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Crisis, adolescence, and mental health: considerations from the Theory of Subjectivity

Crise, adolescência e saúde mental: considerações a partir da Teoria da Subjetividade

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Abstract

This work arises from concerns regarding the increasing incidence of subjective suffering, especially among adolescents, where it is common to observe experiences of mental health crises marked by their unexpected, conflicting, tense, and contradictory nature. In this context, the biomedical perspective on crises is problematized, as it is historically linked to hierarchization, control, symptom suppression, and pathologization. Drawing on the Theory of Subjectivity within a cultural-historical perspective, this work proposes alternatives that advance both the theoretical understanding of the phenomenon of crisis – in a complex, non-rationalist approach – and the foundation for new psychosocial care practices for adolescents. It is argued that the main outcome of this proposal is to value the protagonism of adolescents in crisis, emphasizing the development of subjective resources that open unique life pathways as alternatives to the suffering they experience.

Keywords: Adolescence; Crisis intervention; Mental health.

Resumo

Este trabalho desenvolve-se a partir de inquietações frente à crescente emergência de quadros de sofrimento subjetivo, em especial entre adolescentes, onde é frequente observar experiências de crise de saúde mental, com seu caráter inesperado, conflitante, tenso e contraditório. Nesse contexto, problematiza-se, a perspectiva biomédica de crise, vinculada a uma tendência histórica de hierarquização, controle, supressão de sintomas e patologização. Este trabalho propõe, a partir da Teoria da Subjetividade em uma perspectiva histórico-cultural, alternativas que permitam avançar tanto na compreensão teórica do fenômeno da crise – em uma perspectiva complexa, não racionalista e histórico-cultural – quanto na fundamentação de novas práticas na atenção psicossocial voltadas aos adolescentes. Argumenta-se que o principal desdobramento dessa proposta é a valorização do protagonismo do adolescente em crise, enfatizando o desenvolvimento de recursos subjetivos que permitam a abertura de caminhos de vida singulares e alternativos ao sofrimento vivenciado.

Palavras-chave: Adolescência; Intervenção em crise; Saúde mental.

This article discusses the phenomenon of crisis in mental health, considering the growing prevalence and intensification of suffering among adolescents in Brazil and worldwide (Ministério da Saúde, 2021; World Health Organization [WHO], 2022). It is timely to address this issue due to the frequently unexpected, conflicting, tense, and contradictory nature of crisis, which has become increasingly common in psychosocial care services (Krachenski & Holanda, 2019).

On the one hand, the limitations of a crisis perspective based on the hegemonic biomedical model are recognized, as it is associated with a historical tendency toward hierarchization, control, symptom suppression, and pathologization – a topic already addressed in mental health research (Oakes, 2023; Stastny et al., 2020). On the other hand, there is a critical need to address the frequent lack of theoretical resources in the field that could advance the understanding of suffering from a complex and singular perspective, rather than relying solely on rationalist and standardized interventions. This is an important topic within the scope of Brazil's Psychiatric Reform (Baeta & Melo, 2020; Prado & Felipe, 2023).

This work also seeks to question the tendency to universalize adolescence, reducing it to a developmental stage characterized solely by crisis, rebellion, and defiance (Coimbra et al., 2005). In contrast, it highlights literature that calls for the de-universalization of adolescences, which should be culturally situated and understood within each specific context (Burman, 2024).

In this regard, the Theory of Subjectivity from a cultural-historical perspective, as developed by González Rey (1997; 2019) is proposed as a framework that enables advances both in the theoretical understanding of crisis in adolescence and in the foundation of new practices directed toward individuals experiencing this phenomenon. In this framework, subjectivity is theorized as a symbolic-emotional system that takes shape both individually and socially within the conditions of culture (González Rey & Mitjáns Martínez, 2017). Through this definition, subjectivity becomes a theoretical resource for overcoming dichotomous tendencies in the history of psychology and the social sciences, especially the dichotomy between individual and society.

Thus, from a cultural-historical, post-rationalist, and complex perspective of the human being, this article proposes a discussion on mental health crises in adolescence, aiming to explore and debate the value of the Theory of Subjectivity for understanding this phenomenon.

