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Youth on Edge: the teenaging or sickening dilemma

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ABSTRACT – Youth on Edge: the teenaging or sickening dilemma. The growth of self-inflicted skin lesions and the increase in suicide rates in younger age groups show a deep malaise in contemporary adolescents. The trend towards medicalization of various aspects of life has produced a reductionist approach to these phenomena, making it difficult to set boundaries between adolescence and illness. The Covid-19 pandemic accentuated the psychological distress among the adolescents. As an alternative to the medicalization of subjective crises, it is necessary to give a voice to the young people so that they can transform anguish and dismay into an active participation in the process of changing society.
Keywords: **Adolescence. Medicalization. Psychoanalysis. Self-Inflicted injuries. Covid-19.**

RESUMO – Uma Juventude à Flor da Pele: o dilema de adolescer ou adoecer. O crescimento das lesões de pele autoprovocadas e a elevação das taxas de suicídio em faixas etárias mais jovens indicam um profundo mal-estar no adolescer contemporâneo. A tendência a medicalização de diversos aspectos da vida tem produzido uma abordagem reducionista desses fenômenos, dificultando o estabelecimento de fronteiras entre o adolescer e o adoecer. A pandemia do Covid-19 acentuou o sofrimento psíquico entre os adolescentes. Como alternativa a medicalização das crises subjetivas é necessário dar voz aos jovens para que possam transformar a angústia e o desalento em participação ativa no processo de mudanças da sociedade.
Palavras-chave: **Adolescência. Medicalização. Psicanálise. Lesões Autoprovocadas. Covid-19.**

Introduction

When talking about self-inflicted cuts and teenage suicide, one can recall the Brazilian author Lima Barreto (1988, p.148) in *O cemitério dos Vivos* (*Cemetery of the Living*), when he referred to the *several and infinite ways* which madness is composed of "[…] it is possible that scholars may have been able to break them down in one single classification, but when it comes to the layman, it presents itself like the trees, the bushes and the liana's within a forest: it is a myriad of different things". Within this context, we use the term *madness* not as a designation for mental disorder, but according to the third entry of the Houaiss dictionary (Houaiss; Villas, 2001, p.1785): "[…] an extravagant act or speech that might seem unreasonable; an attitude or behavior which denotes lack of judgment, sense, discernment (as one may behave likewise)". Such remark is imperative as it became a rule within the medical community to classify teenagers who cut themselves, who discuss the topic or attempt suicide as people suffering from mental disorders. It is undeniable that, in certain cases, there is the possibility of a psychiatric diagnosis. However, in most cases, one may consider the aforementioned *unreasonable acts or speech* ("[…] irrational or overcome by emotion", according to Houaiss and Villar (2001)). Needless to say, such acts and allegations are worth of attention and care. Moreover, the expansion of these events on young teenagers is a cause for great concern and it points out a deeply seeded malaise with contemporary *teening*.

In April 2018, the suicide of two teenagers, both of whom students of a traditional school, members of São Paulo's elite, contributed to the public commotion regarding the increase in teen suicide rates. Their deaths happened within a 15-day interval and the visibility received intensified the debate amongst psychiatrists, psychoanalysts and educators. If the mobilization from the schools constitutes a legitimate concern, the observed responses do not always lead educators towards a broader comprehension of the issues involved. Widening the perception of education professionals towards the psychic suffering faced by young teenagers can help avoid a reductionist line of thought that may transform pseudo solutions into new issues.

Why not attribute the expansion of self-harming acts exclusively to the increased prevalence of mental disorders? We need to point out the limits of pathologizing and medicalizing adolescence because the unavoidable pain in the teenaging process has been receiving standard responses such as being labeled as a disease or being irresponsibly medicated, which distorts the limits of medical interventions and facilitates the development of precocious careers of mentally ill.

The definition of *medicalization* comprehends the expansion of medical control over the issues related to life as a whole, such as evolutionary crisis, consumption habits, sadness, excessive work effort, etc. Besides this overall definition, one can add the term *medicalization* as an excessive use of medication, following the logic of expanding diagnosis and the use of such medications as a way of treating a scope of

conditions, which were previously treated without the involvement of a medical professional. (Giddens, Sutton, 2017).

Teening or sickening?

To become a teen or to fall ill, here lies a dichotomy that can be explored when it comes to teenage mental health. Issues related to the crossing of the adolescence period and the research of the frontiers between what the normal process of becoming a teenager would be and the possibility of the triggering of psychopathological conditions related to this particular age period are at stake. The process of adolescence has the potential of creating destabilizing situations for the psychic economy, such as moments of varied definitions within the sexual, professional and family fields, raising issues that some individuals may not be able to overcome.

To teen means to enter the adolescence phase: to be in a growing process. Its Latin etymology refers to "[…] to develop, to grow, to sprout, to thicken, to become big, to become strong". To become ill means "[…] to be diseased or sick, to whither, to become infirm". Figuratively speaking, it could be viewed as "[…] to acquire and/or to present a moral flaw (to become sick with presumption, vanity or pride)". The Latin etymology refers to "becoming afflicted, bitter or aggrieved" (Houaiss; Villa, 2001, p. 88-89).

Meandering through the distinction between the terms *teening and sickening* is not a task merely based on linguistics, although both words may sound similar. The exploration of the differences between such etymologies leads us to the core of a controversial issue. While the importance of both mental health issues concerning the adolescence period and youth deserve a unanimous recognition, their causes and resolutions are far from reaching a consensus. To become a teen and to become ill are commonly mistaken within the health and the education fields, with significant consequences to the youngsters, their families and institutions such as schools and the judicial systems.

