Universidade Federal do Rio Grande do Sul

Instituto de Psicologia, Serviço Social e Comunicação Humana

Programa de Pós-Graduação em Psicologia

Fatores de risco para comportamentos suicidas e autolesivos em adolescentes

Dissertação de Mestrado

Por

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FATORES DE RISCO PARA COMPORTAMENTOS SUICIDAS E AUTOLESIVOS EM ADOLESCENTES

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Dedicatória e agradecimentos

Que cantiga é tal e celebra inda o fétido do casta média, que puramente faz jazer assentado ante os tiques e taques a roer—esfomeados—a já pútrida carcaça do agora? Que desprezem tal miserável e que sublimem, pois, os corais a quem genuíno vale o doce néctar! Logo: às minhas avós, Judite dos Santos Magalhães e Neusa Maria Ramos da Silva, que tão bem conheciam a dor, que vestiam suas desgraças como uma calçada faz às pétalas abatidas de um ipê, e que, com *tão linda* parcimônia, corajosamente padeceram as cólicas de seu ambiente, ofereço mais uma vez estas ode e dedicatória póstuma. Já à mácula e à tribulação; à fé de ambas minhas mães Rozimere e Rosângela; ao amor; ao prazer de vossa companhia, amigos! Que persistiram através do pretérito e que ainda hoje me sobredouram; assim como às generosas vozes que me guiaram—para mais e para menos—e aos estimados participantes que tornaram possível esta conquista e jamais dever-se-ão reduzidos ao cru algarismo, manifesto agora, cordial e publicamente, meus mais sinceros agradecimentos.

Epígrafe

I share with survivors the pain of losing a loved one to suicide. But I share with clinicians the challenges of treating suicidal behavior, and I share with scientists the daunting task of unraveling suicide's mysteries.

Thomas Joiner, 2007, p. 15.

Sumário

Lista de abreviaturas e siglas

ACE	Adverse Childhood Experiences
ACE-IQ	Adverse Childhood Experiences International Questionnaire
AHQ	Adolescent Health Questionnaire
ASLEC	Adolescent Self-Rating Life Events Checklist
BDI	Beck Depression Inventory
BHS	Beck Hopelessness Scale
C-SSRS	Columbia Suicide Severity Rating Scale
CEN	Central Executive Network
DMN	Default Mode Network
DMN-A	Anterior subdivision of the DMN centred on the medial prefrontal cortex
DMN-P	Posterior subdivision of the DMN centred on the posterior cingulate cortex
DMN-V	ventral subdivision of the DMN centred on the middle temporal lobe, hippocampus, and parahippocampal region
DSHI	Deliberate Self-Harm Inventory
EARE-IJ	The Emotional Self-Regulation Scale for Children and Adolescents
FASM	Functional Assessment of Self Mutilation Tool
fMRI	Functional Magnetic Resonance Imaging
IMV	O'Connor's Integrated Motivational–Volitional Model
IQR	Interquartile Range
ISAS	Inventory of Statements About Self-Injury
M-to-S	Moderate-to-Severe Self Harm
Minor	Minor Self-Harm
NEO FFI	NEO Five-Factor Inventory
NOS	Newcastle-Ottawa Quality Assessment Scale

NR	Not reported
NS	No Self-Harm
NSSI	Non-suicidal Self-injury
POA	Porto Alegre
RSES	Rosenberg Self-esteem scale
SA	Suicide attempt
SB	Suicidal behaviour
SBQ-R	Suicidal Behaviors Questionnaire-Revised
SD	Standard Deviation
SDQ-II	Self-Description Questionnaire II
SH	Non-lethal self-injury
SI	Suicidal ideation
SIB	Self-injurious behavior
SIQ-JR	Suicidal Ideation Questionnaire-Junior
SITBI	Self-Injurious Thoughts and Behaviors Interview
SN	Salience network
SN-Ins	Subdivision of the SN centred on the mid- and posterior insula, striatum, and somatosensory cortex
SP	São Paulo
STAS	Spielberger State-Trait Anger Scale
UFRGS	Federal University of Rio Grande do Sul
UNIFESP	Federal University of São Paulo
USP	University of São Paulo
YSR	Youth Self-Report

