

ADOLESCENTS IN CRISIS: ANXIETY, SELF-HARM, AND EMOTIONAL RELATIONSHIPS

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ABSTRACT

Anxiety crises have become increasingly common among adolescents, raising concerns in Brazil due to their impact on mental health. These episodes are marked by intense anticipation of stressful situations, accompanied by fear, worry, and behavioral changes. Self-injury is often associated with these crises, functioning, at times, as a maladaptive strategy to manage intense anxiety. This clinical-qualitative study aimed to understand the psychodynamic aspects of an adolescent who experienced anxiety crises in connection with self-injurious behaviors. Data collection involved a semi-structured interview and the Desiderative Questionnaire, a projective technique. Eight weekly sessions were conducted, with this study focusing on the second session. Thematic analysis was applied to the interview data, and the Desiderative Questionnaire contributed to deepening the analysis. The findings pointed to central themes involving mental health and emotional suffering, the impact of trauma, family conflicts, and difficulties in social relationships. From a psychodynamic perspective, the adolescent showed the use of primitive defense mechanisms and difficulties with projective identification, indicating regressive psychological functioning and vulnerabilities in the maturation process. Exacerbated self-criticism, a perception of a hostile environment, and the tension between the desire for belonging and the tendency toward isolation stood out, reinforcing feelings of inadequacy and rumination. The study highlights the fragility of the adolescent's support networks and underscores the role of family and school in recognizing and managing emotional crises. Although still scarcely addressed in the literature, the notion of anxiety crisis emerges as a relevant form of suffering, requiring further conceptual and clinical research.

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Keywords: Anxiety; Adolescent Psychology; Self-Injurious Behavior.

ADOLESCENTES EM CRISE: Ansiedade, autolesão e as relações afetivas

RESUMO

As crises de ansiedade têm se tornado cada vez mais comuns entre adolescentes, gerando preocupações no Brasil devido ao seu impacto na saúde mental. Esses episódios são marcados por intensa antecipação de situações estressantes, acompanhada de medo, preocupações e alterações comportamentais. A autolesão é frequentemente associada a essas crises, funcionando, em alguns casos, como uma estratégia desadaptativa para lidar com a ansiedade intensa. Este estudo clínico-qualitativo teve como objetivo compreender os aspectos psicodinâmicos de uma adolescente que vivenciou crises de ansiedade em associação com comportamentos autolesivos.

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A coleta de dados envolveu uma entrevista semiestruturada e o Questionário Desiderativo, uma técnica projetiva. Foram realizadas oito sessões semanais, sendo este trabalho centrado na segunda sessão. A análise temática foi aplicada aos dados da entrevista, e o Questionário Desiderativo contribuiu para aprofundar a análise. Os resultados apontaram temas centrais relacionados à saúde mental e sofrimento emocional, às repercussões do trauma, aos conflitos familiares e às dificuldades nas relações sociais. Do ponto de vista psicodinâmico, observou-se o uso de mecanismos de defesa primitivos e dificuldades com a identificação projetiva, indicando um funcionamento psíquico mais regressivo e fragilidades no processo de maturação. Destacaram-se a autocrítica exacerbada, a percepção de um ambiente hostil e a tensão entre o desejo de pertencimento e a tendência ao isolamento, reforçando sentimentos de inadequação e ruminação. O estudo evidencia a fragilidade das redes de apoio da adolescente e ressalta o papel da família e da escola na identificação e manejo das crises emocionais. Embora ainda pouco explorada na literatura, o conceito de crise de ansiedade se revela importante fonte de sofrimento, exigindo pesquisa conceitual e clínica.

Palavras-chave: Ansiedad; Psicología del Adolescente; Comportamiento autodestrutivo.

ADOLESCENTES EN CRISIS: Ansiedad, autolesiones y vínculos afectivos

RESUMEN

Las crisis de ansiedad se han vuelto cada vez más comunes entre los adolescentes, generando preocupación en Brasil debido a su impacto en la salud mental. Estos episodios se caracterizan por una intensa anticipación de situaciones estresantes, acompañada de miedo, preocupaciones y cambios en el comportamiento. La autolesión se asocia frecuentemente con estas crisis, funcionando, en algunos casos, como una estrategia desadaptativa para manejar la ansiedad intensa. Este estudio clínico-cualitativo tuvo como objetivo comprender los aspectos psicodinámicos de una adolescente que vivió crisis de ansiedad en asociación con comportamientos autolesivos. La recolección de datos incluyó una entrevista semiestructurada y el Cuestionario Desiderativo, una técnica proyectiva. Se realizaron ocho sesiones semanales, centrándose este trabajo en la segunda sesión. Se aplicó análisis temático a los datos de la entrevista, y el Cuestionario Desiderativo contribuyó a profundizar el análisis. Los resultados señalaron temas centrales relacionados con la salud mental y el sufrimiento emocional, las repercusiones del trauma, los conflictos familiares y las dificultades en las relaciones sociales. Desde una perspectiva psicodinámica, se observó el uso de mecanismos de defensa primitivos y dificultades con la identificación proyectiva, indicando un funcionamiento psíquico más regresivo y fragilidades en el proceso de maduración. Se destacaron la autocrítica exacerbada, la percepción de un ambiente hostil y la tensión entre el deseo de pertenencia y la tendencia al aislamiento, reforzando sentimientos de insuficiencia y rumiación. El estudio evidencia la fragilidad de las redes de apoyo de la adolescente y resalta el papel de la familia y la escuela en la identificación y manejo de las crisis emocionales. Aunque poco explorada en la literatura, la noción de crisis de ansiedad se revela como una forma relevante de sufrimiento que exige investigación conceptual y clínica.

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Palabras clave: Ansiedad; Psicología del Adolescente; Conducta Autodestructiva.

