EXPERIENCES OF VIOLENCE IN THE NURSING TRAINING PROCESS: REPERUCUSSIONS OF CORPOREITY IN YOUTHS ¹

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ABSTRACT

Objective: to understand the experiences of violence among young nursing students in the their professional training course and the repercussions of this phenomenon on their corporeity.

Method: an exploratory, descriptive, qualitative study conducted between June and August 2013 with 21 young nursing students at a public university in Santa Catarina. The production of the information occurred based on the Creative and Sensitive Method, mediated by Creativity and Sensitivity Dynamics. Hermeneutics was used with the support of the theoretical-philosophical reference of Maurice Merleau-Ponty.

Results: two themes emerged: situations of violence experienced by young students in the nursing training process and repercussions of violence on the student's corporeity. The results reveal the symbolic violence present in the relationships of authority between teachers and students and in the conflicts between health professionals and academics. The young people understand that violence is a natural occurrence in their lives and that it interferes with their corporeity by disturbing their existence, provoking feelings of absence, distancing and indifference, which have repercussions on their health and their care practices.

Conclusion: the violence present in the nursing training process interferes with the corporeity by the way of being and the construction of the young person as a being who provides care. The research revealed important elements to reflect on regarding the violence present in the context of nursing education as well as the need to support the actions of the teachers, health and nursing professionals who work in the clinical scenarios.

 $\textbf{DESCRIPTORS:}\ Violence.\ Adolescent.\ Nursing.\ Nursing\ education.\ Nursing\ students.$

VIVÊNCIAS DE VIOLÊNCIA NO PROCESSO DE FORMAÇÃO EM ENFERMAGEM: REPERCUSSÕES NA CORPOREIDADE DOS JOVENS¹

RESUMO

Objetivo: conhecer as vivências de violência entre os jovens estudantes de enfermagem no decorrer da sua formação profissional e as repercussões desse fenômeno em sua corporeidade.

Método: pesquisa exploratória, descritiva, com abordagem qualitativa, realizada entre junho e agosto de 2013 com 21 jovens estudantes de enfermagem em uma universidade pública de Santa Catarina. A produção das informações ocorreu com base no Método Criativo e Sensível, mediado pelas Dinâmicas de Criatividade e Sensibilidade. Para a análise das informações, foi utilizada a Hermenêutica com suporte do referencial teórico-filosófico de Maurice Merleau-Ponty.

Resultados: emergiram dois temas: situações de violência vivenciadas pelos jovens no processo de formação em enfermagem e repercussões da violência na corporeidade do jovem. Os resultados revelam a violência simbólica presente nas relações de autoridade entre docentes e discentes e nos conflitos entre profissionais dos serviços de saúde e acadêmicos. Os jovens entendem que a violência está naturalizada no seu viver e interfere em sua corporeidade perturbando o existir, provocando sentimentos de ausência, distanciamento e indiferença, os quais repercutem em sua saúde e nas suas práticas de cuidado.

Conclusão: a violência presente no processo de formação em enfermagem interfere na corporeidade, no modo de ser e na construção do jovem como um ser de cuidado. A pesquisa revelou elementos importantes para refletir acerca da violência presente no contexto da formação em enfermagem e subsidiar ações dos docentes e profissionais de saúde e enfermagem que atuam nos cenários de práticas.

DESCRITORES: Violência. Adolescente. Enfermagem. Educação em enfermagem. Estudantes de enfermagem.

VIVENCIAS DE VIOLENCIA EN EL PROCESO DE FORMACIÓN EN ENFERMERÍA: REPERCUSIONES EN LA CORPOREIDAD DE LOS JOVENES

RESUMEN

Objetivo: conocer las vivencias de violencia entre los jóvenes estudiantes de enfermería en el curso de su formación profesional y las repercusiones de ese fenómeno en su corporeidad.

