



Non-suicidal self-harm in adolescents: Integrative Community Therapy as a sharing and coping strategy*

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Objective: to learn through the Integrative Community Therapy (ICT) the factors related to non-suicidal self-harm in adolescents and their contribution to coping strategies. **Method:** a qualitative study, conducted with adolescents who participated in the Integrative Community Therapy wheels, which were saved and recorded in a field diary. Thematic analysis was used and it was based on the Life Skills Model. **Results:** self-harm has emerged on six wheels, as a theme or wrapped in other suffering. The following categories emerged from the analysis: "Adolescence and non-suicidal self-harm: Anguish relief" and "Integrative Community Therapy Wheel: Therapeutic space" and its subcategories. **Conclusions:** adolescents find in non-suicidal self-harm a way to materialize and alleviate the suffering resulting from multiple factors. Community Therapy revealed a living space of sharing and re-signification of suffering.

Descriptors: Adolescent; Non-Suicidal Self-Injury; Coping Strategies; School Health; Nursing.

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Autolesão não suicida em adolescentes: Terapia Comunitária Integrativa como estratégia de partilha e de enfrentamento

Objetivo: apreender por meio da Terapia Comunitária Integrativa (TCI) os fatores relacionados à autolesão não suicida em adolescentes e à contribuição da mesma para as estratégias de enfrentamento. Método: estudo qualitativo, conduzido com adolescentes que participaram das rodas de Terapia Comunitária Integrativa, as quais foram gravadas e registradas em diário de campo. Utilizou-se análise temática e fundamentou-se no Modelo de Habilidades de Vida. Resultados: a autolesão emergiu em seis rodas, como tema ou envolto a outro sofrimento vivenciado pelas adolescentes mulheres. Foram evidenciadas as categorias "Adolescência e autolesão não suicida: alívio da angústia", "Roda de Terapia Comunitária Integrativa: espaço terapêutico" e suas subcategorias. Conclusões: as adolescentes encontram na autolesão não suicida uma forma para materializar e aliviar o sofrimento decorrente de múltiplos fatores. A Terapia Comunitária revelou um espaço vivo de partilha e de ressignificação do sofrimento.

Descritores: Adolescente; Autolesão não Suicida; Estratégias de Enfrentamento; Saúde Escolar; Enfermagem.

Autolesiones no suicidas en adolescentes: terapia comunitaria integradora como estrategia para compartir y afrontar

Objetivo: aprender a través de la Terapia Comunitaria Integradora (TCI) los factores relacionados con la autolesión no suicida en adolescentes y su contribución a las estrategias de afrontamiento. Metodo: estudio cualitativo, conducido con adolescentes que participaron en las ruedas de TCI, las cuales fueron grabadas y registradas en diario de campo. Se utilizó análisis temáticos y se fundó en el Modelo de Habilidades de Vida. Resultados: La autolesión surgió en seis ruedas, como tema vinculado a otro sufrimiento. Del análisis surgieron las categorías "Adolescencia y autolesiones no suicidas: alivio de la angustia" y "Rueda de Terapia Comunitaria Integrativa: espacio terapéutico" y sus subcategorías. Conclusiones: Las adolescentes utilizan la autolesión no suicida como forma de materializar y aliviar el sufrimiento resultante de múltiples factores. La Terapia Comunitaria reveló un espacio vivo de compartir y redefinir el sufrimiento.

Descriptorios: Adolescente; Autolesión no Suicida; Estrategias de Enfrentamiento; Salud Escolar; Enfermería.

Introduction

Adolescence is a healthy phase; however, it is permeated by vulnerable behaviors that can compromise physical and mental health⁽¹⁾. These behaviors, associated with difficulty in making decisions and solving problems, impulsivity and the presence of stress in this period, are factors associated with non-suicidal self-harm⁽²⁾.

The terms self-harm, self-mutilation, self-injury, scarification, excoriation or body marks are used to designate people who hurt themselves, although there is no standardization of the term in the Brazilian context⁽³⁾. Self-harm is considered to be intentionally self-inflicted violence, that is, the intentional use of physical force or a threat against oneself⁽⁴⁾. Non-suicidal self-harm is a common phenomenon among adolescents, with a higher incidence in puberty between 12 and 14 years of age, and it may extend⁽⁵⁾, often evidenced in psychology clinics and in the schools themselves⁽³⁾.