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The article is organized into three main sections. The first, entitled "Contemporary Adolescence: Contexts, Challenges, and Uncertainties", theoretically situates the concept of adolescence adopted in our research, connecting it to contemporary social and cultural issues. Next, the section "Mental Health: Adolescences in Crisis" explores different definitions of crisis in mental health, critically examining the biomedical perspective and discussing alternative understandings based on the principles of the Brazilian psychiatric reform. The third and final section, "Adolescence, Crisis, and Subjectivity from a Cultural-Historical Perspective", presents key concepts from the Theory of Subjectivity within a cultural-historical framework, emphasizing possible contributions to a complex and singular understanding of crisis in adolescence.

Contemporary Adolescence: Contexts, Challenges, and Uncertainties

With a view to constructing a theoretical definition of adolescence, it is necessary to acknowledge the complex nature of this concept, which inevitably undergoes transformations depending on diverse social, historical, and cultural contexts (Moraes & Weinmann, 2020). This concept is also shaped by biological and cognitive dimensions, as well as by age-based definitions established in public policy. In Brazil, the *Estatuto da Criança e do Adolescente* (ECA, Child and Adolescent Statute) defines an adolescent as anyone between the ages of 12 and 18. Another definition comes from the Organización Mundial de la Salud (2014), which defines adolescence as spanning ages 10 to 19.

In this context, in line with Coimbra et al. (2005), it is important to recognize the need to de-naturalize the notion of adolescence as a universal stage of development – a notion historically framed within a developmental, standardized, and colonial perspective (Burman, 2024) that has informed practices in education, psychology, and healthcare.

However, while this theoretical stance is essential, it is also necessary to contextualize adolescence in ways that highlight issues faced in contemporary society, connected to specific cultural realities. Otherwise, reducing this discussion solely to a critique of the naturalization of adolescence does not allow for a constructive advance toward new representations that can support new practices. In this regard, Bock's socio-historical approach is particularly relevant:

When studying adolescence, the question is not “what is adolescence” but “how did this stage of development historically come to be?” For this approach, any phenomenon can only be understood within the totality in which it was produced – a totality that both constitutes it and gives it meaning. To answer what adolescence is implies understanding its historical genesis and development. (Bock, 2007, p. 68)

In this sense, this section aims to briefly outline different social, cultural, and biological processes that provide a foundation for a subsequent theoretical approach to the phenomenon of crisis in adolescence.

From a historical perspective, Moraes and Weinmann (2020) argue that adolescence, as a way of representing a stage of development, did not exist prior to the process of industrialization. The authors explain that the emergence of the bourgeois nuclear family during the industrial era was fundamental, as it was linked to increased care and investment in children. This, together with the institutionalization of schooling, contributed to the extension of the period between childhood and adulthood – a period referred to as social moratorium. This concept refers to the need to postpone family and work demands so that adolescents can focus on professional training, identity formation, and the development of social relationships (Benavides Delgado, 2021). In the contemporary world, there is a continuing trend toward extending this period, with the transition into fully independent adulthood occurring increasingly later (Sawyer et al., 2018).

During adolescence, various social pressures around building a professional and career plan also emerge. In Brazil today, this process is often linked to success in the *Exame Nacional do Ensino Médio* (ENEM, National High School Exam), the main gateway to higher education in the country. Such pressures have been associated with the development of a range of mental health issues, including increased stress, generalized anxiety, depressive symptoms, and poorer sleep quality and overall well-being (Demenech et al., 2023; Eugênio, 2020; Schönhofen et al., 2020).

These social transformations occur in parallel with a series of biological changes, most notably puberty. According to Papalia and Feldman (2013), puberty is triggered by the production

of specific hormones, beginning between the ages of 6 and 8 and reaching its peak a few years later during adolescence. It results in bodily transformations mainly related to sexual maturation, including the development of primary sexual characteristics (internal and external sex organs) and secondary characteristics (body hair, breast development, voice changes, shoulder width); growth spurts marked by rapid increases in height, weight, muscle mass, and bone structure; and brain maturation, involving structural changes in brain centers typically linked to emotions, judgment, and self-control.