Resumo

Este estudo avaliou comportamentos suicidas e autolesivos (SH) e seus fatores de risco na população adolescente, através de dois estudos complementares. O primeiro foi uma revisão sistemática de estudos observacionais que examinou fatores de risco para comportamentos suicidas e SH em adolescentes não clínicos. O protocolo seguiu as diretrizes PRISMA e foi registrado no PROSPERO (CRD42023463134), com sua questão estruturada segundo estratégia PICOS. As bases EMBASE, Scopus, PubMed, PsycINFO e Web of Science foram consultadas, e a qualidade dos artigos avaliada pela Newcastle-Ottawa Scale. Dois revisores realizaram a triagem e extração de forma independente, com um sênior resolvendo conflitos. 8 estudos foram incluídos ao final, com tamanhos amostrais entre 70 e 73.648. Representados em diagrama Sankey, 37 fatores de risco foram identificados, incluindo sexo feminino, histórico de SH e vulnerabilidades psicológicas, neurais, familiares e sociais. O segundo estudo, transversal, investigou SH e seus preditores em uma amostra comunitária de 333 adolescentes brasileiros de 11 a 18 anos de Porto Alegre e São Paulo. Analisaram-se associações entre gravidade das SH, regulação emocional, problemas comportamentais e gênero por meio de testes qui-quadrado/Fisher, ANOVA/Kruskal-Wallis e regressão logística multinomial sob um p-valor de 5. 75% dos participantes relataram SH, sendo 54% moderadas ou graves. Adolescentes do sexo feminino apresentaram 2,2 vezes mais chances de SH graves em comparação aos do sexo masculino. Problemas comportamentais foram preditores significativos, todavia regulação emocional não apresentou associação direta. Os resultados de ambos os estudos convergem com modelos de estresse-diátese que interpretam SHs como respostas regulatórias maladaptativas.

Palavras-chave: Comportamento autodestrutivo; automutilação; autolesão; suicídio; adolescente

Abstract

This study aimed to evaluate suicidal and self-harming behaviors, along with their risk factors and predictors, in adolescents through two complementary investigations. The first was a systematic review of observational studies examining risk factors for self-harm (SH) and suicidal behaviors in non-clinical adolescents. Conducted following PRISMA guidelines and registered in PROSPERO (CRD42023463134), the review employed the PICOS framework to structure its research question. Searches were conducted in EMBASE, Scopus, PubMed, PsycINFO, and Web of Science, with the quality of included articles assessed using the Newcastle-Ottawa Scale. Two independent reviewers screened and extracted data, with conflicts resolved by a senior researcher. Of 1,651 identified articles, eight met inclusion criteria, representing samples of 70 to 73,648 participants. Thirty-seven risk factors were identified and conveyed in a Sankey diagram. Prominent factors include female gender, history of self-injurious behaviors, and vulnerabilities spanning psychological, neural, familial, and social domains. The second study was a cross-sectional analysis of SH and its predictors in a community sample of 333 Brazilian adolescents aged 11–18 from two capitals. Relationships between SH severity, emotional regulation, behavioral problems, and gender were examined using Chi-square/Fisher's exact tests, one-way ANOVA/Kruskal-Wallis tests, and multinomial logistic regression. Findings revealed SH in 75% of participants, with 54% involving moderate-to-severe intensity. Female adolescents were 2.2 times more likely to engage in severe SH than males. Behavioral problems were key predictors: internalizing issues correlated with minor and severe SH, while externalizing problems predicted severe SH. Emotional regulation strategies showed no significant direct association with SH severity.

