

Causes of the Youth Mental Health Crisis
and Their Implications for Youth Ministry Education

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Abstract

Many researchers agree that in the past 15 years, the prevalence of mental health struggles has increased among adolescents and college students compared to previous cohorts. There is less agreement on the causes of this trend. This presentation surveys the literature to identify and evaluate the most likely factors contributing to this new reality. In light of that curated list of causes, it offers suggestions for how youth ministry educators can 1) help youth ministry students with their own mental health and 2) equip youth ministry students to minister to adolescents in the new mental health environment. Particular attention will be given to identity formation, healthy online habits, and practices that promote resilience.

Even the most optimistic cheer leaders for Generation Z admit that as a group, they struggle significantly with mental health issues.¹ And unlike some generational differences that can be hard to quantify, we have hard data showing that adolescent and young adult mental health declined significantly between 2009 and 2019 and has not improved since then. Even before the COVID 19 pandemic, some public health officials were speaking of a mental health crisis among young people. By December 2021 the office of the United States Surgeon General

decided it was time to issue an advisory on youth mental health. Today's teenagers and college students are more likely to feel stressed, lonely, anxious, hopeless, sad or depressed than previous generations did at the same life stages. What are the causes of this youth mental health epidemic? And what do those causes suggest about how we should equip our undergraduate youth ministry students to thrive personally and professionally?

There seem to be two main factors driving the increase in mental health symptoms and diagnoses. First, today's young people are finding it harder to cope with the standard causes of anxiety and depression that have not changed much over time. Second, today's adolescents and emerging adults have new challenges not faced by previous generations, most notably the cluster of factors Jonathan Haidt describes as the "great rewiring of childhood." Today's adolescents are growing up in a new identity ecosystem which is making normal adolescent developmental tasks more difficult than they were for past generations, resulting in higher rates of anxiety and depression. In light of these old and new mental health challenges, youth ministry educators should equip their students with a better theology of emotions and mental health and a working knowledge of the new identity ecosystem. They should also provide the extra supports that adolescents today need if they are to develop mature Christian identities. We must also teach our students to practice the skills and develop the attitudes and relationships that have been proven to increase resilience. Finally, we must help our students navigate their digital lives as mature disciples of Jesus. As our students grow in knowledge and skills that help them become spiritually and emotionally mature disciples of Jesus, they will in turn be better able to pass along what they have learned through the youth ministries they lead.

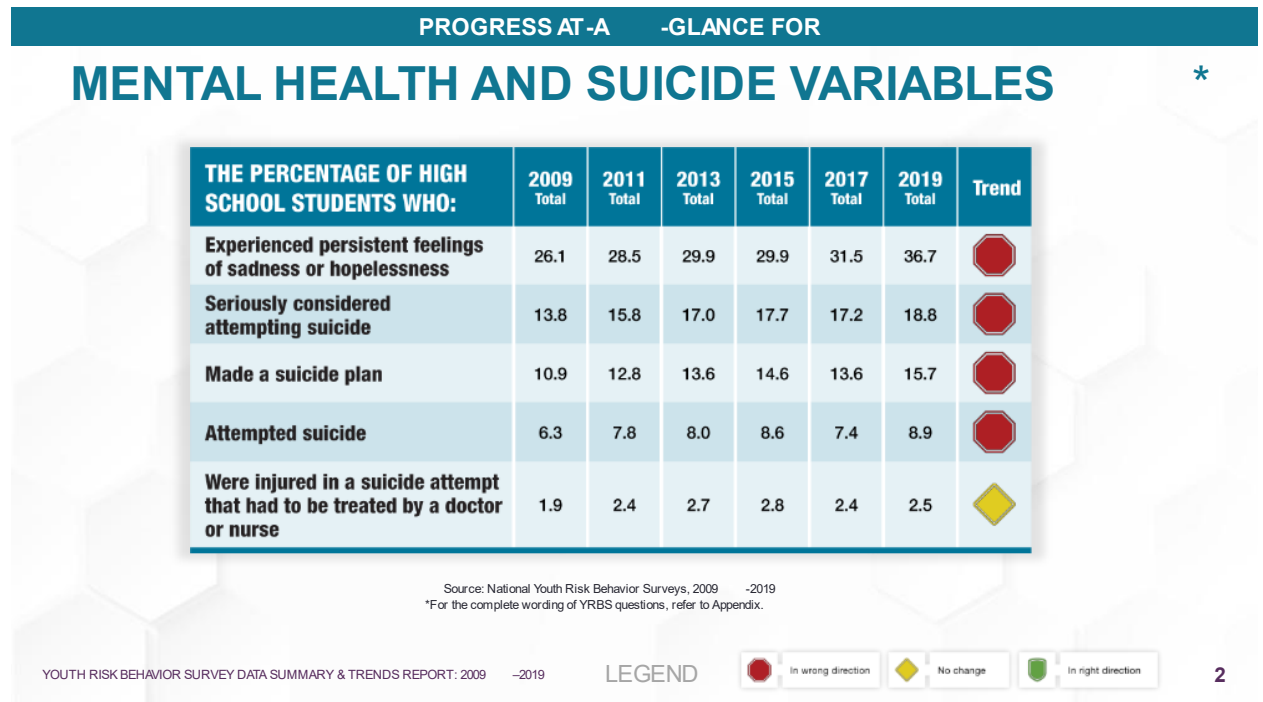
Many members of Gen Z feel lonely, isolated, and wonder whether they matter. The percentage of 12th graders who are satisfied with their lives as a whole and with themselves

dropped dramatically between 2012 and 2014, reaching an all-time low since 1976.² Even more troubling, the percentages of 8th, 10th, and 12th graders who agreed “I feel like I can’t do anything right,” “My life is not useful” or “I do not enjoy life” began rising around 2012.³ Between 2011 and 2015 loneliness went up 31% among 8th and 10th graders and 22% among 12th graders.⁴ In their struggle for a sense of personal worth, members of Gen Z are drawn to the phrases “I am enough” or “you are enough.” The concept of “enough” seems to be used in various ways, ranging from an affirmation of one’s value despite brokenness all the way up to a declaration that you can achieve your dreams no matter what they are.⁵ Members of Gen Z struggle even more than previous generations to believe that they are lovable and have worth.

Members of Gen Z more often feel stressed, anxious or overwhelmed than previous generations of young people did. College students in 2016 were more likely than their counterparts in 2009 to rate their own emotional health below average (up 18%), to report feeling overwhelmed (up 51%), to expect to seek counseling (up 64%) or to report feeling depressed (up 95%).⁶ The percentage of undergraduates who “felt overwhelming anxiety” in the past 12 months rose from about 50% in 2011 to just under 60% in 2016.⁷ Self-reported anxiety and stress among college freshmen rose sharply between 2009 and 2016 and have remained high. By 2019, 42.7% of college freshmen reported “frequently” or “occasionally” feeling “overwhelmed by all I have to do” and 37% reported feeling anxious.⁸ The members of Gen Z use the word “stressful” much more often than the general population.⁹ The journey through adolescence to adulthood has been stressful for previous generations, but Gen Z is either facing more stress or carrying that stress more heavily.

Gen Z’s struggle with mental and emotional health can be life threatening. After declining between 1991 and 2007, the prevalence of suicidal thoughts and actions among high

school students began rising again.¹⁰ The following table summarizes mental health and suicide variables among Gen Z drawn from the 2009 – 2019 national youth Risk Behavior Survey administered by the Centers for Disease Control and Prevention.



Of the four major categories of youth risk behaviors monitored by the survey, “mental health and suicide variables” is the only one that displays negative trends in almost all of the individual items. And these numbers mean that each birth year of Gen Z had it worse than the one before. Far too many Gen Z teenagers suffer persistent sadness and suicidal thoughts despite the fact that over the same ten-year period, they were *less* likely to have ever had sex, to have had 4 or more sexual partners, or to have used or abused alcohol or illegal drugs.¹¹ Teenage girls have seen especially dramatic increases in persistent sadness and depression in the last ten years. In 2019, 46.6% of teenage girls and 26.8% of teenage boys reported persistent feelings of sadness or hopelessness.¹²

The Covid 19 pandemic made matters worse. As of the Summer of 2020, Generation Z young people were less optimistic for the future than they were in 2019 and were continuing to experience high stress levels, even after returning to in person activities.¹³ Early in 2021, emergency room visits by teenagers who had attempted suicide were up 51% among girls and 4% among boys compared to the same time period in 2019.¹⁴ In addition, adolescents who experienced more pandemic related stressors, such as an ill family member, a family member who was an essential worker, job loss by a family member, or even just lack of a daily routine in the home were more like to experience behavior problems or emotional distress.¹⁵ During the Summer of 2020, the Centers for Disease Control and Prevention reported that one in four 18 – 22 year-olds had contemplated suicide during the pandemic.¹⁶ What factors are contributing to the rise in emotional disturbances and mental health diagnoses among adolescents and emerging adults today?

