

**PSYCHOSOMATICS IN ADOLESCENCE: A PSYCHOANALYTIC PERSPECTIVE
ON SYMPTOMS**

***A PSICOSSOMÁTICA NA ADOLESCÊNCIA: UM OLHAR PSICANALÍTICO PARA OS
SINTOMAS***

***PSICOSOMÁTICA EN LA ADOLESCENCIA: UNA MIRADA PSICOANALÍTICA A
LOS SÍNTOMAS***



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ABSTRACT: This study aimed to highlight the main psychosomatic symptoms observed in adolescent students at a federal educational institution in the South of Minas Gerais. Through a qualitative, descriptive, and cross-sectional approach, six students were evaluated: three females and three males. The instruments utilized were a sociodemographic questionnaire and a semi-structured interview, whose audio-recorded content was fully transcribed and examined via Bardin's content analysis—a method consisting of investigating communications and diverse discourses to identify core thematic similarities. Data were collected regarding the students' profiles, the structure and dynamics of their psychic functioning, the most recurrent psychosomatic symptoms, and how these psychosomatic symptoms interfere with their mental health status. The findings revealed a high prevalence of anxiety symptoms, as well as significant depressive manifestations. It is crucial to highlight the relevance of the school healthcare team in implementing preventive actions and providing psychological containment during crises, alongside family support and a solid support network.

KEYWORDS: Adolescence. Psychosomatics. Mental Health. Psychoanalysis

RESUMO: *Objetivou-se evidenciar os principais sintomas psicossomáticos observados em estudantes adolescentes de uma instituição de ensino federal do Sul de Minas. Por meio de uma abordagem qualitativa, descritiva, com corte transversal, foram abordados três estudantes do gênero feminino e três do gênero masculino. Os instrumentos utilizados foram um questionário sociodemográfico e uma entrevista semiestruturada, com conteúdo gravado em áudio, transcritos na íntegra e analisados por meio da análise de conteúdo de Bardin, que consiste em analisar as comunicações e discursos diversificados, encontrando semelhanças nos conteúdos apresentados. Foram coletados dados referentes ao perfil dos estudantes, à estrutura e dinâmica do funcionamento psíquico, aos sintomas psicossomáticos mais recorrentes e como os sintomas psicossomáticos interferem nas condições de saúde mental. Os conteúdos obtidos evidenciaram a prevalência de sintomas ansiosos e, também, algumas manifestações depressivas significativas. Importante destacar a relevância da equipe de saúde na escola com ações preventivas e acolhedoras para os momentos de crise, juntamente com o suporte familiar e o auxílio de uma rede de apoio.*

PALAVRAS-CHAVE: *Adolescência. Psicossomática. Saúde mental. Psicanálise.*

RESUMEN: *El objetivo de este estudio fue evidenciar los principales síntomas psicossomáticos observados en estudiantes adolescentes de una institución educativa federal del sur de Minas Gerais. A través de un enfoque cualitativo, descriptivo y de corte transversal, se abordó a tres estudiantes de género femenino y tres de género masculino. Los instrumentos utilizados fueron un cuestionario sociodemográfico y una entrevista semiestruturada con contenido grabado en audio, los cuales se transcribieron íntegramente y se analizaron mediante el análisis de contenido de Bardin, el cual consiste en examinar las comunicaciones y los discursos diversificados para hallar similitudes en los contenidos presentados. Se recolectaron datos referentes al perfil de los estudiantes, la estructura y dinámica del funcionamiento psíquico, los síntomas psicossomáticos más recorrentes y cómo estos interfieren en las condiciones de salud mental. Los contenidos obtenidos evidenciaron la prevalencia de síntomas ansiosos y, asimismo, algunas manifestaciones depresivas significativas. Cabe destacar la relevancia del equipo de salud en la escuela mediante acciones preventivas y de acogida para los momentos de crisis, junto con el soporte familiar y el auxilio de una red de apoyo.*

PALABRAS CLAVE: *Adolescencia. Psicossomática. Salud mental. Psicoanálisis.*

INTRODUCTION

Adolescence can be defined as the period between the ages of 12 and 18. It is a stage of human development during which children undergo physical, mental, and emotional changes (Bee, 1997). This is an important stage for acquiring new skills and competencies, and it is a time conducive to interaction, broadening their interpersonal relationships. These influences contribute to the adolescent's subjectivity and personality. Bonds are formed and strengthened (Lane, 2006).

