?ades percebidas por você no cuidado destes adolescentes?

Note: CAPSi - Psychosocial Care Centers for Children and Adolescents (Portuguese acronym).

Data were analyzed through content analysis, thematic modality<sup>(20)</sup>, following three steps: 1 - pre-analysis, which consists of organization and floating reading of data; 2 - exploration of the material, which includes the codification of data through the identification of units of record and context for the formulation of categories and subcategories; 3 - treatment of results obtained and interpretation, which consists of presenting the information arising from the inference of the analytical process.

All recommendations of Resolution number 466, of 2012<sup>(21)</sup> were followed and approval was obtained from the Research Ethics Committee of the Universidade Federal de Goiás (Certification of Approval of Ethical Appreciation number 2.053.730).

## RESULTS

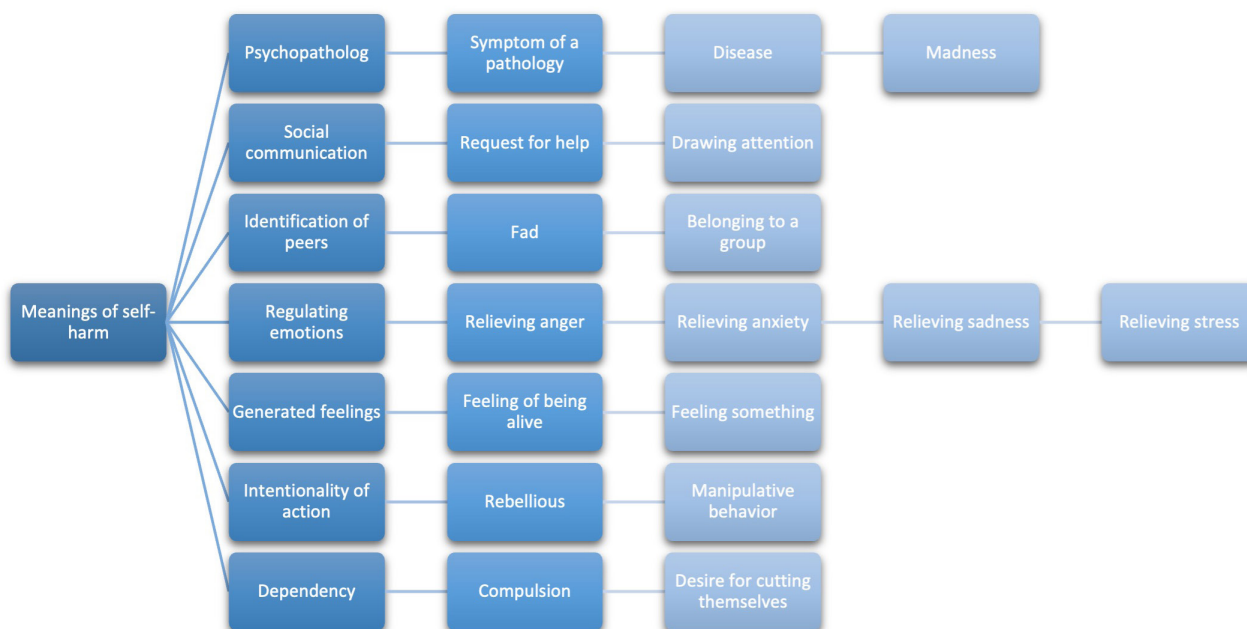
Health professionals were in the age group of 30-40 years, five were female, half had a permanent contract with the institution and the others were temporary employees.

Most legal guardians were female (16), mean age of 40.4 years (SD = 38.62), eight had completed primary school, ten had completed secondary school and only two had completed higher education. With regard to marital status, 45.0% (n = 9) of legal guardians were separated, 45.0% (n = 9) were married or in a common-law marriage and 10.0% (n = 2) were single.

The adolescents were aged 15-17 years, all female, one of them had already entered higher education, three were attending secondary school and three were in primary school, and most (n = 5) lived with only one parent.

Data analysis of contents led to the thematic category *Meanings of self-harm* and included seven subcategories: “Psychopathology”, “Social communication”, “Peer identification”, “Regulating emotions”, “Generated feelings”, “Intentionality of action” and “Dependency”, code tree (Figure 2).

**Figure 2** - Code tree of the category and subcategories of the study found in the content analysis, municipality of the metropolitan region of Goiânia, GO, Brazil, 2017





The first subcategory is entitled “Psychopathology” and refers to the citations of CAPSi professionals and guardians of adolescents, who attributed the meaning of a symptom of pathology, mental illness and madness to self-harm, as transcribed below.