1 INTRODUCTION

Anxiety disorders — pathological forms of anxiety — such as generalized anxiety disorder, separation anxiety, and social anxiety disorder are characterized by a pervasive sense of danger, marked by physiological symptoms such as agitation, hyperactivity, and restlessness, as well as cognitive responses like hypervigilance, catastrophic thinking, and persistent worry (Szuhany & Simon, 2022). According to the International Classification of Diseases - 11th edition (ICD-11), anxiety involves predominantly pessimistic and catastrophic thoughts, distressing emotions, and physical symptoms such as restlessness and shortness of breath. The Diagnostic and Statistical Manual of Mental Disorders - Fifth edition (DSM-5) notes that anxiety disorders are among the most prevalent psychiatric conditions in adolescents, ranking just below Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder (CD) in frequency (Garcia & O'Neil, 2020).

Anxiety crises are increasingly common among adolescents, becoming a widely recognized concern among Brazilian youth and adults. Although the term “anxiety crisis” lacks explicit definition in the scientific literature, anxiety crises encompass a range of symptoms, including excessive anticipation of stressful situations, events, or experiences, and are closely linked to fear, worry, and behavioral disturbances. These crises are marked by intense episodes of severe anxiety, manifesting through physical, cognitive, and emotional symptoms (Vanzeler, 2020). Recent incidents illustrate the growing prevalence of anxiety crises among adolescents in Brazil. For instance, in April and May of 2022, at least two cases of collective anxiety crises were reported in Recife, Pernambuco, Brazil. These episodes, widely shared on digital media, were triggered by factors such as tension over school tests and violence between police officers and traffickers near schools. In response, teams from the Mobile Emergency Service (SAMU) were dispatched, mobilizing six ambulances to the sites (G1, 2022). Additional reports on this issue have been published, including students’ narratives about their experiences with anxiety crises and the resulting impact on their family, school, and social lives (G1, 2023).

A search using the descriptors “anxiety crisis” and “adolescence” in Google Scholar yielded only one Brazilian study. The integrative literature review by Albuquerque et al. (2024) explores the management of anxiety and panic crises in children and adolescents, considering their multifactorial nature. Although the article does not specify the number of studies included in the review or provide detailed information about them, the findings highlight the need for personalized strategies that take into account individual and cultural factors in managing crises among young people. Other related studies discuss the prevalence of anxiety symptoms and their association with clinical conditions such as depression, social support (Pouraboli et al., 2018) and pandemic repercussions (Gadagnoto et al., 2022). Additionally, several articles addressing panic attacks or panic disorder were identified, though none directly referenced the term “anxiety crisis”.

From a clinical perspective, panic attacks and anxiety crises share overlapping features, including emotional and behavioral components. Both can involve a range of symptoms such as palpitations, sweating, chest tightness, dry mouth, tremors, agitation, chills or hot flashes, numbness or tingling, weakness, headaches, abdominal pain, feelings of danger, detachment (desrealization), or self-estrangement (depersonalization). These episodes often bring a fear of losing control, going mad, or dying (Lemes et al., 2015). Some researchers even suggest that the two phenomena may coexist, with anxiety escalating to the point of triggering a panic attack in particularly stressful situations (Helbig-Lang, 2012). Self-injurious behavior can also compose this moment, during or after the crisis or attack, through behaviors of beating, scratching, pulling one's hair and even making use of sharp objects (Andover, 2013).

Despite these similarities, anxiety crises and panic attacks differ in key aspects. An anxiety crisis typically arises in response to identifiable triggers, such as academic pressures, interpersonal conflicts, or environmental threats, and the symptoms often build gradually. The individual experiencing an anxiety crisis is generally able to articulate the source of their distress, and while the symptoms can range in severity, they tend to correlate with the intensity of the perceived stressor. In contrast, panic attacks are sudden, intense episodes of acute fear or discomfort that seem to emerge without warning. According to the American Psychological Association (APA, 1994), panic attacks reach their peak within minutes, and are characterized by symptoms that can be both physically and emotionally overwhelming.

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The individual's ability to recognize the triggers behind the episode is important to differentiate the anxiety crises and panic attacks. In anxiety crises, individuals are more likely to identify — either independently or with professional guidance — the factors that triggered the episode, as these triggers tend to be closer to conscious awareness compared to panic attacks. Additionally, the impact on quality of life is generally less severe in anxiety crises. While they can be intense and distressing, they typically do not lead to a persistent fear of recurrence.

In contrast, panic attacks, due to their unpredictability and intensity, often result in heightened health concerns and increased visits to emergency services, as individuals may fear their symptoms indicate a serious medical condition. Unlike anxiety crises, which allow individuals to resume their daily routines after receiving support, panic attacks can leave a lasting psychological impact, contributing to anticipatory anxiety and avoidance behaviors. Individuals may develop a persistent fear of future episodes, avoiding places, people, or situations associated with previous attacks. This avoidance can significantly impair daily functioning and quality of life, potentially leading to a diagnosis of panic disorder.

No references were found regarding the interaction between anxiety crises and self-injurious behavior, the deliberate and direct behavior of damage to one's body tissue. However, expanding the search descriptors for anxiety and self-injury in Google Scholar reveals studies that measured anxiety and depression levels in self-injuring school adolescents, as well as papers indicating that

self-injury is often preceded by intense negative emotions such as anger, fear, depressed mood, anxiety, or a sense of loss of control (Chaves et al., 2021; Chaves, 2023; Tardivo et al., 2019a; Tardivo et al.; 2019b; Pinto Júnior et al., 2023). Some studies acknowledge the presence of anxiety in cases of self-injury but do not explore the topic in depth (Pegoraro & Vicentin, 2022).