A. Causes of the Youth Mental Health Epidemic

First we will examine causes of youth mental health problems that have been prominently mentioned in the research literature on Generation Z, but which probably have not increased significantly over time relative to what previous cohorts experienced. These first few causes are probably only indirectly contributing to the sudden increase in mental health symptoms since the 2010s. That is because the members of Generation Z seem to be experiencing more acute stress from these standard causes of mental health symptoms than their predecessors did. After examining these causes that probably can't account for the increase in youth mental health symptoms since the 2010s, we will examine the leading explanations for that sudden increase.

1. Constraints on mental health services.

Despite claims that too many young people may be in therapy¹⁷, not all young people are able to benefit from mental health services due to cost and to the limited availability of qualified providers. Fewer and fewer medical students are going into psychiatry. The number of trained therapists is insufficient to meet current demand for mental health services and this gap is unlikely ever to be closed under current conditions.¹⁸ In other words, mental health services supply in the United States is not keeping up with demand and is unlikely ever to do so. This factor may be contributing to youth mental health crisis, but does not by itself account for the sharp increase in the prevalence of mental health symptoms and diagnoses in the 2010s.

Another constraint faced by therapists and their clients is that many of the official psychological diagnoses most prevalent among young people (ADHD, anxiety, depression, oppositional defiance disorder, etc...) are collections of symptoms with a wide variety of possible underlying causes. In many cases, we have limited understanding of the causes of these clusters of symptoms, and even when we do, it can be hard to know which of the causes is at work in an individual case. Treating these conditions becomes a trial and error process in which each of the serial interventions tends to provide at best a marginal improvement for some percentage of clients.¹⁹ In medicine, diseases of this complexity result in referrals to specialists. But in the psychotherapy world, “specialization” is not standardized, labeled or monitored in the same way it is in the medical field. The path to the right provider takes even longer in the psychotherapy world than in the medical world, and there is less help built into the system to find the right provider. When coupled with the “moving target” of a growing and developing child or adolescent, accessing mental health services that significantly help an individual is a complex challenge. No wonder many college students I have spoken with mention having been in therapy in the past, but seem reluctant to return to it now. They wonder whether it “worked” for them in

the past and whether it will help if they try again. And some of their reluctance probably comes from not taking into account their own developmental changes and the inherent limitations of therapy. Despite all the information about “mental health” in our society, many people are still poorly educated about the therapy world, and those who plunge into it find that it takes a lot of time, effort and money to find someone who can really help. And even families that find the right therapist encounter the hard reality that therapy is much less effective if the child or teenager is not willing or able to put in the work necessary to benefit from it. If the young person is only reluctantly participating in therapy, poor results are almost assured. In light of these serious limitations, we should probably be impressed that our mental health services system is as effective as it is. But we should not be surprised if emotional distress among young people exceeds our ability to help.

2. Gen Z’s drive for personal success and their longing to make a positive impact on the world.

Because of their high expectations for themselves, 31% of Gen Z fit the criteria for “internally pressured” meaning they “usually” or “always” feel “pressure to be successful” or “a need to be perfect.” Meanwhile, 25% can be described as “externally pressured,” meaning they usually or always feel “judged by older generations” and “pressured by my parents’ expectations.” Overall, 41% of Gen Z feels either externally or internally pressured. And 25% of all Gen Zers are not coping very well with the pressure. This more anxious group always or usually feels “afraid to fail,” “anxious about important decisions,” and “uncertain about the future.”²⁰ The *Gen Z, Explained* researchers found that young people today use the word “stressful” more than the general population does.²¹ As one Gen Zer put it “I think we’re actually under huge pressure—my generation.”²² Members of Gen Z also feel a sense of responsibility to fix what their elders

have broken, whether it be the political system, the criminal justice system, or climate change. But this pressure can be stressful and discouraging. Clare says regarding climate change, “I’m very scared that the earth will die while I’m still alive.”²³ On the other hand, Shrier presents evidence that very few actual young people are anxious about climate change.²⁴ As we shall see more below, several researchers argue that it is not so much that Gen Z is under more stress than previous generations but that they have been ill-equipped by adults and their institutions to cope with that stress. Be that as it may, if the reality on the ground is that more young people feel “overwhelmed” or “stressed” their experiential reality becomes something our efforts to help them must take into account.

3. Institutional shaking and declining trust in institutions

Today’s adolescents and emerging adults have never known a world in which adults and their institutions seemed competent or trustworthy. They came of age in an era filled with distressing current events ranging from the recession of 2008, through school shootings, racial justice protests, and most recently a global pandemic. For members of Gen Z, current events can seem both scary and impossible to control. And because they are teenagers and young adults with limited life experience, they are not able to gain perspective by, for example, remembering what it was like to have a stable adult life before the pandemic. Some notice that they and their parents view risk differently. As one high schooler put it, “I don’t understand why adults are so worried about social media. I’m much more likely to get killed at school than I am on Instagram.”²⁵ The problems in the world seem so numerous and daunting that bitterness and hopelessness are always a danger. As one college student put it “My generation feels bitter about all the things we won’t be able to do because of what the older generation chose.”²⁶ Here again, previous generations also encountered distressing current events. But for some reason, young

people today may experience heightened levels of distress and lower levels of hope for the future. Twenge finds that “internal locus of control” (I can make a difference) has declined among today’s young people and “external locus of control” (events in my life are largely out of my control) is on the rise relative to earlier generations.²⁷

4. Traumatic life experiences

While some young people use terms like “trauma” and “triggers” too loosely, it is also true that many have experienced real traumas. In 2013, a careful review of multiple research studies concluded that between 1995 and 2010 about 1 in 10 children were victims of sexual abuse before the age of 18. More specifically, 1 in 7 Gen Z girls and 1 in 25 Gen Z boys growing up during that time period experienced sexual abuse.²⁸ Between 2013 and 2019, an average of 9% of teenagers per year reported being a victim of physical dating violence and another 9% reported sexual dating violence.²⁹ A large body of research has confirmed that children and adolescents who experience sexual trauma are much more likely to suffer from anxiety or depression and to think about or attempt suicide.³⁰ So while it is hard to tell whether sexual violence against children and adolescents has increased during the Gen Z years, it has certainly remained a significant contributor to mental health problems.

Sexual abuse is just one among many types of traumatic experiences that members of Gen Z are enduring. One study of 13 to 21-year-olds conducted in the summer of 2020 found that 82% reported at least 1 traumatic life experience. The most commonly reported experiences were death of a loved one (35%), suicidal thoughts (30%), betrayal by a loved one or other trusted person (25%), racial discrimination (17%), domestic violence or verbal abuse (16%), addiction (15%) and divorce (15%). Multiple traumas were common, with 71% reporting one to three and 22% reporting four to seven such experiences.³¹ Other research confirms that adverse

childhood and adolescent experiences often cluster together, putting those young people who experience multiple traumas at special risk for negative mental health outcomes.³² Sadly, despite intensive efforts to protect Gen Z, many are struggling to cope with the aftershocks of not just one, but several traumatic experiences. Research shows that people can develop resilience and recover from trauma, but the high levels of stress, anxiety and depression among Gen Z indicates that many are not there yet.