Imbalances and instabilities are situations that adolescents face due to their immaturity, which ultimately lead to insecurity, confusion, anxiety, and a sense of being treated unfairly and misunderstood by parents and significant others—all of which contribute to conflicts in their social interactions (Pratta & Santos, 2007).

Dejours (2019) asserts that psychic dynamics are interdependent with the biological body. According to Capitão and Carvalho (2006), the models of Freudian theory regarding hysteric conversion and current neurosis serve as key references in the evolution of concepts related to the psyche and the somatic.

McDougall (1997) adds that, when faced with events experienced as stressful, the individual has difficulty symbolizing and processing these events, which ultimately leads to somatic expressions throughout the body. That is, the person suffers from what they do not know how to cope with in a healthy way and manifests all their pain in their body through physical symptoms.

In light of the above, this article was conceived to present an excerpt from the master's thesis titled *Psychosomatics in Adolescence: A Psychoanalytic Perspective on Symptoms*, which aims, among other objectives, to delve into certain psychosomatic phenomena and highlight the most prevalent ones among adolescent students at a federal educational institution in southern Minas Gerais. The specific objectives are to present the profile of the students participating in the study; analyze aspects of the structure and dynamics of their psychic functioning; identify which psychosomatic symptoms are most prevalent among these adolescents; and analyze how psychosomatic symptoms affect mental health conditions from a psychoanalytic perspective.

METHODS

To achieve the objectives of this study, the methodological principles of qualitative, descriptive, cross-sectional research were employed. Three female and three male students from the Integrated Technical Program at the Federal Institute of Southern Minas Gerais, Pouso Alegre Campus, were invited to participate in the study. These students were enrolled in the Technical programs in Administration, Construction, Information Technology, and Chemistry. The sample was selected based on convenience.

The study was conducted at the Federal Institute of Southern Minas Gerais, Pouso Alegre Campus. For data collection, the institution's facilities were used—specifically, group meeting rooms and individual consultation rooms—to administer the questionnaire and conduct the semi-structured interviews. The research instruments included a sociodemographic questionnaire to characterize the participants and a semi-structured interview conducted in person, individually, audio-recorded, and transcribed in full.

First, the researcher sent an official email to the Director General of the Federal Institute of Southern Minas Gerais – Pouso Alegre Campus requesting a meeting to explain the project and discuss the start of activities. A research authorization form was submitted to the Director for approval and signature.

After receiving the Director's approval, the researcher personally visited the classrooms of the institution's integrated technical programs to briefly present the research to the students and invite them to participate. During the presentation, the researcher was accompanied by a staff member from the Student Assistance department. The researcher informed students who expressed interest in participating that recruitment would take place at the Student Assistance Coordination Office (CAE), directly with the researcher and/or the accompanying staff member mentioned above, in order to accommodate a wider range of schedules and preserve the participants' confidentiality. During recruitment, the student's full name, contact phone number (and those of their guardians), and institutional email address were recorded.

Subsequently, formal contact was made, and a copy of the Informed Consent Form (TCLE) and a copy of the Informed Assent Form (TALE) were sent via email so that the family could read them at home. Contact via telephone and online was also made with the guardians to explain the research and review the forms. After these steps, the researcher awaited the required signatures on the forms from both the student and their guardians, which were submitted in person at the meeting or on the day of the interview with the participants.

With the consent of the participants and their guardians, the researcher contacted the student to schedule a time for data collection. On the scheduled day, the details of the study were explained again, any consent forms that had not yet been submitted were collected, and the questionnaire and interview were administered, with the recording authorized by the student. At any time, the participant could withdraw from the study without any adverse consequences, choosing either to withdraw or to continue on another day.

