



# Adolescents in Society

Hee Jeong Yoo

Department of Psychiatry, Seoul National University College of Medicine, Seoul National University Bundang Hospital, Seongnam, Korea

Adolescents form an ever-changing culture as they actively interact with their surrounding environment, and each phenomenon has received clinical attention during the previous eras. For example, the use of inhalants by adolescents in underserved areas, problematic internet use, school violence, and non-suicidal self-injury (NSSI) have reflected or appeared to parallel social changes. Problematic internet use, “game addiction” in a narrower sense, gained worldwide recognition when high-speed internet became widely accessible, and the game industry showed unprecedented growth in the market. As a novel phenomenon at the time, many mental health professionals had to develop hypotheses to understand its nature. Initially, it was viewed as the equivalent of substance dependence in terms of the brain’s reward pathway to interpersonal psychology, seeing the internet as an extension of a parent-child relationship and as a remedy for social anxiety arising from frustration in relationships [1]. Nevertheless, one of the most straightforward explanations is the relationship with other mental health conditions, such as attention deficit hyperactivity disorder, depressive disorder, obsessive-compulsive disorder, and anxiety disorder, reflecting common underlying psychopathology or vulnerability to behavioral addiction [2]. Through this process, our society has been molded by various perspectives, from blaming the gaming industry to forming policies to limit the amount of time adolescents spend on internet games. Today, in the perspective of mental health conditions, excessive internet use has secured a temporary position in the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition [3] research criteria, patiently awaiting further investigation of its essence as an independent disorder.

School violence, especially social rejection and victimization at school, passed similar pathways. While school violence has always existed, it was not until the recent tragic stories of the victims that it began to receive clinical and social attention. Similar to the internet gaming disorder, diverse aspects of school bullying have caused concerns, including influences of changes in the social hierarchy, educational sys-

tem, and moral issues, as well as comorbid internalizing and externalizing behaviors in both the bullies and the victims. Based on the accumulated research findings, school violence is like a zig-saw puzzle that cannot be defined as a single phenomenon but involves a little bit of everything. The solutions suggested have been multi-dimensional, ranging from universal, holistic intervention in the school environment to educating bystanders and establishing a legal system for perpetrators to receive active interventions targeting comorbid psychiatric conditions in both parties. While these approaches alone will not eradicate the violent behaviors inside school settings, efforts from multiple parties have made our society more vigilant about it.

Recently, self-injurious behavior has become one of the most talked-about concerns for adolescents across the clinical, educational, and social realms. NSSI, self-harming behavior without explicit intention of suicide, is far more complex than its definition, with various clinical implications and close relations with other psychopathologies, including attempted suicide. It is now widely accepted that NSSI can co-occur with but is not necessarily followed by suicidal behaviors and can present different manifestations. Numerous empirical evidence has shown that NSSI is associated with emotional distress such as depression and anxiety and should therefore be regarded as the unbearable inner agony in teens [4]. While this phenomenon, unlike the problematic internet use or school violence, may seem like it has no apparent interaction with the changes in the social system, it is closely tied to the unique social communication patterns of teens in the contemporary world. Characteristically, NSSI is shared through social network media amongst teens with similar behaviors or psychological constellations and has become a trend amongst themselves. As a result, NSSI remains hidden in the public eye but exists as a scattered pattern, rendering the formation of a subculture. Mental health professionals are still struggling to understand its genuine nature. In the current issue, an article examines the clinical characteristics of adolescents hospitalized for intentional self-harm or suicidal attempt. The results emphasize that self-injurious behavior is a heterogeneous condition in terms of age, sex, and even psychiatric diagnosis. However, despite efforts, there is

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still a long road ahead to prevent and intervene in this complicated behavior.

This brings me to our final question. What will be the subsequent mental health issue closely connected with society? It might not even be regarded as a problem but rather be accepted as a phenomenon in the next epoch. Distress from excessive self-exposure through social media, various identity issues, disconnection and conflict between generations, or difficulties in adapting to the changes caused by environmental issues—anything can be it, and it is up to us to prepare for whatever comes next.

## REFERENCES

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