Rephrasing the questions in other terms: how can anyone concerned with contemporary adolescence evaluate its developments? Does a new social terrain interfere with its *sprouting* and *growth*, while one is not able to identify properly the changes within this soil, a fundamental aspect to comprehend today's youth? Is there a moral sickening and has the post-modern youth lost its capacity to discover new ways to form bonds with others? Are there factors, which are not entirely clear, which are able to create new mental illness epidemics in the adolescents - and do these diseases need to be diagnosed and treated early? In order to formulate answers with the ability to guide us through the process of interacting with teenagers and young adults we must, first of all, take a stand regarding these questions.

We begin by exploring the contemporary social crises as a way of causing psychological distress**.** Major technological transformations seem to enable an improvement in life as a community and promote

better conditions for work and income. However, the idea of *progress* was shaken by the exacerbation of old problems, as well as the development of new ones. Piketty (2020) singles out two of such problems: the increase in inequality and global warming, both of which contribute to a *deeply seeded questioning of the very idea of progress* (p. 573). The disturbance caused by this notion that, until recently, was highly valued by contemporary society, presents a direct impact upon the lives of newer generations.

In the context of fast paced social change, conflicts regarding issues related to gender, labor, education and family should be taken into account if we wish to address adolescent mental health. Rather than a mere age group or a crisis within the course of life, nowadays the youth are a privileged field for experimentation and the suffering caused by finding oneself within a world where the markings that could act as guiding points for the individual's path have been erased. What does this mean? With the modernization of occidental societies, the demarcations and rites that could once point out an individual's place within the world have been lost. In fact, one could not even speak of individuals within pre-modern societies: it was all about members of a social ensemble (clan, tribe or caste) which went through certain rites of passage as a way of ascending to a stable position within their social group (Saggese, 2001). With the changes imposed by modernity, other less determinant indicators of passage took the place of those used by pre-modern societies as a way of clearly marking the transition from childhood to adulthood, thus creating what we now define as adolescence. Amongst the contributions for the transformations of age structure of the course of life, Ariès (1978) refers to the educational organization and the polarization of the 19th century social life around the family. Ariès points out that, when it comes to education, as an environment separate from the family, schools took on a role greater than that of a place for mere formal learning, becoming the first and foremost venue for child socialization, a role that once was mainly carried out by the family. It is there that students are allowed to be faced with different ways of being and living in the world, as well as constructing social and moral values of great importance for their adult life.

The school now becomes a privileged *locus* where the project of modernity unfolds, which, breaking with tradition, forced the individuals to seek their own paths. It started, more precisely during the 20th century, the passage through a period that we called *adolescent crisis*, being an age period during which there is a sort of societal license for being neither a child nor an adult.

By the end of the 20th century, we enter upon a period denominated by many scholars as *Postmodern* (Lyotard, 1993): where all truths would be relative, with disbelief *towards metareports* (Lyotard, p.xvi), that is, a pulverization of knowledge or a marketplace of contradictory beliefs. Giddens (1991, p. 29) speaks of detaching as a way of referring to "[...] the displacement of social relations from local contexts of interaction and their restructuring across indefinite extensions of time-space". The process of individuation goes through a significant change in in-

dustrial societies, thus becoming a "[compulsion] for the fabrication, self-project and self-presentation not just of one's own biography, but also of their commitments and articulations as the stages of life change" as pointed out by Beck (Giddens; Lash; Beck, 2012, p. 32).

We can trace this gradual detaching and the need for the young individual to *fabricate* his or her *self-project* and *self-presentation,* by following the ever-pioneering clues presented by artists. Goethe (1981, p. 51), the great German author of the transition between the 18th and 19th centuries wrote the following verses in his work, *Faust*:

> What you inherited from your parents
> Conquer it, so that it belongs to you
> That which isn't seized is a heavy burden
> Only what is created by the moment is what can be enjoyed.

The verse may be interpreted as a stimulus for the modern youth leaving the closed medieval world aiming at transforming what was passed on by previous generations, updating it and making such traditions as something useful in their lives. In this case, we have the encouragement of the youth rebellion which points out the need of not letting the past become a burden, enhancing the importance of glazing upon the time where one is living, with the transformations that were brought upon newer generations. However, beware: Goethe's illuminist optimism referred to a world when transformation was regarded as progress; progress as hope; the new as the projection of a better future. The bond with the past, a root that needed air, light and room to grow. We shall look back upon what was said earlier regarding the Latin etymology of *teening*, which refers to developing, growing, sprouting, thickening, becoming large, becoming strong. A crisis of growth: this could be and optimistic look upon the adolescence crisis. Nonetheless, is that the context that can be seen nowadays?

A young person ponders about the values inherited from their parents. The very idea of inheritance is dissolved throughout the post-modern atmosphere, especially when it comes to the cultural inheritance and the inheritance of life projects. A key institution for the construction of a future, the school, is faced with questions regarding the new means for the acquisition of knowledge. Just as the value of face-to-face classroom teaching methods was being confronted with what would be the immense possibilities of acquiring knowledge from *Googlean* sources, the outbreak of a pandemic changed the entire outline. Ronchi (2020) clarifies: "If the school were a mere transmission of knowledge between a source and a recipient, remote schooling would not be a defective copy of the face-to-face classroom teaching, but rather its complete fulfillment". Nevertheless**,** that was not the case. What was actually noticed was the reaffirmation of the need for a living presence of the other as an intrinsic condition for such a transmission. Ronchi (2020) continues: "the living presence made its full relevance to didactics when objective conditions interdicted it". This is an issue which directly affects educators, whose presence as the *Other* outside the family sphere proved itself to be essential for the unfolding of the learning process. Nevertheless,

a question remains unanswered: which place should this adolescent *Other* occupy other than that of tradition?