With regard to ethical considerations, all phases of the study followed the guidelines, requirements, and recommendations of Resolutions No. 466/2012 and No. 510/2016 of the National Health Council, and the project was submitted to the Research Ethics Committee (CEP) of the Federal Institute of Southern Minas Gerais (Opinion: CAAE 74067323.7.0000.8158).

Data collection began with a sociodemographic questionnaire, followed by a semistructured interview. The latter proceeded as topics were introduced during the interview itself.

Regarding the semi-structured interview, the questions posed to the adolescent students focused on their understanding of the mind-body relationship; their concept of emotions and how these are expressed in the body (both positively and negatively); the identification of symptomatic occurrences in the body and what they were; whether they recognized the relationship between anxiety and the body; whether they recognized the relationship between depression and the body; whether they recognized the relationship between other mood disorders and the body; their knowledge of holistic health; how their clinical condition affects their studies and relationships; how they cope with symptoms when they arise; and whether they are undergoing any medical treatment for their symptoms.

During the transcription of the content, all participants' names were changed, and the recorded interviews were deleted to preserve the participants' privacy and identity.

The analysis and interpretation of the information gathered from the semi-structured interviews were conducted from the perspective of content analysis, as described by Bardin (1977). From this stage, five thematic categories emerged: A Healthy Mind, a Healthy Body; The Body Speaks; Anxiety-Induced Suffering: The Suffering Body; The Body That Cries in Silence; and The Same Being, Two Faces.

This study adheres to the principles of Open Science, with data and supplementary materials made available in a public repository.

RESULTS AND DISCUSSION

To reflect on adolescence is to understand that this stage of human development is a transitional period between childhood and adulthood, and that it differs psychologically and culturally across societies and among individuals from diverse cultures (Bee, 1997). It is a time of significant changes in the body, mind, and emotions.

The biological, psychological, and social changes experienced during adolescence give rise to new experiences defined by the intensity of feelings and by the questions that arise, accompanied by a turbulence of sensations that foster internal growth in the adolescent (Lamanno-Adamo, 2024). According to the author, it is a time of unchecked impulsivity, apparent aggression, heightened anxiety, somatization, isolation, apathy, and idleness, varying in intensity and duration.

According to Aberastury and Knobel (2003), during adolescence, the individual goes through three fundamental processes of mourning: a) mourning the loss of the child's body; b) mourning the loss of the child's role and identity, which forces the individual to give up dependence and accept new responsibilities that are often unfamiliar; c) mourning the idealized image of their childhood parents, a situation complicated by the parents' own attitudes, as they too must accept their own aging and the fact that their children are no longer children but adults—or are on their way to becoming so. Added to these forms of mourning is the mourning of childhood bisexuality, which has also been lost.

During puberty, rapid physical growth begins, along with the onset of sexual maturation. As a result of this process, the adolescent's efforts to solidify an identity and establish autonomy from the family are accelerated (Carter & McGoldrick, 1995). It is at this point that school plays a fundamental role in this development. According to Carter and McGoldrick (1995), social expectations emerge, change, and often conflict with the gender roles and behavioral norms imposed on adolescents by their family, school, peers, and the media.

School is an institution for education and personal development that fosters the socialization of adolescents. It is a place where the broader sociocultural context is reflected and brought to life, providing opportunities for diverse learning experiences and interactions (D'Avila-Bacarji et al., 2005).

According to Leão (2006), adolescents construct their identity based on their relationship with their environment, and school serves as a space that facilitates this process. It is a place that enables them to reflect on themselves and their behaviors in the face of the

challenges posed by daily social interaction, thereby promoting change and the personal development of students.

According to Gonçalves (2003), the formation of their subjectivity occurs through mediations—which, in this process, are social relationships—based on the language established primarily with their family, school, peer groups, and the institutions in which they are embedded.

Freud (1996a, 1996b) também estudou a fase adulta e observou que as experiências psíquicas das pessoas têm uma ligação do corpo com a linguagem. Dessa maneira, a Psicanálise colocou a origem do pensamento no corpo.

