

**EMOTIONAL SUFFERING IN TEENAGERS DURING THE COVID-19 PANDEMIC**

***O SOFRIMENTO EMOCIONAL EM ADOLESCENTES EM TEMPOS DE PANDEMIA DO COVID-19***

***EL SUFRIMIENTO EMOCIONAL EN ADOLESCENTES EN TIEMPOS DE PANDEMIA DE COVID-19***

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**ABSTRACT:** The coronavirus (Covid-19) pandemic represented a challenge to physical and emotional health for adolescents subjected to almost two years of social isolation, restricted to family life and prevented from being in school. This article presents data from the pandemic associated with emotional distress among adolescents and the impact of restricted school life in this period. This is an exploratory, descriptive research, whose objective was to identify the frequency of situations in which there are signs of emotional distress in adolescents and to compare the scores found between demographic profile issues (race, gender and smartphone use). A total of 1,991 adolescents participated in the sample, students from two directorates of the São Paulo state public education network. The investigation instrument was built from a broad literature review in the form of a questionnaire with closed questions, divided into two parts: the first, containing 13 questions about the student's profile and, the second, with 21 questions, about signs of emotional suffering. From the quantitative analysis, the results found highlight a higher score of emotional distress among adolescent girls and black students and point to the urgency of actions that provide welfare and the learning of assertive forms of conflict resolution, as well as the urgency of spaces for expression of feelings by students.

**KEYWORDS:** Emotional suffering. Teenagers. School coexistence.

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**RESUMO:** A pandemia causada pelo coronavírus (Covid-19) representou um desafio à saúde física e emocional para adolescentes submetidos a quase dois anos de isolamento social, restritos ao convívio familiar e impedidos de estarem na escola. O presente artigo apresenta dados da pandemia associados ao sofrimento emocional entre adolescentes e o impacto da convivência escolar restrita neste período. Trata-se de uma pesquisa exploratória de caráter descritivo, cujo objetivo foi identificar a frequência de situações em que há indícios de sofrimento emocional em adolescentes e comparar os escores encontrados entre questões demográficas de perfil (raça, gênero e celular). Participaram da amostra 1.991 adolescentes, estudantes de duas diretorias da rede de ensino público estadual paulista. O instrumento de investigação foi construído a partir de ampla revisão de literatura em forma de questionário com perguntas fechadas, dividido em duas partes: a primeira, contendo 13 perguntas sobre o perfil do estudante e, a segunda, com 21 questões, sobre indícios de sofrimento emocional. A partir da análise quantitativa, os resultados encontrados destacam maior escore de sofrimento emocional entre meninas adolescentes e estudantes pretos e apontam para a urgência de ações que proporcionem o bem-estar e a aprendizagem de formas assertivas de resolução de conflito, bem como a urgência de espaços de manifestação de sentimentos pelos estudantes.

**PALAVRAS-CHAVE:** Sofrimento emocional. Adolescentes. Convivência escolar.

**RESUMEN:** La pandemia provocada por el coronavirus (Covid-19) representó un desafío a la salud física y emocional de los adolescentes sometidos a casi dos años de aislamiento social, restringidos a la vida familiar e impedidos de estar en la escuela. Este artículo presenta datos sobre la pandemia asociada al sufrimiento emocional entre los adolescentes y el impacto de la vida escolar restringida en este período. Se trata de una investigación descriptiva exploratoria, cuyo objetivo fue identificar la frecuencia de situaciones en las que existen indicios de sufrimiento emocional en adolescentes y comparar las puntuaciones encontradas entre cuestiones de perfil demográfico (raza, género y célula). La muestra estuvo constituida por 1.991 adolescentes, estudiantes de dos juntas directivas de la red estatal de educación pública de São Paulo. El instrumento de investigación se construyó a partir de una revisión bibliográfica exhaustiva en forma de cuestionario con preguntas cerradas, divididas en dos partes: la primera, que contiene 13 preguntas sobre el perfil del estudiante y la segunda, con 21 preguntas, sobre signos de angustia emocional. Con base en el análisis cuantitativo, los resultados encontrados resaltan un mayor puntaje de angustia emocional entre las adolescentes y estudiantes negras y apuntan a la urgencia de acciones que proporcionen el bienestar y el aprendizaje de formas asertivas de resolución de conflictos, así como la urgencia de espacios para la manifestación de sentimientos por parte de los estudiantes.

