

THEMATIC SECTION: ADOLESCENCE IN
THE CITY: QUESTIONS FOR THE FIELDS OF
PSYCHOANALYSIS, EDUCATION AND POLITICS

Educação
& realidade

Cutting in Adolescence and the Search for a Place in the City

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ABSTRACT – Cutting in Adolescence and the Search for a Place in the City. Given the high rate of self-injury among adolescents in Brazil and worldwide, this paper intends to analyze this resource's recurrent use in adolescence, discussing issues related to the social bond implied in it. This discussion is based on the clinical case of a 14-year-old adolescent referred by her school to SPIA/IPUB-UFRJ. The youngster showed apparent anguish and helplessness, whose possibilities of psychic inscription and addressing seem to falter. The article results from ongoing research on self-injury and suicide in adolescence, which aims to contribute to developing strategies, particularly in the fields of health and education, to intervene and manage this clinical-political problem of our times.

Keywords: Adolescent. Self-cutting. Helplessness. Education.

RESUMO – Os Cortes na Adolescência e a Busca por um Lugar na Cidade. Diante do alto índice de atos autolesivos em adolescentes no Brasil e no mundo, pretende-se analisar o apelo recorrente a esse recurso na adolescência, discutindo questões relativas ao laço social nele implicadas. Tal discussão será feita a partir do caso clínico de uma adolescente de 14 anos, encaminhado pela escola para o SPIA/IPUB-UFRJ e marcado pela presença da angústia e do desamparo, cujas possibilidades de inscrição psíquica e endereçamento parecem vacilar. O artigo é fruto de pesquisa em andamento sobre autolesões e suicídio na adolescência, que pretende contribuir para a construção de dispositivos, particularmente nos âmbitos da saúde e da educação, para intervir e manejar esse problema clínico-político de nossos tempos.

Palavras-chave: Adolescente. Atos Autolesivos. Desamparo. Educação.

When I type the first word, blood still stains the teeth of the mouth on my arm. From all the mouths on my arm. After the first word I don't cut myself anymore. I am now a fiction. As fiction, I can exist (Eliane Brum, 2011, p. 01).

Introduction

In recent years, we have been witnessing alarming news about various self-injury practices among young people in Brazil and worldwide¹. Self-harm and suicide attempts occupy a prominent space on public health agendas, particularly at school and among youngsters. Amidst the self-harming practices, *cutting* seems to have become a *usual* resource in adolescence to deal with the difficulties inherent in moving from the child's universe towards the search for a place of insertion in social discourses and in the city, which always implies some share of anguish and helplessness.

Indeed, the rites of passage that in traditional societies offered a safer path for insertion into the *polis* have been weakened, fomenting helplessness and loneliness, aspects that have marked adolescence since its birth in Modernity². In contemporary adolescence, this intensifies in a social scenario that lacks legitimate symbolic and institutional support and marked by a family that has been losing its role of providing assistance and reference against a background of the acceleration caused by consumerism and technology. Added to this is the hegemony of the scientific discourse allied to the advances of neoliberalism in Brazil and worldwide, which affects the place occupied by public institutions that act as collective mechanisms of social protection. The precariousness of state investments in education in recent years and the loss of legitimacy of educational systems are part of this dilemma, which is aggravated by the condition of social vulnerability in which many young people and their families find themselves in the context of Brazilian social inequality.

Taking into account the scenario described above, the research³ on self-injury in adolescence is relevant, as it allows us to reflect on this act as one of the responses found by adolescents today to deal with their pain of existing (Lacan, 1998b), a pain that is inherent to being alive, but that seems to be intensified in times of ruptures and fraying of the social fabric. In the article, we explore issues associated with the adolescent transition, such as the re-signification of family relationships and a greater openness to the social, leading to a subjective repositioning towards otherness. In a context of tension between alienation and separation, the elaboration of the absence in the Other is re-edited in other spheres of life, when the adolescent seeks in culture other references for his desire. Therefore, as Freud pointed out in 1910 (Freud, 1970[1910]), educational institutions are inevitably involved in creating new bonds with life and arousing the desire to live in adolescence.

That said, this article examines self-harm practices in adolescents of contemporary times, which in some cases seem to constitute one of

the only possible ways to deal with the distress that disturbs them during this stage of their lives. Frequently, we hear in our clinical practice that cutting is used to relieve unbearable psychic *pain* and that the physical sensation is the only resource they have to tackle the drive overflow to which they are submitted. To explore the subject further, we will present the clinical case of a 17-year-old adolescent girl consulted at the Childhood and Adolescence Psychiatry Service (SPIA) of the IPUB/UFRJ during the years 2018 and 2019.

The methodological framework adopted here is the research paradigm for the psychoanalytic study, guided by the ethical principles that lead its clinical practice (Alberti; Elia, 2008), taking into account the desire of the analyst in the development of the research question and in writing about the case as well as the transference relationship with the analyst/researcher, in the production of the material to be examined (Poli, 2008). Thus, as Lacan suggests (1990 [1964], p.14) when he quotes Picasso, “[...] I do not look, I find”, the research practice in psychoanalysis produces the subject and not simply discovers it. In psychoanalysis, research is not performed to prove the truth but to provide testimony of an encounter with the reality of each case or situation studied. It is also important to acknowledge the singularity of the written report of the case made by the one who conducted it (Iribarry, 2003).

This article presents written records of the clinical appointments made by the researcher/psychologist in charge of the patient in question used upon the adolescent's and her legal guardians' authorization⁴. By presenting the extracts, we assume that when the adolescents face the impossibility of rationalizing and elaborating the drive overflow that takes over in this logical moment of the subjective constitution, they may experience a sense of helplessness that causes unspeakable anguish. We also intend to discuss the sociopolitical dimension of this suffering, having as a starting point the impasses in the psychic inscription of otherness connected to the influence of neoliberal capitalist discourses in the school and the city, that endangers the reinforcement of social bonds and the development of personal narratives and agency in adolescence.