In psychoanalysis, according to Dejours (2019), a subject's psychic functioning is dependent on the biological body; thus, their psychic representations are interdependent. The observed psychopathological state of a patient should take into account disorders in their psychic functioning and thought processes, as well as alterations in their physiological and neurological functioning and anatomical organization (Dejours, 2019).

Psychoanalysis holds that the body expresses the dreams experienced by the individual, their fantasies, desires, suffering, the pleasure of affection—in short, everything that is latent (Latour, 2008). According to McDougall (1994), patients who have experienced developmental deficits and have been unable to cope with internal conflicts in a healthy manner are more susceptible to developing psychosomatic symptoms.

McDougall (1997) adds that somatizations are the result of an unconscious reaction to unprocessed emotional distress, representing an attempt at healing. He also discusses the difficulty of understanding psychological pain by naming it, articulating it, and experiencing it appropriately, thereby triggering in the body the discharge-act manifestations that constitute psychosomatic phenomena.

Taking these guiding aspects of the analysis presented below into account, we will now present the thematic categories that describe how adolescent technical education students at the Federal Institute of Southern Minas Gerais – Pouso Alegre Campus recognize psychosomatic manifestations in their bodies.

Category 1 – A healthy mind in a healthy body

Mens sana in corpore sano (a healthy mind in a healthy body) is a well-known Latin saying, inspired by the Roman poet Decimus Junius Juvenal in Satire X, which expresses the need to control one's thoughts and maintain the body's balance (Sanchez, 2017).

Today, this ancient saying has taken on greater significance, as it highlights that the mind influences the body just as much as the body influences the mind. Both are interconnected and can lead to either health or illness. According to Mello Filho and Burd (2010), the body and mind are indisputably inseparable; the human being is a holistic entity. The psychological and the somatic are one and the same. Certain illnesses are considered psychosomatic.

An analysis of the statements made by students Daniel, Ester, Isabel, João, Marcos, and Rute reveals a consensus that the body and mind are interconnected and that one influences the other. This can be observed in the following excerpts:

So, for example: if I'm, if I feel happy about something, I don't know, I'll feel good physically. But if I feel bad mentally, I feel bad physically, too. [Marcos, 17]

For me, they're interconnected, and they influence a person's behavior and the decisions they make. I think so, depending on what you think, your body will function in a certain way. [Ester, 17]

I think the mind, it drives our body in everything. Even when it's impaired, our body gets impaired... I think the relationship, it... I don't know exactly how to explain it; I think there's a more technical way to put it, but it's totally interconnected, and the body, it... It's as if it were dependent on the mind. [Rute, 17]

Alexander (1989) argues that emotional factors influence bodily processes. According to McDougall (1997), psychosomatic phenomena are closely related to a person's health or physical well-being as a whole. Thus, psychological distress and mental conflict can lead to psychosomatic manifestations.

According to Teixeira et al. (2021), the psychological and the somatic are interconnected, and it is through the body that the psyche acts to express its repressed feelings, sensations, perceptions, and symptoms. The authors note that one of the ways in which the individual becomes aware of their organs and body is precisely by manifesting illnesses that cause pain and suffering. This suffering leads to a shift in the dynamics of the libido, which was previously directed toward the object and is now directed toward the body's surface. In *Luto e Melancolia* (2010), Freud argues that, in mourning, the subject may be dealing with the loss of a loved one or the absence of something that holds greater significance for them—such as the

loss of their freedom, for example. The detachment from the lost object is gradual. Over time, the subject is free to invest in new objects.

According to Capitão and Carvalho (2006), psychosomatics studies the relationship between the mind and body and the process of illness. They further note that emotional processes influence physical disorders, increasing the risk of developing or aggravating a particular physical illness. That is, when psychological distress and internal conflict exceed one's usual capacity for tolerance—and are not recognized or processed—they result in an inability to symbolize these experiences, ultimately manifesting in the body through psychosomatic symptoms.