These adolescence-related bodily transformations, when situated within our cultural-historical context, are intertwined with a range of significant social processes. For example, unattainable aesthetic demands frequently lead to low self-esteem and distorted body image (Vankerckhoven et al., 2023), a phenomenon strongly connected to the rise of the digital world and social media (Hedao & Gavaravarapu, 2020; Steinsbekk et al., 2021). These social media platforms, often characterized by rapid and easily consumable content, have also been linked to attention deficits, social anxiety, and poorer sleep quality (Du et al., 2024; Jiang & Yoo, 2024).

In addition, it is essential to consider the role of schooling. In Brazil, the institutionalization of compulsory schooling for children and adolescents has made school a central space for daily life and socialization during adolescence. Widely recognized for its vital role in individual development, citizenship, and autonomy (Freire, 1996), Brazil's education system has faced multiple challenges that directly affect adolescents' lives. Examples include the prevalence of predominantly cognitive-instrumental teaching practices (Mitjans Martínez & González Rey, 2017) and a rising incidence of psychiatric diagnoses, accompanied by an exponential increase in the use of psychotropic medications (Brauer et al., 2021; Alcântara & Goulart, 2016).

The combination of these and other current challenges – such as the recent Coronavirus Disease 2019 (COVID-19) pandemic and growing socioeconomic inequalities in Brazil – may be linked to the rising trend in mental health issues among adolescents. An epidemiological report from Brazil's Ministry of Health (Ministério da Saúde, 2021) indicated that between 2010 and 2019, the adolescent suicide mortality rate in Brazil increased by 81%. In addition, a report published in 2022 by the WHO estimates that 14% of adolescents worldwide live with some type of psychiatric disorder (WHO, 2022).

Among the various possible expressions of psychological distress and mental health conditions, one phenomenon that is common – and often associated with adolescence – is that of crisis. The next section will discuss this phenomenon drawing on contributions from the field of mental health, relating it to the specificities of adolescence.

Mental Health: Adolescents in Crisis

As noted by Dafermos (2022), the term crisis historically originates from Ancient Greece, where it denoted the act of separating, dividing, and deciding. Due to the breadth of its meaning, the concept has been employed throughout history in various fields and contexts, including legal, social, political, military, religious, and economic spheres. Thus, it is clear that crisis is not a reified concept in itself. Rather, it takes on different qualities depending on the field and context in which it appears (Goulart, 2022).

Building on this general notion of crisis and situating it more specifically within the field of mental health, the biomedical model offers a notion of crisis that warrants critical discussion. In this work, it is worth clarifying that the biomedical model is understood as the dominant paradigm

in medicine, within which human health is classified and described primarily through diseases of a strictly biological nature – a mechanistic conception that tends to disregard other factors, such as social, cultural, and psychological processes (Barros, 2002).

As Ferigato and Campos (2007) point out, the concept of crisis emerged in psychiatry in the 20th century, used to explain people's experiences after tragedies and catastrophes, which linked the idea of crisis to a notion of psychological illness caused by traumatic external events. Over time, the concept became broader, coming to be associated with everyday events of lesser scale, such as losing a job, going through a divorce, or facing financial setbacks. This trajectory culminated in an understanding of crisis as the "acute exacerbation of psychiatric symptomatology" (Ferigato & Campos, 2007, p. 33), or, as Waltereit et al. (2020, p. 1617) describe, as "heterogeneous psychopathological patterns usually accompanied by turbulent and disordered symptoms".

From this biomedical perspective, a mental health crisis is predominantly understood in terms of its symptomatic expression – conceived as an urgent individual dysfunction that must be contained at all costs due to its essentially negative nature (Ferigato & Campos, 2007). In this context, crisis care actions aim to restore a previous state of behavioral normality, usually through the intensive use of medication and hospitalizations, with the psychiatric hospital occupying a central role (Martins, 2017).

One of the most problematic consequences of this definition of crisis, as discussed by Goulart (2022), is its tendency to overlook the unique processes involved in this experience, reducing them to signs and symptoms, treating other individual and social specificities as secondary. Relatedly, the author argues that, from this perspective, professional interventions for crisis management are centered on resources produced through the hierarchical control embedded in the specialist's position, rather than on recognizing the individual's own capacity to generate responses to life's challenges (Goulart, 2017).

With regard to adolescence, the biomedical view of crisis also finds significant expression (Rossi & Cid, 2019). Historically, forms of care dedicated to adolescent mental health have been grounded in disciplinary, corrective, and normalizing models (Couto & Delgado, 2015; Rossi & Cid, 2019).