It constitutes a global and highly prevalent problem⁽⁶⁾, although it is believed that the data are underestimated, due to the fact that adolescents do not verbalize it to parents, friends or health professionals^(3,7). Non-suicidal self-harm is configured as an adolescent's dysfunctional coping strategy for emotional balance, with the main risk factors being violence among peers, mental illness, consumption of psychoactive substances and child neglect⁽⁸⁾, which can signal psychic impairment^(6,8). It should be added that in a research study conducted with adolescents who practiced non-suicidal self-harm and who were hospitalized, 55% had emotional and behavioral problems, 23.5% depressed behavior disorder, 10% a depressive episode, and 9.9% other changes in mental health, depression being one of the adjuvant factors for self-harm⁽⁹⁾.

These data cause us concerns that lead to the following questions: What drives adolescents to practice non-suicidal self-harm? Can they share their suffering? Does the adolescent see ICT as a coping strategy?

In this context, the co-responsibility of health professionals, especially nurses, is evidenced in the implementation of strategies that can minimize psychological distress in adolescence. Integrative Community Therapy (ICT) has been used as one of the strategies, which, through interpersonal meetings, has contributed to the restoration of self-esteem and self-confidence, as well as to broadening the perception of problems, which can favor resolution and coping⁽¹⁰⁾.

In order to provide answers to the concerns, the present study was developed with the objective of apprehending, through the Integrative Community

Therapy (ICT), the factors related to non-suicidal self-harm in adolescents and their contribution to coping strategies.

The social and scientific relevance of the study is to offer subsidies for the elaboration of public policies and for the effective performance of health and education professionals in order to expand the knowledge of the assistance provided to adolescents for the issues that transcend the biomedical model, and thus articulate the interdisciplinarity of health and education in proposing strategies for emancipatory practices in promoting adolescent health.

Methodology

Reporting Qualitative Research – COREQ⁽¹¹⁾ was used to direct the study. This is a descriptive and exploratory study with a qualitative approach.

It was developed in a state school in the south of Minas Gerais, which has 600 adolescents aged between 12 and 17 years old. To raise the awareness of those responsible and of the adolescents, a meeting was held, with the presence of only 50 individuals, as well as classroom visits, in which they were informed about the research objectives and the conduction of the ICT wheels. A total of 450 adolescents were given the Free and Informed Consent and Assent Forms, with 285 of them returning both signed Forms.

However, as a result of school evasion, moving to another school, and giving up on continuing in the wheels, only 150 adolescents enrolled in elementary and high school participated continuously in the 60 wheels. For this study, only six wheels were considered that referred to the theme, non-suicidal self-harm, totaling 66 adolescents.

The ICT wheels were used for data collection, a space for the adolescents to share their concerns, sufferings and achievements. ICT is configured in the development of six steps, namely: reception; celebration; theme choice; contextualization of the theme; problematization; and closure⁽¹⁰⁾.

They were conducted at the school, from February to August 2017, during the class period. Six ICT rounds were chosen with six groups of adolescents of both genders, with a mean of 11 participants in each group. Only the adolescents, the facilitators and the researcher took part in the ICT wheels, with no other participant.

The facilitators who led the ICT wheels were nurses, psychologists and a social worker with specific training and experience in ICT; five were women and two were men, with doctorate (3), master's (1) and specialist (3) degrees.

As for the relationship and the knowledge of the participants in relation to the facilitators and the researcher, the ICT wheels were conducted dynamically and there was an approximation among all.

Data was collected by the researcher, as an observer, using a digital recorder and notes in the field diary, during the conduction of the wheels, which lasted 60 to 80 minutes.

Data related to the object of the study emerged in five wheels; in view of the repetition of the information, it was decided to record another wheel with the theme, consolidating data saturation. The transcripts of the testimonies were not returned to the participants, since feedback occurs at the closure of each ICT wheel.