Smadja (2023) examines the relationship between a past or recent object loss and the onset of severe somatization. In fact, it would be the correlation between an unprocessed or poorly processed object loss and the onset of physical symptoms. In this study, the following process was observed with some frequency: a disorganizing traumatic event, followed by a longer or shorter period of symptomatic latency characterized by psychological silence, leading to the manifestation of the first biological signs of the illness.

Categoria 2 – O corpo fala

McDougall (1994) argues that somatization is a response to the mental pain experienced by the individual. The author links the onset of certain psychosomatic symptoms to the defense mechanisms the individual employs to cope with the distress they are experiencing, thereby maintaining a certain balance in their emotional organization

According to Freud (1996b), anxiety is characterized by a pronounced sense of displeasure, accompanied by unpleasant physical sensations that may be directed toward specific organs of the body. Thus, anxiety generates symptoms.

In the accounts provided by the adolescents Daniel, Ester, Isabel, João, Marcos, and Rute, the same symptoms of anxiety and stress were highlighted, with consequences that triggered psychosomatic manifestations.

I can understand that when I'm going through a crisis, whether it's stress, depression, or anxiety, my body either feels weak or becomes extremely stiff... When I'm having stress attacks or outbursts of anger, my body gets stiff and I feel the urge to move. When I'm having an anxiety attack, my body starts to tingle and itch. [João, 17]

Sometimes, I think that when I get really anxious, I tend to eat a lot of sweets. So, I eat sweets and end up gaining weight, and that affects me psychologically... And when I get really stressed out too, I don't sleep much, I get migraines, so they get really bad and I'm in a lot of pain. [Ester, 17]

There was a time when I suffered a lot from anxiety and things like that. I had a lot of rashes on my body, usually on my hands and feet... And after I found out through research that it could be something psychological, I sought treatment, and it really cured me. So, it might not have anything to do with it, maybe just for a while, but I believe it was cured because of that. [Rute, 17]

Students João and Rute exhibit a similar type of psychosomatic manifestation, namely physical allergies. As we can see from their statements:

When I'm having an anxiety attack, my body starts to tingle and itch... [João, 17]

I used to have a lot of rashes on my body, usually on my hands and feet. [Rute, 17]

Given that individuals react to psychological distress by manifesting their pain and suffering in their bodies, these psychosomatic symptoms ultimately affect these adolescents' mental health. It is expected that people tend to somatize whenever internal or external circumstances exceed their threshold of psychological resilience (McDougall, 2013).

According to the author, rather than feeling the corresponding pains and psychologically processing emotions such as anxiety and internal conflicts, the individual ends up expressing their suffering through their body, which gives the body a containing role. In psychosomatic states, an organ or bodily function with no direct connection to organic disorders ends up acting as a psychological response to a conflictual situation perceived by the individual as a biological threat (McDougall, 2013).

Adolescents undergo considerable transformations, engaged in an intimate process of reevaluating their inner world and childhood legacies, while also experiencing significant bodily changes and perceiving external reality through the lens of their introspection (Sade & Malcher, 2023). Sade and Malcher (2023) add that the process of change adolescents experience is a blend of external and internal factors that influence this process of introspection, along with perceived external events, the search for autonomy, identity, and recognition by others, as well

as their integration into a diverse context, which can leave adolescents with emotions that may lead to psychological distress and crises such as anxiety, anguish, and depression.

Category 3 – Anxiety-inducing suffering: The suffering body

According to the DSM-5 (APA, 2014), anxiety disorders are characterized by fear, excessive anxiety, and related behavioral disturbances. This anxiety is experienced as an anticipation of a future threat. Anxiety is most often associated with muscle tension and vigilance in the face of future danger, as well as cautious and avoidant behavioral responses.

Anxiety is generally experienced as unpleasant. It is a sensation of fear, apprehension, tension, or discomfort stemming from the anticipation of danger or something unknown or unfamiliar to the individual (Castillo et al., 2000).

Symptoms of anxiety are observed in the somatic manifestations presented by the adolescents, such as in the physical reactions they exhibit. This is evident in the accounts of Daniel, Ester, Isabel, João, Marcos, and Rute. Rute no longer experiences these symptoms at present.