Adolescence, Helplessness and Alterity

Adolescence is a crucial moment in the subject's constitution, with particular implications regarding the inscription in the social bond. That involves a psychic work of recognition of the body, redefinition of family ties, opening to the social, expanded opportunities of existing and belonging in the city. All this imposes on the adolescent a repositioning concerning alterity (Santos; Salada, 2013). In psychoanalysis, adolescence is a journey of elaboration of choices, which includes, above all, processing the absence in the Other that in childhood is embodied in their parents or caregivers, and later, in the Other located in the broader social sphere. Facing the Other's incompleteness is challenging for the adolescents and requires grieving since they must deal

with the fact that the Other does *not* have the solutions to their dilemmas. In other words, that the Other is absent.

Although adolescence is not a concept originally studied by psychoanalysis, Freud (1972) does not differentiate adolescence from puberty. According to the psychoanalyst, puberty encompasses both psychic and biological transformations. He stresses that the most critical psychic operation of puberty is the detachment from paternal authority, which is essential for cultural evolution and, at the same time, reflects the crisis of adolescence. If childhood is a time of great idealization of the parents, adolescence, on the contrary, is precisely the moment of de-idealization of the omnipotent infantile figures.

However, the parent's proximity is fundamental to engender the adolescent's decision-making process on whether to ask for their support. Consequently, in order to de-idealize parents, they must be present in the lives of their children. If they are absent, the adolescent is denied the possibility of choice. Frequently, parents give up their role because of their children's many adverse, violent, and aggressive responses. When they choose to prematurely separate from their children, reversing the roles, the solution found by the adolescent who experiences abandonment is to struggle for their attention (Alberti, 2004).

[...] it is because the parents are there that the adolescent can choose to engage them or not; that is, if the progenitors are not present, they cannot even make this choice. Moreover, adolescence is first of all: 1) a long task of elaboration of choices and 2) a long work of elaboration of the absence in the Other (Alberti, 2004, p. 10).

On the one hand, the adolescent desperately seeks the parents' attention; on the other, the parents often find it challenging to support their children's adolescence. It is necessary to build the capacity to invest thoughtfully in their relationship so that adolescents can invest in themselves. Accordingly, it is fundamental that parents endure annihilation to care for their adolescent children. Only in this way will their children be able to choose - this yes, that no. Although not all parents' references help their offspring, having them is of great value (Alberti, 2004). If parents occupy a desiring position in the tie to the Other, this is transmitted to their children, who start longing for similar or diverse things based on their parents' desire. This is why the previous reference is so important. In this sense, the Other pre-exists to the subject to engender it, and the reference to otherness enables the construction of a differentiated self.

Adolescence is always, in some way, a solitary process accompanied by an experience of helplessness. Confronted with parental failures, the young adult withdraws from the Other - that corresponds to the idealized and imagined parents - though this separation process will only be successful if the adolescent has previously incorporated them. Indeed, the more solid the incorporation of parents is, the more psychic resources they will have to make their own decisions (Alberti,

2004). This process might be compromised if the parental relationship's weight is present in their child as a demand for love and a search for the guarantee of protection against helplessness. The adolescent then realizes that there is no escape from the fundamental helplessness intrinsic to the human being. The awareness that the Other is not able to protect them is painful. The adolescent *dismisses* the Other from its saving role (Lacan, 1999). How to handle helplessness without the references to the childhood's Other? How to create resources in the face of the inevitability of castration?

To be allowed to desire, it is essential to recognize the castration of the Other and of the self since desire feeds precisely on absence. To the extent that parents are castrated (show themselves castrated), children display this ability to follow their desire as individuals. Therefore, to build the capacity to face helplessness, it is necessary to submit to castration - the law of life. Only by recognizing one's impossibilities and limits is it possible to elaborate the absence in the Other. Adolescence is a process whose result is to find - in the Other of the unconscious - inheritances that will serve as foundation throughout their life.

Frequently, adolescents isolate themselves when facing the gradual disconnection of parental authority due to family misunderstandings. Despite not having the resources to handle the difficulties and hostilities life presents, the teenager now seeks to act on his behalf. The act, which requires authorship and authority, corresponds to a decision-making process that implies responsibility. The adolescent transition involves the refusal to satisfy the Other's demand, assuming oneself as the subject of desire. Nevertheless, the absence of Other empowers the subject to expand himself beyond his family environment. In these circumstances, the law of desire operating in the family allows the conception of *another place* for the child and adolescent (Julien, 2000; Zelmanovich, 2014), where the school and the social ties outside the family can exist.

In adolescence, the school will occupy a prominent position (Freud, 1970[1910]; 1996[1914]). As previously described, when childhood ideals fade, the school is a place of encounter with other adults, other discourses and standards, and exchanges with peers (Coutinho, 2015; 2019). Therefore, the school is involved in the adolescent transition to adulthood and in constructing new discursive entanglements. In this regard, the support and backing that the school's Other offers impacts this transition.

[...] a secondary school should achieve more than not driving its pupils to suicide. It should give them a desire to live, and it should offer them support and backing at a time of life at which the conditions of their development compel them to relax their ties with their parental home and their family. It seems to me indisputable that schools fail in this, and in many respects, fall short of their duty of providing a substitute for the family and of arousing interest in life in the world outside (Freud, 1970[1910], p. 218).

Drawing from Freud's speech following the suicide of one of his young pupils, we consider that adolescence amplifies and reverberates the discussion about the school's position establishing the circuits of the drive. Hence, adolescence is a return that allows the rearrangement of early relationships and the construction of unprecedented social ties. The youngster seeks a new place to see himself worthy of being loved (Lecadée, 2011). New Others can love him even when his libido is no longer directed (entirely) towards his parents since his desire is now leading mainly towards the social field. All this constitutes a domain for further identifications and construction of a new possible place/place to exist in the city.