Another important issue to which tradition does not provide any answers whatsoever is that of gender identity. Once again, the school becomes involved as a battlefield for most of the conflict between society's conservative attitudes and the new ways by which the youth experience the sharing of sexes. Heteronormativity seems to be an unhelpful burden, a hindrance to the fuller realization of young people's sexuality and affectivity. A growing reactionary wave is surging against what is now being referred to as gender ideology. Critics base themselves upon the idea that there is a deliberate course of action to legitimize the notion of variability regarding gender identities. Accusations are made regarding the existence of plots to incite, particularly children and young people, to adhere the identitarian laxity towards the gender to which they would *naturally* belong. This alleged naturalization is unaware of all the social factors that exert influence over the issue of gender identity. They overlook the fact that the opposition between what feminine is and what masculine is nothing more than an active construct that begins in childhood. When one wishes to compliment a girl, the tendency is to say that she is *a princess* (or that she is beautiful, dutiful and domestic), but never that she is a warrior. To the boys, on the other hand, it is said that he is manly, with a clear praiseful connotation, avoiding to the affirmation that he is delicate. In Butler's (2004) descriptions, gender is not something inherent in the body, but an unstable social category, a performance that has the ability to change along with society.

As a counterpoint to this reactionary wave, new generations of liberal parents think that they can prevent their children from going through all the mishaps that previous generations went through. Thus, the contemporary world brings an additional demand to be politically correct, to raise children free from the prejudices and limitations that affected parents in previous generations. Both success and welfare also become mandatory, and children must be prepared to achieve them. Teenagers are expected to pass unscathed through all the risks entailed with discovery, of a wider world than the one they have known under parental supervision. Schools are obliged to ensure that children and young individuals not only learn, but they are also healthy, free, and disciplined. A legion of specialists is standing by to help teachers and parents when things seem likely to get out of hand: doctors, psychologists, psychoanalysts, speech therapists – the list may be interrupted here, but it is far from being depleted.

The description presented above will certainly be met with criticism, given the fact that childhood and youth can be met with quite different realities in Brazil, such as: neglect, abandonment and violence. Indeed, the two realities coexist. The middle and upper tiers of Brazilian society tend to fit the first description, while a significant portion of the child and youth population fits the latter. A great number of Brazilian families live in extreme poverty and the State does not assist them with the minimum conditions to provide their children with education

and health care. Still, many of these children are somehow looked after, i.e., they undergo police scrutiny; they are monitored by Children and Juvenile Courts, or they are driven to re-education institutions or shelters where their situation of vulnerability takes on psychopathological contours (Vicentin, 2010). In these institutions, specialized professionals such as doctors, psychologists amongst others can also be found. The main difference here is the constant presence of agents responsible for maintaining the order, even if reeducation process methods deemed inappropriate are required.

What could be the common aspect between the two outlined scenarios? We take the risk in stating it to be medicalization, with the attribution of psychiatric diagnoses that are abundantly available, both in specialized manuals and in the media and social networks. Needless to say, the evaluations applied to children and adolescents in the aforementioned scenarios are not at all similar, nor is the range of therapeutic options available in wealthy and impoverished environments the same. In other words, in the upper classes, diagnoses such as Panic Syndrome or Attention Deficit Hyperactivity Disorder (ADHD) are common, whereas for the less fortunate ones, Conduct Disorder or Antisocial Personality Disorder is prevalent. The arsenal of available medication also varies when different social classes are involved. On the one hand, for the privileged, there are the allegedly state-of-the-art drugs, recently developed by pharmaceutical laboratories, bearing seductive promises within their package inserts. On the other hand, for the poor, older medications, whose patents have already been broken, allowing governments to purchase them at low costs.

The two scenarios are built upon two different settings: public schools and private schools. Given the fact that public schools do not exclusively receive students from the poorer strata of society, therefore the difference mentioned here should not be considered in a stereotypical manner. As a general trend, the lack of investment by the state in public education system has led the country to witness a migration of the higher tiers of society to private education for decades.

The gap between the social classes and the school environments do not take away from universal increase of child and adolescent psychiatric diagnoses nor the alarming increase in prescriptions and the use of psychiatric drugs such as psychostimulants, tranquilizers, antidepressants and antipsychotics. On the contrary, the dissemination of medication usage comes with scientific (or pseudoscientific) justifications that could astonish a more rigorous epidemiologist. The autism diagnosis, for example, has grown twenty-fold in the last two decades; the Bipolar Disorder has been diagnosed 40 times more in the last ten years than in the previous decade (Frances, 2016). Here lies the question: do these conditions have the qualities of epidemic diseases transmitted by extremely virulent microorganism like coronavirus, or does this staggering increase in psychiatric disorders correspond only to the unjustifiable broadening of diagnostic criteria?

This equally abusive increase in diagnoses and its subsequent medicalization would already be a cause for concern on its own, but the situation becomes even more troubling when we observe that mental disorders in children and adolescents were the ones with the highest growth rates, and we take into account the words of American psychiatrist Allen Frances (2016, p. 124):

> When the adult market seemed to be saturated, pharmaceutical manufacturers broadened their consumer demographics by focusing on children - not surprisingly, all the recent outbreaks of psychiatric disorders have occurred amongst the young. And children are particularly eligible customers - get them early enough and you can have them forever.