Sometimes, I think that when I get really anxious, I tend to eat a lot of sweets. So, I eat sweets and end up gaining weight, and that affects me psychologically. Ah... I get shaky; I feel hot, I start shaking, I feel hot, I feel more tense, and then I end up becoming more—how do you say it?—I become quieter. Sometimes I pick at the corner of my fingernail, tapping my fingers like this until I calm down. [Ester, 17]

There was a time when I struggled a lot with anxiety and stuff like that. I used to have a lot of rashes on my body, usually on my hands and feet... No. It's been a long time since I've had them. Ever since I started at IF, since these things are more specific to IF. There's a lot of pressure on the students, a lot to do. But as far as anxiety and things like that go, I haven't had them anymore. [Rute, 17]

Yeah, I feel like when I'm in a more anxious state, I usually experience the typical symptoms, you know? Butterflies in my stomach, intrusive thoughts that keep getting worse, you know? I can't get them out of my head; I can't post them on Moodle... They just keep hammering away in my head. [Daniel, 17]

Ester, Isabel, and Marcos, on the other hand, are more likely to develop problems related to the stomach, an organ that ends up being the repository of their most distressing issues.

Yeah, I don't feel like eating, you know? Sometimes I'm, I'm hungry, but I look at the food and, I don't know, it's like it's going to hurt me, you know? So I end up not eating. [Marcos, 17]

Sometimes, I think that when I get really anxious, I tend to eat a lot of sweets. So, I eat sweets and end up gaining weight, and that affects me psychologically. [Ester, 17]

So, with the conditions I have, the main symptoms are: a burning sensation, because of the gastritis—gastritis gives you that heartburn feeling, right? [Isabel, 17]

According to Silva Filho and Silva (2013), normal adolescence involves brief periods of anxiety, particularly regarding competence, abstract threats, and social situations. A sense of adaptation to emerging stressors is necessary, in accordance with the different stages of human development. The authors add that, for a condition to be classified as an anxiety disorder in adolescents, it is necessary to assess the degree of impairment and the extent to which it interferes with their daily functioning. To differentiate and distinguish between normal and pathological conditions, one must consider the intensity, duration, frequency, and recurrence of symptoms, as described in manuals such as the ICD and the DSM.

Category 4 – The body that cries in silence

Cassorla (2024) draws on psychoanalysis to address the emotional turmoil that adolescents experience during this highly significant phase of their lives. These conflicts stem from the distress caused by physical and emotional changes, social interactions, entry into the adult world—in short, everything that this transition entails.

According to Del Porto (1999), feelings of sadness and joy are essential emotions in normal psychological life. Sadness emerges as a universal human response to situations of loss, grief, defeat, frustration, and other adversities. When symptoms are more severe, causing harm to a person's life and persisting for a longer period, they become a warning sign of established depression.

Feelings of sadness and emptiness are not always the most obvious. Often, other symptoms are evident, such as a loss of pleasure in activities in general—especially those that previously brought joy—a reduced interest in one's surroundings and interpersonal relationships, fatigue, loss of energy, complaints of excessive tiredness, apathy, sluggishness, and psychomotor retardation, among others (Del Porto, 1999). It is a body that cries in silence.

The adolescents Daniel, Ester, Isabel, João, Marcos, and Rute are able to recognize some more depressive symptoms. Although Isabel is unable to connect depressive aspects with physical reactions, she is able to observe a change in her behavior. It is also important to note that Ester mentions a certain severity in her symptoms, as she engages in self-harm. In such cases, it is always recommended that the student seek specialized medical care and talk to their support network. For adolescents, contact with family is important for discussing what has happened and for follow-up care. Psychiatric and psychological follow-up are essential during this period of illness.

Two other students described these symptoms, both past and present, with self-harm as a factor indicating severity. However, most report feelings of sadness and a desire for isolation. Rute noticed the more depressive aspects during a previous period, while Daniel is experiencing them currently.