5. Heightened awareness of youth mental health symptoms and increasing accommodations made for them.

Several researchers note that Gen Z has grown up in an era in which emotional trauma, PTSD, anxiety, and depression have been de-stigmatized and talking openly about these mental health challenges and even self-diagnosing them has become part of American culture.³³ College students interviewed for the *Gen Z, Explained* study were attentive and articulate about their own mental health and that of their peers. Many high school students also seem highly attentive to their own emotional health and that of their peers. But some of them wonder if their peers are exaggerating their symptoms and question whether therapy and medications seem to be helping.³⁴ Meanwhile members of Gen Z resent being stereotyped as “fragile” or “snowflakes.” They see their greater attentiveness to mental health as a positive change relative to previous generations. As 18-year-old Ben explained:

The trend is toward greater understanding for people’s feelings and people’s health. That looks like coddling because when my parents were kids lots of people were oppressed. It was really dangerous to be gay. People didn’t recognize PTSD as a real disorder. Anxiety wasn’t well understood . . . we believe that people with anxiety need to be understood and not just called thin skinned.³⁵

Greater compassion for people dealing with mental health challenges is a positive generational change.

In her book *Bad Therapy*, Abigail Shrier has a more negative assessment of how the mental health industry and broader changes in cultural practices surrounding mental health are impacting children. She argues that the faith that the American public puts in psychotherapy for children is unwarranted. She presents expert testimony from psychological researchers who argue, for example, that having young people talk too much or in the wrong ways to a therapist about their feelings of anxiety and depression can actually increase those feelings and undermine young people's ability to overcome life challenges. At least one important study presents initial evidence to support the hypothesis that as more young people begin to look for symptoms of anxiety and depression in their lives, some of them increase behaviors, such as avoidance, that make these symptoms worse. The result is more young people reaching a clinical level of anxiety or depression than would otherwise do so. It is important to note that this same study finds many beneficial effects of greater mental health awareness in the general population.³⁶ We do not yet have extensive evidence to support this hypothesis that heightened awareness may be increasing the prevalence of mental health diagnoses. Given that most people do not develop mental health symptoms just by learning about them, this factor is likely to be a small contributor, not a main driver of the sharp rise in youth mental health symptoms and diagnoses during the 2010s.

Lukianoff and Haidt document in their book *The Coddling of the American Mind* that American society is raising young people in an environment of "safetyism" in which "danger" now includes emotional danger. As a result, universities sometimes find it necessary to include "trigger warnings" in syllabi and "safe spaces" for students to recover from the emotional effects of challenging ideas. Some universities, under pressure from students, have even disinvited reputable speakers because some students might suffer emotional harm. Adults and their

institutions seem to be more willing to make accommodations to young people because of their emotional struggles, which as we shall see, may or may not be helping them. Twenge agrees that for Gen Z, the world is a dangerous place in which emotional dangers lurk everywhere and must be avoided.

The concept of emotional “safety” has taken the therapy world by storm, rooted in a sense of urgency about helping young people overcome the effects of trauma. The scientific basis for this “safety” oriented therapy can be found in Stephen Porges’ influential polyvagal theory. He examines extensive biological evidence about how the nervous system responds to real or perceived threats and theorizes that many persistent mental health symptoms are a result of a malfunctioning alarm system in the patient’s body.³⁷ There may even be some evidence that these maladaptive alarm systems are becoming more common among young people today. The polyvagal theory seems to have some solid medical science behind it, but it is complex and nuanced enough that it is difficult to be sure whether all of its uses in mental health education and therapy are reliable or warranted. It is also of concern that emotional “safety” may be turning into a popular psychological paradigm, just as “trauma” and before that “addiction” did. As more narrow, research grounded theories get popularized, the public tends to broaden their scope and misapply them. “Trauma,” “[emotional] safety” and “triggers” are everywhere now, creating confusion among teens and adults. Teenagers and young adults feel free to self-diagnose without actually getting professional help, potentially resulting in more people who believe they are unable to cope and engage in behaviors that make them less likely to cope. Meanwhile, more and more people around them – their parents, bosses, and teachers -- seem willing to make accommodations that may or may not be helping these young people learn to overcome emotional challenges and achieve worthy goals.

Taken together, these studies suggest that cultural beliefs and practices surrounding emotional distress may be contributing to the rise in youth mental health symptoms, or at least into the rising percentage of young people who feel they are unable to cope with the stresses of their lives. We can tentatively conclude that at least some young people experience more debilitating stress, anxiety and depression than their counterparts in previous generations did because of how our society has taught them to label and respond to their negative feelings.

So far we have seen that today's teenagers and emerging adults may be experiencing some of the "normal" stresses of life more intensely than did the members of past cohorts. We further hypothesized that that adult institutions may not be giving them the right kind of help to cope with their perceived stress levels. Yet each of these factors applies to some young people, but not others. Even if these factors are cumulative in some way for the youth population as a whole, it is still implausible that these factors were sufficient to cause a sudden increase in mental health symptoms in the 2010s. To explain that truly unusual generational effect we would need some cause or set of causes that suddenly appeared around 2010 in the lives of most adolescents (or in the lives of most children if it was a factor that started in the 2000s). In other words, we need a cause or causes that produced significant changes relatively suddenly by universally effecting young people. As many researchers describe it, the timing needs to be right. In what follows we examine the leading candidates for these "new" causes of mental health symptoms among young people who passed through adolescence in the 2010s and beyond.

6. Less independence during childhood and adolescence

Gen Z high school students are less likely than previous generations to go out without their parents, get a driver's license, or work a part time job. As children, they were less likely to play

unsupervised with friends or even just ride their bike or walk to school alone.³⁸ At least some of this change is due to parents re-defining what a “safe” childhood and responsible parenting look like. Lukianoff and Haidt argue that Americans have come to believe that young people are not just physically vulnerable, they are also emotionally fragile and must be protected from upsetting experiences and ideas. They call the resulting overly protective life strategies “safetyism” which they define as “obsession with eliminating threats, (both real and imagined) to the point at which people become unwilling to make reasonable trade-offs demanded by other practical and moral concerns. Safetyism deprives young people of the experiences that their antifragile minds need, thereby making them more fragile, anxious, and prone to seeing themselves as victims.” They use the term “antifragile” to highlight their belief as developmental psychologists that human beings *need* appropriate emotional and intellectual challenges to develop properly and that having too few such experiences actually makes anxiety and stress worse. They are not alone in this view of stress. Research on psychological resilience demonstrates that the right responses to lower levels of stress can train body and mind to bounce back from future trauma.³⁹ Thus overprotective upbringings and the “safe spaces” and “trigger warnings” on their college campuses may be hindering the moral, intellectual, and emotional development of Generation Z and making them more likely to feel stressed and anxious. The members of Generation Z take it for granted that words like “safety,” “risk,” “danger,” and “trauma,” apply to emotions as well as bodies. They tend to avoid conflict and ask authority figures to solve emotionally challenging problems for them. Twenge believes her research points to a “distinctively iGen idea,” that “the world is an inherently dangerous place because every social interaction carries the risk of being hurt.”⁴⁰ Lukianoff and Haidt identify three “untruths” that they think actually make it harder for young people to be resilient and overcome emotional challenges. These are: “What doesn't kill

you makes you weaker" (the Untruth of Fragility), "Always trust your feelings" (the Untruth of Emotional Reasoning), and "Life is a battle between good people and evil people" (the Untruth of Us versus Them). In a recent set of essays, Jean Twenge has evaluated a number of competing hypotheses regarding the causes of the youth mental health crisis and finds only this lack of independence during childhood and adolescence to have sufficient evidence to support it.⁴¹ But as we shall see, she agrees with Haidt that this lack of youthful independence is tied to another important development: the rise of the smart phone and social media.

7. Social media and the "Great re-wiring of childhood."

A number of teenage mental health indicators made rapid changes for the worse around 2011-2012, just the time when smart phone ownership by teenagers also began to rise sharply. Twenge tracks trends in teenagers' use of time and finds that screen time is stealing from face-to-face relational activities and sleep. Decreases in those two factors are known to increase risk for loneliness, depression and anxiety.⁴² Gen Z 10th graders who visit social networking sites every day are more likely to agree "I feel lonely" or "I often feel left out of things"⁴³ In contrast, teenagers who spend their time on in person social interaction, sports, religious services, work, or even print media are less likely to feel lonely.⁴⁴ Eighth graders who spend 10 or more hours per week on social media are 56% more likely to be unhappy and 27% more likely to be depressed.⁴⁵ Numerous researchers find that social media use promotes negative comparisons with others, creates fear of missing out, and pressures young people to project a perfect image to others and to stay in constant connection with friends.⁴⁶ The pandemic further reduced opportunities for in person activities and increased the use of online communication.