In this context, psychoanalysis emphasizes that adolescence requires a psychic work of reinscription of the subject in the social bond, which implies new ways of expressing oneself as an individual in the collective through innovative and unprecedented narratives and original discursive approaches. The adolescents' quest is to stretch beyond their position in the family and past social discourses that can silence their desire or pain (Coutinho, 2009, 2020). However, they often find obstacles in this path when facing the pre-existing patterns present in family and/or social discourses that silence their voices and jeopardize their self-awareness and agency. In these cases, their actions often express the subject's distress when facing the Other (Jucá; Vorcaro, 1998; Lesourd, 2004), either in the form of *acting out* or in the act in itself. We believe this is the background for the drama of *cutting* in adolescence, an argument that will be further explored here by discussing a clinical case.

From Cuts to Insignias: the construction of a new bond to the Other

We propose analyzing the clinical case of a fifteen-year-old girl assigned to the clinic by her school in March 2018. The institution noticed that the adolescent was cutting herself in the bathroom during the break period and therefore reported it to her parents, recommending a psychiatric evaluation at SPIA/IPUB-UFRJ. Since then, the teenager has been seen regularly at the service by a psychologist and a psychiatrist.

When Ingrid⁵ arrives at the clinic, her mother claims not knowing why the adolescent is cutting herself in the school's restroom. It was the principal who contacted the parents to communicate what was happening. According to the mother, Ingrid has everything she needs and should not cut herself: a place to live, food to eat, and she lacks nothing. She believes that the cuts have nothing to do with her life and attributes them to a recent tragedy the family went through: Ingrid's cousin committed suicide with her father's gun - the parent is a retired police officer. Finally, the mother also reports that the psychiatrist in the sector had already medicated the girl, but she cannot remember the remedy's name.

The family, who lives in a two-room house, consists of ten members: mother, father, four daughters, granddaughter, two dogs, and a cat. Ingrid's mother says that she has separated from her daughters' father, although they share the house. The mother sleeps with her daughters in one room, while her ex-husband sleeps in the other room alone. She also says that her lifetime dream was to become a mother and that she invested a lot in her first two daughters, giving up her life to take care of them.

However, when her daughters became teenagers, she grew very disappointed and frustrated because they used to say that she was a *bad mother, the worst mother in the world, and wanted her to die*. The mother chose to become distant because her children did not care about her and did not acknowledge her efforts as a caregiver, showing no gratitude whatsoever. After this experience with her first two daughters, when she had her two youngest, she did not spend as much time with them from birth since they would repeat their older sister's behavior. Ingrid is the third daughter of this woman who felt disbelieved and hurt by her first two daughters.

Since the first contact with Ingrid, when asked why she cuts herself, she says that life is tough and that the cuts help alleviate her feelings. Ingrid considers herself *very negative*. She has tried to commit suicide three times in the last year but has not succeeded, *fortunately, and unfortunately*, in her own words. In the first attempt, Ingrid crossed the street in front of a car, but her friends pulled her over. She says she felt a mixture of joy and sadness: joy because her friends cared about her and sadness because she would continue to live. It was hard for her to apologize to her friends, and she felt guilty about it. She says that *she always does everything wrong*. She claims that she does not know how to do the right thing. When asked what she does wrong, she insists that she is *negative*.

In the second suicide attempt, Ingrid ingested a large amount of medication but could not specify the quantity or the name. Nevertheless, it was no use because she just slept for a long time. She says that nobody noticed that she slept more than usual. The third time she cut herself. She reports having suicidal thoughts while cutting herself, knowing that she could not do it. She says that the school realized what was happening and notified her parents and that she felt relieved. When asked about the medication she was taking, Ingrid answers: citalopram - unlike her mother, she knows exactly the name and the time of the medication, taking responsibility for its use.

Throughout the consultations, we observed that the girl's suffering is associated with the absence of her mother's attention. We noticed that the parent could not see Ingrid as an individual, different from the other daughters, condensing all the four daughters as one. As a result, she expected that all the children would react and behave in the same way during adolescence: aggressive and ungrateful. In fact, in conversations parallel to Ingrid's treatment, we realized that the mother was constantly in fear that Ingrid would have hostile attitudes, such as her

older daughters, which prevented the two from building a singular relationship.

Ingrid suffered when she realized that her mother perceived her as being similar to her sisters and was often concerned to spare her mother any unpleasantness that might come her way. She was considered a teenager who had difficulty accepting boundaries. The mother could not understand why Ingrid *scribbled* herself as her granddaughter scribbled on paper, making the daughter feel increasingly lonely and reserved.

Ingrid's father brought her to therapy several times, and she portrayed him as *obscure and insensitive*. The teenager describes situations where she felt he was selfish and did not appreciate her, such as buying furniture for their house and, despite asking for her opinion, choosing to place it where he thought best, which made Ingrid believe that her opinion was worthless. Similarly, she also felt truly offended overhearing her father's complaints about her boyfriend's visits to the family's home, according to him, to "eat their food." In this sense, it seems that the prevailing sentiment is that she is not able to count on her father because he has already too many problems, including the instability in the relationship between him and the mother, which becomes evident when he stops going to Ingrid's birthday party because of a conflict between the couple.

Although Ingrid mentions trying to commit suicide by cutting herself, she also suggests that these acts were not based on a death wish but rather an attempt to alleviate the unbearable psychic pain, caused by the fact that the mother thought she was not different from her sisters. In the absence of the parent's attention, Ingrid felt invisible, and cutting becomes the only resource, so that the physical pain would override the emotional pain.

The patient's attitude reiterates Fortes's (2012) statement that physical pain often comes to replace or try to suppress the psychic pain, showing an undeniable problem in processing a disturbing event. Moreover, the self-inflicted cuts happen at times of intolerable internal tension. The pain cannot be expressed verbally and/or through psychic elaboration, and it is then directed to the body as a soothing resource, which also confirms the viewpoints of Le Breton (2006) and Araújo, Chatelard, Carvalho, and Viana (2016), who understand the practice of self-injury as an attempt of self-preservation and self-healing. In Ingrid's case, cutting seems more like an attempt to feel alive, a search for something or someone to assist her in enduring a kind of pain that she could not put in words.