Intensely negative emotions are known to precede self-injury, with one of the most frequently reported reasons being the urgent need for relief from such emotional distress (Wang et al., 2022; Tardivo et al, 2019a; Tardivo et al., 2019b). Bentley (2017), for instance, describes a case study in which a young woman resorted to self-injury primarily “to gain control over the intense anxiety triggered by interpersonal stress or overwhelming academic and work demands” (p. 3). During adolescence, anxiety profoundly impacts self-esteem, social interactions, and problem-solving skills while amplifying the need for acceptance. An anxiety crisis further exacerbates these vulnerabilities, leaving the individual emotionally destabilized and socially withdrawn, fostering a deteriorated self-image and a bleak outlook on the future. In this context, self-injury becomes a maladaptive coping mechanism to alleviate distress, increasing the risk of psychopathologies and suicide attempts. Unsurprisingly, adolescents who engage in self-injury frequently exhibit symptoms of depressed mood and anxiety, reinforcing the strong association between anxiety, self-injury, and emotional dysregulation (Wang et al., 2022; Chaves et al., 2022; Chaves & Tardivo, 2023).

There is a consensus in the national and international literature on the impacts of anxiety and self-injury on the lives of adolescents (Wang et al., 2022; Chaves & Tardivo, 2023; Tardivo et al., 2019b; Chaves et al., 2021; Chaves, 2024; Tardivo et al., 2019a; Ferreira et al., 2021; Pinto Júnior et al., 2023). However, studies that explore the relationships between anxiety crisis and self-injury are scarce. This paper aims to contribute to the field of adolescent mental health, providing important insights to guide clinical management and treatment. Through a clinical illustration, the objective is to present an anxiety crisis experienced by an adolescent, highlighting its interaction with self-injurious behavior and the psychodynamic aspects of adolescence.

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2 INSTRUMENTS AND METODOLOGY

2.1 Study type

This is a clinical-qualitative study. The qualitative method seeks to explore the meanings and interpretations of the phenomenon within its natural context (Turato, 2013).

Participants

The study involves an adolescent enrolled in a public university project, coordinated by some of the authors of this paper, which offers online psychological interviews. Both the adolescent and

her mother provided consent for participation by signing the Consent Form and the Childhood Assent Form, respectively. The data presented are part of a finalized doctoral research conducted by one of the authors.

Instruments

Semi-structured interview: defined as “a blend of closed and open questions, often accompanied by follow-up why or how questions” (Adams, 2015, p. 493), it is a key technique in psychological investigation and an essential tool for clinical-qualitative research. In this study, the interview focused on the participant’s life history, and crisis of anxiety in interaction with self-injurious behavior.

Desiderative Questionnaire (DQ): a projective technique based on psychoanalytic principles, designed for an in-depth investigation of personality aspects. Developed by Bernstein (Nijamkin & Braude, 2000), it enables the analysis of egoic resources in terms of strengths and weaknesses, as well as personality traits, defense mechanisms, basic conflicts, affective quality, object relations, and other essential aspects for a psychodynamic psychological assessment. Additionally, the DQ assesses the individual’s capacity for symbolization. The questionnaire consists of six questions — three positive and three negative — where participants express their desires and rejections. Positive answers reveal unconscious fantasies of desires and negative answers express feared, aggressive and denigrated aspects of the personality. Their responses are then classified within a hierarchy (animal, inanimate and vegetal) and analyzed through the participant’s explanations (desiderative explanation), which reveal underlying symbolism and psychodynamic motivations for each choice. The DQ was applied and analyzed following the methodological guidelines of Nijamkin and Braude (2000) in the session where the participant reported experiencing an anxiety crisis and engaging in self-harm behavior.

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2.2 Procedures

An experienced psychologist of adolescents in the field conducted the psychological process. Eight sessions were held, one per week, each lasting approximately 50 minutes. The first session included the mother to obtain consent, explain the research, and understand her perspective. The following sessions were conducted solely with the adolescent. The final session involved both the mother and the adolescent. Attempts were made to interview the father; however, they were unsuccessful. This research highlights the second session, in which the interview and QD were applied with the adolescent.

2.3 Data analysis

Notes from the interviews were taken after the session and subjected to thematic analysis (Braun & Clarke, 2006), allowing for the identification of core themes related to the participant's emotional experiences, perception of anxiety crises, and self-injurious behaviors. The thematic analysis was conducted following these steps: 1) familiarization with the data, 2) coding of significant excerpts related to self-harm behaviors and anxiety episodes, and 3) grouping the codes into emerging themes, which were then reviewed and refined to ensure coherence and representativeness.

The DQ was evaluated based on the recommendations proposed by Nijamkin and Braude (2000), using a systematic assessment framework developed by Tardivo and Pinto Júnior (2018). This framework includes general categories (complete test, perseveration, and anthropomorphic responses) as well as specific ones, such as reaction time, task adequacy, kingdom choice, response quality, dissociation, projective identification, rationalization, and relational perspective. For data interpretation, a spreadsheet was used to code each protocol based on the presence (1) or absence (0) of these categories. Final scores were compiled and presented in tabular form.

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2.4 Ethical aspects

This research was approved by the Ethics Committee for research with human beings at the University of São Paulo (process number: 3.906.773, CAAE: 24524719.2.0000.556), ensuring that all ethical principles established in Resolution No. 466/2012 of the Brazilian National Health Council were followed. To protect the participant's privacy, personal data were anonymized, and pseudonyms were used in the case report. All information was treated with strict confidentiality, especially sensitive aspects in order to ensure the participant's dignity and emotional safety. Given the adolescent's vulnerability, the sessions were conducted in a non-intrusive, supportive manner to prevent any revictimization or emotional distress. At the end of the research process, the adolescent was referred for therapeutic follow-up at a Basic Health Unit (UBS) in São Paulo, Brazil, ensuring continuity of care and access to mental health services.

3 RESULTS

The online interview with the mother and adolescent aimed to obtain a detailed account of the anxiety crisis, focusing on its relationship with self-injurious behavior.