It should be noted that Dr. Frances, who entitled his book *Saving Normal*, is far from being an antipsychiatrist, since he was the team coordinator responsible for the elaboration of DSM-IV, the most influential diagnostic manual of mental disorders in the world, produced by the American Psychiatric Association, currently revised and extended in its fifth version. Even a prominent figure in psychiatric mainstream seems frightened by the scale of what he helped to create.

Nowadays, psychiatric classifications have achieved a great cultural importance. The performative strength of its categories determines identities that are gladly accepted by the classifieds. In other words, people feel pacified by thinking that they have found, in a psychiatric diagnosis, an explanation for their emotional problems, which can be solved if they use the correct medication. As Safatle indicates (2016, p. 203):

> Because, initially, being sick is assuming an identity with great performative force. By understanding himself as 'neurotic', 'depressive' or someone who has 'borderline personality disorder', the subject names himself through a speech act capable of performatively producing new effects, expanding impossibilities and restrictions.

Such an identitarian performative force is implanted with the compliance of families and schools that can become unaccountable for the eventual failures of their educational projects. The assimilation of the diagnostic categories as an explanation by these institutions was only made possible by the change in the concept of stigma that once surrounded mental illness.

It is now a fairly common practice for the psychiatrist to be sought out as a source to confirm self-formulated diagnoses and prescribe specific medications previously chosen by the patient, usually with the help of Google MD, as one could refer to the wide variety of websites dedicated to health issues. In such cases, there seems to be a reversion of the marginalizing process that would be carried out, despite the individual, through the stigma of mental illness and the medicalization of their own vital afflictions.

The concept of stigma was mainly developed by Goffman (1988) as a way to devalue the individual's social relations, defined by the dis-

qualification of their full social insertion by other members of society. The author stresses, among other contexts, the emergence of stigmatization based on a medical diagnosis, through the alteration of the diagnosed individual's identity documents, thus compromising their full acceptance by society. In current days, young individuals themselves (as well as their families and schools) become their own agent of labeling. The demand for medication now becomes the logical sequence of their self-identification as belonging to a particular group: the bipolar, the hyperactive, those with panic disorder, etc. There seems to be an unrestrained reliance on science and technology, creating subjects that describe themselves in terms of neurochemical functioning (I have a serotonin deficit, therefore I am depressed; I have attention deficit hyperactivity disorder - ADHD - so I cannot pay attention in class nor achieve good grades). According to these *modern* conceptions, depression, anxiety, and compulsion would not require any psychic elaboration, but rather medical-based strategies to control suffering. Environmental factors that contribute to psychological suffering are disregarded, whether they are family conflicts, schools with failed educational projects, or socioeconomic crises.

Starting in the late decades of the 20th century a massive "[...] cerebralization of psychological suffering has occurred" (Vidal; Ortega, 2019, p. 21). In *Are We Our Brains?* the authors place the matter in a perspective that shifts away from science and towards historical genealogy:

> In short, from a human standpoint, the cerebral individual is neither derived from neuroscientific advancement nor from a biopolitical mutation of the late twentieth century. Both are relevant, but in terms of their importance for personalhood, they are best understood from a long-term historical perspective. For it is only this perspective that shows that, contrary to what neuroscientists tend to claim or imply, the conviction that we are our brain is neither a corollary of neuroscientific advances nor an empirical fact. It is rather a philosophical or metaphysical stand, even if some would claim it to be determined by science, which depends upon views regarding what it is to be a human being (Vida; Ortega, 2019, p. 42).

Hacking (2009), a philosopher who defines himself as a dynamic nominalist, that is, "[...] interested in how our naming practices interact with the things we name", presents interesting ideas regarding what designates *inventing people*:

> I don't believe that there is an overall story to be told about inventing people. Each category has its own history. If we want to present a partial framework in which to describe such events, we could think of two vectors. First is the vector of being labeled from above, from a community of experts who create a 'reality' that some people adopt for themselves. Unlike this is the vector of the autonomous behavior of the person who has been so labeled, which presses downward, creating a reality that each expert has to face (p. 128).

What could be happening regarding the widespread dissemination of psychiatric diagnoses, which have left the role of undesirable stigmas to be embraced as a reassuring identitary statement? There seems to be a successful merging of "[...] being labeled from above, from a community of experts", with a growing group of people who accept the reality of mental disorder as an anchor for their own identity. From all that has been presented, we can infer that, as they live in a period of intense identity vacillation, young people are more susceptible to the combination of psychiatric labeling and *self-labeling*.

Slashes between Life and Death

To criticize the medicalization of life does not mean to deny the psychological suffering of contemporary youth. As we previously mentioned, there is a growing concern with suicide attempts and other self-aggressive acts within this demographic. In a country like Brazil, where mortality from external causes among the youth is significantly high due to the elevated homicide rates, we must turn to epidemiological data to assess the real impact of suicide amongst the youth. Ribeiro and Moreira (2018, p.2828) present and comment on updated data concerning the issue. When analyzing the Brazilian situation in comparison with the international scenario, the authors state:

> In accordance with the longitudinal studies analyzed is the increase in mortality coefficients due to self-inflicted injuries in Brazil and an increase in the presence of different age groups among adolescents and juveniles in a prominent pattern. *The more robust and comprehensive series follow the tradition of the specialized literature and the internationally compared data regarding the increasing risk for the more youthful* (our emphasis).

