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Adolescence in times of pandemic: Integrating consensus into a concept map

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Abstract

The spread of COVID-19 requires sanitary measures to safeguard lives. However, these measures can also cause health problems or exacerbate pre-existing mental health problems. In this study, we aimed to develop a concept map to measure the impact of the pandemic on adolescents caused by the new coronavirus. A theoretical study was developed based on the construction of a concept map and application of the Delphi Method. The data collected indicated that the sanitary measures of social distancing, school closures and domestic confinement bear socio-emotional impacts on adolescents. The pandemic can be considered a social determinant for mental health; although teens do not necessarily get sick, restrictions trigger the development of suffering and psychopathological symptoms conditions. The conceptual map developed made it possible to organize systemic thoughts about a dimension of the pandemic that is still little addressed scientifically: the adolescents' experience. Indicators of mental health and well-being in adolescence should also be considered in the pandemic combat.

Keywords: adolescent psychology; mental health; social isolation; emotional states.

Resumo

Adolescência em tempos de pandemia: integrando consensos em um mapa conceitual. A disseminação da COVID-19 exigiu medidas sanitárias para salvaguardar vidas, mas que também podem promover agravos ou exacerbar problemas preexistentes de saúde mental. Este estudo teve por objetivo desenvolver um mapa conceitual para dimensionar os impactos da pandemia provocada pelo novo coronavírus nos adolescentes. Foi desenvolvido estudo teórico baseado na construção de mapa conceitual e aplicação do Método Delphi. Os dados coletados indicaram que medidas sanitárias de distanciamento social, fechamento das escolas e confinamento doméstico têm impactos socioemocionais nos adolescentes. A pandemia pode ser considerada um determinante social para saúde mental; ainda que os adolescentes não estejam necessariamente doentes, as restrições desencadeiam quadros de sofrimento e sintomatologia psicopatológica. O mapa conceitual desenvolvido permitiu organizar o pensamento sistêmico sobre uma dimensão da pandemia ainda pouco explorada cientificamente: a vivência dos adolescentes. Indicadores de saúde mental e bem-estar na adolescência também devem ser considerados no enfrentamento da pandemia.

Palavras-chave: psicologia do adolescente; saúde mental; isolamento social; estados emocionais.

Resumen

Adolescencia en tiempos de pandemia: integración de consensos en un mapa conceptual. La propagación de la COVID-19 requirió medidas sanitarias para salvaguardar vidas, aunque la pandemia también puede agravar problemas preexistentes de salud mental. El objetivo de este estudio fue desarrollar un mapa conceptual para medir el impacto que tuvo en los adolescentes la situación de pandemia. Se desarrolló un estudio teórico basado en la construcción de un mapa conceptual y la aplicación del Método Delphi. Los datos indican que las medidas sanitarias tienen impactos socio-emocionales en los adolescentes. Se puede considerar la pandemia como un determinante social para la salud mental y, aunque los adolescentes no se enferman, las restricciones provocan sufrimiento y síntomas psicopatológicos. El mapa conceptual permitió organizar el pensamiento sistémico sobre una dimensión de la pandemia aún poco explorada científicamente: la experiencia de los adolescentes. Los indicadores de salud mental y bienestar en la adolescencia también deben considerarse al enfrentar la pandemia.

Palabras clave: psicología del adolescente; salud mental; aislamiento social; estados emocionales.

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus (new coronavirus) which initial outbreak occurred in 2019 in the city of Wuhan, China. In the early months of 2020, the disease spread across the world with a high transmission speed. After China, the disease spread to other Asian countries, Europe, followed by the United States, countries in the Americas, Africa and the Middle East. As a consequence, the World Health Organization (WHO) declared a situation of pandemic and global emergency, leading to an unprecedented health crisis in recent human history (Oliveira, Cardoso-Oliveira, Silva, & Santos, 2020; M. A. Santos, Oliveira, & Oliveira-Cardoso, 2020).