It now seems clear that smart phones, and social media in particular, have a number of negative effects on young people, especially middle-school and early high school students. After

a number of years of debate on the effects of “screen time” on adolescent mental health, a breakthrough came when Jonathan Haidt and others began looking specifically at social media time, not just screen time in general. The title of Haidt’s book signals his thesis: *The Anxious Generation: How the Great Rewiring of Childhood is Causing an Epidemic of Mental Illness*. Haidt definitively documents that the most probable cause of the increase of youth mental health symptoms across westernized societies beginning in the 2010s is what he calls “the great rewiring of childhood.” What he means by this phrase is that over the previous decades adults and their youth-serving institutions overprotected young people offline and underprotected them online. The children who became “Gen Z” adolescents and young adults had much less unsupervised play with peers than any previous generation. Their lives were more closely supervised by adults in all environments. Meanwhile, they were the first generation of adolescents to navigate their crucial identity and peer relationship years in the smart phone, social media era. Haidt is sure enough of his research methods and findings that he is willing to make very specific public health recommendations about restricted adolescent phone and social media use.⁴⁷ For those who are interested, Haidt provides additional documentation on his web site for the book, including a collaborative scholarly literature review evaluating all the possible alternative hypotheses regarding causes of the youth mental health epidemic.⁴⁸

One reason this problem is only starting to get the attention it deserves is that both adults and young people want to believe that these technologies are mostly benign and that their use more or less as it has currently evolved, is inevitable. About 2/3 of all teenagers and young adults reported in 2020 that their social media time “always” or “usually” makes them feel “connected to others,” “informed,” “connected to the world” and “accepted.” About 45% said social media use makes them feel “encouraged,” “appreciated” or “energized about life.”⁴⁹ The

Gen Z, Explained study also found that many Gen Zers find social media or other internet use to be a positive coping mechanism in times of stress and anxiety.⁵⁰ On the other hand, about 1/3 of Gen Z reported always or usually feeling “critical of myself” or “insecure” and about 1/5 reported feeling isolated or bullied while using social media.⁵¹ Research suggests that social media use may be especially hard on teenage girls and young women partly because they spend more time using it and partly because it can intensify their insecurities about friendships, romance and body image. It can also amplify the verbal aggression that girls wield in their interpersonal disputes.⁵² But all teenagers and college students are effected by it in one way or another. Many navigate phone use and social media without significant mental health costs. But very many do not.

8. The New Identity Ecosystem

Many of the factors mentioned above, combined with changes in parenting, even among Christian parents, have created a new identity ecosystem. As Carl Trueman documents, young people today are living in a world that their grandparents or great grandparents could not have imagined. The fact that a teenager today can say “I am a girl trapped in a boy’s body” and many adults will not only say “that makes sense” but “I will protect your right to alter your body to fit your interior feelings” shows that we have reached a tipping point in modern conceptions of the self.⁵³ Trueman describes the history of this transformation in 3 steps. Step 1: To find your true and best self, look inside, especially to your feelings (Rousseau). Step 2: Human nature has no inherent moral structure, and moral codes are inherently oppressive (Marx, Nietzsche). Step 3: Sex is fundamental to human identity and to political freedom (Freud, Reich).⁵⁴

Trueman’s historical analysis helps us understand the origins of ideas and sentiments that are now everywhere in western cultures, including in the hearts and minds of young people. The

freedom to define yourself on your own terms can be exhilarating, exhausting, and frightening all at the same time. Gen Z expects to create a “unicorn” identity and to have the rest of the world accept or even celebrate their unique combinations of sexual, gender and ethnic identities. But often they experience just the opposite, even from their peers who they think should know better. As one black student who also identifies as lesbian put it “There are parts of my identity that make it more dangerous to walk through the world than others.” Other sources of race-related stress include guilt over white privilege, re-thinking the “color blind” approach to race with which they were raised, being labeled or put into a racial “box” that they don’t accept, or being expected to speak on behalf of all members of their racial group.⁵⁵ The researchers of the *Gen Z, Explained* study hold up “Marcus” as typical of this new approach to identity, which they call “fine-grained identity.” British born and raised, Marcus self-identifies as Christian, Chinese and gay. He was able to find online communities to support each of his identity markers.⁵⁶

It is important to note that even the way Christian parents think about passing on the faith to their children is formed by the ideas and instincts of the new identity ecosystem. Smith and his colleagues were surprised to find that very religious parents seemed to be more formed by “cultural models of religious parenting” than by the specifics of their faith traditions. So whether a parent was a conservative Evangelical Christian or a Thai immigrant Buddhist, all agreed that

Parents are responsible for preparing their children for the challenging journey of life, during which they will hopefully become their best possible selves and live happy, good lives. Religion provides crucial help for navigating life’s journey successfully, including moral guidance, emotional support, and a secure home base. So parents should equip their children with knowledge of their religion by routinely modeling its practices, values, and ethics, which children will then hopefully absorb and embrace for themselves (Smith, Ritz & Rotolo, 2020, p. 10-11).

This summary of what all the parents in the study said sounds good, until we dig deeper into what they meant by it, namely, helping each child find and express his or her unique self and

incorporate religion into that process however he or she thought best. Parents in the study agreed that “The purpose of living is to lead a happy and good life . . . a good life is one in which self-directed individuals are happy . . . each individual must find his or her own particular way to discover their own purpose and lead a good life true to who they are as a unique self.” Further, they saw their churches and faith traditions as resources to help their child develop his or her best self, avoid the pitfalls of life and be happy. But they did not think anyone needed to accept the full package of a faith tradition and said they would not be too concerned if their child chose another religious tradition, so long as the family still shared the “same values.” In their analysis of this interview data, the authors suggest that even for religious families, religion now functions as a “personal identity accessory” rather than a “communal solidarity project.” Even more troubling is their assessment that the “cultural models” of religious transmission have totally taken over parents’ thinking and overwhelmed any content from those parents’ theological and ecclesial traditions.⁵⁷ In other words, even many involved, committed Christian parents do not think of their task through a primarily Christian theological lens, but through a “develop your best self” lens.

Some members of Gen Z felt their parents were ill-equipped to help them as they journeyed through adolescent identity exploration online. As one older Gen Zer put it “our parents are starting to get social media now, but when we just started high school, when we were trying to work out who we were, we had to navigate that ourselves.”⁵⁸ Despite their sunny assessment of Gen Z’s approach to “fine-grained identities” the *Gen Z, Explained* researchers noticed that many of the young people they interviewed saw the task of finding and expressing their authentic selves as a struggle. That’s because their identity explorations are happening not just “offline” but also in a digital world characterized by “constant surveillance and constant

display.” Mis-steps and the resulting backlash in the form of hateful responses, “canceling” or other online aggression were an all-too-common part of the process. For example, Lena was mercilessly attacked and called out for “hypocrisy” by her Youtube followers when she honestly explained how her mind had changed on a hot button topic.⁵⁹

But it is not just the internet that raises the stakes of identity exploration for Gen Z. They believe they must discover their identity and sense of worth from within and must always be “authentic” to whatever they perceive their “true self” to be at any time, while also carefully managing who sees which dimensions of that “true self.” Emma describes how important it is for her to keep her future identity options open, “for me, the value is preserving the understanding that you can step out of most constructs that you’ve made for yourself or that people have made for you.”⁶⁰ The resulting “freedom” sounds good, and members of Gen Z use the word “free” even more than previous generations when describing the opportunities they have to choose who they are and to explore their full potential.⁶¹ But the ongoing task of defining yourself by yourself in front of a large audience is inescapably stressful.