Método: investigación exploratoria, descriptiva, con abordaje cualitativo, realizada entre junio y agosto de 2013 con 21 jóvenes estudiantes de enfermería en una universidad pública de Santa Catarina. La producción de las informaciones ocurrió con base en el Método Creativo y Sensible, mediado por las Dinámicas de Creatividad y Sensibilidad. Para el análisis de las informaciones, fue utilizada la Hermenéutica con soporte del referencial teórico-filosófico de Maurice Merleau-Ponty.

Resultados: surgieron dos temas: situaciones de violencia vivenciadas por los jóvenes en el proceso de formación en enfermería y repercusiones de la violencia en la corporeidad del joven. Los resultados revelan la violencia simbólica presente en las relaciones de autoridad entre docentes y discentes y en los conflictos entre profesionales de los servicios de salud y académicos. Los jóvenes entienden que la violencia está naturalizada en su vida e interfiere en su corporeidad perturbando el existir, provocando sentimientos de ausencia, distanciamiento e indiferencia, los cuales repercuten en su salud y en sus prácticas de cuidado.

Conclusión: la violencia presente en el proceso de formación en enfermería interfiere en la corporeidad, en el modo de ser y en la construcción del joven como un ser de cuidado. La investigación reveló elementos importantes para reflexionar acerca de la violencia presente en el contexto de la formación en enfermería y subsidiar acciones de los docentes y profesionales de salud y enfermería que actúan en los escenarios de prácticas.

DESCRIPTORES: Violencia. Adolescente. Enfermería. Educación en enfermería. Estudiantes de enfermería.

INTRODUCTION

Violence is a multifaceted phenomenon that permeates human historicity, it affects individuals of different cultures, religions, social classes, levels of schooling, income and ethnic origins; it represents a major public health problem, and has an increasing role in morbidity and mortality statistics in Brazil and in the world.¹⁻⁵ It can be conceptualized as the intentional use of physical force or power against oneself, against another person or group and can result in injuries, death or psychological harm.⁶

Violence must be understood as more than physical harm, as it strongly interferes with the lives of the victims, according to the nature and type of violence. In addition to the psychological and physical violence, sexual violence and negligence are highlighted, which implies the deprivation of essential care. It should be emphasized that psychological violence is related to non-fatal harm, presenting itself in personal relationships in workplaces, schools and in the family context.⁷

One can also conceptualize this phenomenon from the perspective of the contemporary philosopher and psychoanalyst Slavoj Zizek, who classifies violence in the social context as: subjective, symbolic and objective or systemic violence. Subjective violence, practiced through physical aggression, usually involving the use of force, is easier to identify in the social context. Symbolic violence is produced by language, in addition to being more subtle, it is often not recognized as violence. Objective or systemic violence, on the other hand, contemplates social, political and economic relationships, and is marked by ties of domination and exploitation. This

type of violence involves characteristics of symbolic and physical violence as a form of domination and occurs in social institutions, especially in the school environment.⁸

Considering this context, young people are the most vulnerable to violence. National research⁹⁻¹⁰ on the subject in recent years show the high prevalence of violence among these individuals. These researches show an increase in mortality and morbidity due to external causes, such as homicides, accidents and suicides.⁹ A tendency towards investigations focusing on intrafamily violence and, more recently, violence in adolescent relationships has also been obserevd.¹⁰⁻¹¹

In the national scenario, it is observed that health professionals are concerned with understanding how the network of protection and care for adolescent victims of violence is organized. Support is sought for the implementation of public policies to deal with violence, as well as to draw attention to the need to consolidate the network that integrates professionals from different areas and services. 12

In the international scenario, there is a tendency towards studies that seek to associate intrafamily violence with mental health problems, such as anxiety, depression, anger and low self-esteem, revealing a significant association between these factors.³⁻⁴ Another perspective on violence is the bullying suffered by young homosexuals in the school context. Discrimination and victimization of young people, due to their sexual orientation, has increased the risk of suicide and depression, contributing to a decrease in self-esteem, as well as poor school performance.¹³