In a survey to investigate the demand of appointments in the Psychiatry Service of Childhood and Adolescence of the Psychiatry Institute of the Federal University of Rio de Janeiro (*Serviço de Psiquiatria da Infância e Adolescência do Instituto de Psiquiatria da Universidade Federal do Rio de Janeiro*, SPIA/IPUB/UFRJ), the service coordinator stated that there has been an increase in cases of self-injury and suicide attempts in the 11-17 age range groups (Brazil, 2018). In 2018 alone, of the 156 adolescents who came to the service, 18.6% sought assistance for cutting and 9.3% for suicide attempts. These numbers are the highest in the historical series of demand for assistance in the Service regarding such issues.

A Brazilian survey (Rheinheimer et al., 2015, p.136) reveals the rise in self-poisoning in individuals between the ages of 8 and 17 in the southern region of Brazil. Between 2005 and 2012, the rate of suicide attempts by poisoning in children and adolescents rose from 25.12 to 35.24 per 100,000 inhabitants. However, that is not the most relevant data regarding the issues we are investigating; what is striking in these cases is the extensive use of psychotropic drugs: 23.47% used antidepressants and 20.76% used tranquilizers. In other words, in almost half

of the cases the agent of the suicide attempt was a medication that was allegedly being used to treat mental disorders. In the absence of more specific research, the very least that can be said is that the easy access of children and adolescents to psychotropic medications may not be part of the solution; on the contrary, it may actually be part of the problem.

The rise in suicide rates within younger age groups raises a social concern about the fate of a youth that seems so disillusioned with life at such an early age. On the occasion of the aforementioned social reaction to the successive suicides of two teenagers in the state capital of São Paulo, Eliane Brum (2018), a journalist from El País, addressed the issue in a very lucid way, starting to consider the problem from a collective angle, raising the question of whether we should be surprised if, "[...] in a dystopian world there would be fewer young people struggling to find meaning in the face of despair. Her argument goes on to inquire about the relationship between the individual and society: "If each case is a case, the meaning of being an adolescent in this particular era cannot be deleted from any answer that intends to be an answer. Open, under constant construction, but an answer".

If a young individual makes a suicidal attempt, for example by ingesting an excessive amount of medication, it has become a common conclusion that they are trying to attract attention. This is an issue we should really pay attention to, since there is an undeniable indication of suffering that we cannot ignore. It becomes plausible to ask why this is the only possible strategy to indicate the relevance of their suffering to others. Suicide attempts must be taken seriously even though they do not always indicate that the young person has an illness which needs to be treated with medication and long-term psychiatric interventions.

Our previous considerations lead us not to regard the increasing difficulties in crossing adolescence with astonishment, nor does it surprise us that the events of self-injury and suicide among adolescents are presented as fruits of the expansion of mental disorders within the young population. We have already discussed the underlying aspects of this kind of interpretation and the detours to which they conduct us. In order to clarify once again, the reading of social phenomena exclusively from a pathologizing perspective leads us to more and more medicalization of vital events. The purpose of this critique is not to undermine the confidence of professionals who deal with the problems of the youth. The intention in criticizing medicalization is to draw boundaries between hope and magical thinking, between trust and credulity, and between science and imposture. Such a boundary helps schools to rethink their role as a mere support in the process of medicalization of the youth. It can be said that, despite multiple challenges, the school is an indispensable asset for the psychosocial development of the student and, in such a process, the Other/teacher has an important role in not contributing to generate a psychopathological verdict, but to be an important reference in listening to the identity transformations which cross new generations.

Adolescence, Pain and the Verdicts of Others

We cannot contradict our initial statements which were inspired by Lima Barreto (1988) and which signal the acts of self-injury as a myriad of different things. This option refers to the refusal to participate in the classificatory reductionism without, nevertheless, failing to examine through the lenses of psychoanalytic theory certain lines of force that lead to an actual expression of psychic suffering. To this end, we will mention some statements made by adolescents undergoing analysis[1] that may provide some clues to the understanding of issues involved in these acts. These are metapsychological questions that do not intend to exhaust the subject, but rather illustrate the existence of other means of comprehending the problem beyond psychiatric diagnoses. The purpose here is to present how reductionist it can be to attribute a diagnosis in order to explain more complex acts that can occur both within the context of the family as well as in the context of the school.

Carla's mother says, after her daughter has exaggerated the amount of salt in her food: you are good for nothing. Carla immediately goes to the bathroom and cuts herself on the finger with a razor. She states that she wanted to *diminish the pain, to shift the pain from one place to another.*

In *Beyond the Pleasure Principle*, Freud (1986d, p.29-30) addresses the displeasure produced by bodily pain, pointing out that the anti-stimulus protection of the psychic apparatus has been perforated. He then conjectures on the reaction of psychic life when faced with this intrusion:

> From all parts, the energy of investment is mobilized in order to create, around the point of intrusion, an energetic investiture of corresponding levels. An enormous 'counter-investment' is produced in favor of which all other psychic systems are impoverished by, in a way where the result is an extensive paralysis or lowering of any other psychic operation. (Author's own translation from Spanish).