*I think my daughter is weak in the head, it's not normal for a person to cut her own body, I think she has a weak mind, I think it's a disease. (G9)*

*I see self-harm as a complex process, a symptom that can come from several diseases or a Borderline personality disorder, self-harm is considered a symptom, serious in itself, but which hides several other problems [...]. (P2)*

*The issue of self-harm is just a symptom, we have to identify which mental disorder is generating this symptom. (P4)*

The second subcategory, named “Social communication”, expresses what adolescents, their legal guardians and the health team think about the self-harm behavior, relating it to the manifestation of a request for help and a way to draw attention, as transcribed below.

*People think I cut myself to get attention, but that's not it, if it was to get attention, I wouldn't hide the cuts, it's not fun to wear those long sleeve tops in that heat outside [...]. (A7)*

*In fact, I cut myself because I wanted my Mom to look at me, I wanted her to see me. (A4)*

*It's like I told you before, she's a show-off, she wants to show off to her friends, that'll pass, it's a thing of these kids today. (G19)*

*In my opinion, she cuts herself to get attention, likes to show off, is very jealous of her brother. (G17)*

*Self-harm is the expression of a feeling, a reaction, a search, a request for help, a cry for help in the face of major situations they are going through. (P4)*

The third subcategory, “Identification of peers”, reveals that professionals associated self-harm to a fad among adolescents, while for legal guardians it showed the children's need of belonging to a group, as in the statements below.

*This behavior is a fad, behavior of the moment, young people learn from each other and thus propagate self-harm. (P5)*

*My daughter didn't have any friends, she was considered weird by her peers, she told me that after she started cutting herself, she is respected at school, she is part of the group of top girls, that's why I guess this thing of cutting herself is something of these youth groups. (G4)*

*She has no reason to act like that, I think she's a teenager and it will soon pass. At our street, there are others who cut themselves. (G17)*

*Many of her classmates at school are cutting themselves [...] she wants to copy her classmates, do everything they do, the school she goes to is full of girls who cut themselves. (G3)*

The fourth subcategory, “Regulating emotions”, refers to the emotional issues involved in the practice of self-harm, which were expressed by adolescents and their legal guardians as a form of relieving anger, anxiety, sadness and stress, according to the statements below.

*When I'm sad I cut myself to relieve the sadness. (A4)*

*You forget the emotional pain for a moment and focus on the physical pain, I try to get out what hurts inside. (A1)*

*When I cut myself, it hurts for about 20 minutes, those minutes are minutes of relief and release. (A6)*

*The cut is a temporary relief, it works like a drug, the person uses the drug to forget the problems, when the effect of the drug wears off, the person falls into reality, with cutting it's the same thing. (A5)*

*She told me that she scratched her arms with her nails until hurting herself, until blood came out, because she felt angry and wanted a relief, she said she did that every time we had a fight. (G10)*

*[...] The person wants to release stress, wants a relief. Many people try to use alcohol, drugs as a relief, I think that's what happens she finds a relief in cutting. She stays there thinking, think about the sadness and I guess they go and hurt their own flesh. (G13)*

The fifth subcategory called “Generated feelings”, illustrates what adolescents feel, what motivates them to

adopt the self-harm behavior, the feeling of being alive, even if in pain, realizing that something is in the face of their existence.

*When I cut myself, I feel something, even if it's another pain. (A1)*

*I'm always like that, quiet, silent. I'm not happy, nor sad, I think I'm resigned. [...] cutting myself makes me feel alive, I need to feel alive. (A2)*

The sixth subcategory named “Intentionality of action” portrays the legal guardians’ thoughts about self-harm as a rebellious and manipulative behavior, as shown in the statements below.

*I think it's manipulation, so she gets the things she wants, I don't see it as a disease, I guess it's pure manipulation, a little game. (G1)*

*She cut herself to stop my marriage, she doesn't want to see me happy and she thought by cutting herself and being hospitalized I wouldn't get married. (G13)*

*I think it's rebellious, that age, you know, you only wanna do what you think is right, she does that to confront me. (G18)*

*She cuts herself to convince her husband to do whatever she wants; she wants him to feel guilty. (G4)*

The seventh subcategory “Dependency” demonstrates that adolescents’ self-harm behavior is permeated by compulsion and uncontrollable desire for cutting themselves, as revealed in the following speeches.

*The more I cut, the more and more I wanna cut myself. (A1)*

*I don't cut myself because I want to, I cut myself because I have to. (A2)*

*I try not to hurt myself, I can't, I have no control anymore, it's like she said, an addiction. (A3)*

*It feels like my wrists beg to be cut, it's addictive. (A5)*

## DISCUSSION

The findings of this study contribute to the knowledge of health professionals who work with adolescents. The meanings of self-harm behavior are elucidated from

different perspectives, which offers a deeper understanding of this phenomenon and helps in the planning of actions of prevention and promotion of adolescents’ health.