For data organization, thematic content analysis⁽¹²⁾ was adopted, involving the pre-analysis, exploration, material treatment, inference and interpretation phases, performed by three researchers. From the testimonies and the notes in the field diary, two categories were apprehended, one with two subcategories and the other with three. The analysis was based on the Life Skills Model, which includes self-knowledge, empathy, effective communication, interpersonal relationships, decision making, problem solving, critical and creative thinking, knowing how to deal with feelings and emotions and dealing with stress⁽¹³⁾. To preserve anonymity, the participants were designated with names of flowers, in Portuguese.

The study was approved by the Research Ethics Committee of the Federal University of Alfenas, Unifal-MG, under Opinion No. 1,725,520; CAAE 58831216.8.0000.5142.

Results

Non-suicidal self-harm was mentioned only in the testimonies of adolescent women, either as the main

theme or involved in another suffering experienced by them, with two categories and their subcategories emerging, as shown in Figure 1.

In the first category, Adolescence and non-suicidal self-harm: Anguish relief expresses the negative feelings experienced by the adolescents in crisis times. The following subcategory emerged: "Non-suicidal self-harm: Conflicts experienced", where feelings of anguish, anger, impulsivity, sadness and stress are experienced by the adolescents as factors that trigger this process: *I feel relieved when I cut myself, taking revenge on my body [...] I have no patience (Angélica); I nail my body when I'm angry. Anger controls us. I lose patience and cut myself (Margarida); I cut my wrist, being angry and stressed for anything (Violeta); I also cut myself, when I'm very stressed [...] I cut myself in several places (Bromélia); [...] it depends when I'm very sad I cut myself with the sharpener blade. When I'm sad, angry, I cut my wrist [...] (shows cut on the wrist) and my leg [...] (Rosa).*

The death of a parent, violence, lack of dialog, family and social conflicts, and issues related to personal development were also reported as triggers for non-suicidal self-harm: *[...] this started 3 years ago, when I came to live [...] with my mom, after my dad died. We don't get on well, we quarrel over anything. I can't beat my mother, I hurt myself (Angélica); [...] the first time, it was because of my father who died, I cut my leg with a knife [...] they had to suture it, I said it was the dog that bit me [...] I was 9 years old. I feel alone [...] my mother stays only in her room. I don't let off steam [...] we suffer (showing the arm with the cut) (Rosa); [...] I cut myself every day, because of the quarrels at home (Íris); [...] you know I tried to kill myself [...] I cut myself [...] because of family quarrels (Violeta); I also cut myself, my sister is very weird, she messes with bad things (drug). I've already cut myself in several places. I do that, because I can't hit my sister because she's pregnant (Bromélia).*

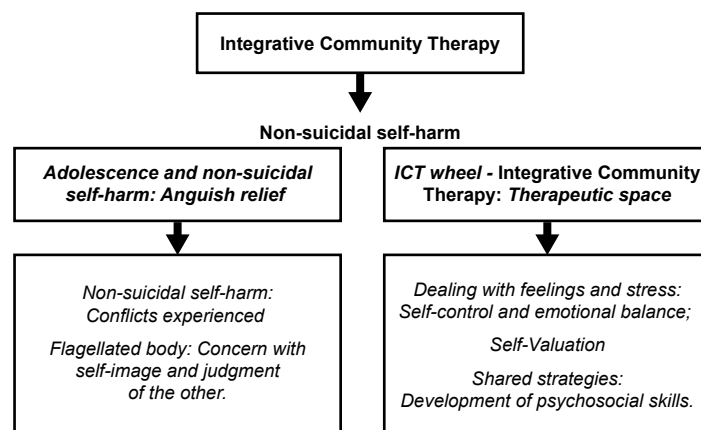


Figure 1- Diagram of the Categories and subcategories identified in the ICT wheels

Violence among peers was identified as a problem with negative emotional repercussions among adolescents that can contribute to non-suicidal self-harm [...] *people who are bullied can cut themselves, even kill themselves. So it's not a joke, it can end the other person's life. I can't stand the hate of seeing myself in the mirror, being bullied at school [...] I broke the mirror and ended up cutting myself. There are things that people say that hurt me, the world no longer makes sense to me* (Jasmim); [...] *the children called me a bastard and mistreated me [...] the school kids kept bothering me. I cut myself twice because of that. The peers at this school also do the same thing, I lost my temper and cut myself* (Margarida).