I've had depression once before. Yeah, I tried to hurt myself. So, I know more or less what it's like. But I think that these days, I have fewer depressive symptoms than before. Sometimes I feel really sad, so much so that I just stay in my room... But that's something that rarely happens—me getting really depressed, feeling really down, staying in my room a lot when I'm at home, or being really quiet when I'm at school, you know? [Ester, 17]

It's something I've really started to develop since last year... But I don't think I'm able to establish a meaningful connection with my sadness and my body, because I don't think I've ever really paid attention to that. But I feel like I've become much more introspective since last year. I used to be a bit more outgoing, but these days I'm a bit more introspective. No, I've never really liked talking about myself, and nowadays I like it even less. [Isabel, 17]

Look, based on these symptoms, I could say that I'm a first-class depressive... I feel a, a, a very deep sadness. I can't say if it's because of the IF or the whole student thing... I'm gradually breaking down, and it's possible that in this breakdown I've ended up becoming a somewhat depressed person, but yes, I do feel these symptoms. they're a frequent part of my life. [Daniel, 17]

According to Kaplan et al. (1997), mood imbalance in adolescents is characterized by depression and excitement. In addition, irritability is a significant factor among the symptoms. Mood may be more irritable than depressed. Another relevant point highlighted by the authors is that depressive ideation, self-harm, and suicide attempts may be associated with depressive

disorders, and adolescence is a period of heightened vulnerability to developing such problems, given that this is a growing concern in the field of mental health.

Souza et al. (2008) note that adolescents with an average age of 16 exhibit certain depressive symptoms, such as low self-esteem, distress, mood swings, anxiety, restlessness, aggression, feelings of helplessness, disappointment with oneself and others, hopelessness, and loneliness, among others.

Adolescence is a stage of human development characterized by various transformations and demands. Adolescents face a range of internal and external situations that can contribute to mood swings and changes in their usual behavior (Ballone & Moura, 2008).

Roudinesco (1999) reflects on contemporary society, which produces depressed individuals who seek solutions through medicalization. She shifts the focus from the individual to society. Not only is the individual depressed, but society itself is also depressed. This is a society that standardizes behaviors, beliefs, and attitudes.

Category 5 – The same being and two faces

The students Ester, Isabel, João, and Marcos notice obvious mood swings in their daily lives. These are opposing changes that occur. Daniel and Rute notice more of a lack of energy and motivation. Daniel points out more depressive symptoms, including talk of self-harm.

There are weeks when I'm 100% energetic and cheerful. And there are weeks when I'm 100% angry, wanting to hit someone, and there are weeks when I don't even feel like getting out of bed. This happens because of something that happened or because of something I don't even know about—sometimes for no reason at all, but sometimes it just happens. Yes, sometimes it happens for no reason at all. [João, 17]

Sometimes I'm really happy, I even get excited. I feel like doing everything. But sometimes, out of nowhere, I'm so happy, and then just like that, I crash. I get really down. And then I just sit there quietly; I feel tired. A wave of fatigue hits me, and I don't know where it comes from. I was feeling so energetic, and then all of a sudden, I'm not. [Ester, 17]

I, I notice it more through a lack of energy, you know?... And there are days when I get home and even though I have a bunch of things to do, I just say, 'Ah, I can't handle it'... Because, if I take a drastic step here, I may be 17, but if I grab a knife to cut my wrists... There won't be any

more, you know, 18, 19, 20 years. It'll be over right then... But then, by the time I get past that moment, it might be too late, you know? [Daniel, 17]

According to Moreno et al. (2015), mood disorders have a biological origin, with psychological and social factors serving as possible triggers for symptoms. According to the authors, these mood changes typically occur in everyone's daily life, and it is natural to feel anger, hatred, and other emotions and feelings. Isolated complaints or feelings of joy or sadness—or even irritability—are insufficient to make a psychiatric diagnosis. There must be a certain consistency in the symptoms and impairment in various aspects of the individual's life.