In contrast to this biomedical perspective, global psychiatric reform movements have represented vital advances in redirecting health services, public policies, and the ethical-political notions that underpin them (Amarante & Nunes, 2018). Although the mental health of children and adolescents entered the Brazilian Psychiatric Reform agenda only in the early 21st century – relatively late – this movement signified the recognition of young people as rights-bearing individuals in a broad legal sense, with the State responsible for ensuring their protection and well-being through care in freedom (Couto & Delgado, 2015).

Within this new set of knowledge and proposals, crisis has come to be defined as a complex existential situation that cannot be reduced to an acute symptomatic exacerbation, and which can instead be valued as an opportunity for transformation and creativity (Ferigato & Campos, 2007; Rossi et al., 2019).

As summarized by Pereira et al. (2013), managing a mental health crisis in adolescence, from the perspective of the Brazilian Psychiatric Reform, involves: 1) actions based on a community-oriented approach; 2) an intersectoral dimension that mobilizes resources from the network and community; and 3) the implementation of therapeutic projects grounded in providing supportive care for the person in crisis and fostering their autonomy. In Brazil, these principles are made concrete through the devices of the *Rede de Atenção Psicossocial* (RAPS, Psychosocial Care Network), whose

main service is the *Centro da Atenção Psicossocial* (CAPS, Psychosocial Care Center). For children and adolescents, the main care service is the *Centro de Atenção Psicossocial Infantojuvenil* (CAPSi, Child and Adolescent Psychosocial Care Center), which is responsible for implementing care actions and strategies within the territories where children and adolescents live (Braga & d'Oliveira, 2019).

Despite these advances, there are still significant challenges in implementing this model of care in Brazil – not only due to setbacks in investments and public policies that have affected the field in recent years (Onocko-Campos, 2019), but also due to practical difficulties in operationalizing crisis care in line with the principles of the Psychiatric Reform (Rossi et al., 2019). These challenges are particularly acute in child and adolescent mental health – a field that, in addition to having emerged late as a focus of public policy, is often deprioritized compared to adult care (Couto & Delgado, 2015).

Among the wide range of factors that can be considered to explain this context, we would like to highlight the frequent lack of theoretical and epistemological resources that characterizes the field of mental health. This lack can lead to standardized and poorly reflective psychosocial care practices, even when there is explicit progressive, anti-asylum engagement (Goulart, 2017; 2019). Given this context, the following section is dedicated to proposing González Rey's Theory of Subjectivity as a viable theoretical resource for understanding and supporting actions in response to the phenomenon of crisis in adolescence.

Adolescence, Crisis, and Subjectivity from a Cultural-Historical Perspective

The Theory of Subjectivity, within a cultural-historical perspective, is a theoretical framework developed by Fernando González Rey (1949–2019), a psychologist, educator, and author whose contributions, originality, and creativity opened important paths in the fields of health, education, and psychology (González Rey & Goulart, 2019). The author proposed a new conceptualization of subjectivity based on the definition of a new ontological domain of human phenomena. It should be noted that González Rey used the term ontological to refer to the theoretical definition of phenomena in reality that can be studied by science, and not in the philosophical sense of “being.”

In the author's words:

Subjectivity (...) is a symbolic-emotional system oriented toward the creation of a reality that is peculiarly human: culture, of which subjectivity itself is a condition for its development and within which it has its own socially institutionalized and historically situated genesis. (González Rey & Mitjáns Martínez, 2017, p. 27)

Symbolic-emotional processes are not merely the combination of symbolic productions and emotions, but rather the production of a qualitatively distinct phenomenon. Organized as a configurational system, subjectivity simultaneously involves the individual and social dimensions of human processes, without one being reducible to the other (González Rey & Mitjáns Martínez, 2017). This system, by its living and dynamic nature, becomes the generator of new subjective processes that are never a direct expression of the objective conditions of life, but rather the product of singular production in response to lived experience (González Rey, 2019).