3.1 Case Illustration: Adolescent's history and complaints

Ellen, 14 years old, was enrolled in the project by her mother following the school's recommendation. With the tips of her hair painted purple, she usually wore black shirts, necklaces, earrings and bracelets characteristic of the emo/hardcore tribes. Middle daughter of separated parents, she lived with her mother and two brothers. She visited her father every 15 days. According to Ellen, the mother had been diagnosed six months ago with depression, "she lost her glow after the separation", and the older brother had tried to kill himself twice in front of her in recent years. The younger sister has symptoms of severe anxiety.

Punctual in the sessions, she performed them with the open camera on and inside his blue room, with some pink lights. Ellen mentioned difficulty in relationship/ living with her father, "he is a bit busted", being the relationship with the mother a little better. She was jealous of the relationship between his older brother and his mother, believing that he was the favorite.

Excellent student in school, however with difficulties in relationship with peers. She had been bullied since the age of 09 due to her weight and body image. There was great concern for the body and for many sessions said that she wanted/ should lose weight (although, apparently, his weight was compatible with his stature) and justified such complaint by "discounting" his anxiety on food. Sleep had been impaired for about a year and was being disturbed by a recurring nightmare in which she was kidnapped and could not scream.

Ellen sporadically injured herself with the help of sharpener blades and scissors, without the knowledge of her parents. Such behavior had already been more serious, so that at the time, she was "more" controlled. She had not effectively attempted suicide, but presented thoughts and ideations throughout the interviews. Still in the line of secret, the teenager revealed to have been sexually abused by the 14-year-old son of one of her mother's bosses (she worked as a housekeeping) when Ellen was 7/8 years old. Her mother not knew about the abuse, Ellen only managed to tell her that the boy had shown her the genital organ, but nothing was done.

Initially, anxiety crises occurred at home, but the last one occurred at school, at the time of the break. The colleagues contained it and the school direction was called. The mother was warned about the need for psychological care. Until that time, Ellen had never performed psychological or psychiatric care.

3.2 Characterization of anxiety crisis and self-injury

Anxiety crises began at the age of nine. The initial reason was not very clear, but throughout the psychological sessions, she acknowledged, "when I remember things from the past, I go into crisis". Some situations potentiated crises, as something out of their control, "I need everything planned", as well as thoughts about the personal and professional future. Often, the crises presented a sequence that involved looping thoughts, that is, repetitive thoughts, with catastrophic content and no way out. Usually, they were also accompanied by intense crying, physical uncontrollability (beating, scratching) and great suffering. The post-crisis was experienced with guilt.

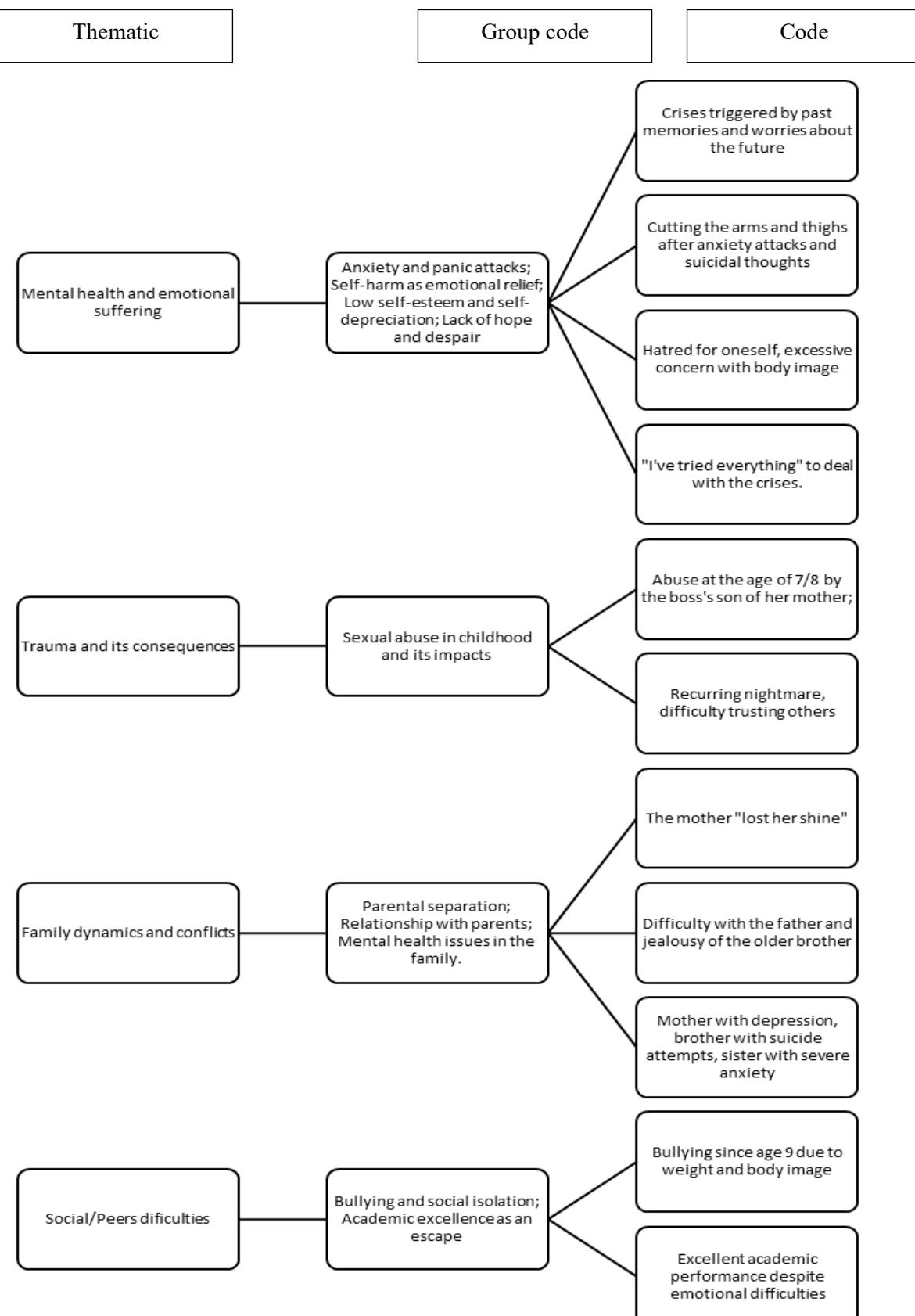
About the crisis that occurred at school, Ellen reports that the thoughts started with the concern about school, and went to her body image, the desire to lose weight, to exercise, fear of the recurring nightmare, and judgment of others. After, the thoughts assumed a more severe version from which ideas of disqualification became present, judging it as ungrateful and slack. Feelings of anger and sadness, and the idea of disappointment in his mother intensified, which implied in physical symptoms, such as: intense chest pain, shortness of breath, feeling of death, intense crying, and self-harm (she scratched herself and hit her head on the wall). Ellen reported on the difficulty of containing herself and the "agony" experienced. After, she felt shame and anguish about what her mother would think which culminated in repeated superficial self-injuries in her arms and thighs with scissors in the bathroom of her home.