Moreno et al. (2015) further note that, during adolescence, mood disorders arise from difficulties in coping with academic pressures and the need to socialize with close others such as family, relatives, teachers, and friends. Another factor is learning social rules and how to behave in society, while not yet having sufficient maturity to control one's behavior, leading to experiences of or perpetration of bullying, among other issues.

According to the authors, adolescents with a mood disorder exhibit a dysfunction in the brain region responsible for processing and regulating emotions. These adolescents end up experiencing a lack of balance in their emotional and cognitive control when faced with demanding and stressful situations.

FINAL CONSIDERATIONS

Through this study and using a psychoanalytic approach, we sought to understand psychosomatic phenomena during this phase of adolescence.

Based on the findings, we were able to identify that anxiety-related aspects are the most prominent in the psychosomatic manifestations of adolescent students at an Integrated Technical Education institution in southern Minas Gerais. And the students themselves are able to recognize these symptoms in themselves.

Manifestations of depressive aspects were also significant, although one female student had more difficulty identifying these symptoms in herself, managing only to notice certain behavioral changes such as a degree of withdrawal and introspection.

Regarding mood swings, the adolescents surveyed recognize these fluctuations and their repercussions in various areas of their lives, such as their relationships. Lack of energy,

discouragement, and malaise, along with apparent sadness and isolation, contrast with moments of joy and well-being.

When analyzing aspects of the structure and dynamics of the interviewed students' psychological functioning, it was possible to observe the difficulty they encountered in coping with stressful situations or in processing internal experiences, leading them to develop certain anxiety symptoms, such as skin allergies, stomach problems, and eating difficulties (loss of appetite or a craving for large amounts of sweets). Regarding more depressive aspects, a tendency toward introspection emerged, which hinders interpersonal relationships, particularly those with family members and close loved ones. As for overt symptoms of aggression, the following were noted: self-harm by one student, aggression toward another by one adolescent, and self-harming thoughts by a third adolescent. It can be understood that, when faced with distressing issues, adolescents—unable to cope healthily with the resulting anxiety—trigger their most aggressive behaviors.

In addition to prominent symptoms of anxiety, other symptoms reported included stress, muscle tension, difficulty eating or compulsive eating, digestive problems, and the onset of conditions such as gastritis and acid reflux. Migraines, shortness of breath, and pain were also noted. Aggressive behaviors and introspection are more commonly associated with depressive symptoms, along with apathy and sadness.

Based on the reports collected, it was possible to observe an impairment in the mental health of the adolescents interviewed, caused by prevalent psychosomatic issues. Both anxiety symptoms and depressive symptoms, as well as other mood disorders, can be identified in the participants' accounts and in their somatic and behavioral manifestations.

These symptoms serve as a warning sign that certain experiences are not being properly processed and are being expressed through psychosomatic means. Consequently, we conclude that a support network is essential to welcome and guide these adolescents during this stage of life. Furthermore, the family, as the primary source of care, must provide a safe space for empathy, open dialogue, and positive role models to guide their children.

The school, meanwhile, plays a role in learning in all aspects and serves as a strong social influence that ultimately contributes significantly to providing the necessary support, guidance, and referrals. Teachers and classmates can reach out to a student experiencing psychological distress and accompany them to the student assistance office for care by the health team.

Specifically, the psychology service operating within the educational institution can and should also welcome this student in a supportive manner, providing professional listening, offering emotional support, and helping to address the most urgent conflicts, thereby strengthening the adolescent's internal coping resources. In more severe cases with more persistent symptoms, an accurate assessment and a sequential referral to the public or private psychological care network are important to ensure more continuous, weekly follow-up, which is more effective under these conditions.

The conclusions presented here cannot be generalized, as they are specific to the historical period in which the adolescents were interviewed. Other adolescents, in diverse contexts, might yield different results.

We hope this study will spark important reflection on the need to better understand adolescents during this highly significant phase of human development, thereby promoting health and care tailored to the specific needs they present and develop. Providing an empathetic space for adolescents to express themselves and share their struggles and anxieties, acknowledging their difficulties, and teaching them to find ways to respond to circumstances in a healthier and more satisfying manner, without causing themselves so much harm.

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