In addition, identity support requires a “fam” but finding that “fam” can be hard. Many among Gen Z “sometimes” or “always” find it hard to make friends (41%), have no one to talk to and feel left out (39%), feel completely alone (33%) or feel that no one understands them (45%). Ten percent report having no meaningful interactions with others in a typical day, and 57% report only 1 to 3 meaningful interactions per day.⁶² Even the availability of a myriad of online communities can intensify the pain of not finding a supportive friend group.⁶³ Those who do find a “fam” may find only temporary solace because both the group as a whole and each of its individual members are constantly re-negotiating their identities. Thus some of the groups Gen Z relies on for a sense of stability and safety are inherently unstable. Finding people who love you

for who you really are, especially in a long-term way, has always been hard. But Gen Z may be finding it even harder than previous generations precisely because their “fine grained identities” and “modular belonging” are inherently unstable. And this approach to finding community that focuses on unconditional acceptance and offers only temporary commitment is causing many young people to keep their distance from churches which they perceive as making too many demands. Some believe they need to figure out “who they are” first and only then connect with a church if they think that will help them become their best self.⁶⁴

James Cote, a leading researcher in the field of identity development has even coined the term “identity societies” to describe the ways that the process of developing a mature sense of identity is changing in North America and other westernized regions of the world. He shows that becoming a mature human being with a mature sense of identity is becoming harder in contemporary western societies, resulting in some percentage of young adults opting out of the process altogether, settling instead for identity detours and dead ends, such as living for personal pleasure. In particular, he describes what he calls “paradoxes of purpose” meaning that it is more important than ever before for young people to develop a coherent sense of purpose which then helps them develop a mature adult identity. But he finds that many of society’s institutions are doing poorly at helping young people develop a sense of purpose that helps them become a mature contributor to family and society. He believes that society’s failures in helping young people find a mature, adult sense of purpose and identity is contributing the youth mental health epidemic.⁶⁵

B. Implications for youth ministry and youth ministry education

1. Partner with mental health providers

First, given the constraints on mental health services, youth ministry professors and youth ministers do not have the luxury of delegating mental health care to the “professionals.” A recent book by Christian therapists urges their colleagues to become more proactive in equipping church leaders and families to provide non-professional mental health support.⁶⁶ For their part, youth ministry professors and youth ministers must also invest in such partnerships. In the past, these “partnerships” tended to be limited to having a list of Christian therapists to which you could refer students. But the time has come to invest more substantially in these partnerships to help us strengthen the mental health dimensions of youth ministry education. Universities and academic departments should consider professional development for faculty members to equip them to support students’ mental health needs while also holding them to high academic standards and helping them develop problem solving skills and perseverance. Youth ministry professors should consider bringing mental health professionals into the classroom to improve mental health literacy among their students. Ministry departments may want to incorporate substantial pastoral counseling training into the curriculum. Youth ministry programs should consider incorporating mechanisms for assessing (standardized psychological assessments administered by professionals) and improving (individual or group therapy) the mental health of their students. Many seminary MDiv programs have done this for years. Such practices have yet to penetrate most undergraduate ministry departments, but the time may be right to find ways to require younger students to attend to their mental health. There are probably many other ways these partnerships between professors and mental health professionals could develop, but the time has come to investigate and invest in them.

2. Teach a Christian theology of identity formation

Undergraduate youth ministry students have been taught to believe the modern lies about self and identity described by Trueman and others. They think they must look inside themselves, see what they “feel” there, and express that “identity” outwardly. But this mistaken view of human identity and how it develops is contributing to their distress. That is because psychologically, sociologically, and theologically, that is not how healthy, mature human identities develop. We need to teach them a robust Christian theology of self and identity, drawing on concepts like the image of God, the impact of sin on identity formation, and the process of being conformed to the image of Christ in community with other Christians.⁶⁷ For Christians, identity formation has a clear pattern (Jesus) and a clear process (the gospel lived in community with the church). Popular literature on “identity in Christ” is often not well informed by deeper theology or by the social science of identity formation. Youth ministry educators are well positioned to work together on this interdisciplinary endeavor, in part because it is so urgent to our work. Much more could be said about this topic, but it seems indisputable that many of the most powerful heresies of our age have to do with what modern people call “identity” and that it is urgent for us to bring our best theological, pastoral and interdisciplinary resources to bear to counter those heresies.

3. Develop resilience

Both the scholarly and popular literature on resilience, grit, fortitude and related concepts has grown significantly in the past few decades. Those in the business world have heard about resilient workers and resilient or even “antifragile” organizations. Social scientists study factors that make some communities more resilient after natural disasters. The growing popularity of these concepts has even elicited a backlash. Some of these authors are not really rejecting the

concept and science of resilience so much as they are trying to revise popular understandings of which parts of resilience are most important or how resilience is best cultivated.⁶⁸

But the science of resilience is well established, with an extensive research literature that supports specific traits and attitudes of resilient people. And the science also proves that while individuals do have different natural levels of resilience, it is possible for anyone to grow in resilience.

Helping youth ministry students develop resilience is especially important in the current mental health environment because many young people have not been equipped by their parents, schools, friends or therapists to overcome emotional distress on the way to achieving meaningful goals. Instead, they have (mostly unintentionally) been taught that emotional distress is often too hard to overcome. The most cited book on resilience, which provides a comprehensive literature review, documents ten factors that contribute to resilience and shows that individuals can take steps to grow in each of these factors that support resilience.⁶⁹ Youth ministry educators should know these factors, teach them to their students, and help their students develop skills and practices that increase their resilience.

1. **Realistic optimism** -- Face hard realities without dwelling on them; Reframe; Problem solve; Take action;
2. **Facing fear** – Get “back on the horse” ASAP; Focus on the mission; Get support (see #5 & 6)
3. **Moral compass and altruism** – Live for others out of firm moral convictions
4. **Religion and spirituality** – Supports #1-3, 5, 6, 9, 10; Prayers of gratitude & submission
5. **Social support** – Give and receive; You become like your closest friends

6. **Role models** – Imitate and be inspired by parents, teachers, coaches, people you’ve never met
7. **Physical training** – Keep pushing your limits
8. **Brain fitness** – Repetitive, precise, disciplined practice involving both mind and body
9. **Cognitive and emotional flexibility** – Acceptance; Gratitude; Reappraisal; Learning from failure
10. **Meaning, purpose and growth** – Find and commit to clear, valued purpose; Rebuild after trauma

Youth ministry educators should skip over teaching “trauma-informed” youth ministry and go straight to “resilience-informed” youth ministry. And the first step in this process will be crafting “resilience-informed” youth ministry programs. To create resilience-informed youth ministry programs, we will need to investigate these ten resilience factors and learn more about what practices help individuals prepare for and persevere through life’s challenges. The research literature on resilience shows that while individuals differ in their “natural” level of resilience, everyone can grow in resilience through intentional practices. Our students should know what those practices are and should get started doing them as part of their youth ministry education.

In their quest to equip young people to overcome challenges and pursue worthy goals, youth ministry educators should also implement the findings presented in a new book by highly respected developmental psychologist David Yeager. In *10 to 25: The Science of Motivating Young People* Yeager corrects the misapplications of the “deficit” model of adolescence which was given new life by the studies in the early 2000s that found that adolescent brains had underdeveloped pre-frontal cortexes. These studies took on a life of their own and led to widespread belief among adults that teenagers are incapable of making good decisions. He

presents convincing evidence that the developmental driver in adolescence is not hormones, undeveloped brains, thrills or peer pressure, but rather the drive to achieve social prestige. As a result, attempts to influence 10 to 25 year olds that treat them as incompetent or make them feel stupid are doomed to fail. Participation trophies don't work either. Only prestige achieved for doing something important and valued by a respected group of people motivates this age group. Yeager recommends what he calls the "mentor mindset" which is parallel to the authoritative parenting style that has long been a staple of psychological research. Those with a "mentor mindset" set high standards for young people's performance and provide substantive support so young people can reach those high standards. Lowering demands or making too many accommodations makes young people believe they are incompetent and may teach them to give up when things get hard. High demands without support also indirectly teaches young people that they are incompetent, demotivates them to put in the necessary effort, and makes them suspect that the authority figure does not really have their best interest in mind. Authority figures benefit from proper implementation of the "mentor mindset" not just because the young people in their sphere grow and develop their strengths but also because the authority figures do not have to do as much for young people. Young people learn to solve their own problems, overcome obstacles, and do work that helps the whole team.⁷⁰ Whether through the "mentor mindset" or other tools, youth ministry educators and youth ministers working in the context of the youth mental health epidemic need to fine tune how they set high standards and help their students achieve those standards.

4. Cultivate spiritual and emotional maturity

Our undergraduate ministry students may not have learned how to live independently, develop a growth mindset, overcome emotional challenges or even know what spiritual and emotional

maturity look like. They may not have learned how to accept failure and learn from it. They may have developed bad habits like expecting authority figures will solve their problems or accept their excuses rather than holding them to high standards. They may believe that “I worked hard on this” means that “I should have gotten a better grade,” even if the quality of the work does not reach the required standard. The temptation for professors is to slip into a “kids these days” negative mindset. Instead we need to invest in helping our students understand and grow toward spiritual and emotional maturity.