When asked about the meaning of the crisis, Ellen answered after much thinking: "it represented giving up... that I am no longer enduring... anxiety is very hard to deal... I hate myself". The teenager said she had already "tried everything" to deal with the crises, which increased her anguish and, consequently, lowered hopes of being helped. 708

3.3 Thematic Analysis

The thematic analysis of the semi-structured interviews identified the codes, code groups, and central theme (Figure 1). The findings reveal conflicts related to themes of Mental health and emotional suffering, Trauma and its consequences, Family dynamics and conflicts, and Social/peer difficulties.

Figure 1. Diagram of thematic analysis of the case illustration from interview with Ellen.



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Source: Author's own elaboration.

3.4 Answers to the Desiderative Questionnaire (QD)

The Desiderative Questionnaire was administered during one of the sessions remotely. The answers of Desiderative Questionnaire were compiled in Table 1. The symbol “+” refer to the positive questions and those marked with “-” to the negative questions.

Table 1. Answers for Positive and Negative Questions from Desiderative Questionnaire (QD).

POSITIVE QUESTIONS			
Nº	QUESTION	ANSWER	REASON(S)
1+	What would you most like to be if you couldn't be a person?	Butterfly	They're beautiful and free. (Why else?) They can go wherever they want.
2+	What would you most like to be if you couldn't be a person and an animal?	Blanket	It warms people and is always together. (Why else?) I'm clingy, I like to stay together with people. I need of this.
3+	What would you most like to be if you couldn't be a person, an animal, and an object?	Flower	Beautiful, each has a meaning in the world. (Why else?) I like the sunflowers, they turn to where the light is and die if they are without it (the light).

NEGATIVE QUESTIONS			
Nº	QUESTION	ANSWER	REASON(S)
1-	What would you least like to be if you couldn't be a person?	Pencil	They're used everything and thrown it away. (Why else?) It becomes useless. I'm a pencil, I helped a lot of people and they turned their backs on me (referring to school friends).
2-	What would you least like to be if you couldn't be a person and an object?	Bat	It's always in the dark. (Why else?) I feel like the bat and I wouldn't want it that way.
3-	What would you least like to be if you couldn't be a person, and object and an animal?	I don't know. Monster.	I don't know. Anxiety and depression Insomnia and disorganization (response nullified for anthropomorphism)
4-	These are not valid answers, because it has some human features. What would you least like to be if you couldn't be a person, an object and an animal?	Tree	Always still; people sometimes cut it down; didn't want to be used and discarded (references bullying).

Note. The responses for 3- was annulled in view of the choice that includes human elements, it demonstrates the increase in anguish near the end of the test, with the need for induction for the next question (4-).

Source: Author's own elaboration.

Table 2. Analysis of Ellen's QD Answers

Complete Test	Cathexis	GENERAL ASPECTS			
		Preservation		Antropomorphic Response	
		Positive Cathexis	Negative Cathexis	Positive Cathexis	Negative Cathexis
Yes	1+	0	0	0	0
	2+	0	0	0	0
	3+	0	0	0	0
	1-	0	0	0	0
	2-	0	0	0	0
	3-	0	0	0	1
	Total	-	0	0	1

Source: Author's own elaboration. (Continue).

Table 3. Analysis of Ellen's QD Answers

ANALYSIS CATEGORIES								
Reaction Time			Task Adequacy			Choice of Kingdom		
Normal	Long	Reduced	Adequate	Inadequate	With Support	Animal	Vegetable	Inanimate
1	0	0	1	0	0	Butterfly	0	0
1	0	0	1	0	0	0	0	Blanquet
1	0	0	1	0	0	0	Flower	0
1	0	0	1	0	0	0	0	Pencil
0	1	0	1	0	0	Bat	0	0
1	0	1	0	0	1	0	Tree	0
5	1	1	5	0	1			-

Source: Author's own elaboration. (Continue).

Table 4. Analysis of Ellen's QD Answers

ANALYSIS CATEGORIES				
Response Quality		Dissociation		
Conventional	Original	Bizarre	Adequate	Inadequate
1	0	0	1	0
1	0	0	1	0
1	0	0	1	0
1	0	0	1	0
1	0	0	1	0
1	0	0	1	0
6	0	0	6	0

Source: Author's own elaboration. (Continue).

Table 5. Analysis of Ellen's QD Answers

ANALYSIS CATEGORIES					
Projective Identification		Rationalization		Relation Perspective	
Structured Symbol	Unstructured Symbol	Adequate	Inadequate	Narcisistic Response	Includes the other
1	0	1	0	1	0
0	1	0	1	0	1
1	0	1	0	1	0
1	0	0	1	0	1
1	0	0	1	1	0
1	0	0	1	0	1
5	1	2	4	3	3

Source: Author's own elaboration. (Finish).