It is relevant to emphasize that, in the adolescent's case, skin-cutting is related to the experience of not having anyone to address her suffering. The family environment, often hostile and confusing, caused the teenager to witness conflicts in which everyone was concerned with their issues, not acknowledging her distress. Despite living in a house with five people, none of them could see the teenager and notice that

she was spending time locked in the bathroom or the marks on her arms, for example. Nor did they notice her sad and melancholic expression and tone of voice. Thus, it is relevant to mention that it was in the school environment that the adolescent was seen cutting herself for the first time, although she mentioned doing that more often in the bathroom at home than at school. A classmate noticed the cuts on Ingrid's arm and informed one of the school coordinators about her friend's disturbing behavior.

In Ingrid's case, it is also essential to observe the school's incorporation in the patient's care network. First, when the school became aware of her self-harming behavior, it summoned the parents to address her suffering and offer professional assistance. Second, they were authentically interested in her well-being, as became evident in the analyst's conversation with one of the school coordinators, that observed and identified some of Ingrid's habits, such as wearing sweatshirts in the middle of summer when the heat was unbearable. Finally, upon receiving the student's request for a change of shift in the middle of the school term, the principal contacted the psychologist to talk about Ingrid and determine if she was accepting psychological support.

Finally, we observe that having the school as an ally is fundamental when approaching adolescents. In Ingrid's case, the request for a change of shift could be perceived as a request for self-care and attention from the school, which in her family seemed to be precarious. The adolescent, feeling misplaced, appealed to the analyst to help with her appeal to the school. This question had already been directed to her family, who did not respond assertively. By addressing her wish to the analyst, the adolescent searches for help to find a welcoming place for her desire. Through the analyst, the school acknowledged that the student was in pain and that considering the request would help Ingrid to feel protected, offering a possibility of changing her school shifts the following year. Even with countless obstacles and precariousness that mark public schools in Rio de Janeiro, the shift change was carried out.

It is interesting to mention how Ingrid includes the school and her parents in her treatment. At a specific moment in therapy, the teenager says that there is no point in treating herself if their parents are not doing the same. Her parents then started to come weekly to talk about their daughter. In the beginning, they used the space to discuss issues related to their marriage and other daughters. There was even a request for counseling to another daughter since Ingrid no longer wanted to attend. As they were advised to focus on Ingrid, they learned that this space was hers and not theirs or the other daughters. Therefore, they began to talk about how she was doing at home and voiced concerns and complaints about Ingrid.

Ingrid describes in numerous sessions how confused she felt and had difficulty remembering what happened in situations of serious family conflict. She says that it is as if she was not there. The adolescent describes feeling absent during conflicts, "as if she stayed neutral" so

that she does not feel anything. To understand this feeling of absence, we turn to Le Breton (2006), who recognizes that self-mutilation⁶ has the purpose of “[...] harming oneself to feel less pain” (Le Breton, 2006, p. 5). For a subject who is in a state of complete vertigo and psychic devastation, self-scarification reflects a way of inflicting pain that aims at affirming their sense of self that, according to the author, is absent in these circumstances. In Ingrid’s case, we noticed that she felt trapped in a vertiginous environment that did not validate her existence as a subject.

Ingrid ventured to maintain a neutral position to protect herself; that is, she attempted not to feel affected by the hostile family environment that was the source of her suffering. As Fortes and Macedo (2017) argue, two crucial factors can be observed in self-injuries among adolescents: first, it is frequently reported that they have no one to talk to about their pain - because there is no one to address it to - second, it is challenging for the subject to admit his sadness and suffering. When faced with an indifferent other, the authors hypothesize that a feeling of loss of the self and decay of erogenization is experienced, which might explain Ingrid’s struggle in narrating and/or remembering the countless family struggles that upset her.

If the ability to feel and express one’s pain is related to the possibility of the subject getting in touch with himself/herself, the presence of the other/Other is equally essential for the symbolic field to be psychically built as a potential resource. In order for the psychic pain to be addressed to someone, narrated and historicized in the form of suffering, there must be a space of resonance that legitimizes it (Birman, 2012; Fortes; Macedo, 2017), and this is what we observed in the sequence of the encounters with Ingrid. When the adolescent finds a care space in the consultations, her distress can, very slowly, find words to be expressed. The cuts tear the skin so that the blood can relieve the psychic pain, but at every session in which words gain space, it becomes possible to disrupt the death drive circuit in place until then. Thus, Ingrid transforms pain into suffering as she finds someone to address her feelings to. The pain as a direct discharge in the body finds a space of resonance, that is, someone who embraces and reflects what they hear in the form of a welcome.

In Ingrid’s journey, the path from pain to suffering appears in a very expressive way, as she decides to add to the necklace she wore during the sessions, tokens that represent the transformation of her subjective stand concerning the Other. By replacing the whale pendant with one in the shape of a razor, the adolescent hangs around her neck an object that was previously used for skin-cutting, and that is now presented to the analyst’s gaze, giving another purpose to such an emblematic item in her life trajectory. Later on, she exchanges the razor for a scissors pendant when she decides to cut her hair instead of cutting her skin. We contemplate another turning point in the teenager’s life when she decides to break away from her mother’s expectations, and vice-versa, to sustain her desire and take care of herself. From that moment, she

locks herself in the bathroom at home as before, not to cut her skin but her hair, in an attempt to separate herself from her mother, as a subject who desires.

As a result, a narrative about the cuts can be constructed, and Ingrid moves towards finding her place in the family and in the city. She decides to celebrate her birthday, starts dating a boy, and goes for a bike ride through the city. The adolescent accepts the invitation to meet her boyfriends' relatives and starts regularly going to public spaces with them. At the same time, she expresses her desire to work, live independently and get out of her family home's confusion. To achieve that, she constantly thinks about obtaining a work permit, asking her mother to accompany her, although the mother was always unavailable because of work or household chores. Ingrid often shared her frustration in not knowing how to get her documents. When the analyst welcomed her to talk about it, she was able to look for information on the internet and find out how to proceed. Initially, she wanted to apply for the *Young Apprenticeship program*, but she accepted to work at a friend's father's company. Ingrid reveals that although she liked the job, she hoped to find a new one that would allow her to rent a house independently.