Since the beginning of the pandemic, children and adolescents have been considered as a group of minor susceptibility to the development of complications resulting from COVID-19. However, some risk factors may also be present among adolescents. Having an underlying disease increases the chance of health deterioration after infection with the new coronavirus (C. A. Silva et al., 2020). There are cases of adolescents with chronic diseases, such as hypertension and other cardiovascular conditions, obesity, diabetes mellitus, obstructive pulmonary disease, kidney failure, cancer, autoimmune diseases, as well as transplanted or untreated HIV patients; these are examples of underlying diseases that can worsen the health picture in adolescents if they are contaminated by SARS-CoV-2. In Brazil, for example, a national survey involving 75,000 adolescents estimated prevalence rates of 9.6% hypertensive, 8.4% obese and 8.7% overweight individuals (Bloch et al., 2016). The prevalence of other risk factors, such as asthma and smoking, are also high among adolescents in this country (Figueiredo et al., 2016; Kuschnir et al., 2016).

In addition to these epidemiological issues, at the current stage of scientific knowledge, there is still no proven effective treatment; the recommended strategies to deal with the spread of COVID-19 are non-pharmacological measures, such as social contact restrictions, frequent hand hygienization and use of face masks (Oliveira et al., 2020). Previous experiences of adoption of similar measures can help to understand the impacts of these strategies with regard to social and psychological aspects (Mazza et al., 2020).

Regarding the effects of quarantine during past epidemics and pandemics (e.g., Severe Acute Respiratory Syndrome - SARS; Middle East Respiratory Syndrome - MERS), comparing the psychological impacts on people who were quarantined or not, it has been reported that the experience of social isolation contributes to the increase of psychological problems (Brooks et al., 2020). In this perspective, symptoms of depression, post-traumatic stress and anxiety have already been reported and associated to times of pandemics and endemics that cause drastic changes in routine or mobility restrictions (Jeong et al., 2016).

The immediate impacts of COVID-19 on mental health have also been reviewed and there is initial evidence that restrictive measures promote increased psychological suffering, anxiety and feelings of loneliness and discouragement, in addition to symptoms amplified by uncertainties about the future, by the lack of a curative perspective and the economic instability that the affected countries have faced. An Italian study, for example, conducted with 2,766 individuals during the COVID-19 pandemic, indicated that those who had feelings of helplessness, knew someone infected or had some preexisting health risk factor showed a higher frequency of symptoms associated with depression, anxiety and stress (Mazza et al., 2020).

In Iran, another country badly affected by the pandemic, factors such as unpredictability, uncertainty, severity of the disease, the spread of fake news and social isolation have been associated with stress symptoms (Zandifar & Badrfam, 2020). In a Japanese study evaluating the economic impacts of COVID-19 on people's well-being, the authors found high levels of fear and panic symptoms related to the current pandemic experience (Shigemura, Ursano, Morganstein, Kurosawa, & Benedek, 2020). Post-epidemic investigations also found that people who exposed themselves more frequently were those who showed more intense suffering, fear, depression, anxiety disorders and sadness (Kamara et al., 2017; Tian et al., 2020).

In relation to adolescents, especially when on-site education is suspended, in addition to the discontinuity of school routine, other dimensions require special attention. According to the WHO, the closure of educational institutions as part of the recommended measures to contain the expansion of the new coronavirus caused the removal of about 1.5 billion children and adolescents from schools (E. S. Marques, Moraes, Hasselmann, Deslandes, & Reichenheim, 2020). Closed schools, postponed exams and tests, suspension of the conclusion of school cycles or periods without an expected return date resulted in an abrupt and

unplanned interruption in the daily routines of this immense contingent of students.

Adolescence is perceived in different ways, being considered a polysemic concept (Fonseca, 2003). It may be understood, among others, as a stage of development marked by multiple transformations and by the movement of approximation to the values of the peer group and progressive distancing from the influence of family or parental figures (Patias, Jager, Fiorin, & Dias, 2013). This is provided by daily activities, by attending school that has a pedagogical function as well as socialization and identification functions experienced by students. In the construction of identity, adolescents follow a path that transcends biological changes, including social issues and the way in which peer interactions occur (Santrock, 2013). Also in this connection, the school, as a multicultural microsystem, assists in the process of constituting individualities and in questioning a single identity model (Moraes, 2009). Therefore, the pandemic scenario can cause emotional responses of fear, uncertainty, anxiety among adolescents, social withdrawal from peers or friends, outcomes that affect well-being and quality of life (Imran, Zeshan, & Pervaiz, 2020).