4 DISCUSSION

The case corroborates data documented by the specialized literature: crisis anxiety is linked to environmental stressors such as trauma, loss of someone/something important, peer difficulties and/or bullying (Wan et al., 2019), and self-injury is highly related to female sex, child abuse, anxiety, depressed mood and aggressive thoughts (Chartrand et al., 2015; Wang et al., 2022; Chaves & Tardivo, 2023; Tardivo et al., 2019a; Tardivo et al., 2019b; Chaves et al., 2021; Chaves et al., 2022; Ferreira et al., 2021; Pinto Júnior et al., 2023). The thematic analysis of the interviews points to issues related to Mental health and emotional suffering, Trauma and its consequences, Family dynamics and conflicts, and Social/peer difficulties. These themes will be explored, with the findings from the QD contributing to the discussion.

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Mental health and emotional suffering

Ellen's anxiety crisis precedes the experience of self-injury and encompasses physical and psychological symptoms of varying degrees and intensities, leading the adolescent to experience anguish, literally, on the skin. School-related concerns are recognized as the trigger for the adolescent's entry into a "loop" of thoughts. The term "loop" refers, in a free translation, to the recurrent cycle of obsessive, intrusive, and/or ruminative thoughts, a common symptom in obsessive-compulsive disorder, bipolar disorder, and post-traumatic stress disorder. However, it can also occur in individuals with symptoms of anxiety, depression, and/or severe stress (Pronin & Jacobs, 2008).

Ellen reports an intense avalanche of negative emotions, ranging from rumination about the past (sexual abuse, parents' separation, and her brother's suicide attempts) to worries about the future (thinking about personal and professional matters). The looping of thoughts experienced by Ellen extends beyond the concrete aspects of real life, such as issues with school and her body, moving into more subjective aspects related to self and external judgment. Negative emotions, including sadness, anger, and guilt, intensify, and her interpretation of herself and the world becomes increasingly critical.

Studies show that severe self-criticism (negative attitudes and expectations regarding oneself and one's ability to help others) acts as one of the mediators of anxiety and self-injury. It is often associated with adverse life experiences such as sexual abuse, depressed mood, and disruptions in the perception of parental care (Shahar, 2015; Tardivo et al., 2019a; Chaves et al., 2019). Furthermore, Smith et al. (2015) highlight that self-loathing ("I hate myself") is an extreme form of self-criticism closely linked to both depressed mood and self-injury.

Self-criticism is a cognitive and emotional process of negative self-evaluation, focusing on personal flaws, mistakes, and perceived inadequacies. This process involves thinking and the resulting rationalizations. In this context, Ellen's responses to the QD suggest underlying difficulties with the rationalization mechanism, which refers to the ability to align thought with shared reality (Nijamkin & Braude, 2000). Her responses to catexes 2+, 1-, 2-, and 4-, along with her justifications (rationalizations), indicate challenges in distinguishing affective aspects from the rational components of formal logic when selecting a symbol. This implies that her answers not only fulfill the task required by the QD but also reveal desires, unconscious emotions, experiences, and personal and affective memories.

The negative responses to the QD and their respective rationalizations suggest a self-image in which one's value is tied to utility, while the ultimate fate is disposal (1-. Pencil, 3-. Tree). This perception is associated with an introspective nature, marked by the need to be with others (2+. Banquet), in contrast to isolation and difficulty in recognizing new forms of expression and interaction (2-. Bat). There is a prevailing sense of paralysis and passivity in the face of an environment perceived as violent and hostile (4-. Tree). This view reinforces a pattern of severe self-criticism, in which any failure or limitation can be interpreted as proof of uselessness or inadequacy. It is suggested that failures in the rationalization process contribute to the presence of ruminative thoughts, generating intense and potentially overwhelming emotions.

Another additional factor that intensifies Ellen's anxiety is her relationship with her own body image. Studies indicate that adolescents are particularly vulnerable to anxiety when they experience dissatisfaction with their appearance and face both internal and external pressures to meet idealized aesthetic standards (Vannuci, Flannery, Ohannessian, 2017; Tekola, 2024). In Ellen's case, her negative body self-perception contributes to a distorted self-view, affecting her self-esteem and amplifying feelings of inadequacy. This process is associated with an intensification of depressive

mood, the presence of suicidal ideation, and difficulties in interpersonal relationships, as evidenced by changes in her social behavior.

According to Carvalho et al. (2020), body dissatisfaction is directly related to an increased sense of loneliness, negatively impacting both sleep quality and socialization in adolescents. Faced with intense emotional distress, Ellen resorts to strategies to cope with her anguish. However, the inherent limitations of emotional and physiological development, combined with her perception of the world as an aggressive and hostile environment, lead to repeated frustrations in her attempts, ultimately resulting in a state of hopelessness and psychological vulnerability. Hopelessness refers to a pessimistic attitude or expectation regarding future events or thoughts, marked by a significant loss of motivation and sense of purpose in life. It is a key risk factor for self-destructive behaviors and/or suicide (Faria et al., 2020), especially when exacerbated by experiences of physical and/or psychological trauma, family conflicts, and social or peer difficulties.

Trauma and its consequences

Etymologically, the word "trauma" originates from the Greek *trauma*, meaning "wound" or "injury." In the field of psychology, this concept extends to describe deep emotional scars resulting from significant experiences (Viola et al., 2011).

Ellen reports having experienced sexual abuse in childhood. Beyond the suffering caused by the abuse itself, she faced the impossibility of fully sharing her experience with her mother. The disclosure of abuse is a delicate moment for both the victim and their family, as it often involves a perpetrator within the victim's close circle, potentially leading to ruptures, blame, and loss of financial support. In many cases, the mother is the first person to be informed (Oliveira & Felice, 2022), as was the case with Ellen.