**PALABRAS CLAVE:** Sufrimiento emocional. Adolescentes. Convivencia escolar.

## Introduction

The research presented here deals with a concept understood by us as "emotional suffering" in school contexts, but that by many has been translated as "mental health". There is a concern on our part in using the expression "mental health" when we think about the school task, since all official guidelines related to mental health refer to the health area and not to

education. This concern has been the subject of discussions in psychology about the attribution, including, the functions of the school psychologist when acting in this space. Certainly, no one would neglect the importance of their performance, as it is highlighted in the Federal Law 13935 of 11/12/2019 (BRAZIL, 2019). According to the Law, these professionals have specific attributions, defined and related to learning, inclusion and coexistence problems, articulating with the institutions of the protection network: health, social assistance, human rights and justice. The school psychologist is not responsible for clinical care, but to refer the necessary cases to health institutions around the school (FODRA, 2021).

Added to this issue, there is another major concern emerging from the idea that "mental health" should be "treated" at school: unfortunately, the diagnoses and pathologies so present among the discourses of teaching professionals, demonstrate how education has taken hold of a medical repertoire that classifies students in the pictures of mental disorders, pointing a danger to the dissemination of the culture of pathologization and medicalization of life, and favoring the market of diagnoses and psychopharmaceuticals (SANTANA; GONÇALVES, 2019, p. 843).

In view of these facts, on the one hand, it cannot be said that mental health treatment is a school task. The school is not a clinical space where health professionals treat, medicate, and monitor the evolution of what, in the absence of health, is seen as an illness. The school is responsible for creating dialogic spaces so that both students and educators can express their feelings and elaborate their conflicts, both interpersonal and intrapersonal, because school learning is not restricted to scientific concepts, but also to social coexistence. The school is a place where human beings who are permanently in a development process live together; therefore, taking care of people and supporting them in their personal problems and in situations of emotional suffering is the educators' role.

There are numerous researches that deal with school coexistence and that present pedagogical activities validated by researchers that contribute to the reduction of prejudice, exclusion situations, and conflicts present in the school daily life (CARRASCO; LÓPEZ, 2019; CARRASCO; LOPES; ESTAY, 2012; TOGNETTA *et al.*, 2020; TOGNETTA; VINHA, 2019). Souza (2007) questions school practices and states that school spaces and pedagogical performance are important in psychic formation and the promotion of healthier interpersonal relationships, however, when educators come across problems that cannot be solved through pedagogical activities (domestic violence, sexual abuse or some type of disability), the other institutions of the protective network should be triggered.

The fact is that, at least in Brazil, what we have witnessed in the last decades is the creation of neoliberal public policies led by institutes linked to capital, which have fomented the pathologization of education, transforming school complaints (learning or behavior problems) into pathologies and diagnoses that stigmatize children and adolescents. There is a market for diagnoses and medicalization of coexistence problems and the school cannot participate in this movement.

The programs and projects recently created by the public educational systems, in partnership with capitalist institutes, have imposed mental health issues on education and diverting its role in the process of humanization of individuals.

Thus, the choice of the term "emotional suffering" is not random, since it expresses a *sui generis* task of the school, which is to work with the emotions and feelings of its students. Unfortunately, most of the times, these sufferings are not easily recognized at school and may appear under other forms that are mistakenly attributed to the disqualification of children as "unwilling", "unwilling", "lazy", "inattentive" (CALDERARO; CARVALHO, 2005).

In a word: it is not disputed, even if different nomenclatures are used, that the problems of this order manifested by children and adolescents point to the need for the constitution of public policies that encompass their right to health.

When we think about the reality that we have been hit by the pandemic of COVID-19, in the month of March 2020, certainly, the risks of increased suffering of this order would be something too challenging. We have been imposed to a new reality: curtailment of social interaction and adaptation of work strategies. We learned to live with feelings of fear, insecurity, and instability due to not knowing what was to come. When we talk about the school environment, students and teachers were inserted in a context never before or rarely experienced, with methodologies, for students and teachers, very different from what they were used to in their reality of public schools in this country.