In such framework, questions emerge on the research agenda: what are the psychological impacts of the pandemic and sanitary measures on adolescents? What is the impact of COVID-19 on the chances of adolescents having a long-term mental health problem? To respond to these issues, a valid research tool can be the construction of concept maps, especially when considering the current topic and the few studies already developed. Concept maps, a pedagogical strategy that has been used in research, can assist in the organization of systemic thinking about phenomena that are still little explored scientifically (Novak & Cañas, 2010).

Thus, at a time when the COVID-19 pandemic is still being experienced, the use of the concept map strategy will enable the construction of new knowledge, integrating and illustrating dispersed concepts about the particularities of the adolescents' experience. Specifically, then, this study aimed to develop a concept map to measure the impacts of the pandemic situation caused by COVID-19 on adolescents.

Method

Study Type

This is a theoretical study based on the development of a concept map and application of the Delphi Method. The concept map is a pedagogical resource that allows to synthesize information in a creative way from a visual representation of the data. It is part of the perspective known as "illustrated science". The focus of this type of material is to assist in the conceptual understanding of articulating themes; its theoretical foundation stems from studies on meaningful learning (Carvalho et al., 2016). The use of concept maps in research is configured as a strategy to think scientifically about problems or phenomena, assisting in the objective proposal of interventions.

The Delphi method is characterized by the search for consensus between two or more experts on a given subject (Yoshinaga et al., 2018). This method has been widely used to determine content validity and reliability in qualitative studies (Humphrey-Murto, Varpio, Gonsalves, & Wood, 2017). The stages of the Delphi Method that guided the development of this study were: (a) identification of the research problem; (b) selection of specialists/experts/judges; (c) development of a guiding instrument; (d) grouping of responses and feedback among specialists/experts/judges; (e) production of a summary of the results (Humphrey-Murto et al., 2017).

Procedures

The systematization of the Delphi Method steps applied in this study and the construction of the concept map are represented in Figure 1.

In the first stage, two specialists with experience in studies with adolescents established the mental health indicators for this population. The condition of specialist was defined according to training in Psychology, Doctorate and academic performance. It should be observed that the selection of specialists is an important step in the application of the Delphi Method (J. B. V. Marques & Freitas, 2018).

Only aspects experienced in the global pandemic that began in February 2020 or in connection with the measures recommended by the WHO of distancing/social isolation during quarantine were considered. A third expert reviewed the decisions taken by the first two judges.

Then, the following mental health indicators were defined: (i) feeling of well-being; (ii) satisfaction with life; (iii) quality of life; (iv) interpersonal relationships; (v) connection with the community; (vi) communication; (vii) pain; (viii) sleep routine; (ix) cognitive functioning; (x) anxiety; (xi) depression; (xii) mobility issues; (xiii) self-care; (xiv) activities of daily living. Considering a vertical

axis in a continuum of broad and specific factors that may have a cyclical movement, the indicators were distributed in three domains: (i) general; (ii) operational; (iii) symptoms / damage). Figure 2 shows the scheme of indicators used as a mask to facilitate the construction of mind maps in the following stages. These indicators were built based on the scientific literature on adolescent general and mental health (e.g., Berni & Roso, 2014; Rossi, Marcolino, Speranza, & Cid, 2019; J. F. Silva, Matsukura, Ferigato, & Cid, 2019; M. A. I. Silva et al., 2014;).