The decision is influenced by the nature of the child's relationship with the confidant and the interpretation they believe that person will make (Berliner & Conte, 1995). Plummer (2006) notes that victim's perceptions of their mothers and the family context in which they are embedded influence their willingness to disclose what happened. Fear of rejection, disbelief, parental loss, or guilt over family conflict may lead victims to keep the abuse secret (Azevedo, 2001; Crisma et al., 2004). Furthermore, the silence pact imposed by the perpetrator reinforces the denial of abuse signs in the name of family loyalty (Faleiros, 2003), while the common belief that abuse always involves strangers' people and physical violence may prevent victims from recognizing their experiences as abuse (Crisma et al., 2004). It can be inferred, therefore, that the experience of sexual abuse, along with the subsequent challenges related to its disclosure and the emotional processing of trauma, intensifies the victim's internal distress. In Ellen's case, these factors contribute to the emotional and relational impact of the trauma, increasing her emotional vulnerability.

Based on the QD responses and the defense mechanisms employed, it is important to highlight Ellen's difficulties with projective identification. All negative responses (1-, 2-, and 4-) indicate the presence of symbolic equation, meaning that Ellen confuses the attributes of her chosen objects (1-. Pencil) with aspects of her own self ("*I am a pencil; I helped many people, and they turned their backs on me*"). This suggests a more primitive psychological movement, characteristic of early developmental stages, revealing impairments in her maturation process (Nijamkin & Braude, 2000). Symbolic equation, as described by Guimarães et al. (2006), can be understood as a form of communication with reality and an attempt at psychic integration based on the subject's needs, being a process in which the individual does not symbolize the experience, but instead lives it concretely, confusing representations with reality (Nijamkin & Braude, 2000).

The concept of symbolic equation helps to understand the profound impact of sexual abuse on psychic development and the process of symbolization. In such cases, the individual may struggle to distinguish between what belongs to the internal world and what belongs to the external world, thereby favoring the occurrence of symbolic equation. In Ellen's case, her tendency to identify with disposable or damaged objects (e.g., a Pencil) may be related to the internalization of trauma. Sexual abuse can reinforce feelings of worthlessness and unworthiness, leading to a more primitive psychic functioning in which suffering is not symbolized, but rather experienced in a concrete act — whether through self-injury or through difficulty in establishing trusting relationships. Child and adolescent sexual abuse compromise the child's ability to psychically elaborate the experience.

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Belleville, Dubé-Frenette, and Rousseau (2019) associate the intensification of sleep disorders and nightmares in victims of sexual abuse, with these disturbances being more severe in those who experienced violence in childhood. Ellen's case corroborates these findings. The adolescent expresses distrust in people, although her response to the QD indicates both a desire and a need to be affectionate with others (2+. Blanquet). The rationalizations for negative choices in the QD (1-, 2-, and 4-) reflect emotional difficulties, which are also evident in the relational perspective category. The relational perspective refers to the ability to establish affective bonds or relationships with others. In Ellen's case, when people appear in her QD responses, they tend to be represented as selfish and just worried about the utility of something (2+. Blanquet). Moreover, there are indications of a view of relationships characterized by use, exhaustion, and subsequent discard (2-. Pencil; 4-. Tree), and an aggressive perspective (4-. Tree).

These elements may indicate difficulty in forming bonds based on reciprocity and permanence. This contributes to understanding the ambivalence present in Ellen's psychic world, reflecting the tension between the desire for affection and the fear of being hurt again. The association between the desire for emotional closeness and the fear of rejection or abandonment in individuals who have experienced sexual abuse is widely documented in the literature.

The study by Pinto Junior, Cassepp-Borges, and Santos (2015) highlights that survivors of childhood sexual abuse often face various consequences, including difficulties in relationships,

intimacy, trust, and communication. Furthermore, the integrative review by Souza et al. (2021) indicates that these individuals may struggle to establish healthy emotional bonds in adulthood. These findings reinforce the idea that the trauma of sexual abuse can create a cycle in which the yearning for emotional connection is accompanied by an intense fear of rejection, exacerbating anxiety and hindering the development of secure and trusting relationships.

Family dynamics and conflicts

Ellen's family has a history of psychiatric disorders. Her mother and brother suffer from depression, with the latter diagnosed with a severe condition, including suicide attempts. Additionally, her younger sister has an anxiety disorder. Perich and Adriessen (2024), in a study involving a sample of 1.127 university students, found that those with a family history of mental illness were more likely to report clinically significant symptoms. Moreover, students with more than one affected family member reported greater symptom severity and were more likely to seek psychiatric help and use medication compared to those with only one affected relative.

In Ellen's case, there is a generalized impairment of mental health within her family. Considering the central role of the mother as a reference figure, studies indicate that children of parents with mental disorders, especially depression, tend to exhibit internalizing manifestations (Chilcoat & Breslau, 1997). Internalizing manifestations involve emotional and psychological difficulties directed inward, in contrast to externalizing manifestations, which are expressed through behaviors directed toward the external environment. These manifestations include symptoms of depression, anxiety, social withdrawal, low self-esteem, and somatic complaints. By stating that her mother "lost her shine", Ellen seems to indicate the loss of maternal care, reflecting a sense of helplessness that intensifies her feelings of abandonment and insecurity.

The impact of the caregiver's clinical condition on the adolescent can vary in intensity, being exacerbated when mental illness compromises the attention and care provided to the children. Reduced emotional availability, distorted perceptions of the adolescent, and limitations in support for their development are factors that can increase this risk. These parental difficulties can be episodic or persistent, directly affecting the bond with the children. Additionally, parents with mental disorders often face social isolation, socioeconomic disadvantages, and the effects of stigma, which can further harm the family dynamic. In this context, emotional sensitivity and the support capacity of the partner become crucial aspects in minimizing the negative impacts on the adolescent (White, 2021).