As for the reflection regarding cutting oneself, we are interested in the question of the lowering of any other psychic operation. We could translate this decrease as an impediment of thought; as an interruption of the significant chain that could constitute a symbolic trail for the psychic conflict. The paralyzing effect of pain on the psychic apparatus may be the most immediate effect of the cut. We want to contrast this effect precisely with another reading that would see cutting as a metaphor for psychic suffering. There is, in our point of view, no such metaphorical possibility, given the fact that the effect of the pain from the cut is exactly the momentary paralysis of any possibility of inscription within language.

Freud (1986f, p. 160) revisits the problematic of bodily pain, now including the bias of narcissism, in order to rephrase what he had stated in the text previously cited:

> From the root of bodily pain a high investment is generated, which one should designate as narcissistic, from the painful location within the body; this investment increases more and more and exerts an draining effect upon the self, so to speak (Author's own translation from Spanish).

The effect of the pain produced by cuts on the skin is the emptying of the "I", preventing the registry of anguish that, even if produced by a pulsive excess, must be registered by an "I" that, in Freud's words, is paralyzed, with its possibility of psychic operation diminished. An organ, the skin, through its numerous nerve endings, is a good fit in this example of the action of pain over the psychic apparatus. The term pseudopulsion (a hapax in his work?), used by Freud (1986c, p. 141) in the article The Repression, highlights the importance of the effect of pain as an external stimulus to trigger an internal stimulus on the self, which would concentrate on reacting to this source, paralyzing its capacity to react to other stimuli capable of generating anguish. The primary function of the cuts would be to appease, with physical pain, the moral pain that is difficult to process, that is, to pass the pain from one place to another, in Carla's words.

Joana's mother scolds her harshly for some failure while taking care of her younger siblings and the house. The teenager claims that the bucket overflowed - this is her explanation for why she cut herself seriously, causing a hemorrhage. She states that she tried to be righteous to please her mother. Since the cuts bled excessively, she asked her mother for help. The mother refused to take her to the hospital in fear that authorities would take away custody of her daughter.

Regardless of the seriousness of the consequences, the stories presented by the adolescents[2] under analysis include accounts of words that came from someone significant and that induced an almost immediate passage towards violent acts against themselves. How can one comprehend such a relationship?

Starting from the anguish caused due to the death of melancholia, Freud (1986e) points to the explanation of the radical renunciation of life that occurs in the self upon the loss of love: "Indeed, to live has for the self the same meaning as to be loved: it wants to be loved by the superego, which also presents itself in this as a subrogate of the this" (p.58, our translation from Spanish). This close relationship between being loved and the survival of the self can be understood by tracing back the origins of the superego. Freud (1986g, p.120) follows the path from the child's helplessness and dependence to the establishment of the critical instance. This path passes through "[...] [anguish] in the face of the loss of love. For this helpless being, the risk presents itself as insurmountable:

> If the love of the other is lost, upon whom one is dependent, one is also left unprotected against diverse dangers, above all against the danger that such a powerful person will show superiority in the shape of punishment. (Author's own translation from Spanish).

The path becomes more tortuous when the authority of this other "[...] is internalized by the establishment of a superego (p.121). Beyond the internalization of this other, Freud (1986g, p.121-122) will also point out a peculiarity of the moral conscience that contradicts common sense:

> The more virtuous the individual is, the more severely and suspiciously he or she behaves, so that precisely those who attain greater sanctity are the ones who most bitterly reproach themselves for their sinful condition (Author's own translation from Spanish).

If the speech, amplified by the power of the *superego*, gains a threatening aspect, which particularity of the teenager could accentuate the impact of what is heard as an insult or reprimand?

The history teacher wants to discuss gender issues with the class. Pedro (16 years old), one of the students, demonstrated his anguish about reflecting and discussing his sexuality and his dissatisfaction with having to go to school where the subject was being addressed. The adolescent reported to the therapist to feeling attraction towards boys and was concerned that people would ask him about his sexuality. He got into a serious conflict with the teacher, bordering on a physical confrontation, assuming that the teacher would start asking him personal questions about his sexuality.

Soler (2018) sheds a little more light on the relationship between the adolescent and the *Other*, referring to the words in which something is attributed to the subject as the verdicts of the *Other*. These signifiers become injurious when a subject perceives himself as diverse from the qualification thrown at him, but he does not know in which identity place to place himself. Soler (2018, p. 18) adds:

> Thus, the affirmation that comes from the Other, be it familiar or social, can spontaneously cause the question of a subject's true identity to arise. This phenomenon is electively produced during adolescence, although not exclusively, and it is understandable why. Adolescence is a time when the professional, family, and sometimes sexual status that underlies one's social identity is suspended.

This hesitation of identifications, typical of adolescence, could amplify the incidence of the power of words over the youngster. Conversely, it would accentuate the power of such a voice that binds them to the *Other*, leading them into submission or refusal, marked by radical acts, as they continue to listen to it. Psychoanalysis helps us unveil the frameworks of the subject's constitution and its position in relation to the *Other*, allowing us to extract elements to broaden our knowledge about the subjectivity of adolescents and its relation to the development of self-injury symptoms. At school, there is an encounter with someone who assumes the place of a privileged *Other*: the teacher. In a text from 1914, Freud describes the relationship between students and teachers

> Deep down, we felt great affection for them, if they provided any basis for it, although it cannot be said how many were aware of it. We were, from the beginning, equally in-

clined to love and hate them, to criticize and respect them (Freud, 1986b, p. 249).

While rereading Freud's words more than a century later, and after complex social changes, we can no longer endorse them *ipsis litteris*; nevertheless, something still remains from the student's position vis-à-vis the master. Even at times when the place of knowledge is constantly being questioned, the growth of the wandering identity among young people does not eliminate the power of one *Other's* verdict pronounced by the teacher, but rather amplifies it, be it in the dimension of hate or love.