The disconnection between the meanings attributed to self-harm by different social actors is visible. For health professionals, self-harm has a primarily biological character with little attention to psychosocial aspects. In the view of legal guardians, self-harm is seen mainly as an act of manipulation and rebellion, thus dispensing healthcare. However, in the statements of adolescents, two main meanings are attributed to the act: “Social communication” and “Regulating emotions”, aspects intrinsically related to existing and their implications for their essence in this special moment of life.

The concept of self-harm as a disease predominates among the health professionals interviewed. Their statements focus on elements of medical knowledge, valuing diagnosis and physical and biological aspects to the detriment of social and emotional aspects. On the other hand, adolescents do not understand self-harm as a pathology. Their statements do not describe the act of injuring themselves as an abnormal behavior, which leads us to reflect on the fine line between normal and pathological and how these concepts are related to culture and social groups.

The act of self-harm carries meanings for those who practice the act. It transmits an intangible message from the subject, in which the body works as a means of expressing subjective experiences that need to be communicated to the other<sup>(16)</sup>. The lack of ability or opportunity to verbally communicate feelings and emotions to the outside world are particularities of adolescents who practice self-harm<sup>(16)</sup>.

The understanding of self-harm as a way of communicating the need for support to the outside world through non-verbal language is demonstrated in the study. The request for help and the need for recognition is implicit in adolescents’ statements. They want to communicate the problems that they face and the invisibility that their feelings occupy, which is in line with the statement that, from a psychic point of view, self-harm is an act that happens when words fail<sup>(2)</sup>. The imagery character of body marks has the function of achieving visibility, seeking the look of the other, but also a form of expression involved in the search for identity<sup>(11)</sup>.

In contrast to the idea of adolescents, on the part of legal guardians, there is a judgment about the concept of “drawing attention”. A pejorative meaning is attributed to the expression, indicating that the behavior is not important or has no real reasons to justify it. The act of self-harm is often minimized by legal guardians.

Opposing this judgment, there is an act by adolescents, more than the use of other resources such as expressing in words what they are feeling, that is, instead of putting into words what anguishes them, adolescents transfer it to the body, which is the way of perceiving it as being his/hers<sup>(22)</sup>.

Self-harm behavior defines belonging to certain groups, since reports show that some adolescents were accepted into certain groups after episodes of self-harm. In fact, there may be a social demand on teenagers, as even though they are not considered adults yet, they should not behave like children either. In this sense, the adolescent must mark a place in society, doing so by getting closer to some collectives, thereby trying a place of affirmation<sup>(22)</sup>. In addition, social factors such as knowing people who cut themselves within the school environment, in groups of friends in person or through the internet and social media are aspects that influence the practice of self-harm<sup>(16)</sup>.

Thus, the practice of self-harm by adolescents is considered a public health problem as its occurrence is increasingly constant, especially in the school environment, and enhanced by the use of social networks. The use of these networks enables the socialization of experiences related to self-harm, the propagation, naturalization and reinforcement of this behavior as an assertive strategy to deal with the suffering experienced by this group<sup>(23)</sup>, which can strengthen the idea of belonging to a group that understands and also performs this action.

From professionals' testimonies emerged the fact of self-harm being a fad among this public, an ephemeral act. This speech causes concern, because the disregard for the feelings and deep emotions integrated to the act constitutes a barrier to truly access the causal factors behind this behavior. The literature indicates the urgency to train mental health professionals for acting assertively on cases of self-harm in adolescence<sup>(24)</sup>. It is necessary to maintain a permanent staff of professionals to ensure a longitudinal follow-up of adolescents. In addition, there is a fragility of published studies addressing therapeutic strategies and prevention programs<sup>(16)</sup>.

The function of self-harm to reduce negative feelings was evidenced in the study. The lack of social skills to deal with adversity and frustration leads to the choice of risk mechanisms for emotional coping. In this sense, when people fail to develop coping strategies to regulate their emotions and solve the emerging challenges, many losses can be established throughout their lives, and adolescence is the most common period for the onset of this emotional instability<sup>(12)</sup>.

The speeches of adolescents indicate a state of apathy and lack of pleasure experiences in everyday life, as

if they were anesthetized by the pain of constant negative experiences, and they communicate self-harm as a way to get out of the constant state of numbness. The self-harm behavior is usually accompanied by different feelings and emotions such as tension, anger at oneself, anxiety, depression, dysphoria and a feeling of loss of control, which may have the feeling of emptiness and worthlessness as a causal factor<sup>(12)</sup>.

In turn, the understanding of self-harm as an adolescent's strategy to obtain something desired, avoid the fulfillment of responsibilities and even as attitudes of disobedience and insubordination was identified exclusively in the statements of legal guardians. According to a study of inmate adolescents, there are individuals who practice self-harm to acquire gains, giving a manipulative character to this behavior<sup>(25)</sup>. However, there is evidence that manipulation is not the main function of self-harm<sup>(26)</sup>. The positive automatic reinforcement (generating feelings) and negative automatic reinforcement (regulating emotions such as anger, anguish and fear) are the functions that adolescents most use for self-harm<sup>(27)</sup>.