It should be noted that the development of young people is marked by a complex biopsychosocial process involving modifications, affirmations, definitions and the construction of values. Thus, the importance of understanding it as a physical being is emphasized, which uses spoken word and written language, gestures, bodily expressions in order to communicate with peers and the world, as well as to deal with violence. It is with the body that the young person receives information, it is how they feel emotions and how they experience the sensations of the world that surrounds them. The body is the vehicle of the human being in the world. The body must be assumed as corporeity, for the world exists for each person based on their experiences.¹⁹

In this context which involves the subjectivity of the young person as a physical being, experiencing rapid changes that mark their existence which can lead to the confrontation of conflicting situations in the relationship with themselves, with their family and society, ¹⁵ there is a scarcity of research aimed at understanding and confronting violence from the perspective of young people, as well a scarcity of research aimed at understanding how it can interfere with their corporeity.

In order to better understand the phenomenon of violence and its relationship with the corporeity of the young nursing student, we question: what are the experiences of violence among these young people in the context of professional training and how can this phenomenon interfere with their corporeity? The objective was to understand the experiences of violence among young nursing students in the course of their professional training, as well as the repercussions of this phenomenon on their corporeity.

METHOD

A descriptive, exploratory research with a qualitative approach, performed at a public university in the State of Santa Catarina, Brazil. Participants included young nursing students from the same university. The inclusion criteria were: to be a student in the first or last phase of the undergraduate nursing course (we chose to choose these phases in order to better understand the experiences of violence among young people in the beginning stages and completion phase of the course) and to be between 15 and 24 years of age. Exclusion criteria: young people who could not participate at the periods of time destined for data collection due to scheduling difficulties.

In order to gather the participants, a meeting was held with all the students from the first and last phases of the course. During this meeting the research was presented and the invitation to participate was extended to the students. 21 out of a total of 48 students agreed to participate. Two groups were formed: one with ten students who were in the first phase (Group 1) and the other with 11 students from the last phase (Group 2). The participants were between 17 and 23 years old and came from different regions of the states of Santa Catarina and Rio Grande do Sul.

The production of information occurred between June and August 2013, through Creativity and Sensitivity Dynamics (DCS) advocated by the Creative Sensitive Method (MCS).¹⁷ This method aims to reveal the research question that is defined by the researcher and which later is reoriented by the collective discussions in the group. In order to do this, it favors collective participation and values what emerges from the thinking and perception of the participants.¹⁷⁻¹⁸ The DCSs provide room for collective discussion in which the participants' experiences on the theme under study are expressed through artistic productions.

The DCSs were performed in two separate meetings with each group, with an average duration of 90 minutes. The Free to Create (*Livre para Criar*) dynamic was the chosen DCS for all meetings. ¹⁹ The MCS was applied in five instants: "preparation of the environment and reception of the group; presentation of the participants; explanation of the dynamics and individual or collective work; presentation of the artistic productions; collective analysis and data validation."^{7:132}

After receiving the participants, the group was invited to introduce themselves, starting with the people who were conducting the data collection (researcher and two nursing students who were the research assistants) and then the research participants.

The third stage consisted in the explanation of the dynamics of the work and exposition of the guiding question, which was divided in two meetings. In the first meeting, the young people answered the following question: what are your experiences regarding situations of violence as a nursing student? In the second meeting they were asked: how do you think violence can interfere with your corporeity? In order to facilitate the reflection on corporeity, there was a previous discussion of this term based on Merleau-Ponty's theoretical reference, which understands the body as a vehicle for beings in the

world, which aggregates the lived significations and interacts, it perceives and is perceived.