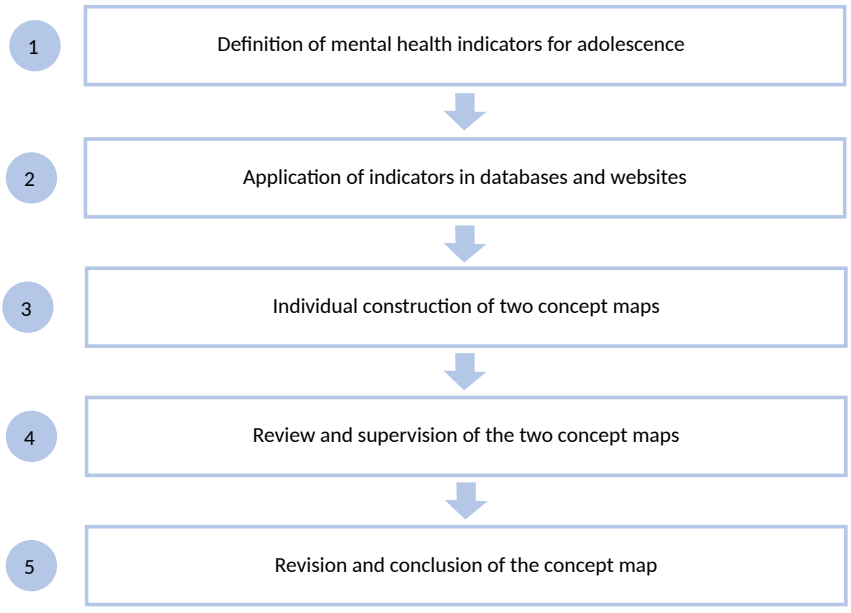

Figure 1. Delphi Method Development Process Flow.

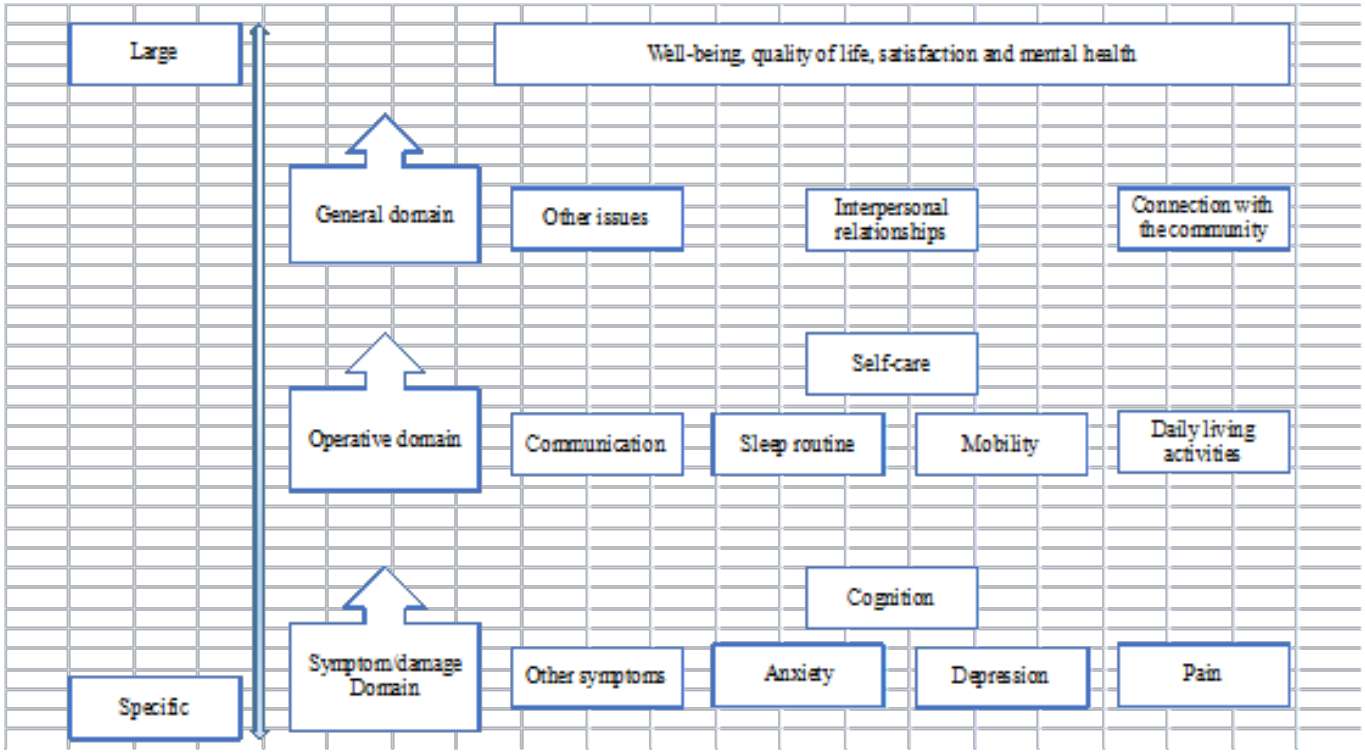

Figure 2. Scheme of Indicators Used In the Construction of Concept Maps.