The most elementary qualitative units of subjectivity are called subjective senses, defined as: “symbolic-emotional units, in which the symbolic becomes emotional from its very genesis, (...) they emerge in the course of experience, defining the subjective nature of human experiences, (...) they are the most elementary, dynamic, and versatile unit of subjectivity” (González Rey & Mitjáns Martínez, 2017, p. 63). In their processuality and plasticity, subjective senses can be organized into

relatively stable formations called subjective configurations, which in turn have a self-regulating character and generate new subjective senses (González Rey, 2019).

Within this framework, individual subjectivity and social subjectivity are central concepts, as they emerge from the different senses and subjective configurations produced by individuals and by social spaces, groups, and institutions. Thus, it becomes possible to theorize how social contexts are dialectically shaped by a diversity of dynamic, heterogeneous, and contradictory social subjective senses, while at the same time shaping and being shaped by the individuals who inhabit these spaces through their participation (González Rey, 2019; González Rey & Mitjáns Martínez, 2017).

The concept of subjective configurations has the heuristic value of making it possible to understand processes that, from a phenomenological perspective, may appear unrelated but, through the way they are subjectively configured, may be intrinsically intertwined (González Rey & Mitjáns Martínez, 2017). For example, when thinking about a young adolescent's learning difficulties at school, rather than considering only cognitive, intellectual, and pedagogical aspects in a fragmented way, one may identify subjective senses related to family, sexuality, diverse individual life experiences, processes of pathologization and racism – all of which intertwine with the subjective configurations associated with learning difficulties in the school context (Mitjáns Martínez & González Rey, 2017).

Also fundamental to this perspective are the concepts of agent and subject, which provide insight into processes of active participation, tension, and the potential subversion of normative social spaces (González Rey & Mitjáns Martínez, 2017). For instance, if we speak of an organization where social subjectivity processes are marked by hierarchy, control, and competitiveness, we describe as an agent the individual or group capable of taking an active stance within that space – generating reflections, raising questions, and adopting positions that situate them in the unfolding of events. On the other hand, the condition of being a subject goes further, representing the individual's or social group's ability to open an alternative pathway of subjectivation within a given hegemonic social space, marked by creativity in the paths they forge (González Rey & Mitjáns Martínez, 2017).

The concepts of the Theory of Subjectivity are open, dynamic, and sensitive to the unique ways they manifest in specific individual and social contexts. In this regard, the interpenetrated relationship between theory, research, and professional practice is valued, forming a dynamic system grounded in the agentive and subjective condition of both researchers and research participants (Goulart et al., 2024).

This line of thought and research opens important possibilities for understanding the phenomenon of crisis during adolescence. As Goulart (2022) argues, the Theory of Subjectivity, based on its ontological framework and key categories, allows for an intelligible grasp of the multiplicity of subjective processes involved in crisis – in a way that does not overlook its contradictory, dynamic, and complex nature, a task that is significantly challenging in the absence of an appropriate theoretical-epistemological-methodological framework.

As previously noted, within dominant psychiatric trends under a biomedical perspective, there is a lack of theoretical foundations that make it possible to understand crisis in its subjective dimension. Thus, resources are employed that nullify this experience in its complexity, reducing it to nosological classifications and symptoms to be eliminated. In this way, crisis in adolescence comes to be configured as a medical problem that must be controlled through medicalization and hospitalization, within a conception of adolescence that, moreover, naturalizes it as a universal phase of crisis and rebellion.

Essential to this understanding of crisis is the notion of dialectics, as developed within the field of cultural-historical psychology. In Dafermos' (2022) interpretation of Vygotsky, the author emphasizes the role of dialectics as the tool for understanding human phenomena in their processual, dynamic, complex, and contradictory nature, rather than conceiving of the individual and society in static terms. As a hallmark of the cultural-historical perspective, this notion of dialectics also emphasizes the dimensions of human temporality and historicity (Goulart, 2022).

Given the complexity that the phenomenon of crisis entails, Goulart (2022) argues that it is crucial to understand it as a process mutually configured between individual and social dimensions. In contrast, it is common to adopt notions of crisis that either individualize it or reduce it to sociological terms, due to the absence of theoretical frameworks capable of grasping both dimensions dialectically. This is evident, for example, in the article by Rossi and Cid (2019), which discusses the relationship between adolescents in crisis and their families or various relational contexts:

The family members' narratives presented elements related to the life histories of the adolescents and their families, highlighting characteristics and events that could be linked to the adolescents' psychological distress and, consequently, may have contributed to the manifestation of crises. (Rossi & Cid, 2019, p. 738)

The authors make a fundamental point by constructing the relationship between adolescents' experiences of crisis and various processes within their family spaces. However, they highlight the difficulty of deepening the understanding of aspects that lie at the origin of these experiences, as well as the articulation with other broader social processes that may also be significant.