Family and society-related homophobia causes pain and suffering that permeate the lives of homosexual adolescents who see relief and calm in self-harm, as stated by Dália. [...] *prejudice is at home, on the street and at school. I feel angry, because I feel attacked. It makes me sad [...] what they do to me, I don't want them to do it to the other. Father doesn't like me, because I'm a lesbian, the relationship is difficult. I live it at school and in society [...] I feel angry and impulsive [...] I chew my fingernails, and cut myself [...] father is the one that bothers me the most* (Dália).

Non-suicidal self-harm for these adolescents is identified as one of the ways found to alleviate negative feelings and express their emotions: [...] *I feel relief, calm and I take revenge on me* (Dália); [...] *I feel relieved with the stress. It is after cutting myself and as if I had nothing* (Violeta); [...] *I don't feel pain with the cut [...] relief* (Camélia); [...] *cutting myself is delicious, it's easier to feel pain in the cut than inner pain* (Hortênsia); [...] *listening to music, dancing and having sex don't relieve as much as cutting myself* (Angélica).

It is noteworthy that, while for women the body marked by non-suicidal self-harm means the relief of suffering because they manage to externalize what hurts them, for men, it produces greater pain and further increases suffering. One of the adolescents makes an analogy comparing its negative effects with the use of drugs, as described in his statement [...] *no use cutting yourself [...] I believe that self-harm hurts a lot. It's like using drugs, you use the drug and then the problem is still there* (Lírio).

As for the *Flagellated body: Concern with self-image and judgment of the other* subcategory, it can be observed in the reports from the adolescents' experiences: [...] *there are people who think it's silly, us cutting ourselves, but only those who go through it [...] we must not judge* (Dália); [...] *people just want to judge* (Bromélia); [...] *I cut [...] with a sharpener blade and a knife. My mom doesn't know* (Íris); [...] *I puncture with the needle and let the blood flow out [...] my mom doesn't know, I cut myself several times* (Camélia).

It was observed that, although non-suicidal self-harm is a way of externalizing suffering, the marked body

is not externalized, and for this purpose, adolescents use clothing that covers these marks: [...] *I wear a cold blouse, long pants always, even when it's hot, so that no one sees and criticizes. I would like to stop [...] my body will be marked* (she pulls up the blouse and shows the wounds in her body) (Angélica). The duality of feelings related to the indelible marks of suffering in the body is perceived, sometimes seen as something pleasurable by some adolescents, sometimes as marks of regret and self-disgust as referenced in Margarida's description [...] *afterwards, I feel the guilt of everything, hate and sadness of myself*.

In the second category, ICT wheel: Therapeutic space, it is learned that the ICTs represented opportunities for listening, dialog and sharing, which at the same time allowed adolescents to externalize suffering and broaden their view on the experienced situation. The *Dealing with feelings and stress: Self-control and emotional balance* subcategory signals that some adolescents show attempts to control anger and impulsivity using some strategies shared in the wheel: [...] *I went to the psychologist and she asked to breathe. [...] to control myself and be calm* (Margarida) [...] *I need to control myself. I breathe, think well, lie down and sometimes it gets better* (Violeta); [...] *doing good things like: listening to music, dancing, and walking, to try to minimize stress and not self-harm [...] Trying to control the impulse* (Margarida, Violeta, Andressa); [...] *giving a child a hug, being with a child also helps* (Bromélia).

Self-valuation is the second subcategory that was revealed in the statements of the adolescents who participated in the ICT wheels as relevant to face the experienced conflicts: [...] *I learned that I must not suffer, I must accept myself the way I am* (Dália); [...] *it's important to value ourselves, look at the mirror [...] I don't believe what the others say, they don't know me* (Tulipa); [...] *I have to believe in myself, to overcome myself* (Jasmim).