In the second stage, the investigators sought to identify, based on scientific research and official documents, the mental health indicators in adolescence. The following databases were retrieved (PsycINFO, PubMed, SciELO, PePSIC, Google Scholar), pages of The Lancet (Child & Adolescent Health and Psychiatry) and WHO (Coronavirus Disease - COVID19 - Pandemic; Addressing Human Rights as Key to the COVID-19 Response; Ethics & COVID-19 - Restrictive Measures and Social Distancing; and Main Messages and Actions for Coronavirus Prevention - COVID-19 - in Schools). Then, in the third stage, the two specialists built, individually and separately, concept maps, designed to answer the following question: how adolescents' mental health can be affected by the pandemic caused by COVID-19 and which are the sanitary **measures** adopted to control the disease?

In the fourth stage, the two concept maps were revised and the data combined into a summary figure that included all the information listed in the individual productions. This procedure was performed by the specialists who individually developed the maps, under the supervision of the other investigators in the study. A critical aspect at this stage was the possibility of clarifying non-consensual interpretations or even serving to carry out a linguistic standardization on similar and possibly differently named points. In the final stage, all the researchers involved reviewed and completed the concept map, resolving any inconsistencies.

Results and discussion

The data collected from the Delphi Method indicated that the main indicators are associated with the effects of the COVID-19 pandemic. These data relate to the suspension and discontinuity of school activities, with the general closure of schools. As they have to stay home just like the general population, adolescents may experience negative feelings. Faced with stressful situations, they may be more irritated or disgusted with the situation, which enhances aggressive behavior and impulsive/explosive reactions. An increase in situations of domestic violence has also been reported. There is a decrease in the perception of social support and less possibility of developing social skills, such as empathy and social solidarity, as these characteristics depend, to a large extent, on the continuity of interpersonal relationships with peers. Based on these conditions, a visual structure was designed (Figure 3) that illustrates the main findings of this study.