Spiritual maturity is well defined in the New Testament. It involves looking like Jesus at a foundational level, and it has observable traits: 1) knows the basics of the faith 2) able to apply those basics to everyday situations 3) actively putting off sins and putting on virtues 4) connected and growing with the body of Christ 5) pursuing Christ through both trials and joys.⁷¹ We should teach our students what the Bible says about spiritual maturity, help them grow toward maturity, and equip them to help others do the same.

We also need to develop a robust theology of emotions and emotional growth that goes beyond the old voluntarist teaching that assumed that emotions could be easily ignored and that our will could be trained to do the right thing no matter how we feel. The classic popular version of this voluntarist tradition was the “train diagram” popularized by Campus Crusade for Christ in which the engine is the “facts,” the coal car is “faith” and the caboose is our feelings. The idea was that we put our faith in the facts and our feelings will follow. In this paradigm, Christians are taught, for example that “joy is not a feeling” and that feelings are unreliable indicators of what is true. These teachers told us that feelings often need to be ignored and will continue to be unruly throughout our lives. Such teachers sometimes insisted that “emotions are good” but most of what they taught about emotions seemed to cast them as the enemy. It’s not so much

that the will is unimportant or that feelings are always reliable sources of truth. Many times they are not. The problem is that it is doubtful that this teaching provides an accurate picture of how emotions work either theologically or psychologically. In fact, when Christians get “stuck” in their spiritual growth, it is often because they have developed emotional patterns that more or less “automatically” (pre-cognitively) disrupt their ability to “do the right thing.”⁷²

Theologically, it is misleading to declare that biblical traits like the fruit of the Spirit are “not emotions.” They are not *only* emotions, but they are character qualities with an emotional component. If a person never feels joyful, loving or hopeful when those emotions would be supportive of doing the joyful, loving, or hopeful thing, then they probably don’t have the character quality of “joy” “love” or “hope.” We need to revisit our theology of emotions and emotional growth not only because the theology we inherited may be misleading but also because our students may be less ready than we were at their age to “ignore” our emotions and “do the right thing.” If we examine our own spiritual autobiographies more carefully, we may well find that it was immersion in the right kinds of Christian relational networks that over time transformed our emotional lives. It was not so much that our wills got stronger (although that helped) but that we also absorbed different emotional patterns by daily life interactions with more emotionally mature believers. Christian theologians and therapists are only beginning to explore how we might revise our theology of emotions, but this is important work to which we as youth ministry educators need to contribute. A good place to start in re-thinking our theology of emotions is Matthew Elliott’s book *Faithful Feelings: Rethinking Emotion in the New Testament*.⁷³ He makes a strong exegetical case that it is incorrect to talk about “joy,” “hope” or other New Testament words as if they had no emotional component.

In the realms of pastoral care and spiritual formation, we are beginning to see attempts to define emotional maturity and to incorporate it into how we teach and practice discipleship. So far, the definitions of emotional maturity that these authors use seem to be drawn from the social sciences and then adapted to spiritual formation contexts. The resulting definitions of Christian emotional maturity typically involve the ability to quiet one's own emotions, to avoid getting drawn into the emotional upset of others, to be able to take responsibility for others and help them process and overcome their strong negative emotions, to be aware of one's limits, to engage in proper self-care and to persevere through emotional distress to do the right thing. For example, Pete Scazzero has developed his "emotionally healthy leader" and "emotionally healthy discipleship" books and training courses to fill what he sees as a crucial gap in how most pastors and lay people are formed.⁷⁴ Jim Wilder and his associates in "Life Model Works" and related organizations are attempting to synthesize the neuroscience of relational joy with spiritual formation. They believe that this "neuro-theology" can help pastors, church members, and Christian therapists be more effective in helping people overcome the kinds of significant emotional struggles that impede their functioning and often prove resistant to talk therapy alone. One of their significant findings is that among trauma victims, "success" in one-on-one therapy was not sufficient for sustained growth and healing in real life. Trauma patients who were incorporated into a loving Church community with older, emotionally mature Christians were more likely to be able to sustain the gains made in therapy and continue to grow toward emotional maturity themselves. So Wilder and his colleagues have identified what they call "relational brain skills." Many of the people who possess these skills don't remember learning them because they acquired them very early in life through a healthy attachment to a caregiver and being raised by and around emotionally mature adults who modeled these relational skills.

In their therapy work, Wilder and his colleagues encountered more and more people who had not developed these skills or who had trouble developing them after experiencing trauma. Wilder and his colleagues hypothesize that skills like being able to quiet negative emotions, to experience joy in a one-on-one interaction, to know what one is feeling and respond with godly character rather than being paralyzed are becoming less prevalent in the general population.⁷⁵ Whether or not that is the case, it does seem true that young people today are less equipped to quiet their negative emotions, return to relational joy, and work toward healthy resolution of problems. Their emotional patterns are often getting in the way of being and doing what God would have them do, especially when facing a challenge that ignites strong negative emotions.

These are just two of a growing number of approaches to synthesizing the literature on emotions and mental health with the literature on Christian spiritual formation. Each has its strengths and weaknesses. For example, Scazzero's list of emotionally healthy traits seems to be based on his anecdotal experience, not on any robust interaction with the social science literature or the theological literature on emotions. Wilder and his "Life Model" colleagues are probably too negative about the "voluntarist" model and may be overstating how much we really know about what they call the "neuroscience of character formation." In Christian theology character is both cognitive and pre-cognitive, but Wilder et. al. probably overstate the degree to which character is inaccessible to direct input from the will. Despite these limitations, this theological and pastoral work is important. Given the current youth mental health epidemic and the new identity ecosystem, we cannot keep doing what we have always done in spiritual formation and expect similar results. Our spiritual formation teachings and practices need to be supplemented with new tools that form our students and people of all ages in emotionally mature discipleship.

5. Equip for digital discipleship

Since the “great rewiring of childhood” seems to be the prime suspect in the dramatic increase of mental health symptoms among young people over the past decade, we must develop ways to help disciples of Jesus bring their digital lives under his lordship. First, family ministries should equip parents to develop and implement stricter boundaries on smartphones and social media, especially for young teens. Haidt believes his study presents overwhelming evidence to support the following specific recommendations:

1. No smartphones before high school.
2. No social media before 16.
3. Phone-free schools.
4. Far more unsupervised play and childhood independence.⁷⁶

Haidt is well aware that making these kinds of changes is not something that is easy for an individual family to do. He recommends that families collaborate to have similar boundaries. Families can also work together to provide unsupervised play in ways that are acceptable in our safety-obsessed society, such as getting together with like minded families to go camping. Churches have unique opportunities to facilitate this type of collaboration between families.

Youth ministry educators should incorporate “digital discipleship” into the curriculum. Natural places to include this topic might be courses on discipleship or the personal life of the minister. Our students need to learn how to establish healthy patterns of social media and smartphone use. Several authors on this topic draw on the practice of “rule of life” to guide readers into making decisions about how they will engage with these technologies, such as “Bible before phone” in the morning. The popularity of John Mark Comer’s works on these topics among college aged men suggests that our students are hungry for help getting this area of their lives under control. Our students also need help knowing how to make a difference in the

lives of the middle school and high school students they will be serving. That task is even more challenging than getting college students to have healthier smartphone use. But we need to help our students know how to tackle that challenge. Some of us should do research on what works well in middle school and high school ministries to help young people use smartphones and social media as faithful disciples of Jesus. Ten to fifteen-year-olds are especially vulnerable to emotional distress and identity confusion through excessive and undiscerning use of social media. Although there are more and more resources emerging to help us with this task, overall we are behind in developing discipleship strategies that effectively help people of all ages submit to Jesus as Lord in the realms of screens and social media.

Conclusion: Relational Environments of Christian Discipleship

We would do well to get started pursuing these recommendations, realizing that there are likely many other strategies that have not yet been discovered. What seems clear is that our existing tool kits need to be supplemented if we hope to equip our students and those they will lead to grow toward spiritual and emotional maturity. A common factor in many of these recommended strategies is the underlying social context. In what contexts do young people develop a sound theology of identity and emotions? Where will they learn resilience, emotional maturity, spiritual maturity, and digital discipleship? They can only grow in these ways in healthy Christian relational environments that include older, mature adults who model the traits, attitudes and habits they are teaching. Any substantial investments to strengthen the Christian relational networks surrounding our students will likely bear fruit in helping them be and do what God is calling them to be and do, rather than shrinking back because their emotional struggles seem too big.