Keywords: Suicide; Self-harm; Risk factors; Adolescents; Mental health

Apresentação: a epistemologia do problema sério[1] no ocidente

Descrito por mais de três mil anos, em cada região e grupo étnico ao longo da história e da cultura filosófica ocidental, o suicídio, a ação de dar fim a própria existência, é fenômeno antigo. Os primeiros suicídios registrados foram os de Píramo e Tisbe, amantes persas que morreram na Babilônia por volta de 2000 a.C. (Pridmore et al., 2019). Em 46 a.C., Marco Pórcio Catão, "o Jovem" – senador e filósofo estoico romano – esfaqueou-se invés de se subalternar a Júlio César após sua vitória na Batalha de Tapso[2] (Barraclough & Shepherd, 1994). Contemporâneos da Antiguidade consideravam tal forma de morrer tanto equivalente a causas naturais, chegando a louvar alguns casos como honrosos autossacrifícios, quanto a condenavam como hedionda e anômala (Lederer, 2020). Exemplificando: conquanto aclamassem o suicídio se ante impulsos incontroláveis e sórdidos (J. M. Cooper, 1989); em manutenção estoica da honra como o supracitado Catão; em caso dolorosa e grave enfermidade (Tondo, 2014) tão qual Ludwig Boltzmann (Cercignani, 2006), físico austríaco famoso por dedicar sua vida a mecânica estatística (Goodstein, 2002, p. 1); ou devido rejeições amorosas, igual idealizado pelos ultrarromânticos; gregos e romanos de outrora negavam às vítimas de suicídio enterro ou cremação (Tondo, 2014). Abandonavam seus restos ao relento, bichos e vermes (Lu et al., 2020) e mutilavam as mãos "responsáveis" pelo ato, escondendo-as o mais remotamente possível. Na prática, o suicídio como honroso era exclusivo aos cidadãos livres

[1] Referência ao ensaio filosófico "O Mito de Sísifo", de Albert Camus (1942/2019): “Só existe um problema filosófico realmente sério: o suicídio. Julgar se a vida vale ou não vale a pena ser vivida é responder à pergunta fundamental da filosofia. O resto, se o mundo tem três dimensões, se o espírito tem nove ou doze categorias, vem depois”.

[2] O filósofo foi nêmesis político e ideológico de Júlio César, a quem Catão via como ameaça à República Romana por suas tendências ditatoriais e populistas (Drogula, 2021; Gill, 2003; Morstein-Marx, 2004). A constante oposição de Catão tornou-se um fator-chave no crescente sentimento anti-Cesariano do Senado. Culminando, ironicamente, na guerra civil de 49 a.C. e a ascensão de César como "*dictator perpetuo*" (ditador em perpetuidade) em 44 a.C. (Batstone & Damon, 2006; Lintott, 2008).

do sexo masculino, com a prática por mulheres e escravos sendo vista como vulgar ou ridícula (Lederer, 2020; van Hooff, 2002). Segundo van Hooff (2002, p. 20, tradução minha), ao avistar algumas mulheres enforcadas em uma oliveira, o filósofo Diógenes de Sinope, um dos fundadores do cinismo, teria dito "oxalá cada árvore produzisse fruto semelhante!". Casos "não sancionados" de suicídio eram entendidos como aberrativos tanto as leis naturais quanto positivas (jurídicas, dos princípios humanos, Tondo, 2014), com o comportamento podendo alienar o domínio do indivíduo pelo Estado, onde atuaria como transgressão de um dever cívico (Aristóteles, 2018; Platão, 2016, 2021). O resgate posterior destes pensamentos por religiões abraâmicas tornaria o suicídio uma ofensa a Deus e à lei divina por mais de um milênio (Pridmore et al., 2019; Tondo, 2014), assim como, formalmente, um crime.

O repúdio moral cristão ao comportamento suicida (SB) foi especialmente fundamentado em Santo Agostinho de Hipona (354-430, Bastos & Gondim, 2010), um dos pensadores mais importantes para o desenvolvimento da filosofia ocidental. Patrono de cervejeiros e teólogos, Agostinho foi fortemente influenciado pela filosofia helenística (Brachtendorf, 1997; Russell, 1967), particularmente por ideias estoicas, platônicas, neoplatônicas e ciceronianas. Ele condenava o SB como particularmente associado ao pecado "*desperatio*" (desespero ou desesperação)[3] e análogo ao homicídio, pois ambos envolveriam a tomada intencional de uma vida humana, e, portanto, a usurpação ilegítima do domínio de Deus sobre ela e uma ruptura com o quinto mandamento ("não matarás", Lederer, 2020). Entretanto, a repulsa de Santo Agostinho baseava-se em muito na possibilidade da perda de fiéis devido à

[3] O desespero era visto como a perda completa de esperança na salvação pessoal e ressurreição durante Juízo Final (Lederer, 2020). A iconografia do período moderno inicial frequentemente o retratava como uma vítima de suicídio por enforcamento (ver Anexo 1).

idealização do suicídio como ferramenta de expiação ou martírio—como enfatizado pelos donatistas (Lederer, 2020). Por conseguinte, o suicídio veio a emergir judicialmente como o crime de *self-murder* (auto-assassinato) ou "*voluntary death*" (morte voluntária), "*self-slaughter"* (auto-abate ou massacre, Toller, 2018), *"self-homicide"* e *"self-killing* (ambos auto-assassinato e/ou homicídio, Sym, 1637/1988), e concebido como admissão de culpa em processos legais. Sanções da Igreja e do Estado frequentemente incluíam o confisco de bens do falecido e/ou de sua família (Tondo, 2014).