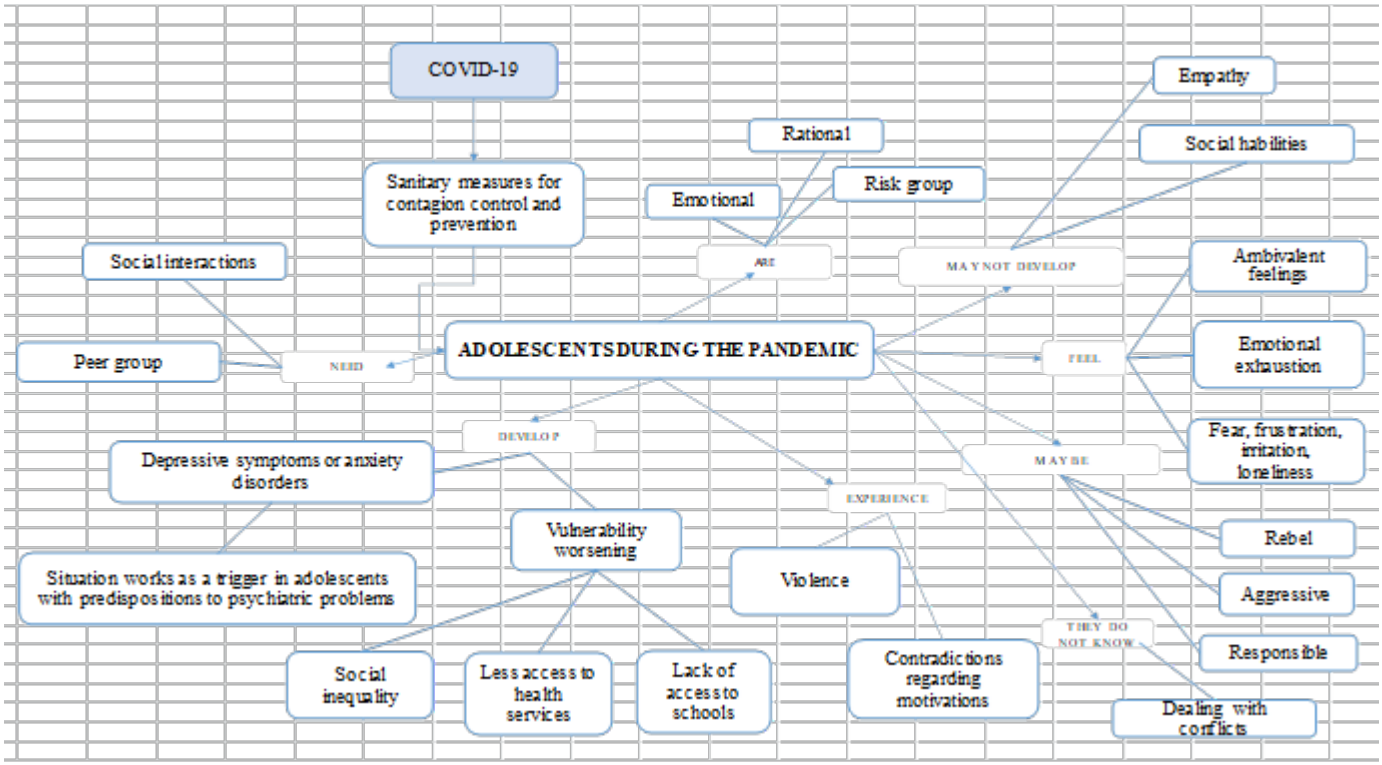

Figure 3. Concept Map on the Impact of the Pandemic on Adolescents.

It should be observed that the acquisition of new responsibilities is a positive aspect that can result from the restriction of social circulation. At home, adolescents need to be more effectively involved in the domestic routine and this often means assuming previously unheard responsibilities, sharing with parents or guardians household chores, the supervision of younger siblings or of dependent elderly people (C. A. Silva et al., 2020). Taking on tasks of organizing and maintaining cleanliness and hygiene conditions of domestic spaces can end up being regarded as a positive task, insofar as it can be used in the process of learning new skills (Buzzi et al., 2020).

On the other hand, the results obtained suggest that the mental health of adolescents in times of pandemic is affected by a set of subjective and objective variables. The subjective ones refer to the predominant feelings (sadness, frustration, fear) and the cognitive aspects. On the other hand, the objective variables are tangible, can be observed and eventually measured by other people. The current situation of the pandemic, with its unpredictable course and duration, and the health measures adopted to prevent contamination by the SARS-CoV-2 virus and to slow down the growth rate of the contagion curve, can be qualified as objective variables, capable of producing social but also psychological effects (Holmes et al., 2020).

Thus, the stress related to the pandemic and enhanced health care that are necessary to control the outbreak of the virus can trigger illnesses when adolescents are predisposed to develop psychopathological conditions, as well as they can contribute to the worsening of pre-existing psychological symptoms (E. S. Marques et al., 2020). At the same time, lonely teenagers are more likely to develop depression or binge eating (Ferreira et al., 2013). Stress can be intensified in cases of infection at home or even death by COVID-19 of relatives, or when considering that adolescents with HIV-AIDS, systemic lupus erythematosus or diabetes mellitus are among the groups at risk for developing the most aggressive forms of the disease, as it occurs with other age groups (Center for Disease Control and Prevention, 2020).

One of the first non-pharmacological measures adopted to address the global threat posed by the COVID-19 pandemic was the closure of schools and guidance for the remote development of educational activities (Garcia & Duarte, 2020; C. A. Silva et al., 2020). The measure is considered effective in infection control and has been applied in all countries affected by the disease. However, it is necessary to consider that school has functions that go beyond didactic or pedagogical aspects, as they influence the development of social/emotional skills and the subjective construction (Moraes, 2009). In adolescence, socialization and identification processes are intensified and, for them to occur a progressive distancing from parents or guardians, and a greater preference for social interactions with peers and friends should develop (Patias et al., 2013). These interactions should be assessed when adolescents feel impaired as they are prevented from carrying out their social activities and investing in friendship and socialization with peers, concomitantly with the progressive symbolic separation in relation to their parents.

Therefore, it is interpreted that an essential dimension of the socialization experience was suddenly removed from them, together with the suppression of sociability common spaces. This disruption of daily life and distancing from the peer group may cause the impact of the pandemic on adolescence to assume some unidentified nuances in adults. Outside schools, adolescents experience a deprivation of social engagement with peers and educators, which can result in impairment of the process of developing social skills and empathy, since these acquisitions depend, to a large extent, on interactions with peers at school (Imran et al., 2020).