And now, for the Future

If there is a youth on the edge, we are driven to believe that there is also a society on the edge. We cannot dissociate the psychic suffering of adolescents and young people from the general conditions of the times in which they currently live in. In every sense, adolescence bears a relationship with society – be it in its constitution as a critical age period; be it in the response, under the form of medicalization, that contemporary life reserves for the suffering of the young. The lack of symbolic paths to lead to some identity stabilization has enabled the opening of the wide avenue that allows the pathologization of life. For this construction, economic interests converge that can unfold from the psychic economy to the truly monetary one. This association leads us to value the interventions to be made in the psychic economy while also thinking about broader social changes. The words pronounced by Freud in 1910 (Freud, 1986a, p. 142, our translation from Spanish), as part of his speech at the 2nd International Congress of Psychoanalysis, defending the transformative potential of psychoanalysis, may still be valid:

> But here is the main thing: all the energies that are squandered today into the production of neurotic symptoms at the service of a fantasy world isolated from effective reality will contribute to reinforce, if we cannot use such energies for the benefit of life right now, the clamor that demands those changes in our culture in which we discern the only salvation for future generations.

The major transformations that have been taking place in the last decades have produced a kind of generalized adolescence. What do we mean by this? That the state of passage, of identity destabilization, of uprooting from tradition, does not affect those who would go through an evolutionary crisis. Parents, teachers, and other figures who embodied the *Other* against whom new generations should fight in order to conquer independence, are no longer able to represent the marks of tradition from which the future would be formed. Everyone shares the same feeling of uncertainty, of disengagement, that is, of global and instantaneous interactions that subvert the notions of space and time.

We would not even need the Covid-19 pandemic to establish the fragility of contemporary man's position towards perspectives regarding the future. Nevertheless, its occurrence reinforces the conviction

that "In the greater order of things, we are just a species without a particularly significant importance" (Zizek, 2020, p.13. Our translation). The statement does not bring a new cosmological vision, but removes the idea from the intellectual circle that discusses Darwinian theories to the everyday life of the crowds, who gaze at times with hope to the powers of science, and at times deny the existence of the evident danger.

Even before more accurate research is conducted, claims that the viral epidemic will be followed by an epidemic of mental disorders are already emerging (Guessoum et al, 2020). The diagnoses that will be most in vogue have been listed (post-traumatic stress disorder, anxiety disorders, depressive disorders are among the most voted). Who knows, along with the long-awaited vaccines, whether pharmaceutical laboratories will flood the market with new and old psychoactive drugs, resulting in the pandemic as a new incentive for the process of medicalization of life.

How will the youth actually react? We have already addressed the power of words over adolescents, but such power is ambivalent: even if it ties them to the *Other*, it can also awaken a radical refusal to keep listening to them. Will the voices of the pandemic sound as dismay or as awakening? The cuts in the skin in which the adolescents perform are the manifestations of an anguish without having a voice to be heard; therefore, the pain takes its place. The extreme situation to which we have been led calls for unusual responses, including reforming the unequal society in which we live and changing the destructive relationship we have established with nature. It may be that young people will lend their voice to the demand for change, and anguish will find a way to flow into words.

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Notes

1 The names are fictitious, the situations were real.

2 The reference in female reflects the massive predominance of female adolescents seeking care from self-aggressive acts.

References

ARIÈS, Philippe. **História Social da Criança e da Família**. Translated by: Dora Flaksman. Rio de Janeiro: Guanabara,1978.

BRASIL, Heloisa Helena Alves. Demanda de Atendimentos no Ambulatório do Serviço de Psiquiatria da Infância e Adolescência do Instituto de Psiquiatria da UFRJ. In: CONFERÊNCIA NO CENTRO DE ESTUDOS DO INSTITUTO DE PSIQUIATRIA DA UFRJ, 2018, Rio de Janeiro. **Anais...** Rio de Janeiro: UFRJ, 2018.

BRUM, Eliane. O Suicídio dos que Não Viram Adultos nesse Mundo Corroído, **El País**, 16 jun. 2018. Available at: <https://brasil.elpais.com/brasil/2018/06/18/opinion/1529328111_109277>. Accessed on: 04 nov. 2018.

BUTLER, Judith. **Undoing Gender**. New York: Routledge, 2004.

ERIKSON, Erik Homburger. **Identidade, Juventude e Crise**. Translated by: Álvaro Cabral. Rio de Janeiro: Zahar, 1976.

FRANCES, Allen. **Voltando ao Normal**: como o excesso de diagnósticos e a medicalização da vida estão acabando com a nossa sanidade e o que pode ser feito para retomarmos o controle. Translated by: Heitor M. Correa. Rio de Janeiro: Versal, 2016.