Although confronted with the lack of family perspective, we believe that the analyst's listening and the school's welcoming allowed the youngster to develop approaches to navigate the city in an unprecedented way, building innovative narrative practices, strengthening a sense of belonging. Based on Ingrid's therapy, we realized that offering a listening space provides a place where it is possible to build a narrative concerning what appears in the body in the form of a cut. It is to offer a place where pain can be legitimized, addressed, and transformed. It is to convert the unspeakable into words, phrases, and text to be shared.

In Times of Emptiness and Excess: is cutting an answer?

According to data from the Ministry of Health, about 20% of young Brazilians are self-injuring, representing 14 million people⁷. Moreover, such practices, that usually appear in adolescence and can extend into adulthood, had a considerable increase in the last 30 years. Therefore, it is urgent to look at this phenomenon in detail and understand what this dramatic act says about our society today.

Psychoanalysts have been addressing deliberate self-injury, which occurs mainly through the performance of scarifications and cuts on the body surface of the skin, as one of the expressions of contemporary discontent (Jucá; Vorcaro, 1998; Fortes; Macedo, 2017; Araújo; Chatelard; Carvalho; Viana, 2016; Monster, 2012; Le Breton, 2006). This phenomenon has gained visibility in psychoanalytic praxis in recent decades, and the public ambulatory becomes a vital space to observe it. Some authors argue that there is no necessary relationship between cutting and suicide. Self-inflicted cuts involve a relationship between the body itself and the expression of psychic suffering, without the intention of killing oneself, contrary to what a superficial reading might indicate.

Another fact observed is that the adolescent does not show concern or worry about self-injuring. The alarm is triggered when the adult finds out and is concerned about the fact. Furthermore, there is an absence of reference to pain at the moment of cutting. As already mentioned, instead of physical pain, the report is of great relief, emphasizing the soothing character of the act.

As we have observed in several cases analyzed in the context of this research, and specifically in the example of Ingrid, the self-inflicted cuts are a resource for adolescents in moments of intolerable internal pressure. It happens when the distress does not find expression through words and is redirected to the body, overflowing the psychic limits, which reminds us of the automatic anguish described by Freud (1974 [1926]) in the second theory of anguish, articulated with the dimensions of trauma and powerlessness. As he describes, the absence or lack of a supportive environment is associated with the first experience of absolute helplessness and submission of the infant, that is entirely dependent on others' care, due to its organic and psychic immaturity. Therefore, briefly revisiting what Freud wrote in 1926, while the sign anguish present in the formation of neurotic symptoms implies in the repressing, forgetting, and in psychological marks of an experienced situation of unpleasantness, the automatic anguish invades the self and weakens it, since it is subjected to the id. In this case, the self, surrendered to its position as an object and without resources to connect the intensities, repeats the initial experience of helplessness from which it originated⁸.

Taking into account the Freudian theory of drives to understand the self-inflicted cuts as direct drive discharge in the body, we refer to Freudian concepts developed in 1895 in his text *Project for a Scientific Psychology* (Freud, 1974 [1895]), where the author introduces the fundamental need for the other's presence in the process of constitution of the subject, when facing the helplessness inherent to the human condition. From this assumption, the interchange of the movements of absence and presence of the primordial other produce resources to tackle and absorb pain.

Pontalis (2005) states that pain happens when there is a lack of support and mediation. Pain arises when the shielding mechanisms of the psychism are broken and when the "[...] overload creates emptiness" due to the short-circuit that takes place within the psychic apparatus (p. 268). Therefore, the effect is a psychic implosion that prompts a protection rupture, generating an unsymbolized discharge in the body. The pain then becomes irreducible. According to Pontalis (2005), since the uncommunicated pain is *kept in secret*, the only possibility of expression is an alternation between screaming and silence. The subject himself does not interact with his pain but alternates positions between silencing and screaming. In this alternation, self-injury can also be conceptualized as a *silent pain* (Gauthier, 2007).

Skin-cutting as a method to mitigate anguish through pain, burning, or physical sensation, when words fail to express it, has been per-

ceived as a borderline phenomenon that elicits the boundaries between the psychic and the somatic and, as a result, the impasses in the psychic inscription of the drive (Costa, 2003). Such practices can be taken, eventually, as repetitions in the attempt to psychically inscribe the Other, in analogy to the logic of traumatization for psychoanalysis. Therefore, in this psychic operation of the drive's excess, which is always so valuable to the adolescent during the collapse of childhood parental references, the axis of alterity, meaning the place of the Other in culture, is inevitably summoned, since "[...] the body's physical borders are, by principle, 'social borders', consequences of our relation to language – a place of this primordial Other – which is from the beginning, generator of social ties" (Costa, 2003, p. 23).

The clinical picture of self-injury outlines fundamental issues for analyzing alteritarian ties and their repercussions on the present times' discontent, related explicitly to adolescence. Monster (2012) defines physical pain as a substitute for moral pain. The pain in the body, the cuts, affirms the impossibility of feeling the soul's pain. On the other hand, Le Breton (2006) argues that self-injury illustrates a symbolic game of pain mastery insofar as it opposes pain to suffering and physical wound to the soul's tearing. Through studies with adolescents, he observes that by self-inflicting physical pain, they seek to regain control of a desire that, if felt, becomes destructive. Scarification is then conceived as a way of managing a situation that escapes their control. In the words of Le Breton (2006, p. 02), this feeling is a "[...] form of hemorrhage of suffering that destroys the limits of the self." Surprisingly, the cuts that tear the skin build barriers against suffering as an attempt to contain it. Indeed, the cuts constitute an effort for the brutal restoration of the body's lost boundaries to decrease the vertigo and foster a sense of life. The feeling of vertigo reflects the impossibility of controlling the overwhelming intensity experienced by the psyche, and the cuts are an attempt at a possible bond regardless of the despair. In other words, a way of sketching a response precisely where the appeal to the Other finds no answer.