These adolescents became vulnerable, given their inability or difficulty in dealing with stress and coping with new situations, as well as in expressing their feelings (IMRAN; ZESHAN; PERVAIZ, 2020). All over the world, they were exposed to suffering when they experienced social isolation, economic and social impacts on their families, loss of family members, worry about getting infected or infecting others, estrangement (LAHR; TOGNETTA, 2021).

In turn, the closing of schools, besides the impacts on the learning of children and adolescents, also represented, for many, the loss of who would be their help, given the increased

vulnerability to situations of domestic violence, parental neglect, exploitation, and sexual abuse whose numbers show us a sad reality (GHOSH *et al.*, 2020; LAHR; TOGNETTA, 2021).

Forced to remain isolated and at home because of the pandemic of COVID-19, children, adolescents, and youth were removed from their main place of coexistence for this generation: school. Among all the effects of remote classes and activities offered by school units or not offered at all, being deprived of socializing with their peers had a great impact on the lives and development of the students.

In a cross-sectional study of 3613 students aged seven to 18, Duan *et al.* (2020) found the prevalence of depressive symptoms in 23.87% of children and 29.27% of adolescents surveyed.

Certainly, the concern about returning to school is not random when we think about the problems of emotional distress generated during the pandemic. Given this context and recognizing the need for schools to identify the problems experienced by their youngsters, the research entitled "The diagnosis of coexistence during the pandemic in the perception of adolescents from public schools in São Paulo: ways and challenges beyond the school walls" sought to map how students in Elementary School (Final Years) from State Schools in the State of São Paulo report feeling in the pandemic context.

## **Objective**

To this end, our objective was to identify the frequency of situations in which there is evidence of emotional distress in adolescents and to compare the scores found among demographic profile questions (race, gender, and own cell phone).

## **Methodology**

This research counted on the participation of 1,991 adolescents, students of the two directorates of the São Paulo state public school system.

For this, we used a questionnaire with closed questions, which was divided into two parts: in the first, containing 13 questions, we tried to identify the profile of the student and, in the second, with 21 questions, to detect possible signs of emotional suffering.

The questionnaire was designed by members of GEPEM - Study and Research Group on Moral Education, based on current literature. The students answered it online, through the "Google Forms" platform. An informed consent form (ICF) was sent to the parents and/or

guardians and, after the return of the signed form, the student was released to fill out the questionnaire.

This research was registered with the Ethics in Research Committee of the Faculty of Sciences and Letters of UNESP in Araraquara/SP under registration number CAAE: 46222921.2.0000.5400. It is worth remembering that, as we will see later on, the instrument also contained items related to cyberbullying problems among the adolescents and, therefore, the profile data presented in other investigations in this dossier will be the same as those presented here.

In the survey we worked on items related to personal characteristics accessibility to the internet, such as: "how do you consider yourself?" and "do you have your own cell phone?". These questions made it possible to organize and group the answers according to ethnicity, and also to identify how students access social networks. In addition to these items, questions about emotional distress were asked: "I have cried easily in various situations" and "I have cut or hurt myself to relieve thoughts and feelings that upset me," for example. In the part below of the results and discussions it is described how the composition of the score was organized.

Among the study participants, 54.2% were female, 40.9% were male, and 4.9% reported not knowing or preferred not to answer the question about gender. Most of them, 41.8%, reported being white, followed by 39.9% brown, 11.2% black, 0.6% of Oriental origin (yellow), and the same percentage of indigenous people; 5.9% of them could not answer about their race.

We will now present the results found on the issues of emotional distress in adolescents.

## **Results and discussion**

When we think about the urgency suggested by the results found, could our instrument suggest an indicator to qualify the pain experienced by children and adolescents regarding issues of emotional suffering? Yes, this is the answer we will now present. For example, a fact that called our attention in this instrument was that 62.9% of the students reported feeling, to some degree, lonely. Of this number, 28% indicated that they felt this way "always" or "often". Self-mutilation was indicated as a strategy for relieving disturbing feelings and thoughts by 14.5% of the respondents (always, often, and a few times). Even higher is the number of adolescents who indicate having had, at least sometimes, suicidal thoughts, representing 21.1% of the students participating in the survey.