At the same time, the substitution of on-site classes with classes and other remote, synchronous or asynchronous teaching activities does not offer a trade-off bonus for the cancellation of sociability spaces (Buzzi et al., 2020). In addition, with the indefinite prolongation of confinement at home, students may experience increased restlessness and a sense of frustration, which can result in decreased interest in activities that are made available remotely (Xiang, Zhang, & Kuwahara, 2020). Graduating high school students are aggravating factors due to uncertainties about the future and normal grieving reactions triggered by the conclusion of this school cycle, when social and family pressures for maturity and the construction of a project of parental autonomy and independence commonly increase (Leite, Pessoa, Santos, Rocha, & Alberto, 2016). Feelings associated with loss and sadness can also be experienced, raised by the disruptive character of this threshold experience (Liang et al., 2020).

This measure also represents an increased risk for exposure to device screens or more prolonged use of cell phones, television or computers. Remote school

activities favor greater exposure to social networks and adolescents may be more vulnerable to victimization by cyberbullying and more exposed to violence contents (Imran et al., 2020). Although parents and guardians may try to mitigate the risks of adolescents having access to online materials, in cases of cyberbullying, the ineffectiveness of parental control or supervision strategies is perceived, such as restricting the use of the internet (Elsaesser, Russell, Ohannessian, & Patton, 2017). Within the framework of activities made available through the internet, this situation tends to worsen, as parental control measures may be limited due to the burden of household chores, home office and home schooling of minor children. It is recommended that parents enhance their emotional support to their children and take advantage of the opportunity offered by the health crisis to maintain a frank and open dialogue, so that adolescents feel safe to report violence suffered virtually (Elsaesser et al., 2017).

On the other hand, it is possible to problematize the adverse reality of students who live in a situation of extreme social vulnerability and who have limited access to communication technology, such as internet connection. Thus, access to alternative forms of online education that are being implemented is unevenly distributed among the population, due to a reality that antecedes the pandemic and that is evidenced thereby: there is a contingent of millions of Brazilian adolescents in a situation of digital exclusion (M. S. Santos, Silva, & Nunes, 2018). This debate has been intensifying with the COVID-19 pandemic and, for example, it has been necessary to think about the preparation of many adolescents for the National High School Exam, which has been hampered by the suspension of on-site classes.

Also, in homes marked by disharmony and dysfunctional relationships, compulsory living can accentuate conflicts and raise the level of interpersonal tension. Mass confinement can pose a challenge for adolescents who are in the process of psychological growth and development and who generally have a great appreciation for their personal freedom (Buzzi et al., 2020). In addition, this condition can lead to stress, anxiety, irritability, aggressive or disobedience behaviors, in addition to a reduced ability of some adolescents to deal with conflicts plastically (E. S. Marques et al., 2020).

There is also an increased risk for domestic or interpersonal violence against women, children and adolescents already reported at this time (E. S. Marques et al., 2020). In Brazil, violence is a chronic phenomenon that is part of the daily lives of many families. In the case of adolescents, this discussion emerges from data related to violence against women, which has increased due to the expanded contact with abusive partners or even because of mobility restrictions, financial limitations and generalized insecurity that can encourage abusers to perpetrate their criminal acts (Vieira, Garcia, & Maciel, 2020).

Violence against adolescents, likewise, can be measured from the practices of coercive discipline, physical punishment to correct untoward behaviors and negligent parenting, in addition to sexual abuse. When these conditions are present or are exacerbated, marked by the aggressor's history and risk factors associated with macro-systemic issues, such as toxic masculinity or the search for control and power, the development and health of all the people who make up the family can be jeopardized, especially children and adolescents, who have a peculiar condition of development (Antoni & Koller, 2010).

Sleep-wake cycles can also be reduced due to a lack of activities outside the home, and when this happens for several nights in a row, teenagers may experience higher levels of stress and lower degrees of adequate cognitive functioning (El Halal & Nunes, 2019; Finimundi, Rico, & Souza, 2013). In addition, the reduction of health services access and of resources whether to obtain care in case of contamination by the new coronavirus or even to benefit from sexual and reproductive health actions for information and prevention is caused by mobility restrictions (E. S. Marques et al ., 2020). For adolescents in situations of vulnerability, there is an aggravating factor in this scenario, as they have limited access to information on behaviors and habits that can help prevent COVID-19. Adolescents living in poor communities, with low human development index, further experience additional risk factors, such as food insecurity, housing instability, job loss and family income, in addition to higher rates of illness or death in their community area (Klein et al., 2020).