According to the author, cutting does not intend to cause suffering, but paradoxically, aims at redefining existence. Self-injury appears to be a way to feel (alive) and get out of the permanent feeling of loss of self and stupor. Feeling the pain seems to be a resource whose purpose is to suspend numbness and the perception of being lifeless. The kinaesthesia provoked by the cuts can bring back the missed sensation and intensity, transforming the body's raw matter into *living flesh* (Le Breton, 2006). The vertigo that overwhelms the subject causes a feeling of being a walking dead. Thus, self-cutting is an attempt to survive rather than die. We observe, however, that self-harm reflects an essential failure of the speech in its potential for symbolic connection and insertion into the social bond.

The Blurring of the Other and its Effects on Adolescence: a *clinico-political* issue

In Ingrid's example, a relevant aspect is the loneliness and the lack of an interlocutor to share her pain with. Another fact observed is the compulsive nature of self-inflicted cuts, that resonates with many adolescents' stories on social media, who claimed to be *addicted* and could not stop cutting themselves (Fortes; Macedo, 2017). *Addiction to cutting* reflects the kinship of these acts with the enjoyment of compulsions and the failure of symbolic resources to translate the pain into words. The lack of an interlocutor and the distress reflect a mode of suffering shaped as a direct discharge of the drive's intensity in the dimension of physical sensation.

The blurring of the subjective dimension of otherness is revealed as a striking fact in the raising of self-injury behaviors and is a fundamental axis to address the influence of socio-political issues in establishing the contemporary discontents, as observed by Birman (1999, 2012). According to the author, factors such as the overstimulation of narcissism and the weakening of the relationship with the other⁹ influence psychosomatic conditions, compulsions, and other actions.

What could be then the connection between the blurring of the Other in contemporary times and the suffering projected in the corporeal space? Two important factors can be observed in this context. First, there is no possibility of addressing, which would imply communicating the pain to someone, and second, the subject might struggle to recognize his sadness and suffering. Birman (1999, 2012) emphasizes that the ability to represent and name one's pain is conditioned to the interlocutor's presence and the possibility of sharing what is lived to transform it into an experience. As in primary masochism, articulated to helplessness, the subject would appeal to the other to transform pain into suffering. Therefore, the other's inscription in the psychism is simultaneous to the possibility of creating a fantasy of active self-inflicted suffering. From this premise, the author differentiates pain and suffering (Birman, 2012). Pain exists in the absence of the other's mediation when the subject feels overwhelmed by the drive's excess. By this means, the drive returns to itself, expressing the impossibility of verbalizing its intensity. In suffering, the other has a supportive role toward the drive's excess, which allows the formulation of a narrative about the pain that, when transformed into suffering, can be shared and historicized.

In this sense, deliberate self-injury is a statement against the superficiality of the other's psychic commitments, a fact that is observed in cases of skin-cutting. When the other is absent, the pain is not translated into suffering, remaining attached to the body instead of being diffused and temporalized. Drawing from Birman (2012), it is possible to distinguish two modes of suffering nowadays that can help us analyze these situations: helplessness and discouragement. From the perspective of helplessness, which refers to the inaugural psychic state of

the human subject associated with the original condition of dependency, the appeal to the other makes sense since the alterity is present in the psychic field. However, the experience of despair, marked by pain, brings an additional layer of helplessness, launching the subject into the abyss of solipsism, loneliness, and emptiness, with the lack of exchange or, in other words, withdrawing from the hope to reach out to the other. In this scenario, the subject lives within the logic of hopelessness.

The presence of helplessness and discouragement in the contemporary clinical practice, not exclusively in self-injury cases, can be understood from shifts in the sphere of culture and social behavior. The hegemony of the medicalizing and normalizing paradigms, considerably present in the educational field, acts against the possibilities of subjectivation of pain. Furthermore, the impacts of advanced capitalism linked to these discourses on the subject contribute to emptying the meaning of life - which tends to be reduced to its biological dimension; the relativization of the concept of shared existence and the weakening of the experience that makes possible the historicization of the subject, as Rosa, Vicentin, and Catroli (2009) point out. Thus, the social ties are destabilized by discourses about the quest for pleasure, whether in consumption or in specific suffering patterns. The logic of capital leads to the dismissal of the other and the corrosion of the symbolic bases of coexistence, highlighting the sociopolitical dimension (Rosa, 2016) of adolescent suffering. Hence, it is essential for institutions that engage with adolescents to develop approaches to strengthen counter-discourses to silencing the subject by normalizing it (Rosa; Vicentin, 2013), allowing the acceptance of the uniqueness and of the suffering of youngsters during their transition to adulthood.

In education specifically, the case discussed calls for effective participation of schools in adolescent transition. It is also an appeal for educational policies more focused on human relations and the educators' work, instead of on projects that emphasize technique and productivity to the detriment of the lives and shared experiences within the school environment. However, we acknowledge that these institutions are saturated by tensions and discussions about the knowledge and powers present in a given time and place. That leads us to question the relationship between the neoliberal political model - with the intensification of individualism in various social fields and the decline of the already precarious public sector in Brazil - and the notable incidence of self-injury and suicide among young people in the recent years? The state's omission regarding the high dropout rates in secondary schools and students' and teachers' psychic suffering in the public education network is consistent with the necropolitics¹⁰ (Mbembe, 2018) established in Brazil. Besides, going beyond necropolitics, as Safatle (2020) observes from the notion of a suicidal state, the paradigmatic shifts in the exercise of power to push forward neoliberal processes include the consolidation of indifference and estrangement as a fundamental social desire.

By acknowledging the distinction between helplessness and discouragement, it is possible to assume that the passage from one mode of functioning to the other depends on the belief in the social support networks maintained by political and institutional provision; and likewise on including adolescents in the social discourse as subjects, protagonists of their own stories, of possibilities to establish and occupy their place in the *polis*. Whether in the family, in the educational system, or the broader social sphere, the Other's precarious condition produces obstacles in verbalizing and addressing pain to subjectivize and politicize it.

In conclusion, we would like to draw attention to the fact that self-harming behaviors are not always tied to a suicide attempt, and both need to be addressed case by case. Nevertheless, those are borderline experiences that, on many occasions, involve an appeal to the Other. If adolescence re-enacts the required support in the Other for eroticization and bonding with life, it is essential to reaffirm that this takes place beyond the family circle, summoning the various discourses and institutions that constitute the city. In this regard, the remedy for this distress, considered in its sociopolitical dimension, involves several instances and concerns both the clinical practice and the educational and political spheres.