In this descriptive research, 21 items were presented for the adolescents to answer about situations of emotional distress with four response points: never, a few times, often, and always. For data analysis a total score was made by adding up the responses to the items, according to the following score: never equals one point, a few times equals two points, many times equals three points, and always equals four points. Thus, the score reached in each subject's answers can range from 21 to 84 points, so that the higher the score, the greater the emotional distress.

According to this test, how will the subjects in our presentation present themselves: with none, with little, moderate or great emotional distress? And more: will there be significant differences in these emotional distress scores between girls and boys? And what about the variable race/ethnicity self-perceived by the students: will there be differences? Can having or not having one's own cell phone be a variable that interferes in these results? These are questions that we set out to think about, and which we will present with the help of the following table.

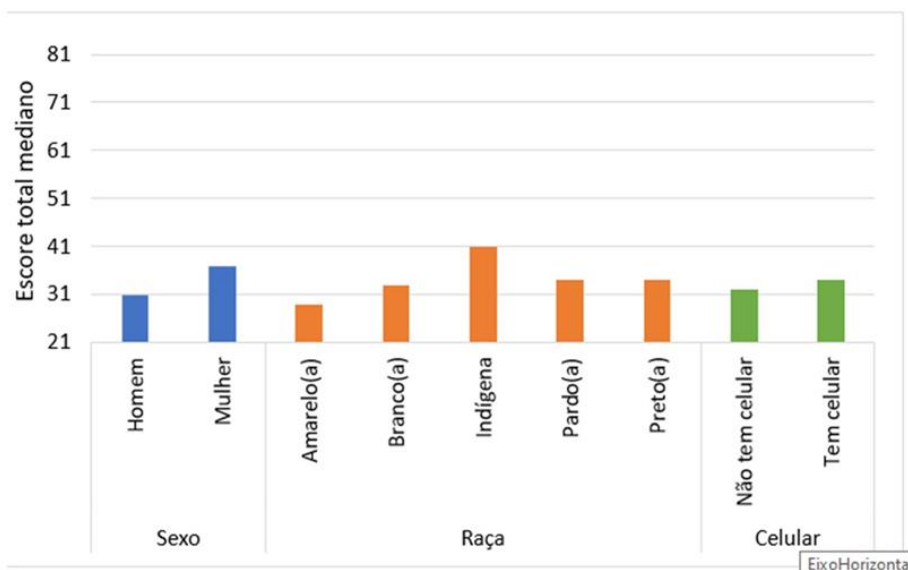
**Table 1 – Analysis of emotional distress in adolescents**

Analyze						
Variable	N	Media	Full neckline			
			Standard deviation	Median	Minimum	Maximum
1) I am						
Man	815	33,8	8,49	31	21	71
Woman	1079	39,76	12,01	37	21	82
2) How do you consider yourself?						
Yellow (A) (of oriental origin)	11	31,91	8,15	29	23	50
White (a)	800	36,82	10,92	33	22	73
Indigenous people	12	41,42	14,05	41	27	68
Brown (a)	766	37,4	10,74	34	21	78
Black(a)	218	38,36	12,39	34	23	82
6) Do you have your own mobile phone?						
No	206	36,19	11,2	32	24	82
Yes	1717	37,46	11,17	34	21	78

Source: GEPEM

For better visualization, we present the following chart.