¹ For examples of generally hopeful studies that also acknowledge the Gen Z mental health crisis, see Dorsey and Villa, *Zconomy* and Katz, et. al., *Gen Z, Explained*.

² Twenge, 96.

³ Twenge 101.

⁴ Twenge, 97.

⁵ Marisa Peer, “What does I am Enough Mean?” Retrieved 9/9/2021 from https://help.marisapeer.com/en_us/what-does-i-am-enough-mean-ryzOCQlg Enovgh/ Love Yourself,

“What does I am Enough Mean?” Retrieved 9/9/2021 from <https://www.enovgh.com/i-am-enough-meaning/> Melissa Carama Wilkins, “What it Means to Be Enough” Retrieved 9/9/2021 from

<https://melissacamarawilkins.com/what-it-means-to-be-enough/> Megan Fenyo “I am Enough: Such Magic Words. But are They True for You?” Feb 14, 2019, retrieved 9/9/2021 from

<https://meganfenyo.com/2019/02/i-am-enough/>

⁶ Jean M. Twenge, *iGen* (New York: Atria Books, 2017), 103.

⁷ Twenge, 104.

⁸ Ellen Bara Stolzenberg, Melissa C. Aragon, Edgar Romo, Victoria Couch, Destiny McClennan, M. Kevin Egan, Nathaniel Kang, *The American Freshman: National Norms Fall 2019* (Los Angeles, CA: Higher Education Research Institute, 2020), 16-17. Accessed 9/9/2021 from <https://heri.ucla.edu/publications-tfs/> Stolzenberg et. al., 40. Kevin Egan, Ellen Bara Stolzenberg, Hilary B. Zimmerman, Melissa C. Aragon, Hannah Whang Sayson, Cecilia Rios-Aguilar, *The American Freshman: National Norms Fall 2016* (Los Angeles, CA: Higher Education Research Institute, 2017), 71. Accessed 9/9/2021 from <https://heri.ucla.edu/publications-tfs/>

⁹ Katz, et. al., *Gen Z, Explained*, 162.

¹⁰ Centers for Disease Control and Prevention, “Trends in the Prevalence of Suicide-Related Behaviors National YRBS: 1991-2019,” retrieved 1/25/2022 from https://www.cdc.gov/healthyyouth/data/yrbs/factsheets/2019_suicide_trend_yrbs.htm

¹¹ Centers for Disease Control and Prevention, *Youth Behavior Risk Survey: Data Summary and Trends Report 2009-2019*, 12, 30.

¹² Twenge, *iGen*, 109. CDC, *Youth Behavior Risk Survey 2009-2019*, 60-61.

¹³ Deloitte, “A Call for Accountability and Action: The Deloitte Global 2021 Millennial and Gen Z Survey” Retrieved 9/9/2021 from <https://www2.deloitte.com/global/en/pages/about-deloitte/articles/millennialsurvey.html>

¹⁴ Office of the Surgeon General, *Protecting Youth Mental Health: The U. S. Surgeon General’s Advisory* (Washington, DC: Office of the Surgeon General of the United States, 2021): 9.

¹⁵ M. L. Rosen, A. M. Rodman, S. W. Kasperek, M. Mayes, M. M. Freeman, L. J. Lengua, K. A. McLaughlin, “Promoting Youth Mental Health During the COVID-19 Pandemic: A Longitudinal Study” (2021) *PLoS One*, 16(8). doi:<http://dx.doi.org/10.1371/journal.pone.0255294> See also Surgeon General, *Protecting Youth Mental Health*, 7, 10.

¹⁶ Barna, *Gen Z Volume 2*, 18-19.

¹⁷ See Shrier, *Bad Therapy*.

¹⁸ James N Sells, Amy Trout and Heather C. Sells, *Beyond the Clinical Hour: How Counselors Can Partner with the Church to Address the Mental Health Crisis* (Downers Grove, IL: Intervarsity Press, 2024).

¹⁹ Each DSM diagnosis has different limitations. Some clinicians, for example, all but reject the utility of the “oppositional defiance disorder” diagnosis. Most DSM diagnoses are done by identifying a set of symptoms that tend to cluster together and then determining whether they interfere enough with “normal functioning” to be “clinical” or “sub-clinical.” Such a process is useful in some ways, but is different than being able to say what causes these symptoms or what causes one individual to be less able than another to overcome these symptoms. For example, with regard to ADHD, even when there are interventions that have peer-reviewed medical evidence to support their effectiveness, patients must take a trial and error approach to finding which intervention will help them. That is because ADHD is a set of symptoms that probably has a number of different underlying biological causes. See Richard P. Brown and Patricia L. Gerbarg, *Non-Drug Treatments for ADHD: New Options for Kids, Adults and Clinicians*. W. W. Norton, 2012.

²⁰ Barna, *Gen Z Volume 2*, 13-14.

²¹ Katz, et. al. *Gen Z, Explained*, 162.

²² Katz, et. al. *Gen Z, Explained*, 166.

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- ²³ Katz, et. al. *Gen Z, Explained*, 172.
- ²⁴ Shrier, *Bad Therapy*.
- ²⁵ Katz, et. al., *Gen Z, Explained*, 164.
- ²⁶ Katz, et. al., *Gen Z, Explained*, 161.
- ²⁷ Jean Twenge, *iGen* (New York: Atria Books/Simon & Schuster, 2017).
- ²⁸ Catherine Townsend and Alyssa A. Rheingold, *Estimating a Child Sexual Abuse Prevalence Rate for Practitioners: A Review of Child Sexual Abuse Prevalence Studies* (Charleston, SC: Darkness to Light, 2013), 1-28.
- ²⁹ Centers for Disease Control and Prevention, *Youth Behavior Risk Survey: Data Summary and Trends Report 2009-2019*, 41.
- ³⁰ See, for example RAINN, "Effects of Sexual Violence," retrieved 1/25/2022 from <https://www.rainn.org/effects-sexual-violence> and Melissa Hall and Joshua Hall, "The Long-Term Effects of Childhood Sexual Abuse: Counseling Implications" (American Counseling Association, Vistas Online, 2011), Retrieved from 1/25/2022 from https://www.counseling.org/docs/disaster-and-trauma_sexual-abuse/long-term-effects-of-childhood-sexual-abuse.pdf?sfvrsn=2
- ³¹ Barna, *Gen Z Volume 2*, 16-17.
- ³² Centers for Disease Control and Prevention, *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence* (Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2019), 7-8 Accessed 1-14-22 from <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf> See Also, U.S Surgeon General, *Protecting Youth Mental Health*, 8 – 10.
- ³³ Greg Lukianoff and Jonathan Haidt, *The Coddling of the American Mind: How Good Intentions and Bad Ideas are Setting Up a Generation for Failure* (New York: Penguin Press, 2018), 25-26. See also Surgeon General, *Protecting Youth Mental Health*, 8. Abigail Shrier, *Bad Therapy: Why the Kids Aren't Growing Up*. New York: Sentinel/Penguin Random House, 2024, 14-16.
- ³⁴ Katz, et. al., *Gen Z, Explained*, 162.
- ³⁵ Tenge, *iGen*, 163.
- ³⁶ Lucy Foulkes and Jack L. Andrews, "Are Mental Health Awareness Efforts Contributing to the Rise in Reported Mental Health Problems? A Call to Test the Prevalence Inflation Hypothesis" *New Ideas in Psychology*, Vol. 69 (April 2023). Accessed 9/13/2024 from <https://doi.org/10.1016/j.newideapsych.2023.101010>.
- ³⁷ Stephen W. Porges, *The Pocket Guide to Polyvagal Theory: The Transformative Power of Feeling Safe*, W.W. Norton, 2017. Porges' theory seems to be grounded in some hard medical science and can be helpful for understanding why some young people's brains and bodies too easily slip into a "fight, flight or freeze" response and stay too long in that state. Yet even this "pocket guide" is tough reading, which raises the possibility that the further simplified versions of the theory explained by many therapists may be losing some of Porges' nuance, potentially feeding unhelpful versions of "safetyism" among parents and youthful clients.
- ³⁸ Twenge, *iGen*, 163-164.
- ³⁹ Lukianoff and Haidt, 19-32. For the best summary of the social science research on resilience, see Steven M. Southwick and Dennis S. Charney, *Resilience: The Science of Overcoming Life's Greatest Challenges*. Second Edition. New York: Cambridge University Press, 2018.
- ⁴⁰ Twenge, *iGen*, 157.
- ⁴¹ Jean Twenge, "Here are 13 Other Explanations for the Adolescent Mental Health Crisis. None of Them Work" (Oct 18, 2023) <https://www.generationtechblog.com/p/yes-its-the-phones-and-social-media>
- ⁴² Twenge, *iGen*, 93-118.
- ⁴³ Twenge, *iGen*, 80.
- ⁴⁴ Twenge, *iGen*, 69-88.
- ⁴⁵ Twenge, *iGen*, 78. See also Jean M. Twenge and W. Keith Campbell, "Media Use is Linked to Lower Psychological Well-Being: Evidence from Three Data Sets," *Psychiatric Quarterly* 90 (2019): 311–331, <https://doi.org/10.1007/s11126-019-09630-7> Compare Katz, et. al. who cite other studies finding that only 0.4% of the variation in adolescent well-being could be attributed to digital media use. Katz, et. al. *Generation Z, Explained*, 163. The debate among the experts is not about *whether* some kinds of social media and internet use have a negative effect on adolescent mental health. The debate is about how big that effect is, which types of young people are most vulnerable, and why. In general, media effects researchers typically find only small, contingent effects. So the fact