Thus, the therapeutic ICT space allowed the adolescents to externalize their feelings, and to identify the importance of some psychosocial skills for coping with psychological/emotional suffering, such as communication, for dialog and listening, interpersonal relationships and empathy [...] *it's important for us to let off the steam [...] talk with friends* (Angélica, Margarida, Violeta); [...] *I've never talked about this (bullying, prejudice at school and cutting myself), I suffered quietly for more than four years (crying a lot). It was great to talk in the wheel, so that people learn that it's important to think before doing [...] to walk in the other's shoes* (Jasmim); [...] *we're not alone in this world* (Angélica, Margarida, Tulipa); [...] *I've already done bullying (calling and cursing) with a person who is here in the wheel, and also influenced friends to do so [...] I apologize or better than that I'm asking for forgiveness, I didn't talk to her [...] (crying)* (Palma).

It is noticed that the adolescents emphasize the importance of creating therapeutic spaces at school, such as the ICT wheels, to promote awareness of the exercise of empathy: [...] *the school has to do more things, I'll put this to the school management (Jasmim); [...] adolescence is problematic, needs support (Tulipa); [...] you know, after I started doing the wheels at school, I learned a lot of good things, like knowing how to respect the other, not doing with others what I don't want them to do with me. I felt much more peaceful after the wheels (Orquidea).*

Discussion

Regarding the *Adolescence and non-suicidal self-harm: Anguish relief* category, it can be inferred that it is associated with emotional deregulation, since the adolescents have difficulty in regulating impulsive behaviors in the face of suffering⁽¹⁴⁾. Thus, self-harm is experienced as a way to relieve mental suffering, also evidenced in a study with adolescents in Northern Ireland⁽¹⁵⁾. Self-harm results from the conflict that the adolescent is experiencing, and that can produce tension relief, an escape attempt and the signaling of malaise⁽¹⁶⁾, which refers to the Non-suicidal self-harm: Conflicts experienced subcategory in this study, once the adolescents have revealed anger, impulsivity, stress and sadness. In this sense, it is evidenced that these adolescents still need to appropriate life skills to deal with feelings, emotions and stress in resolving conflicts, minimizing psycho-emotional malaise.

In this context, it is emphasized that stress, anxiety and depression act as a trigger to activate the dysfunctional mechanism for regulating emotions, which can contribute to non-suicidal self-harm⁽²⁾. A research study conducted with three groups of adolescents and their mothers, the first with a history of self-harm, the second with depression, and the third being the control group, found in the first higher rates of anxiety, depression, delinquent behaviors, conduct disorders, manic symptoms, hopelessness, suicidal ideation, emotional deregulation, impulsivity and the consumption of psychoactive substances⁽¹⁴⁾.

Regarding the genesis of non-suicidal self-harm, in addition to individual problems, there are family and social problems as well⁽⁶⁾. What is very close to the reality experienced by the adolescents in this study when referring that violence and family conflicts are generators of anxiety, anger and that culminate in non-suicidal self-harm, as a mechanism to alleviate the suffering equally reinforced by the literature⁽¹⁷⁾. In the context of life skills, the adolescents in this study have difficulties in interpersonal relationships and communication with the family.

In addition, family conflicts were considered to trigger self-harm, since the reports expressed feelings of suffering due to the mother's lack of affection and the father's death. The literature points out that non-suicidal self-harm is associated with painful experiences that may have been experienced since childhood⁽⁹⁾. The feeling of abandonment and emotional emptiness in the relationship with the mother during childhood causes annihilation of the self and that silently houses the trauma with scars and wounds that can break into psychological suffering during adolescence⁽¹⁸⁾. Thus, body cuts are only a reflection of this whole process of suffering with the aim of relieving private pain to make it public, contributing to regulate their affection and to establish interpersonal limits^(9,19). Therefore, non-suicidal self-harm is a way for adolescents to project their tensions on their body to control them⁽²⁰⁾, so that tension and anguish materialize.

