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Adolescent Mental Health in Contemporary Iran: A Body–Mind–Culture Perspective

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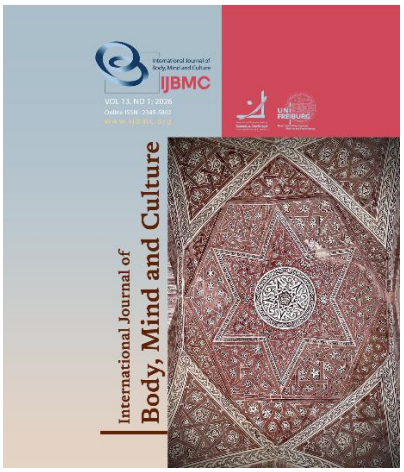

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ABSTRACT

Adolescence is a critical developmental period marked by heightened vulnerability to psychosocial stressors. In contemporary Iran, prolonged socioeconomic strain, academic pressure, rapid cultural transitions, and digital exposure have created a climate of chronic stress for adolescents. This editorial adopts a body–mind–culture framework to examine how these conditions shape adolescent mental health, emphasizing the interdependence of psychological distress, psychosomatic symptoms, and sociocultural context. We argue that chronic stress among Iranian adolescents is increasingly expressed through somatic complaints, emotional dysregulation, and diminished well-being, often remaining under-recognized within existing health and educational systems. Drawing on current mental health and psychosomatic literature, this paper highlights the role of cultural meaning, family dynamics, and resilience resources in moderating stress-related outcomes. Finally, it calls for integrated, culturally responsive strategies across schools, healthcare, and public health policy to promote adolescent mental health and to address the embodied and contextual nature of psychological suffering in Iran.

Keywords: Adolescent mental health, Chronic stress, Psychosomatic symptoms, Body–mind–culture, Iran.

Introduction

Adolescence represents a critical developmental period characterized by profound biological, psychological, and social transformations. In societies experiencing prolonged socioeconomic strain, rapid cultural change, and collective uncertainty, adolescents are particularly vulnerable to disruptions in mental and physical well-being. Contemporary Iran presents a compelling case where chronic stressors—including economic instability, educational pressure, changing family dynamics, and an expanding digital environment—intersect to shape adolescent health. This editorial argues that understanding adolescent mental health in Iran requires a body–mind–culture framework, emphasizing the inseparability of psychological distress, somatic expression, and sociocultural context.

Chronic stress is increasingly recognized as a central determinant of adolescent mental health. Prolonged exposure to uncertainty, perceived lack of control, and social pressure elevates the risk of anxiety, depressive symptoms, emotional dysregulation, and reduced life satisfaction (Compas et al., 2017; Grant et al., 2003). Iranian adolescents face multiple overlapping stressors, including academic competition, concerns about future employment, family financial strain, and social comparison intensified by digital media. These conditions mirror what global mental health literature defines as toxic stress environments, in which adaptive coping systems become overburdened (Shonkoff et al., 2012).

Studies in Middle Eastern and Iranian populations indicate rising rates of internalizing problems, emotional distress, and reduced psychological well-being among youth (Mohammadi et al., 2016; Navari et al., 2024; Sepehrianazar & Chitsaz, 2025). Importantly, adolescent distress in such contexts often remains under-recognized due to stigma surrounding mental health, limited school-based services, and cultural norms favoring emotional restraint.

A body–mind perspective highlights that psychological suffering in adolescents frequently manifests through physical symptoms. Headaches, gastrointestinal complaints, chronic fatigue, sleep disturbances, and musculoskeletal pain are among the most common psychosomatic expressions of stress during adolescence (Campo, 2012; Henningsen et al., 2018). Neurobiological research demonstrates that sustained stress alters hypothalamic–pituitary–adrenal (HPA) axis functioning, immune regulation, and autonomic balance, thereby linking emotional strain to bodily dysregulation (McEwen, 2017).

In Iranian clinical and school settings, somatic complaints are often the primary mode of help-seeking among distressed adolescents, reflecting both cultural idioms of distress and barriers to psychological disclosure (Ghanizadeh et al., 2008; Mohammadi et al., 2016). Without integrated assessment, such symptoms risk being medicalized, leaving underlying emotional and social causes unaddressed. From a body–mind–culture perspective, these somatic expressions should not be seen as secondary phenomena but rather as central communicative pathways through which adolescents articulate psychological suffering.

Culture fundamentally shapes how distress is perceived, experienced, and managed. Iranian adolescents develop within a sociocultural ecology strongly influenced by family interdependence, educational achievement norms, religious and moral values, and rapidly transforming media landscapes. Family remains a primary source of emotional security, yet economic and social pressures increasingly strain parental availability and psychological resources (Karam et al., 2008).

Cultural expectations surrounding endurance, respect, and emotional modesty may protect adolescents from certain risk behaviors, but they may also inhibit open discussion of vulnerability. As Kleinman, (1988) emphasized, distress is always embedded within local systems of meaning. In Iran, adolescents may frame emotional pain through physical symptoms, academic burnout, or existential concerns, rather than psychiatric labels. At the same time, digital culture exposes youth to globalized ideals of success, body image, and lifestyle, often intensifying feelings of inadequacy and social comparison (Twenge et al., 2018).

Despite these challenges, Iranian adolescents also possess significant resilience resources. Resilience is increasingly understood not merely as an individual trait but as a dynamic, culturally situated process supported by relationships, institutions, and shared values (Ungar, 2018). In Iran, protective factors include extended family networks, religious and spiritual meaning-making, peer solidarity, and community-based support systems.

Evidence suggests that supportive parenting, school connectedness, and culturally congruent coping strategies—such as collective problem-solving and spiritually oriented practices—buffer the impact of stress on adolescent mental health (Betancourt & Khan, 2008; Mohammadi et al., 2016). Strengthening these protective systems may be as crucial as expanding clinical services.

A body–mind–culture perspective calls for integrated and preventive approaches to adolescent mental health in Iran. First, schools should be recognized as central mental health platforms, incorporating emotional literacy, stress management, and psychosomatic awareness into curricula. Second, primary healthcare providers require training to screen for psychological distress behind recurrent somatic complaints. Third, culturally sensitive public health messaging is needed to reduce stigma and normalize help-seeking.

Finally, research agendas must move beyond symptom prevalence toward interdisciplinary models that examine how sociocultural stressors, biological vulnerability, and meaning systems interact. Longitudinal and mixed-methods studies could illuminate culturally specific resilience pathways and inform locally grounded interventions.

The mental health of Iranian adolescents cannot be fully understood through psychological variables alone. Chronic stress operates simultaneously on the mind, the body, and the cultural environment. Recognizing psychosomatic expressions as meaningful signals, situating distress within sociocultural realities, and mobilizing indigenous resilience resources are essential steps toward more effective and humane adolescent mental health strategies. A body–mind–culture framework not only deepens scientific understanding but also aligns mental health practice with the lived realities of youth in contemporary Iran.

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