On the one hand, we understand that a crisis can never be external to those who experience it, as it is tied to unique subjective productions, the result of one's own construction. On the other hand, these crises will never be unrelated, for example, to how the adolescent subjectively configures their experience of school, the quality of relationships they establish, or the pressures of the dominant social subjectivity that demands productivity, good behavior, and good appearance.

In this sense, we stress the value of understanding processes of subjective suffering as configurations rather than as linear mechanisms of action and response. In this perspective, subjective suffering is a concept that refers to "a dominant subjective configuration that generates distress for the individual (...) culminating in the weakening of the individual's subjective resources, reducing their possibilities for action, reflection, and positioning in different areas of life" (Goulart, 2024, p. 72). This view makes it possible to conceive of an approach to understanding crisis that considers the entirety of life in its heterogeneity.

This view leads to new conceptions of professional action in the face of crisis. As Goulart (2022) states, the focus should not be on returning to a pre-crisis state, naturalizing it as a regression in itself, but rather on how we can develop strategies that foster new subjective resources, using the crisis itself as raw material.

From this perspective, subjective resource is understood as the "functional dimension of a subjective configuration, expressed in the expansion of possibilities for action, reflection, and positioning in different areas of life" (Goulart & Martinez, 2023, p. 14). Guiding our practices toward the development of subjective resources fundamentally implies a professional action perspective that goes beyond the notion of intervention, placing at the center the capacity of individuals to emerge as agents and subjects of their own life paths (González Rey et al., 2016).

In this sense, we align ourselves fundamentally with the ethical-political commitment of the Psychiatric Reform to view adolescents as individuals with rights (Fernandes et al., 2020), valuing

their capacity to take an active role in their own lives. In this regard, the Theory of Subjectivity offers the concepts of agent and subject to reinforce this commitment, making it possible to conceive of crises that may culminate in important developmental processes through stances that are engaged in alternative subjective productions. This represents a theoretical alternative, with important practical implications, that stands in opposition to the predominance of hospitalization in crisis care, which, from a biomedical perspective, sidelines the protagonism of the adolescent.

Final Considerations

This paper's central objective was to discuss the value of the Theory of Subjectivity within a cultural-historical perspective for addressing the phenomenon of crisis in adolescent mental health, as a way to support new theoretical pathways and professional actions for working with this population.

We believe that one of the main challenges in addressing mental health crises in adolescence lies in the still dominant technical-instrumental approach in the field, which is largely insensitive to the historical and processual quality of human phenomena. Especially when it comes to the issue of crisis in adolescence, there is a prevailing tendency to disqualify adolescents' experiences.

Thus, one of the main outcomes of this theoretical perspective is the emphasis on valuing the protagonism of adolescents in crisis, highlighting the development of subjective resources that enable not a return to a pre-crisis state of "normality", but rather a qualitative opening to new life possibilities.

From our perspective, we cultivate an appreciation for the living, dynamic quality of theoretical constructions, not as static, a priori formations, but as tools for thought that support practical approaches requiring ongoing reflection and construction. We argue that this is a fundamental position for anyone interested in crisis as a human experience. In this sense, we see as essential the notion of crisis from a configurational perspective, enabling us to understand this phenomenon as a singular and complex process.

From these issues, another important challenge arises: how can we develop spaces for dialogue with adolescents in crisis, considering current specificities such as their growing digital immersion, which has diverse implications for the construction of sociability and for their subjective productions in general? Moreover, and fundamentally, how can we create dialogical spaces that engage them as producers of subjectivity, and not as mere reproducers of supposed external "truths", thus fostering their emergence as agents and subjects of their own life processes?

Moving forward on these challenges requires building investigative and professional practice processes that remain attentive to the individual and social subjective dimensions involved, in ways that emphasize the quality of human relationships in dialogical processes that value the legitimacy and uniqueness of adolescents' productions, mobilizing processes of change beyond a logic of control and merely solving isolated problems.

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