Corporeity is expressed by the seen-seer body, sensitive, and as *senti-sentant*, i.e., which feels and is felt; is also touched-touches by the process of coexistence. At this stage the young students, individually or in pairs, reproduced the answers to the research questions through drawings, cutouts and collages, and showed their production to the group, which resulted in revealing the theme. This step is called codification. To

In the fourth stage, the group discussion began based on the participants' presentation of their artistic production. At that stage, research assistants recorded the convergent and divergent themes that emerged from the discussions in the field diary, allowing the themes to be encoded in generated themes. The coded generated themes were discussed with the participants, who decoded them into sub-themes during the collective analysis and group discussion. This step is called decoding.²⁰

The thematic synthesis of the themes and subthemes was performed in the fifth stage, i.e., a final synthesis and data validation. This stage is called recoding. ^{17,20} In order to conclude the data collection, the absence of new elements relevant to the subject matter was considered, as well as the quantity and quality of information that allowed the scope of the recoding, considering the construction of themes and subtopics.

The analysis of the information was performed in four stages based on the hermeneutics of Paul Ricoeur²¹: a) initial reading: when transcribing the discourse of the participants, the spoken text became a written text. For this, numerous readings were performed, without making judgments, with the intention of apprehending the meanings that emerged from the discourse; b) reflective reading: a thorough rereading of the text was performed. $^{21-22}$ The reading began with a phrase, followed by the paragraph and then the text in its entirety in order to interpret and understand the likely manifested and hidden meanings; c) Identification of the metaphor: hermeneutic interpretation occurred in this stage,²¹ i.e., the moment when they understood the experiences of the participants in relation to violence during the professional training process and how they could affect their corporeity.

The text was then organized into themes according to convergent and/or divergent ideas, with two main themes: situations of violence experienced by youths in the nursing training process and reper-

cussions of violence on the corporeity of the young person; d) appropriation: in this stage it was possible to understand and assimilate the meanings of each message, making known what was unknown until that moment.²¹ This was the moment in which the meanings of the discourses became more visible and it was possible to answer the research question, i.e., the ideas of the young people were interpreted using the references of violence and the works of the philosopher Maurice Merleau-Ponty.^{14,23}

The meetings were recorded and later transcribed in full. The artistic productions, presented and discussed by the participants, were photographed in order to illustrate the results of the research. Participants allowed the recording and photographs of their productions by giving permission and signing the Informed Consent Form (ICF).

The research followed the guidelines proposed by Resolution 466/2012 and was approved by the Research Ethics Committee of the Federal University of Rio Grande do Sul (CAAE: 02870012.8.0000.5347). Young people over 18 years of age signed the ICF. The form was signed by the parents of young people who were under the age of 18 and the young people signed the Informed Consent Form for Minors. Participants were identified by the word "Youth" followed by an ordinal number.

RESULTS

In the discussions on "situations of violence experienced by young people in the nursing training process", the participants in Group 1 stated that they did not experience or did not perceive themselves as victims of violence. However, they said they witnessed verbal aggression as well as racial and gender discrimination among colleagues. However, the discourses of two students, one from each group, indicated the presence of psychological violence, manifested by discrediting the the student's potential as exemplified by the speeches and image 1.

A teacher said that I had done the pulmonary auscultation and she did not even see the patient, she said that it was wrong, she was stubborn with me, cursed me, because I did not know how to do it. The other day, she went to check and saw that I had not been wrong, but before she cursed me, she said that I was incapable and did not know how to do it (Youth 14).

Once, doing some activity, the teacher turned to me and said: you're not able to do this. This discouraged me a lot, I don't know, I almost gave up doing that (Youth 4).

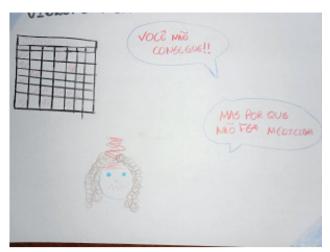


Image 1 – Artistic production of Youth 4. Chapecó, SC, Brasil, 2013.

The young people of Group 2 who were graduating from the course, also declared themselves victims of psychological violence, but these experiences are produced in the power relationships between teachers and students, which involve failing exams and non-acceptance of mistakes, as stated by young people 16 and 12 in the following discourses.

I had two teachers at the university who were happy to say, 'I am the teacher who has the highest rate of failing students here.' She took pleasure in failing students, she used to say, you're doing it wrong (Youth 16).