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Notes

- 1 The World Health Organization (WHO) includes self-injury in the context of self-inflicted violence, corresponding to the intentional use of actual physical force or a threat against oneself (World Health Organization, 2014a). The types of self-inflicted violence are: suicide attempts, suicide, self-harm, self-punishment, and self-injury (Brazil, 2016). While the WHO points to suicide as the second leading cause of death among young people aged 15 to 29 years worldwide (World Health Organization, 2014b), according to data from the Ministry of Health, suicide represents the fourth leading cause of death among young people in the same age group (Brazil, 2016). Globally, about ten percent of adolescents between 10 and 14 years old practice self-injury, but there is not enough data on this specifically in Brazil (Fonseca et al, 2019).
- 2 We define adolescence as the psychic work imposed on young people by the social changes that characterize Modernity, as we have previously argued (Coutinho, 2009). Accordingly, we will adopt the terms adolescence and adolescents when we emphasize the psychic operations linked to them, while the terms youth and youngster will be preferentially used when referring to the social class, more highlighted by the sociological view.
- 3 The article results from ongoing research at the Graduate Program in Psychology at UFF in partnership with SPIA/ IPUB-UFRJ entitled *Education for life: suicides in adolescence and social vulnerabilities*.
- 4 The research was approved by the research ethics committee under CAAE No. 20131119.6.0000.8160.

- 5 The patient's name was replaced by a fictional name in order to maintain the confidentiality of the clinical case.
- 6 Here we have chosen to retain the term self-mutilation as used by the author in the original.
- 7 Ministry releases video warning on dissemination of content about suicide and self-harm. June 2019. Available at: <<https://www.gov.br/mdh/pt-br/assuntos/noticias/2019/junho/ministerio-lanca-video-em-alerta-a-disseminacao-de-conteudo-sobre-suicidio-e-automutilacao>>.
- 8 It is important to notice that, as Freud's argued in *Inhibitions, Symptoms and Anxiety* (1976[1926]), in this pattern of psychological behavior, there is no symptom, but splitting and acting out, including the self-injury, respecting the particularities of each case. Unfortunately, there is no space to develop these arguments further in the scope of this article.
- 9 In the context of this article, we use lowercase "other" to refer Birman's (1999, 2012) concept, without making a distinction to "Other" with capital letter defined by Lacan, since the author alludes to Freudian theories in his formulations. In the rest of the text, when we adopt the term Other with a capital letter, we refer to the big Other as the symbolic order theorized by Lacan before which the subject is constituted and that differs from the small other as the similar, imaginary and susceptible of being embodied in social relations (Lacan, 1998a [1949]; 1985 [1954-55]).
- 10 While biopower in Foucauldian theory refers to the exercise of power over life, necropolitics is the expression coined by Mbembe (2018) when politics has dominance over death, the assassination of the enemy as its first and absolute goal.

References

- ALBERTI, Sonia. **O Adolescente e o Outro**. Rio de Janeiro: Zahar, 2004.
- ALBERTI, Sonia; ELIA, Luciano. *Psicanálise e Ciência: o encontro dos discursos. Mal-Estar e Subjetividade*, Fortaleza, v. 8, n. 3, p. 779-802, 2008. Disponível em: <<http://pepsic.bvsalud.org/pdf/malestar/v8n3/10.pdf>>. Acesso em: 11 out. 2020.
- ARAÚJO, Juliana; CHATELARD, Daniela; CARVALHO, Isalena; VIANA, Terezinha. O Corpo na Dor: automutilação, masoquismo e pulsão. **Estilos da Clínica**, São Paulo, v. 21, n. 2, p. 497-515, 2016.
- BRASIL. Ministério da Saúde. **Suicídio**. Saber, Agir, Prevenir. Boletim epidemiológico. Brasília, v. 48, n. 30, 2016.
- BRUM, Eliane. **Uma Duas**. São Paulo: Leya, 2011.
- BIRMAN, Joel. O Espetáculo e o Narcisismo. In: BIRMAN, Joel. **Mal-Estar na Atualidade**. Rio de Janeiro: Civilização Brasileira, 1999. P. 85-87.
- BIRMAN, Joel. **O Sujeito na Contemporaneidade**. Rio de Janeiro: Civilização Brasileira, 2012.
- COSTA, Ana. **Tatuagens e Marcas Corporais**. São Paulo: Casa do Psicólogo, 2003.
- COUTINHO, Luciana Gageiro. **Adolescência e Errância: destinos do laço social contemporâneo**. Rio de Janeiro: Editora Nau, 2009.