Interessantemente, embora cunhado do latim – de "*sui*" (si mesmo) e "*caedes*" ou "*caderes*" (a ação de matar, matança) –, o termo "suicídio" é um neologismo[4] com aparição inicial apenas no século 17, em 1643, na língua inglesa (Barraclough & Shepherd, 1994). Levando em conta que as formas compostas com "*self-*" ("*self-murder*", "*self-homicide*", etc.) enfatizam um aspecto criminal, trata-se de uma tentativa de de-estigmatização ao eliminar as conotações religiosas pejorativas associadas *a priori* (Lu et al., 2020; Sprott, 1961). Nisto, Lederer (2020) argumenta que, definida em conjunto com o verbo "'cometer", a palavra "suicídio" acaba por paradoxalmente reforçar tanto a associação tradicional do ato ao homicídio, quanto a representação do suicida como *perpetrador*. John Donne (1572-1631), padre anglicano e poeta metafísico responsável pela primeira tese defensiva (i.e.: não degenerativa) do suicídio, utilizou os termos "*self-homicide*", "*self-killed*" (algo como auto-morto) e "*homicide of himself*" (homicídio de si mesmo, Barraclough & Shepherd, 1994; Donne, 1647/2009). Destaca-se que a obra de Donne em questão, "*Biathanatos*" (do grego "*βια*", violência, e "*θάνατος*", morte), foi publicada contra sua vontade anos após sua morte,

[4] Palavra recém-criada ou já existente na língua, mas sob novo significado.

em 1647, por seu filho (Bastos & Gondim, 2010).

No século 18, o suicídio enquanto problema médico gradualmente ganha força e filósofos iluministas o cogitam enquanto questão social e de consciência individual (Lederer, 2020). Temas como autonomia e a subjugação da escolha à racionalidade inerente à condição humana permeiam o debate, que avança sob preconceitos similares: enquanto o neologismo chega à França (Von Wartburg, 1966) e à Itália (Battisti & Alessio, 1975), o cadáver de uma vítima é enforcado em praça pública no Canadá (Mishara & Weisstub, 2016), Alguns autores demonstram postura de mais (Hume, 1783/1987) ou *significativamente* menos (Kant, 1797/2017) tolerância, conquanto outros consideram o SB a expressão máxima da vontade e liberdade humana (Nietzsche, 1889/1997), especialmente em casos de evitação do sofrimento (Nietzsche, 2018).

Diversos países conservam penas e prisão para tentativas de suicídio durante o século 19 (Mishara & Weisstub, 2016). Durkheim (2000) populariza uma abordagem sociológica do fenômeno enquanto o termo penetra a Espanha (Moliner, 1979). Inclusive, surgem extensões como "suicídio consumado", o sinônimo "suicismo", o substantivo "suicidismo" (referindo-se à doutrina ou prática do suicídio), e o adjetivo "suicidista" como sinônimo de suicida (Barraclough & Shepherd, 1994). Tais ampliações de uso (que incluem também pletora de substantivos compostos, conforme Barraclough & Shepherd, 1994), refletem uma diminuição perceptível do horror e do impacto emocional anteriores – possivelmente um efeito indireto do próprio estigma e uso excessivos. Adicionalmente, podemos observar que, embora princípios morais ainda estruturem o julgamento, a casuística do suicídio da era moderna progressivamente reconhece a nuance do fenômeno e a importância de se analisar o **contexto**, a **motivação** e a **intencionalidade** (Lederer, 2020) – componentes ainda chave nos dias de hoje, conforme veremos nos capítulos seguintes.

