

Response to the Thesis Presented in Jonathan Haidt's Book, The Anxious Generation. Damien Wilson, for the Chaos Group, June 18, 2024

Yes, I do think something is happening to today's youth that is substantially different than past generations. The I Gen has a number of issues that they need to face and they move into and through their *teenage- hood*.

My approach is **not** from the standpoint of a statistician, a researcher, or that of a professor of social psychology. I'd worked for decades as a therapist working with adolescents, parents, family members assisting as best I could with their struggles. I was able to assist in finding resolutions for some, and for some, not.

Two Major Points:

**Point One:** Haidt states that the use of smart phones and the intensified social media have shapes the views and attitudes of youth to such a degree that their level of anxiety and depression, as well as suicidal ideation, has reached and all time high. He writes:

*"In the decade to 2020 the number of emergency room visits for self-harm rose by 188% among teenage girls in the US and 48% among boys. The suicide rate for younger adolescents also increased, by 167% among girls and 91% among boys".*

Those figures are startling; yet even Mark Twain had second thoughts about "statistics".

Haidt points to the rise of smart phones (currently 85% of 11 year olds have a cell phone) and the rise of a pernicious social media as a causal effect. Well, maybe he has a point, and maybe not: the old Roman maxim, "**Correlation is not Causation**" stands as a possible barrier to Haidt's broad thesis.

Haidt quotes several academics to buttress his thesis: The American psychologist Jean Twenge, who was one of the first to attribute rising rates of mental illness among gen Z (those born in the mid to late 1990s) to smartphones. Jeffrey Arnett, a psychology professor at Clark University, was critical of Twenge's research on narcissism among young people. Speaking to The New York Times in 2013, he stated: "I think she is vastly misinterpreting or over-interpreting the data, and I think it's destructive."

What about other sources of on adolescent visits to Emergency Departments (EDs) in the same period?

The National Institute of Mental Health (NIMH) states, *"Relative to the pre-pandemic baseline year, the proportion of youth with at least one mental health visit decreased by 17.3% in the first year of the pandemic. In contrast, the proportion of youth with a mental health visit increased by 6.7% in the second pandemic year relative to the baseline year. The proportion of youth with multiple visits in the same year remained similar over time"*.

*“Further analyses revealed notable differences according to age and sex. Relative to baseline, mental health-related emergency visits in the second year of the pandemic increased by 22.1% among teen girls (aged 13 to 17), while these visits decreased by 15.0% among boys aged 5 to 12 and 9.0% among teen boys (aged 13 to 17)”.*

One point here to mention is that Haidt’s adolescent data comes from visits to ERs (emergency rooms) or EDs (emergency departments). That may be a revealing issue in itself and suggestive of other, structural issues in mental health treatment. In recent studies of adolescent ER visits, a study revealed;

*“Adolescents who use the ED as their usual source of care are often from vulnerable populations. Many have special mental or physical needs that are unlikely to be met with ED visits only, and they are likely to have missed care they needed”.*

In other words, this raises my second point;

**Point Two:** There has been a major reduction in mental health services across the board in this country in the last several decades. Many mental health centers have been cut back (due to funding) or closed and access to “walk-in clinics have greatly disappeared. This is especially true in poorer rural states. West Virginia, Mississippi, Arkansas, and other southern States have the most adolescent ED visits. Does Haidt take this structural deficit into account when he displays his startling data? Jeffrey Arnett and others find the data “overstating” the conclusions.

The increased use of emergency structures in children and adolescents may partly be explained by the shortages of mental health providers. So, in other words, the structural problem of highly inadequate mental health services could be partly responsible for the high increase in adolescents with mental health issues today.

**In Sum:** Yes, I do believe that early usage of smart phones by youth gives rise to heightened fears, anxieties, leading to situational depression and early adolescent confusion for some. The insidious social media certainly must add to the picture, no doubt. This is a major issue for today’s teens.

**And yet, I do believe that each generation has its challenges, and that each generation succeeds in finding resolutions.** In post WWI in this country, during the Roaring Twenties, parents worried sick about their kids turning to early “sex in automobile’s new fashioned *rumble seats*”, or “blue cigarettes”, or, god forbid, drinking bathtub booze and dying (during a previous *prohibition* on alcohol). Alcohol volume rose to new heights during Prohibition, Capone and many others profited from society’s restriction. This is not to denigrate Haidt, but merely to suggest that each generation will find its path through the obstacles of the time. As my favorite Scottish poet once said: “When a body meets a body, coming through the rye”: He, of course meant that as we struggle to find our path, most will make it, “...coming through the rye”.