- COUTINHO, Luciana Gageiro. O Adolescente e a Educação no Contemporâneo: o que a psicanálise tem a dizer. **Cadernos de Psicanálise-CPRJ**, Rio de Janeiro, v. 37, n. 33, p. 155-174, jul./dez. 2015.
- COUTINHO, Luciana Gageiro. Mal-Estar na Escola: o discurso dos professores diante dos imperativos educativos contemporâneos. **Educação Temática Digital**. Campinas, v. 21, n. 2 p. 348-362, abr./jun. 2019.
- COUTINHO, Luciana Gageiro. Ocupa Escola: tratamento aos impasses da adolescência no laço social?. **Estilos Da Clínica**, Rio de Janeiro, v. 25, n. 1, p. 63-76, 2020.
- FONSECA, Paulo Henrique Nogueira da et al. Autolesão Sem Intenção Suicida entre Adolescentes. **Arquivos Brasileiros de Psicologia**, Rio de Janeiro, v. 70, n. 3, p. 246-258, 2018.
- FORTES, Isabel. **A Dor Psíquica**. Rio de Janeiro: Cia. de Freud, 2012.
- FORTES, Isabel; MACEDO, Monica. Automutilação na Adolescência. **Psicogente**, v. 20, n. 38, p. 353-367, 2017.
- FREUD, Sigmund. Contribuições para uma discussão acerca do suicídio. In: **Obras Psicológicas Completas da Standard Edition**. Rio de Janeiro: Imago. Vol. XII. 1970. P. 25-66. [1910]
- FREUD, Sigmund. Três Ensaios sobre a Teoria da Sexualidade. In: FREUD, Sigmund. **Obras Psicológicas Completas da Standard Edition**. Rio de Janeiro: Imago. Vol. VII. 1972. P. 135-237. [1905]
- FREUD, Sigmund. Projeto para uma Psicologia Científica. In: FREUD, Sigmund. **Obras Psicológicas Completas da Standard Edition**. Rio de Janeiro: Imago. Vol. I. 1974. P. 335-454. [1895]
- FREUD, Sigmund. Inibições, sintomas e ansiedade. In: FREUD, Sigmund. **Obras psicológicas completas da Standard Edition**. Rio de Janeiro: Imago, vol. XX, 1976. [1926]
- FREUD, Sigmund. Introdução ao Narcisismo. In: FREUD, Sigmund. **Obras psicológicas completas da Standard Edition**. Rio de Janeiro: Imago, vol. XIV, 1996. P. 81-110. [1914]
- GAUTHIER, Martin. Automutilation et Autoérotisme. **Topique**, v. 99, n. 2, p. 51-59, 2007.
- IRIBARRY, Isac Nikos. O Que É Pesquisa Psicanalítica? **Ágora**, v. VI, n. 1, p. 115-138, 2003.
- JUCÁ, Vlândia Santos; VORCARO, Angela Maria Resende. Adolescência em Atos e Adolescentes em Ato na Clínica Psicanalítica. **Revista Psicologia-USP**, São Paulo, v. 29, n. 2, p. 246-252, 1998.
- JULIEN, Philippe. **Abandonarás teu Pai e tua Mãe**. Rio de Janeiro, Companhia de Freud, 2000.
- LACAN, Jacques. **O Seminário, Livro 2: o eu na teoria de Freud e na técnica da psicanálise**. Rio de Janeiro: Jorge Zahar, 1985. [1954-55]
- LACAN, Jacques. **O Seminário, Livro 11: os quatro conceitos fundamentais da psicanálise**. Rio de Janeiro: Jorge Zahar, 1990. [1964]
- LACAN, Jacques. O Estádio do Espelho como Formador da Função do Eu Tal como Nos É Revelada na Experiência Psicanalítica. In: LACAN, Jacques. **Escritos**. Tradução de Vera Ribeiro. Rio de Janeiro: Jorge Zahar Editor, 1998a. P. 96-103. [1949]

- LACAN, Jacques. Kant com Sade. In: LACAN, Jacques. **Escritos**. Tradução de Vera Ribeiro. Rio de Janeiro: Jorge Zahar Editor, 1998b. P. 776-806. [1963]
- LACAN, Jacques. **O Seminário, Livro 5: as formações do inconsciente**. Rio de Janeiro: Jorge Zahar, 1999. [1957-58]
- LACADÉE, Philippe. **O Despertar e o Exílio: ensinamentos psicanalíticos da mais delicada das transições, a adolescência**. Rio de Janeiro: Contra Capa Livraria, 2011.
- LE BRETON, David. Scarifications Adolescentes. **Enfances & Psy**, v. 3, n. 32, p. 45-57, 2006.
- LESOURD, Serge. **A Construção Adolescente no Laço Social**. Petrópolis, RJ: Vozes, 2004.
- MONSTER, Little. **Mon Combat Au Quotidien: l'automutilation** [arquivo de vídeo], 2012. Disponível em: <http://youvideoz.com/watch?v=ahW_RnRaSH0>. Acesso em: 19 ago. 2020.
- MBEMBE, Achille. **Necropolítica**. São Paulo, SP: n-1 edições, 2018.
- ORGANIZAÇÃO MUNDIAL DE SAÚDE. **Relatório Mundial Sobre a Prevenção da Violência**. São Paulo: Fapesp, 2014a.
- ORGANIZAÇÃO MUNDIAL DA SAÚDE. **Preventing Suicide: a global imperative**. Genebra, 2014b.
- POLI, Maria Cristina. Escrevendo a Psicanálise em uma Prática de Pesquisa. **Estilos da Clínica**, São Paulo, v. XIII, n. 25, p. 154-179, dez. 2008.
- PONTALIS, Jean Bertrand. **Entre o Sonho e a Dor**. São Paulo: Ideias e Letras, 2005.
- ROSA, Miriam Debieux, VINCENTIN, Maria Cristina; CATROLI, Viviani. Viver em Tempos Sombrios: a experiência e os laços com os contemporâneos. **Psicologia em Revista**, Belo Horizonte, v. 15, n. 1, p. 51-68, abr. 2009.
- ROSA, Miriam Debieux; VICENTIN, Maria Cristina. Os Intratáveis: o exílio dos adolescentes do laço social pelas noções de periculosidade e irrecuperabilidade. In: GURSKI, Rose; ROSA, Miriam Debieux; POLI, Maria Cristina (Org.). **Debates Sobre a Adolescência Contemporânea e o Laço Social**. São Paulo: Juruá, 2013. P. 39-58.
- ROSA, Miriam Debieux. **A Clínica Psicanalítica em Face da Dimensão Sociopolítica do Sofrimento**. São Paulo: Escuta, 2016.
- SAFATLE, Vladimir. Para Além da Necropolítica. **Pandemia Crítica**. N1 Edições, Rio de Janeiro: 2020.
- SANTOS, Eliane Gomes; SALADA, Mari Gloria Schwab. Alteridade e Adolescência: uma contribuição da psicanálise para a educação. **Educação & Realidade**, Porto Alegre, v. 38, n. 2, p. 555-568, abr./jun. 2013.
- ZELMANOVICH, Perla. A Equação Família-Escola: entre o reenvio da importância e a dialética alienação e separação. In: VOLTOLINI, Rinaldo (Org.). **Retratos do Mal-Estar Contemporâneo na Educação**. São Paulo: Escuta/Fapesp, 2014. P. 236.

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