Contemporaneamente, as leis do Judaísmo Ortodoxo[5], do Islã e da Sharia proíbem de forma categórica o suicídio (Tondo, 2014). Até o momento de escrita deste trabalho, 24[6] nações mantém punições que variam de multas a prisão perpétua para tentativas de suicídio (para uma análise detalhada, ver Mishara & Weisstub, 2016) Dessas 24, nove (Gana, Quênia, Malawi, Paquistão, Singapura, Somália, Sri Lanka e Uganda) possuem taxas de suicídio padronizadas por idade acima da média global de 9,0 por 100.000 habitantes (World Health Organization, 2021). Estimativas indicam que 1 em cada 25 autolesionadores morrerá por suicídio nos 10 anos após a apresentação inicial (Carroll et al., 2014) e, em 2019, o *Global Burden of Diseases, Injuries, and Risk Factors* situou a autolesão como 3° causa global de anos de vida perdidos por incapacidade na faixa etária dos 10 a 24 anos (Vos et al., 2020), mesmo após uma queda de quase 1 terço em 2 décadas de pesquisa. Conclusões na suicidologia permanecem difusas e, muitas vezes, contraditórias (Hamza et al., 2015; Meszaros et al., 2017; Preyde et al., 2012). Sendo ainda consistentes o tabu e a falta de consenso ante a conceituação do suicídio e outros fenômenos como o comportamento autolesivo. Há 25 anos, na virada do milênio, o suicídio foi responsável por quase 2% da mortalidade humana, o equivalente a pouco mais de 95 mil pessoas (World Health Organization, 2000). Hoje, são 703 mil mortes anuais por suicídio, mais do que malária, HIV/AIDS ou câncer de mama (World Health Organization, 2021), sendo ele a 2° principal causa dentre adolescentes de 10 a 19 anos e o responsável por 1 em cada 100 mortes a nível global (Bilsen, 2018).

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[5] "O paciente possui, no entanto, o direito de orar a Deus para que permita a chegada da morte." (tradução minha, Dorff, 2005, p. 862).

[6] São elas (Mishara & Weisstub, 2016): Bahamas, Bangladesh, Brunei Darussalam, Chipre, Gana, Quênia, Malawi, Malásia, Mianmar, Nigéria, Paquistão, Papua-Nova Guiné, Catar, Santa Lúcia, Singapura, Somália, Sudão do Sul, Sri Lanka, Sudão, Tonga, Uganda e República Unida da Tanzânia. Um fator importante de se frisar é que a atual taxa global de mortalidade por suicídio representa uma queda, tendo sido de 10,7 por 100.000 habitantes, ou um óbito a cada 20s, em 2015 (Bilsen, 2018).

Objetivos

O presente trabalho objetivou uma compreensão aprofundada dos comportamentos suicidas e autolesivos na população adolescente, verificando idem seus fatores de risco e preditores. Isto, através da realização de dois estudos: (1) uma revisão sistemática de etiologia e fatores de risco averiguando a relação entre os comportamentos, seus padrões de sobreposição e especificidades, e (2) um estudo empírico de caráter descritivo e enfoque em comportamento autolesivo, visando ilustrar sua ocorrência entre escolares das redes públicas de Porto Alegre e São Paulo e associação com fatores do adolescente.

Discussão e considerações finais

As evidências descritas neste documento reforçam a literatura científica nacional e internacional ao reconhecerem fatores individuais e ambientais específicos como os principais para o risco de SH em amostras adolescentes não clínicas. Estes fatores incluem sexo e gênero, contexto familiar, problemas comportamentais internalizantes e externalizantes, (dis)regulação emocional, experiências adversas na infância e histórico prévio de SIBs. Os resultados também parecem se ajustar a modelos de estresse-diátese (Franklin et al., 2017) que interpretam SHs como respostas regulatórias maladaptativas (Linehan, 1993). Nesta discussão, contextualizarei os achados de ambos os artigos conforme a literatura atual.

Ocorrência e características do comportamento autolesivo

Os resultados do Estudo 2 relatam uma alta prevalência de SH no último ano (75%), com muitos casos envolvendo episódios repetidos (74%) e pouca ou nenhuma dor (71%). Esses achados estão em conformidade com o observado por Robinson et al. (2021) e Poudel et al. (2022), com o último ponto possivelmente corroborando a baixa incidência de episódios de SH que resultaram em visitas médica, o que pode refletir habituação e dessensibilização à dor, conforme proposto pela teoria interpessoal-psicológica de Joiner (2007). A diversidade de métodos utilizados encontrada também se alinha à literatura existente (Nock, 2010; Shneidman, 1985).