One teacher said she does not accept that the student makes mistakes. My first week of clinical internship is with her, so I'm pretty scared (Youth 12).

Another form of violence perceived by Group 2 refers to the psychological violence experienced in the relationships between professionals working in healthcare and academic services. Some have stated that they have suffered humiliation, experienced situations of disrespect because of the actions of professionals who work in the places where theoretical-practical classes and clinical internship take place, both in the sense of judging the student's knowledge and in directing activities that require less intellectual capacity and greater technical ability. As exemplified by the statements and image 2.

I also felt humiliated in clinical practice. I heard words from professionals like 'get away from here', 'get out of here, you're messing it up'. This is psychological violence (Youth 13).

We put a photograph of a trashcan [image 2] because we feel like that many times. Because you are the trainee so you are going to give the bed baths, do the bad-smelling dressings, which have not been done for five

days, because the staff did not want to do it. The trainees are there and they can go there and it seems they discredit our knowledge (Youth 11 and 16).



Image 2 - Production of Youth 11 e 16. Chapecó, SC, Brazil, 2013.

In the theme *repercussions of violence on the corporeity of the young person*, students declared that violence is a natural occurrence in their daily lives, a situation that often leads them to not notice its presence or to not recognize themselves as victims in its different contexts - in the family, in the university, in the streets, during leisure time and work, through the means of communication, as can be observed in the speech of youth 5.

[...] society is used to violence, you turn on the newspaper and you only see news of violence, it's normal. At first, you get scared, but over time violence becomes part of our day-to-day life, it has become natural and it interferes with the young person's life, because if you think it's normal to have a car accident, someone runs over a person or someone shoots a person or rapes a person, like, is it normal? Violence in traffic, violence because of alcohol, society itself uses its own violence to combat violence, so it's a vicious cycle [...] (Youth 5).

Another student, declaring that, given the innumerable occurrences of violence, he ends up considering some behavior as normal, he understands that they cause harm and this disturbs him.

Violence can interfere with my corporeity like how I drew a head that is all messed up [image 3] with a very confused, messy brain. [...] Violence messes with the head of a person who suffers, perceives or sees violence. [...] In time you will find it so normal that you will treat violence with disregard, normalcy or indifference (Youth 4).



Image 3 - Production of Youth 4 Chapecó, SC, Brazil, 2013.

Young people also understand that violence interferes with their corporeity by provoking an emptiness in their lives, a condition that leads to suffering, pain and despair. As exemplified in the speech of the youth 8 and the image 4.

The violence makes feel me empty, I have put the main focus on the emptiness, and the suffering around it, not only for me, but for my family, the people that are around me. It causes despair, pain and anguish (Youth 8).



Image 4 - Production of Youth 8. Chapecó, SC, Brazil, 2013.

Young people also understand that violence leaves life colorless and interferes with their corporeity by modifying their way of thinking, acting and interacting with the world, especially as presented in the speeches and illustrated in figure 5, where it is possible to identify a person being silenced with a punch in the mouth.

We put [referring to their production] a woman dressed in white, losing the colors that make life have meaning. Something without meaning, without color, without life (Youths 12 and 19).

Violence interferes with the way we act, the way we see the world, the way we think, how we are going to be as nurses. [...] If you are going to be insecure, you will be afraid of various things and it will especially interfere with personal and professional life.. It interferes with corporeity when it makes us stay silent, as if it were a punch (Youth1).



Image 5 - Production of Youth 1. Chapecó, SC, Brazil, 2013.

In all the experiences, the youth revealed that violence can silence their voice out of fear, shame and fear of not being understood or even being judged.