**Chart 1** – Emotional distress results according to self-declaration of gender, ethnic-racial origin, and whether or not you have a cell phone<sup>5</sup>



Source: GEPEM

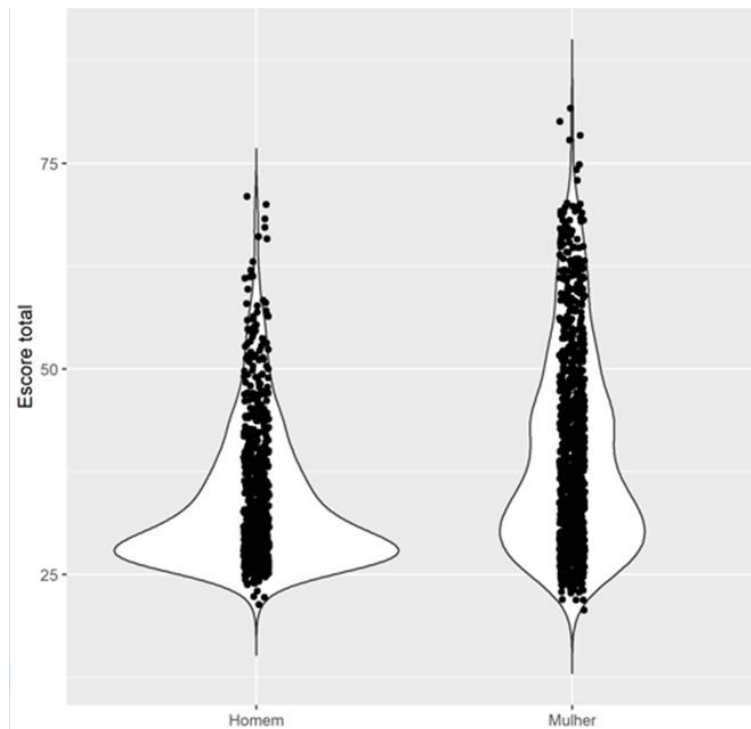
When we examine the results found, we see that if we consider the emotional distress score ranging from 21 to 84 points as previously highlighted, we have the average reached by male participants as being 33.8 and among women, 39.76. It is possible to observe, both in the graph and in the table, that women reach higher scores reaching 82 points while men reach 71. But, we can ask ourselves: is this difference statistically significant? The answer is affirmative ( $p < 0.005$ ) and points to higher emotional distress scores among women.

The following graph can contribute to a better visualization of such differences by observing the drawing that is formed around the dispersion of the data: women's scores are more distributed and reach higher values when compared to men.

<sup>5</sup> Sexo = Gender; Raça = Race; Celular = Cell phone; Homem = Man; Mulher = Woman; Amarelo(a) = Yellow; Branco(a) = White; Indígena = Indigenous; Pardo(a) = brown; Preto(a) = Black



**Chart 2 – Dispersion of emotional distress data by gender**



Source: GEPEM

When we seek to understand the differences in possible emotional distress among respondents on their self-perceived race, we see that those who consider themselves yellow of eastern origin have a lower average emotional distress (31.91 points), followed by those who consider themselves white (36.82 points). Blacks, browns, and Indians have higher emotional distress averages. However, let us see if the differences between them are statistically significant. With the help of the following table, we can visualize such notes.

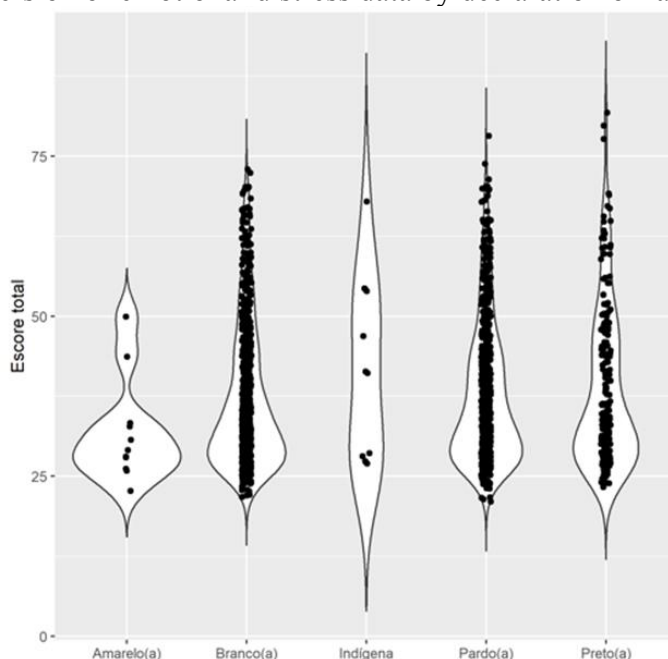
**Table 2 – Analysis of emotional distress in adolescents**