Self-harm was also referred to as an internal imposition that leads the individual to irrational behavior, an uncontrollable desire. An investigation carried out in a self-harm group in a virtual social network revealed that self-harm behavior is permeated by suffering and marked by dependency among its practitioners<sup>(28)</sup>, which corroborates the findings of the study.

A huge distance was observed between the meanings given to self-harm by the different subjects involved. Adolescents, family and health professionals are disconnected, their ideas and languages are divergent. In this sense, it is important to consider the countless possibilities that may influence the behavior of self-harm in adolescence, such as the distancing of adolescents from the family, an escape from problems, consequences of physical, symbolic and emotional violence and involvement with digital technologies<sup>(9)</sup>.

For adolescents, self-harm has two main meanings: "Regulating emotions" and "Social communication". In this sense, they emit a communication signal through non-verbal language. They use their own body to communicate. The issues that the adolescent cannot psychically elaborate end up manifesting through the body<sup>(11)</sup>. Thus, the process of deconstructing the understanding of self-harm as just a pathology needs to be expanded, as it establishes as a psychosocial phenomenon<sup>(12)</sup>.

Legal guardians, recipients of the message, understand self-harm as a strategy to obtain gains and avoid demands, a form of manipulation. They fail to interpret the intention, the true content of the message, producing barriers to dialogue with adolescents through phy-

sical and mental distancing. Therefore, self-harm can be understood in different ways given its complex nature<sup>(11)</sup>.

On the other hand, we have the view of health professionals, for whom self-harm is the symptom of a disease, an indication of a psychic pathology, a view based on diagnosis that values physical and biological aspects to the detriment of social and emotional aspects. In this sense, self-harm is generally related to mental disorders such as depression, schizophrenia, bipolar disorder, personality disorders in general<sup>(29)</sup>. Despite the importance of the biological view, self-harm cannot be restricted to this conception, as the conceptual rigidity of health professionals can prevent them from accessing the intimate contents of adolescents.

The distance between the conceptions is evident; adolescents/family/health professionals do not achieve a true interaction, as they start from different perspectives. Such distant understandings negatively interfere with the relationships of adolescents with their families and professionals. Knowing these differences can facilitate and improve communication between subjects and consequently, improve care. As community-based mental health services put into practice a care model with the aim of establishing psychosocial rehabilitation, they cover the inclusion and interaction of different actors such as users, family, health professionals and the community in the care process<sup>(30)</sup>. Therefore, this approach favors the exchange of information and perceptions about self-harm and the demystification of concepts that create obstacles to an effective assistance to adolescents through assertive communication.

Although the exploration of the studied phenomenon may have been hampered by the large number of refusals from adolescents, the results represent the reality of adolescents in psychological distress, who use self-harm as a way of expressing or minimizing their suffering, contrasting with the perceptions of legal guardians and health professionals, thus contributing to the advancement of knowledge.

## CONCLUSION

Adolescents, legal guardians and health professionals attribute different meanings to self-harm behavior in adolescence. For adolescents, the meanings of “Social communication”, “Regulating emotions”, “Generated feelings” and “Dependency” stand out. Among health professionals, “Psychopathology”, “Social communication” and “Peer identification”, and for legal guardians, the meanings of “Psychopathology”, “Social commu-

nication”, “Peer identification”, “Regulating emotions” and “Intentionality of action”.

Self-harm interpreted in different ways can impact the choice of appropriate care for the adolescent by health professionals, make it difficult for the legal guardian to determine the need to seek professional help, and contribute to the adolescent’s abandonment of treatment proposed by the multidisciplinary team.

Associations with “Psychopathology”, rebelliousness and manipulation are related to communication as a way of asking for help or getting attention. It was also possible to identify that according to the perspective of health professionals and legal guardians this practice symbolizes belonging to a group that performs this action or an adolescent fad. However, from the perspective of the adolescent, emotional and sentimental aspects permeating this practice were evidenced as a way of relieving anger, anxiety, sadness and stress, as well as a representation of the feeling of being alive. In addition, participants pointed to a behavior of dependency that nourishes the compulsion and the desire for cutting.

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## CONFLICT OF INTEREST

None.

## AUTHORS’ CONTRIBUTIONS – CRediT

**ESM:** conceptualization; data curation; formal analysis; investigation; methodology; resources; supervision; validation; visualization; writing –original draft and writing – review & editing.

**JMS:** validation; writing –original draft and writing – review & editing.

**ESP:** investigation; visualization and writing – review & editing.

**MGF:** validation; writing –original draft and writing – review & editing.

**EE:** visualization and writing – review & editing.

**CCC:** conceptualization; formal analysis; methodology; project administration and writing – review & editing.

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