DISCUSSION

In today's world young people are experiencing a critical moment due to the alarming increase in violence figures. In their day to day life, they are exposed to the most varied situations of violence that invade their lives in a striking way, which interferes in their process of growth and development, leaving them exposed to different situations of vulnerability and risk.^{1,24}

The university context sometimes seems to be part of this reality because it is often marked by relationships of authority, with asymmetrical and hierarchical positions between teachers and students, with recurrent power relationships that favor situations of violence.²⁵ The results of this research corroborate these statements, since they allow us to consider that, at times, in the day to day professional educational process, it is possible to identify

the presence of psychological violence, a type of violence that takes place when a person constantly deprecates and disrespects the other, makes exaggerated demands, and applies humiliating punishments affecting the victim's mental health.²⁶

In this study, psychological violence was revealed in reports of situations in which the teacher indicated that he or she did not believe or did not encourage the students to perform a certain task or activity, sometimes instigating discredit, humiliation or frailty, which is evidenced when the teacher's behavior includes verbal expressions that announce that the student does not know or is not able to do the task or activity.

This situation can be interpreted as symbolic or institutional violence, marked by hierarchical and asymmetric relationships. Symbolic violence is expressed through language, and is invisible in character, but has a great potential to exclude, psychologically dominate and destroy the victim. ^{8,25} This violence is marked by a symbolic power, a kind of domination that masks power relations while overshadowing the capacity of the learner. ²⁵

In this context, it is understood that, the university institution is a space for creation, reflection, where one presses for criticism and social transformations, which in the face of some disciplinary attitudes, can contribute to the propagation of this kind of violence, especially when victim and victimizer are not recognized as subjects of violence.⁸

The young persons' experiences of violence indicates an urgent need to look at this teaching-learning context and listen to them; it requires the teacher to have awareness and to understand that young people need to be heard and valued. It implies undertaking a dialogue that favors less verticalized relationships, because it is through this that the connection of knowledge occurs, the thought of each becomes a common operation, in which none is the creator, all coexist through the world of the other.¹⁴

Authority and superiority relationships between teachers and students, or even between health professionals and students, can also be called objective or systemic violence, demarcated by ties of domination and exploitation that can use structures and elements that refer to thinking about different presentations of violence, such as symbolic or even direct physical violence against certain subjects.⁸

These considerations reinforce the need to think about the teaching-learning relationship and emphasize that the perspective and behavior of the teacher must do more than return to the results of the teaching and learning process, since it presupposes the sharing of knowledge that favors the reflection of reality and collective construction.²⁷ Nowadays, it is essential to think of a learning process that is less vertical and distant from the interests and needs of young people. For this, the pedagogical relationship must be no longer imposed in order to focus on a joint construction.²⁵

It is believed that when the training/education process is conducted based on shared relationships of equality, responsibility and authorship,²⁵ it can also contribute to diluting the power relationships that favor the occurrences of violence revealed by the young people, and even favor the construction of their life projects²⁸ in the best possible way.

However, it is necessary for young people to establish good connections and good experiences since they enhance their capacity to understand that life provides moments of wins and losses, frustrations, difficulties, achievements, encounters and differences,²⁸ which are all essential elements that help them find means and responses that help them in the construction of strategies to deal with the adversities, such as violence, which can become an obstacle to the construction of their life projects, as it is a phenomenon that has a negative effect on the corporeity of young people.

Young people, based on their experiences which are materialized in this research, understand that violence interferes with their corporeity and their way of being in different ways: making them indifferent, provoking emptiness, removing the color from their lives and silencing them. It is observed that daily repetition of facts and news can lead to the naturalization and trivialization of violence, leaving them less sensitive to recognize it in their day to day life, such as identifying it in small occurrences present in the their training process.

Violence also interferes with the young person's corporeity by disturbing their existence, leaving them confused, indifferent, without a reaction, or provoking emptiness. However, even if young people feel indifferent, insensitive or alien to this phenomenon that is present in their day to day lives, in a more visible or more disguised way, the idea is defended that they feel and perceive the presence of violence through their tactile, visual, auditory and motor stimuli, since the movements of the body are coordinated and "are at our disposal based on a common meaning." ^{14: 206} The movements of the body are in synchrony so that the young person can perceive the world and the factices that they are a part of and which interfere with their corporeity.