that Twenge and other researchers have been able to publish peer-reviewed articles demonstrating relatively high impacts of social media and screen time on adolescent mental health is significant.

⁴⁶ In addition to Twenge, *iGen*, see Barna Group, *Generation Z: the Culture Beliefs and Motivations Shaping the Next Generation* (Ventura, CA: Barna Group and Impact 360 Institute, 2018). Tim Elmore and Andrew McPeak, *Marching off the Map: Inspire Students to Navigate a Brand New World* (Atlanta, GA: Poet Gardener Publishing). Donna Freitas, *The Happiness Effect: How Social Media is Driving a Generation to Appear Perfect at Any Cost* (New York: Oxford University Press, 2017).

⁴⁷ Jonathan Haidt, *The Anxious Generation: How the Great Rewiring of Childhood is Causing an Epidemic of Mental Illness*. New York: Penguin Press, 2024.

⁴⁸ Jonathan Haidt and Zach Rausch, “Alternative Hypotheses to the Adolescent Mental Illness Crisis: A Collaborative Review” Unpublished manuscript. Retrieved from <https://docs.google.com/document/d/18oxWjShhuiZTteSag88QmAH42vzumOLqjszNckVMYUY/edit?pli=1>

⁴⁹ Barna, *Gen Z Volume*, 2, 31.

⁵⁰ Katz, et. al. *Gen Z, Explained*, 163.

⁵¹ Barna, *Gen Z Volume* 2, 31.

⁵² See, for example Twenge, *iGen*, 99, Barna, *Gen Z Volume* 2, 31, 39.

⁵³ Carl R. Trueman, *The Rise and Triumph of the Modern Self: Cultural Amnesia, Expressive Individualism, and the Road to Sexual Revolution*. Wheaton, IL: Crossway, 2020.

⁵⁴ Carl R. Trueman, *Strange New World: How Thinkers and Activists Redefined Identity and Sparked the Sexual Revolution*. Wheaton, IL: Crossway, 2022.

⁵⁵ Katz, et. al., *Gen Z, Explained*, 54-61.

⁵⁶ Katz, et. al., *Gen Z, Explained*, 39-40.

⁵⁷ Christian Smith and Amy Adamczyk, *Handing Down the Faith: How Parents Pass Their Religion on to the Next Generation*. New York: Oxford University Press, 2021. See especially chapters 1 and 3. For those who are skeptical of the culture-bound uniformity of religious parents’ responses to the question “How do you pass on your faith to your children?” see Christian Smith, Bridget Ritz and Michael Rotolo, *Religious Parenting: Transmitting Faith and Values in Contemporary America*. Princeton, NJ: Princeton University Press, 2020. In that book the authors exhaustively document that the religious parents in their study really did think and speak alike about the task of passing on the faith.

⁵⁸ Katz, et. al., *Gen Z, Explained*, 77.

⁵⁹ Katz, et. al., *Gen Z, Explained*, 70-71, 78-80, 85-87.

⁶⁰ Katz, et. al. *Gen Z, Explained*, 75.

⁶¹ Katz, et. al. *Gen Z, Explained*, 78.

⁶² Josh Packard, John M. Vitek, Jerry Ruff, Brian Singer-Towns and Ellen B. Koneck, *Belonging: Reconnecting America’s Loneliest Generation* (Bloomington, MN: Springtide Research Institute, 2020), 16, 22-24.

⁶³ Katz, et. al. *Gen Z, Explained*, 163-164

⁶⁴ Josh Packard et. al. *Belonging: Reconnecting America’s Loneliest Generation* (Bloomington, MN: Springtide Research Institute, 2020). Josh Packard, et. al. *Navigating Uncertainty: The State of Religion and Young People 2021* (Bloomington, MN: Springtide Research Institute, 2021).

⁶⁵ James E. Cote, *Youth Development in Identity Societies: Paradoxes of Purpose* (New York: Routledge, 2019)

⁶⁶ *Beyond the Clinical Hour: How Counselors Can Partner with the Church to Address the Mental Health Crisis* (Downer’s Grove, IL: InterVarsity Press, 2024).

⁶⁷ For examples of excellent theological treatments of identity that can inform our educational and ministry practice see Richard Lints, *Identity and Idolatry: The Image of God and Its Inversion* (Downer’s Grove, IL: IVP Academic, 2015) and Brian S. Rosner, *Known by God: A Biblical Theology of Personal Identity* (Grand Rapids, MI: Zondervan, 2017).

⁶⁸ Soraya Chemaly, *The Resilience Myth: New Thinking on Grit, Strength, and Growth After Trauma* (New York: Atria/ Simon & Schuster, 2024). Bruce Daisley, *Fortitude: The Myth of Resilience, and the Secrets of Inner Strength* (New York: Penguin Books, 2022).

⁶⁹ Steven M. Southwick and Dennis S. Charney, *Resilience: The Science of Mastering Life’s Greatest Challenges*, 2nd edition (New York: Cambridge University Press, 2018).

⁷⁰ David Yeager, *10 to 25: The Science of Motivating Young People* (New York: Avid Reader Press/Simon and Schuster, 2024).

⁷¹ For a full analysis of spiritual maturity in the New Testament, see Thomas E. Bergler, *From Here to Maturity: Overcoming the Juvenilization of American Christianity* (Grand Rapids, MI: Eerdmans, 2014), chapter 2.

⁷² For fuller treatments of this topic, see Bergler, *From Here to Maturity*, chapter 3 and Jim Wilder, *Renovated: God, Dallas Willard and the Church that Transforms* (NavPress, 2020). It is worth noting that there are few, if any comprehensive treatments of this topic available, and not much consensus about how to teach about emotions and incorporate them into spiritual formation. But what seems clear is that the old, standard paradigms may be theologically incorrect and pastorally insufficient for today's challenges.

⁷³ Matthew A. Elliott, *Faithful Feelings: Rethinking Emotion in the New Testament* (Kregel Academic, 2006).

⁷⁴ Peter Scazzero, *The Emotionally Healthy Leader* (Grand Rapids, MI: Zondervan, 2015). Peter Scazzero, *Emotionally Healthy Discipleship: Moving from Shallow Christianity to Deep Transformation* (Grand Rapids, MI: Zondervan, 2021).

⁷⁵ For a quick overview of Wilder's approach, including his critique of the voluntarist tradition, see "Joy Changes Everything" <https://lifemodelworks.org/wp-content/uploads/2018/08/Joy-Changes-Everything.pdf> For a deeper exploration of how Wilder advises that we combine the neuroscience of relational joy with the spiritual disciplines approach to formation, see Jim Wilder, *Renovated: God, Dallas Willard and the Church that Transforms* (Navpress, 2020). For tools, training, and written resources that advise on how to implement Wilder's approach see the Life Model Works web site: <https://lifemodelworks.org/>

⁷⁶ Haidt, *Anxious Generation*, 290.