Jasmim's and Margarida's statements, it was verified that the interpersonal relationships marked by violence in the school space and the lack of empathy and communication among peers were highlighted as the genesis of the suffering that contributed to self-harm. The adolescents internalize the suffering caused by violence and end up lonely, shy and insecure, which can result in anorexia, bulimia, depression and self-harm⁽²¹⁾. Whether by physical or verbal aggression, violence is directly associated with self-harm and suicidal ideation in adolescents, and these relationships are partially mediated by negative emotions. Adolescents exposed to high parenting and with greater self-control minimize the negative harms of the relationship between bullying, self-harm and suicidal ideation⁽²²⁾.

In this study, family, social and peer violence in relation to homosexuality stigma is experienced with emotional fragility by Dália, which makes it difficult for her to make decisions and solve problems without harming herself. Violence against this group is caused by family and society members and negatively impacts on mental health, increasing the vulnerability to risk behaviors⁽²³⁾. In this context, the suffering generated can compromise the ability to make decisions and solve problems.

It is also evidenced that communication and conflicting interpersonal relationships between family members and peers are issues that generate stress and negative feelings in adolescents who practice self-harm. The results of the present study are consistent with the literature, since it identified that adolescents with self-injurious behaviors had difficulties in solving problems and making decisions, and had impulsive behaviors and difficulties in regulating emotions⁽²⁾.

Non-suicidal self-harm is experienced by the adolescents as a mechanism to restore balance, and it demarcates the expression of a conflict, that is, a desperate resource to minimize psychological suffering^(3,17). The marks of suffering, emotions and pain need to be materialized in the body, and cannot be just in the psychic register, which contributes to reduce internal tension, since psychic pain is released in physical pain⁽¹⁹⁾.

The authors⁽²⁴⁾ infer that this behavior is intended to regulate affection and emotions, in view of the fact that it releases the production of endogenous opioids, mainly endorphin and enkephalin because the levels of these substances are low in this group. This effect is experienced by the female adolescents and causes a peak of well-being incomparable with the act of dancing, listening to music, as well as the orgasm felt during sexual activity⁽³⁾, which is consistent with the testimony of Angélica in this study.

Recurrent non-suicidal self-harm is an addictive process, in an attempt by the young girl to stay alive and elaborate the traumas experienced in her life⁽¹⁸⁻¹⁹⁾ since, after this behavior, the adolescent seems to recover her inner suffering. However, this whole process is only an illusion because the traumatic threats remain, especially when there is no adequate parental support⁽²⁰⁾. It is worth noting that this situation is recognized by an adolescent who did not practice self-mutilation, and who said that the act of cutting himself will not solve his suffering.

Another subcategory refers to Flagellated body: Concern with self-image and judgment of the other; the adolescents unveiled in her statements that suicidal self-harm is a hidden act, since they seek to invisibilize the marks by covering them with pieces of clothing so that there is no judgment and exposure of their image.

Non-suicidal self-injurious behavior demands from the adolescent the need for seclusion and closing herself off from the world, because it is considered to be dangerous and prohibited⁽²⁵⁾. In addition to the suffering that causes self-harm, they also experienced the feeling of loneliness and isolation, since they do not have to share the pain⁽¹⁷⁾. Human beings depend on the protection of the other for their imaginary integration; however, the other can also be a source for threat and hostility⁽¹⁷⁾. The act of self-harm is unacceptable by many, which makes it difficult to communicate this situation to parents, family and friends⁽³⁾.

It is added that, in contemporary life, there seems to be a denial in relation to suffering and pain for both oneself and the other, which has an impact on

the invisibility of this process. Thus, self-harm is the discharge of tension or suffering that cannot be revealed to the other⁽¹⁷⁾.

Still in this subcategory, it is observed that the adolescents have dual feelings since, despite referring to the need to repeat self-harm, they also express the desire to stop this behavior and, once the body is marked, and as a consequence, they feel guilty, sad and say they hate themselves. It is hypothesized that the adolescents who self-harm are immersed in a melancholy scene, in which love, hate and guilt are mixed in thoughts of pain and pleasure⁽²⁵⁾. The body becomes a living record of worries, fear and pain, which will leave the permanent marks⁽¹⁹⁾.