Corporeity can be understood as physiological and psychological processes that allow the human being, as a body, to become self-aware. They are the relationships established by the perception between the own body and the world. By understanding the body as active, not as a mere receptacle of external motions, it is thought that it communicates with the world, passing through the social places of human life. It is the body-subject, expression of human existence and, as such, a set of lived meanings and the production of new meanings, the fruit of being in the world.¹⁴

Young people also understand that violence interferes with their corporeity, leaving the body colorless. The colorless body can be compared to a body devoid of a limb. ¹⁴ The lack of a limb can hinder action and interaction with the world, ¹⁴ especially in a profession that requires contact and sometimes involvement with the being that will be taken care of. Violence can leave a young person's life colorless because of the suffering it causes, it can leave him without joy for life and contemplate the world with its diversity of colors; make it difficult for them to realize their dreams and to search for the things they want, it can also prevent them, at times, from being in the world and becoming a caring person.

Becoming a caring person requires understanding that the caring relationship involves responsibility, commitment, recognition, and concern for the person being cared for, which above all else is an interactive process that takes place between providing care and receiving care.²⁹

In order for the young person to be able to become a caring person, they first need to be taken care of, because before teaching the art of caring for the other, it is necessary to take care of the one who will be the carer.²⁹ Therefore, it should be stated the teachers, the academic community, and the health professionals are responsible for the care of these young people who should welcome them to their practice scenarios by means of sensitive listening, language, recognizing their limitations and their needs for help.c¹⁵

However, the results revealed that violence is silent. Language is the actual existence of verbal images. It is through language that the body becomes corporeity, language allows a new way of being to the body which perceives, is perceived and now requires the presence of the other.²³

The voice is silenced, however it cannot be forgotten that the body speaks through gestures, expressions, silence. If violence is silent, it is necessary to understand it, to hear it, from other angles

of the expression of its corporeity, even through silence. Merleau-Ponty²³ highlights that language brings verbal, non-verbal communication and as well as silence together, in other words, any form of communication says something.

Thus, one can understand that the body is feeling and expression, and feeling happen in different ways, by breathing, by touch, by gestures and posture. In the midst of this contextualization, it is possible to conclude that different forms of violence can silence the young person, oppressing and hindering their interaction with the world.

Faced with these discussions, it is important to think of the young person as a being equipped with knowledge and skills and to understand him as a coparticipant in his training process, as a being under construction that has their time to learn, to have their own limitations and conceptions. On the contrary, when this professional training process is conducted without regard to the potential or the needs of the young person, the room for violence is increased.

Finally, the singularity of the referential and the adopted approach to understand the violence present in the training of the young future nurses is highlighted. However, the findings of this study should not be generalized, and new perspectives about young people who make history in different realities are required, taking care of them, giving them a voice and proposing actions that see and understand them as a corporeity.

CONCLUSION

Among the situations experienced by students in the nursing training process, psychological violence permeates the academic scene, especially when it comes to the absence of a meaningful dialogue between teacher and student. In this context, a vertical educational process was sometimes observed that distances the subjects interested in learning and which neglects the potential knowledge of the young person. Still, in the clinical scenario, coexistence with health care professionals in the clinical setting can be violent, when the knowledge of the student is devalued.

The repercussions of violence on the corporeity of the young person are expressed in the body that feels and is felt, and can be understood from the description of a day to day life that becomes natural or normal to the nursing student, which has the repercussion of trivializing their suffering. The phenomenon presents itself in the different contexts of the student's life, however, the student does not feel

safe in manifesting or naming this sensation. The most frequent expression is silence and the implications generate social, emotional, psychological and cognitive problems that can significantly impact the students' personal and professional existence when they learn that silence is part of their life history.

It is believed that the results of this research provided support, both for the professional nursing training field and the healthcare practice, demonstrating the urgency to give attention to youths, to respect their knowledge, their learning, their limitations and accept them, make them feel like co-participants of their construction as caregivers and also contribute to the reduction of situations of violence that permeate this process.

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