FREUD, Sigmund. Las Perspectivas Futuras de la Terapia Psicanalítica. Translated by: José L. Etcheverry. In: FREUD, Sigmund. **Obras Completas**. Vol. XI. Buenos Aires: Amorrortu, 1986a. [1910]

FREUD, Sigmund. Sobre la Psicologia del Colegial. Translated by: José L. Etcheverry. In: **Obras Completas**. Vol. XIII. Buenos Aires: Amorrortu, 1986b. [1914]

FREUD, Sigmund. La Represión. Translated by: José L. Etcheverry. In: FREUD, Sigmund. **Obras Completas**. Vol. XIV. Buenos Aires: Amorrortu, 1986c. [1915]

FREUD, Sigmund. Más allá del Principio de Placer. Translated by: José L. Etcheverry. In: FREUD, Sigmund. **Obras Completas**. Vol. XVIII. Buenos Aires: Amorrortu, 1986d. [1920]

FREUD, Sigmund. El Yo y el Ello. Translated by: José L. Etcheverry. In: FREUD, Sigmund. **Obras Completas**. Vol. XIX. Buenos Aires: Amorrortu, 1986e. [1923]

FREUD, Sigmund. Inhibicion, Sintoma y Angustia. Translated by: José L. Etcheverry In: FREUD, Sigmund. **Obras Completas**. Vol. XX. Buenos Aires: Amorrortu, 1986f. [1926]

FREUD, Sigmund. El Malestar em la Cultura. Translated by: José L. Etcheverry. In: FREUD, Sigmund. **Obras Completas**. Vol. XXI. Buenos Aires: Amorrortu, 1986g. [1930]

GIDDENS, Anthony; SUTTON, Philip. **Conceitos Essenciais da Sociologia**. Translated by: Claudia Freire. São Paulo: Unesp, 2017.

GIDDENS, Anthony. **As Consequências da Modernidade**. Translated by: Raul Fiker. São Paulo: Unesp, 1991.

GIDDENS, Anthony; LASCH, Scott; BECK, Ulrich. **Modernização Reflexiva** – política, tradição e estética na ordem social moderna. Translated by: Magda Lopes. São Paulo: UNESP, 2012.

GOETHE, Johann Wolfgang von. **Fausto**. Translated by: Jenny Klabin Segall. Belo Horizonte: Itatiaia, 1981.

GOFFMAN, Erving. **Estigma-Notas Sobre a Manipulação da Identidade Deteriorada**. Translated by: Márcia Bandeira de Mello Leite Nunes. Rio de Janeiro: Livros Técnicos e Científicos, 1988.

GUESSOUM, Sélim Benjamim; LACHAL, Jonathan; RADJACK, Rahmeth; CARRETIER, Emilie; MINASSIAN, Sevan; BENOIT, Laelia; MORO, Marie Rose. Adolescent Psychiatric Disorders During the COVID-19 Pandemic and Lockdown. **Psychiatry Research**, 291, 113264. Available at: <https://doi.org/10.1016/j.psychres.2020.113264>. accessed on em: 22 out. 2020.

HACKING, Ian. **Ontologia Histórica**. Translated by: Leila Mendes São Leopoldo: Unisinos, 2009.

HOUAISS, Antônio ; VILAR, Mauro de Salles. **Dicionário Houaiss da Língua Portuguesa**. Rio de Janeiro: Objetiva, 2001.

LIMA BARRETO, Afonso Henriques. **Diário do Hospício**. O cemitério dos vivos. Rio de Janeiro: Secretaria Municipal de Cultura, 1988.

LYOTARD, Jean-François. **O Pós-Moderno**. Translated by: Ricardo Côrrea Barbosa. Rio de Janeiro: José Olympio, 1993.

PIKETTY, Thomas. Capital e Ideologia. Translated by: Dorothée de Bruchard e Maria de Fátima do Couto. Rio de Janeiro: Intrínseca, 2020.

RHEINHEIMER, B.; KUNZ, M.; NICOLELLA, A.; BASTOS, T. Trends in Self-Poisoning in Children and Adolescents in Southern Brazil between 2005 and 2013. **European Psychiatry**, v. 30, n. 8, Supplement, November 2015. Available at<https://doi.org/10.1016/j.eurpsy.2015.09.266>. Accessed on: 18/10/2020.

RIBEIRO, José Mendes; MOREIRA, Marcelo Rasga. Uma Abordagem sobre o Suicídio de Adolescentes e Jovens no Brasil. **Ciência & Saúde Coletiva**, Rio de Janeiro, v. 23, n. 9, p. 2821-2834, set. 2018. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S141381232018000902821&lng=pt&nrm=iso>. Accessed on: 04 nov. 2018.

RONCHI, Rocco. Didattica del Vírus. **Doppiozero** | 15 settembre 2020. Available at: <https://www.doppiozero.com/materiali/didattica-del-virus>. Accessed on: 18 set. 2020.

SAFATLE, Vladimir. **O Circuito dos Afetos**: corpos políticos, desamparo e o fim do indivíduo. Belo Horizonte: Autêntica, 2016.

SAGGESE, Edson. **Adolescência e Psicose**: transformações sociais e os desafios da clínica. Rio de Janeiro: Companhia de Freud, 2001.

SOLER, Colette. **Rumo a Identidade**. Translated by: Sônia Magalhães. São Paulo: Aller, 2018.

VICENTIN, Maria Cristina Gonçalves. Os 'Intratáveis': a patologização dos jovens em situação de vulnerabilidade. In: CONSELHO Regional de Psicologia de São Paulo; GRUPO Interinstitucional Queixa Escolar (Org.). **Medicalização de Crianças e Adolescentes**. Conflitos silenciados pela redução de questões sociais a doenças de indivíduos. São Paulo: Casa do Psicólogo, 2010.

VIDAL, Fernando; ORTEGA, Francisco. **Somos Nosso Cérebro?** Translated by: Alexandre Martins. São Paulo: N-1 Edições/Hedra, 2019.

ZIZEK, Slavoj. **Pandemic!** Covid-19 shakes the world. New York: Polity Press, 2020.

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