Comparison	Estimated difference	Confidence interval (95%)		P-value
Sex (Male vs Female)	-6,00	-7,33	-4,68	<0,01
Race (yellow vs White)	-3,00	-10,12	4,12	0,41
Race (yellow vs Indigenous)	-14,00	-29,40	1,40	0,07
Race (yellow vs Brown)	-4,00	-10,99	2,99	0,26
Race (yellow vs Black)	-5,85	-13,22	1,53	0,12
Race (white vs Indian)	-11,00	-23,79	1,79	0,09
Race (white vs Brown)	-1,00	-2,32	0,32	0,14
Race (white vs Black)	-2,85	-5,06	-0,63	0,01
Race (Indigenous vs Brown)	10,00	-2,85	22,85	0,13
Race (Indian vs Black)	8,15	-4,84	21,14	0,22
Race (Brown vs Black)	-1,85	-4,18	0,49	0,12
Own cell phone (no vs Yes)	-1,00	-2,84	0,84	0,29

Source: GEPEM

In the comparison of the races, considering the significance level at  $p < 0.05$ , when comparing whites and blacks, our data confirms that there are significant differences ( $p < 0.01$ ), which means that those who declare themselves black present scores of emotional distress significantly higher when compared to self-declared white students. The following chart contributes to the visualization of the data when comparing the dispersion of black and white scores.

**Chart 3** – Dispersion of emotional distress data by declaration of racial/ethnic origin

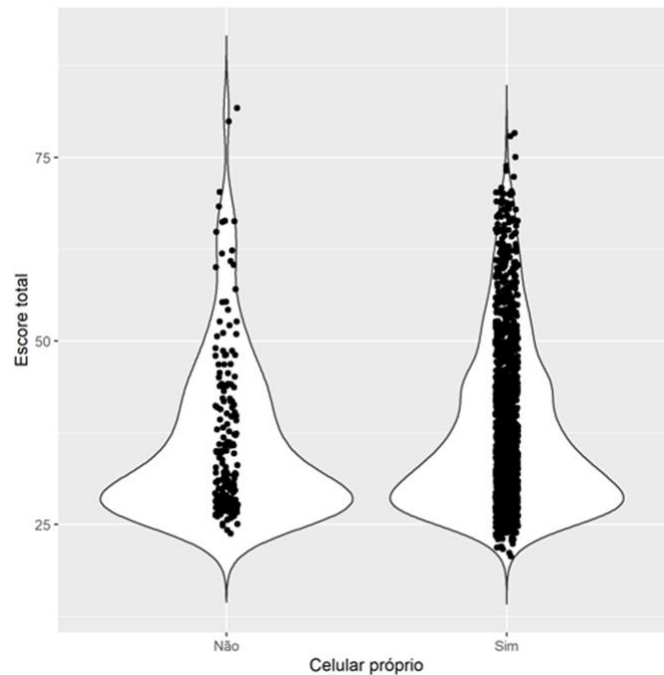


Source: GEPEM

Note the distribution of points between whites and blacks, whose analysis proved to be different (those who self-declare black have points above 75 in their emotional distress averages).

Looking again at the previous table, we can also find an answer to our question: is having or not having a cell phone an important variable to think about the problems of emotional distress, especially in times when this device has been so widely used by students? Let us observe that there are no significant differences for this relationship. In Chart 4 below, it is possible to observe that the format of the figure that represents the dispersion of the scores is similar.

**Chart 4** – Dispersion of data on emotional distress according to whether or not one has one's own cell phone



Source: Elaborado pelos autores

For the comparisons a quantile regression model was proposed (KOENKER, 2005), since it allows the comparison of K medians among the different groups of interest without the assumption of normality. For all analyses a significance level of 5% was adopted. All analyses were performed using SAS 9.4 software.

### Discussion and a few considerations

This research, as well as in the world literature, demonstrates a worrisome increase in the rates of emotional distress enhanced by the pandemic of COVID-19 (LAHR; TOGNETTA, 2021).