It should be noted that any scenario of exception and crisis can be a source of stress; to some extent, it can also become a trauma that significantly impacts adolescents mental health sieged by the COVID-19. The potentializing effects of the coexistence of social distancing with potential parental unemployment, absence of affective parental figures or the presence of abusive parents / guardians cannot be ignored in the production of

critical-reflective analyses. It is necessary to help adolescents understand the exceptionality of the present conditions and the implications of the global health emergency and, for that, guidelines based on the logical-rational aspects can be used, explaining the chart of the epidemic curve, for example, or the emotional aspects, creating strategies so that anger and sadness can be elaborated symbolically, and not just overflowed into action.

In view of the above, the data revealed by this study provide important lessons to reflect on how to deal with adolescents in the current times and in the COVID-19 post-pandemic. A first lesson refers to the recognition of the different emotions or feelings that the situation triggers in this audience. It will be necessary to act to identify symptoms or functional aspects that reveal manifestations of anxiety or depression, for example. The levels of happiness and well-being will also need to be assessed, as the social distancing from colleagues and peers can mitigate these positive feelings, which help in the development of a resilient functioning.

The second lesson concerns the need to monitor and investigate the impact of the pandemic and of the health measures necessary to control contagion in this population. The abrupt emergence of an unknown disease and the speed with which the virus has spread across the planet caused a collapse not only in the economy and in the health, educational and funeral systems, but also destabilized the understanding of some of the foundations celebrated by globalization and considered as solid, unquestionable and final by the neoliberal ideology, such as the belief in the self-regulatory capacity of the free market and the proposal of the State reduction. It is likely that the impact of the pandemic caused by the SARS-CoV-2 virus in the way life was experienced in the contemporary stage of capitalism will not be transitory. For adults, it is difficult to understand the changes experienced and to draw the contours of a new scenario that looms on the horizon. For teenagers, the effects of this situation need to be better measured. How does this age group experience this transition? How to make an accurate projection of potential scenarios? What additional questions should be made for the model presented? This study pointed out some directions that could be explored in future investigation's agendas.

A third lesson is to enhance the breadth of the concept of health. It is observed that adolescents' health ought to be conceived within the framework of integrality and in relation to phenomena and situations that are experienced in everyday life, which can be strengthening or weakening. Two other aspects must also be included to meet the new health demands of this population segment in the pandemic and post-pandemic scenarios: (i) changes in interpersonal relationships with friends or colleagues; (ii) direct connection with the community, which were virtualized or partially suspended during the period of the distancing/social isolation measures.

The fourth lesson refers specifically to Psychology. Depressive symptoms, anxiety, sleep patterns (altered by excessive worries or stress) and health risk behaviors (in this case, non-compliance with non-pharmacological preventive measures) are factors to be considered in clinical or psychological care proposals. Support for the rearrangement of routines, cognitive reorganization and restructuring of healthy mental functioning are strategies and actions that can favor adolescents' positive and adaptive responses.

Final considerations

The main indicators found among experts for the composition of the concept map based on the Delphi Method provided a visual representation that supported the discussion on aspects related to the experience of this age group in the recent COVID-19 pandemic situation. The originality of this investigation is to apply the approach by consensus among experts on the topics assessed. At the same time, the proposal of this study is innovative in proposing some guiding poles, systematizing the thoughts for the research to be produced. The mapped concepts can contribute to measure the challenges currently experienced by adolescents who had their school activities interrupted - but also those who are not inserted in schools, who are in a situation of digital exclusion, who are distant from friends and colleagues and who can experience situations at home that increase their vulnerability, stress levels and negative feelings.

It is acknowledged that the preliminary character of the results and interpretations presented must be considered among the limitations of the investigation. At the same time, it is a methodology that does not allow establishing cause and effects relationships between the adolescents' pandemic experience and the psychosocial impacts resulting from such experience. Another limitation refers to the lack of empirical data to support the information collected. The COVID-19 epidemic is a recent and absolutely unusual experience. The knowledge about this disease is still incipient

and the information collected may not portray the complex range of psychological characteristics that cover the way the phenomenon is being experienced in adolescence. The study is one of the first systematization movements stemming from the contact with an unusual event, the pandemic, which is in full swing, generating knowledge at an accelerated pace, but which is still in its initial phase, especially with regard to the approach of adolescents.

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