However, Ellen's parents are separated. Due to professional and personal reasons, her father was unable to participate in the interviews for this research, which intensifies the maternal burden in caring for the daughter. Additionally, Ellen's maternal relatives live in another state in Brazil, and she has no close friends, further reinforcing her lack of support. In this context, the absence of a support network may have further exacerbated the difficulties associated with the

maternal clinical condition, compromising her ability to provide a stable environment for Ellen. The paternal distance, in turn, may have contributed to the adolescent internalizing a worldview and relationships marked by feelings of insecurity, making it difficult to build emotional bonds. This scenario, combined with Ellen's traumatic experiences, may have intensified the feeling of emotional vulnerability and increased the risk of anxiety crises and self-harm.

The QD data reinforce this understanding, pointing to a view of people and relationships marked by hopelessness, utilitarianism, and difficulties in building trust-based connections (1-, 2-, and 4-). This tendency to represent relationships suggests a defensive mechanism in response to the distress experienced, which may hinder the establishment of interpersonal connections not mediated by feelings of threat or mistrust. It can contribute to interactions characterized by anxiety, withdrawal, or impulsivity, impairing social contact with peers, a crucial aspect of emotional and social development during adolescence.

Social and peer difficulties

Ellen reports experiencing bullying since childhood. Studies show a significant association between body dissatisfaction and involvement in bullying practices (Zequinão et al., 2022).

Adolescents dissatisfied with their bodies are more likely to become passive or reactive victims of bullying (Holubcikova et al., 2015), as this directly affects their self-esteem and self-perception, generating uncomfortable feelings. These factors can lead to withdrawal or avoidance of social situations, which favors isolation, making them easier targets for aggressors who perceive them as vulnerable and "different". On the other hand, reactive behavior, aggressive and/or defensive, can be seen by aggressors as a stimulus to intensify bullying, creating an unstable environment that further exacerbates the adolescent's emotional suffering. In Ellen's case, the way adopted to cope with this dynamic was isolation and distancing from peers. However, this solution came at a high emotional cost, as although it reduced her exposure to confrontations, it also intensified feelings of loneliness, inadequacy, and difficulty in establishing trusting bonds, deepening the sense of helplessness and the need to seek ways to escape the emotional discomfort experienced.

The school plays a central role in this context. It was within this environment that the anxiety crisis occurred, leading to the need for psychological support. In response to the episode, the institution informed Ellen's mother about the situation, who, surprised to discover her daughter's self-harming episodes, was advised to seek professional help. Ellen's anxiety crisis was triggered by her concerns about academic performance, body image, and peer judgment. Despite being considered an exemplary student by her mother, Ellen constantly questioned her level of knowledge, especially when comparing herself to her classmates. The difference between her mother's view and Ellen's own perception of her abilities points to the discrepancy between self-image and external perception

experienced by the adolescent, suggesting excessive self-criticism and, consequently, an internal rigidity that hinders self-validation.

The data from the QD align with these findings, indicating impairments in the rationalization mechanism and in the relational perspective of her responses. The difficulty in recognizing new forms of interaction (2-. Bat) and the experience of an environment perceived as hostile and threatening (4-. Tree) suggest that Ellen's self-criticism is not limited to a functional aspect but also extends to how she relates to others. Her introspection and need for belonging (2+. Blanket) conflict with her tendency toward isolation, reinforcing feelings of inadequacy and rumination.

Ellen appears to be influenced both by internal issues, such as feeling of insecurity and self-demand, and by external factors related to the school environment and social expectations. In this context, the investment in, and consequently, the concern with, academic excellence can be understood as a mechanism through which the adolescent seeks recognition while simultaneously repressing deeper anxieties. These combined factors seem to impair her capacity to process anxiety, reinforcing psychological distress that manifests in anxiety crises and self-harming behavior.

Limitations

This study presents important limitations that should be considered in the interpretation of the results. It is a single case study, which limits the generalization of the findings and requires caution when extrapolating them to other contexts. Additionally, the psychodynamic analysis, being qualitative in nature, involves a degree of subjectivity inherent in the researcher's interpretation, which may introduce biases. The lack of triangulation with other sources of information, such as extended family, school, or professionals from the support network, restricts a broader and more contextualized understanding of the case. Finally, the limited time for follow-up and the specific sociocultural context of the participant also constitute factors that restrict the applicability of the findings to other realities.

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5 FINAL CONSIDERATIONS

This study aimed to the understanding of the complex relationship between anxiety crises and self-injurious behavior during adolescence through a clinical case that illustrates how psychological suffering can manifest in the body and in relational dynamics. Ellen's case revealed how multiple risk factors — including traumatic experiences, family mental illness, social isolation, and intense self-criticism — converge in a process of emotional destabilization that culminates in anxiety crises and self-harm.

The findings reaffirm the importance of understanding adolescent mental health from a multidimensional and psychodynamically perspective, recognizing the symbolic meanings embedded in behaviors that may initially appear merely symptomatic or reactive. The anxiety crisis experienced by the adolescent participant does not arise in a vacuum; rather, it results from accumulated vulnerabilities and insufficient emotional mediation when facing adverse experiences. In this context, self-injury does not appear as a suicidal gesture but as a maladaptive attempt at emotional regulation — a call for help, containment, and recognition.

This study also highlights the fragility of the adolescent's support networks and the central role of family and school in the early identification and management of emotional crises. Although the term "anxiety crisis" is still scarcely addressed in scientific literature, the clinical illustration presented here underscores its relevance as a specific form of suffering that demands conceptual, diagnostic, and therapeutic refinement. The use of projective instruments, such as the Desiderative Questionnaire, proved to be a valuable tool for accessing unconscious dynamics, affective configurations, and defense mechanisms, offering rich material for psychodiagnostics understanding.

Therefore, future research is encouraged to further explore the links between anxiety crises and self-injurious behaviors, incorporating the perspectives of adolescents, families, and educational institutions. Clinically, the findings reinforce the need for personalized, welcoming, and symbolizing interventions capable of restoring a sense of psychic continuity and supporting adolescents in constructing more integrated narratives about themselves and their experiences.

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