While mental health treatment cannot be said to be the school's job (FODRA, 2021), creating interaction spaces for its educational community to express feelings, emotions, experiences, and intrapersonal and interpersonal conflicts is.

In this research we were able to identify that female adolescents and those who self-declare black have higher rates of emotional distress compared to white males.

In 2020, according to the Ministry of Women, Family and Human Rights, 105,821 reports of violence against women were registered on the Ligue 180 and Dial 100 platforms. The number of femicide cases also showed an increase in several states in Brazil, when

compared to the same period in 2019. The records of psychological violence also increased and the sense of protection decreased, especially in times of the COVID-19 pandemic, an increase that is certainly related to these scores found in our investigation. Add to this the fact that girls are much more affected by problems in peer relationships and also end up being more vulnerable to stereotypical role models brought to them by youtube videos and influencers, as shown by research even before the pandemic conducted by Safernet (2020).

Similar results are observed in the study by Esposito *et al.* (2021) who, in a sample of over 2,000 Italian adolescents, found significant differences in the levels of sadness experienced during the pandemic according to gender, being higher in females. The main reason for sadness in adolescents was missing school. Moreover, in this same study it was shown that being male is a protective factor against negative emotions. These antecedents alert to the relevance of considering the gender variable in the planning of emergency education in a pandemic context, especially school interaction and socioemotional support.

That said, also confirming our findings, the impact we have seen in social relations at a time when prejudiced mechanisms are activated, overthrowing achievements already historically built by humanity: young black men die all the time in Brazil and in the world, as pointed out by Cerqueira (2021). The homicide rate per 100,000 black inhabitants in Brazil in 2019 was 29.2, while that of the sum of yellow, white, and indigenous people was 11.2. In the same way that macho comments integrate the Brazilian imaginary denigrating the image of women in today's society, we have regressed years in our achievements and, it would not be, then, surprising that our data denounce such situations of abandonment and anguish experienced by black boys and girls or by girls of any race.

The problem of racism and the greater vulnerability of ethnic social groups continues to be a global challenge, and psychology has shown that these prejudices can be aggravated in situations of social crisis. In Cuadra *et al.*'s (2020) systematic review of the psychological impact of pandemics in the 21st century, it was found that ethnic minorities are an especially vulnerable group to the effects of a pandemic because they have less access to health care due to discrimination and racism.

Regarding the use of cell phones, the study by Jiang *et al.* (2022) found that Chinese college students have considerably increased their use and that this increase was negatively related to life satisfaction. Other work has delved further into this aspect, pointing out that increased use of cell phones for internet gaming is also associated with greater distress in adolescents (WANG *et al.*, 2019).

In this study we also saw that having one's own cell phone did not prove to be a significant factor for these rates of emotional distress, thus evidencing that this problem is not only related to the virtual world and its consequences, but also to the fact that the very relationships outside the internet have been influenced by the difficult time we are going through. In any case, future research could elucidate how the use of cell phones is related to the emotional well-being or discomfort of adolescents.

The fact is that in the final field of this research, when there was a space to leave a message, we also realized how urgent and necessary it is to think about these issues. They wrote:

*"I just thank the school for providing these questionnaires, because many people (students) are not able to say how they feel or what they are going through inside their homes, most are afraid to tell because they think they will tell our answers to our parents (we are afraid they will misinterpret), I don't have much to say about myself because even though I have some relapses I am fine, but sometimes other people are not, it would be kind of just a thank you and an explanation of how we sometimes feel, but we are afraid to say it in public".*

Another student stressed the importance of this questionnaire for their life:

*"Please care more about the mental health of the students, we are not machines and too much charging exhausts us. I appreciate the form!"*

We are left with the certainty, announced in the adolescents' listening, of the urgency of effective actions at school that allow the students to be welcomed, to have their feelings recognized, and to be able to express what they feel. Certainly, these actions will be much better undertaken by those who know most about the pain experienced by adolescents: their own peers. Once again, betting on young people to intervene, welcome and help those who need it most is an effective way for those who want to make school a consolidated space for human formation.

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