Influências sexuais e de gênero

Uma maior prevalência e gravidade de SIB entre adolescentes do sexo feminino em comparação aos do sexo masculino foi achado consistente em ambos os estudos. O Estudo 1 evidencia que essa tendência percorre por várias manifestações de SIBs, incluindo NSSI e SBs (Poudel et al., 2022; Robinson et al., 2021; W. Xiao et al., 2023). Essa observação se alinha aos achados do Estudo 2, com taxas mais altas de SH e SI em adolescentes do sexo feminino, com o gênero emergindo como preditor significativo da gravidade do SH. Essa convergência é ainda reforçada por uma quantidade substancial de estudos que apontam maior prevalência,

persistência e gravidade dos SIBs em mulheres (American Psychiatric Association, 2022; R. C. Brown & Plener, 2017; Liang et al., 2014; Guan et al., 2012; Kiekens et al., 2018; B. da S. Santos et al., 2024).

Traços comportamentais e de personalidade

Ambos os estudos identificam traços comportamentais e de personalidade específicos como fatores de risco significativos para SIBs. O Estudo 1 enfatiza o papel da depressão, neuroticismo, raiva, impulsividade e desesperança, alinhando-se à literatura atualmente consolidada (ex.: Boergers et al., 1998; Brodsky et al., 2001), com tais fatores descritos enquanto associados à desregulação emocional e a estratégias de enfrentamento maldaptativas (Linehan, 1993; Nock, 2010). O Estudo 2 corrobora essas evidências, associando tanto comportamentos externalizantes quanto internalizantes à SH. Problemas externalizantes previram SH de intensidade moderada a severa, enquanto problemas internalizantes previram tanto SH de intensidade leve quanto moderada a severa. Isso é consonante com os achados de Yang et al. (2023), que identificaram questões internalizantes como mediadores na relação entre abuso emocional e SH. O Estudo 2 também destaca o papel do pessimismo, ligando-o a mecanismos executivos envolvidos na regulação emocional (Levens & Gotlib, 2012) e à vulnerabilidade à depressão e ao suicídio (Xu et al., 2022). Embora a hipótese sobre uma correlação direta entre estratégias de regulação emocional e a gravidade do SH não tenha sido totalmente confirmada, a relação observada entre pessimismo e intensidade de SH sugere uma interação de maior nuance e endossa, de forma indireta, o modelo biossocial de Linehan (1993).

Em conclusão, ambos os artigos fornecem evidências convergentes sobre a complexa interação de fatores que contribuem para os comportamentos autolesivos. Acredito, por conseguinte, que o presente trabalho alcançou seus objetivos, obtendo e fornecendo uma compreensão detalhada do comportamento autolesivo, incluindo seus fatores de risco e preditores, na população adolescente.

Forças e limitações

Sobre os pontos fortes deste estudo, incluem-se principalmente: (1) o fortalecimento da escassa literatura dos SIBs em amostras de adolescentes não clínicos e de sua validade transcultural; e (2) a adesão rigorosa a métodos sólidos, tão qual se evidencia na apresentação detalhada de ambos os estudos. Coletivamente, estes fatores contribuem no posicionamento deste estudo como relevante e de implicações possivelmente expressivas para a prática clínica e a formulação de políticas públicas. Quanto a suas fraquezas: (1) desenhos transversais presentes tanto na estrutura estudo empírico quanto na maioria dos relatórios incluídos na revisão restringem interpretações mais causais das relações entre fatores de risco e comportamento. Por fim, (2) o método de amostragem não probabilística utilizado no estudo 2 limita a generalização dos achados para uma população mais ampla.

Recomenda-se que pesquisas futuras enfatizem a investigação de relações sequenciais e a longo prazo através de estudos longitudinais de ondas múltiplas. Além disso, estudos de análise de rede podem oferecer insights mais sólidos sobre como fatores de risco e comportamentos interagem e retroalimentam-se, contribuindo para abordar inconsistências contemporâneas. Para tais metodologias—mas não somente—a inclusão de amostras mais amplas e menos restritivas pode ser especialmente útil.

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Anexos

Anexo 1. Giotto di Bondone. (c. 1306). *Disperazione*. [Afresco, 120 x 60 cm]. Cappella degli Scrovegni (Capela Arena), Padua, Itália.