In this logic, ICT wheel: "Therapeutic space", second category of the study, favored sharing and raising awareness of some of the psychosocial skills, such as empathy, effective communication, interpersonal relationships, problem solving, knowing how to deal with feelings, such as emotions and stress, which allows for emotional rebalancing. In this way, the ICT favors horizontality, in which everyone is equal, which allows for the sharing of sufferings, deficiencies, needs and life experiences⁽²⁶⁾ and, at the same time, it sensitizes the sharing of strategies to face the challenges⁽²⁷⁾. Therefore, ICT acts as a springboard for empowerment and resilience, and thus contributes to quality of life, preventing suffering and promoting mental health⁽²⁷⁾.

Non-suicidal self-harm may cease to exist as soon as the adolescent comes into existence for the other and in the presence of herself⁽¹⁷⁾. In this perspective, the importance of self-control can be considered, which justifies the name of the "Dealing with feelings and stress: Self-control and emotional balance" subcategory. By the testimonies of Margarida and Violeta, it is apprehended that the way for controlling and knowing how to deal with feelings and stress reduces impulsiveness for self-harm.

Therefore, Self-valuation, the second subcategory, and also referred to in a study, is one of the adolescents' strategies to reduce the conflicts experienced, which is a relevant period to reinforce biopsychosocial maturity with a view to their emancipation⁽²⁶⁾.

The sharing favored by the ICT wheels enabled the adolescents to develop psychosocial skills that came to contribute to the socialization and re-signification of suffering. The adolescents reported that communication between peers is an antagonist of suffering, that it contributes to the prevention of violence among them, and that the school must be an effective space for preventing the vulnerabilities that cause suffering. A study shows that peer

communication helps the adolescents to share feelings, contributes to coping with conflicts, and becomes a source for emotional support⁽³⁾.

In this sense, recreational activities, motivating attitudes and the strengthening of positive friendship networks at school contribute to the promotion of well-being, resilience and self-esteem, minimizing the need to practice self-harm⁽⁷⁾; since they favor the development of some of the psycho-emotional skills, such as interpersonal relationships, facilitating the ability to deal with emotions as well as assist in self-knowledge.

The literature reiterates the importance of the programs to prevent and confront violence, provided that the school and life context of adolescents and their families is valued, avoiding excluding and marginalizing those who suffer⁽²⁸⁾. It is hoped that these actions are constant at school and that, in addition to contributing to the prevention of existing conflicts, they should reinforce the development of positive qualities such as the ability of emotional regulation in order to deal with stress and communication, and thus contribute so that adolescents consciously position themselves in the face of life's uncertainties^(15,21).

The intervention strategies of the health professionals in the school micro-political space contribute to strengthening the National Policy on Mental Health for Children and Adolescents, which determines that there is no production of health without the production of mental health. In this context, the importance of developing actions with the purpose of receiving, listening, caring, and promoting healthy environments is highlighted, aiming to improve quality of life and psycho-emotional development, and that take into account the singularities of each individual⁽¹⁾.

A fact that must be clarified is that, although the female adolescents mainly attribute suffering and negative feelings to the conflicts and to the lack of dialog between the family members, they cannot or do not find any space to share this suffering with them, in order to minimize it or express its relevance as a strategy during the ICT. The need for behavioral changes in the family members is reinforced to facilitate interpersonal relationships among them⁽²⁹⁾.

Final considerations

In this study, it was apprehended that non-suicidal self-harm is a reality experienced by adolescent women, a way to materialize and alleviate the suffering resulting from multiple factors, including anger, stress, impulsivity, sadness, violence between

peers, lack of communication, and conflicting family and social relationships.

The female adolescents unveiled ICT as an opportunity to share and re-signify suffering, which allowed the psychosocial skills such as self-valuation, self-knowledge, empathy, and effective communication between peers to work, which enabled dialog and listening, and emotional balance, as well as the importance of interpersonal relationships in order to minimize the problems experienced.

Although portraying the local reality, which does not allow for generalizations, the contributions to Nursing refer to the approximation with the school context and with the adolescents and the apprehension of the experiences on experiencing suffering, such as the non-suicidal self-mutilation behavior. And yet, recognizing the potentialities of ICT, as a strategy for the re-signification and the role of the nurse as an agent for social transformation.

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