



The association between goth subculture identification, depression, and self-harm



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Depression and self-harm are major public health concerns in teenagers, with at least 10% of teenagers in developed countries reporting self-harm by the age of 16 years.¹⁻³ The rates of emotional problems in adolescence might also be increasing.⁴ Many factors could be associated with emotional problems in this age group, including subculture identification.⁵ In *The Lancet Psychiatry*, Lucy Bowes and colleagues⁶ used data from a UK community-based birth cohort (the Avon Longitudinal Study of Parents and Children [ALSPAC]) to investigate whether the emergence of depression and self-harm at 18 years is associated with self-identification as a goth at the age of 15 years (3964 individuals included in analysis). This study has many strengths but is particularly noteworthy because the investigators extended previous research on this topic⁵ by controlling for key potential confounders, including baseline self-harm, early emotional and behavioural difficulties, and psychiatric disorder. Consistent with other similar studies,^{5,7} Bowes and colleagues identified an association between goth self-identification and self-harm. Not only did they find the predicted association (unadjusted odds ratio [OR] increased by 1.36 (95% CI 1.23–1.49) for depression and 1.52 (1.42–1.63) for self-harm for each unit increase in goth affiliation), but they also reported a dose-response association between goth identification and future self-harm and depression. Individuals who identified very much with being a goth were three times more likely to score within the clinical range for depression with the Clinical Interview Schedule⁸ at 18 years compared with those who did not identify as a goth (unadjusted OR 3.67, 2.33–4.79).

A few potential limitations, which the authors also note, are important to mention. Although the investigators used multiple imputation techniques to manage the missing data, a substantial number of participants were lost to follow-up (only 2351 (43%) adolescents in the eligible cohort of 5515 were used to investigate the main and independent effects). This ought to be borne in mind when considering the generalisability of the findings. In particular, those who participated at the age of 18 years came from families of higher social class and higher levels of education

compared with the original ALSPAC study sample. Future research should investigate the strength of the association between goth identification and emotional problems in more disadvantaged populations.

Similar to other studies of this kind, the possible effects of residual confounding are impossible to rule out, although the authors have adjusted for many of the likely candidates in their analyses. Taken as a whole, therefore, the findings suggest that adolescents who identify with the goth subculture could be at an increased risk of depression and self-harm. Needless to say, because this is an observational study, these findings do not provide evidence for causality. However, several possible pathways might explain the increased susceptibility to depression and self-harm. Social selection might account for the association (ie, those who are similar seek out the company of like-minded individuals), as has been suggested for suicide.⁹ Social transmission, in the form of social contagion, might also be important, in the self-harm association in particular.

Information about exposure to self-harm in others was not reported in the study by Bowes and colleagues. However, because previous research has shown that emulation of peer suicidal behaviour is related to increased risk of suicide in adolescents,¹⁰ further examination of this in adolescents who identify with the goth subculture would be interesting. Additionally, the experience of similar stressors linked to goth self-identification (eg, victimisation) might increase the susceptibility of members of this subculture to depression and self-harm.

In their study, Bowes and colleagues investigated young people's identification with different named peer groups (eg, goths, skaters), but they did not ask about peer identification more generally. Therefore, the identification with the specific peer group (eg, goth) rather than overall peer identification might be important and would be interesting to investigate. Future research should also directly investigate the role of social norms (ie, typical beliefs and behaviour associated with a particular group) associated with specific peer groups in this context. A previous study¹¹ of adults reported that intention to self-harm was higher in

those who strongly identified with a peer group in which self-harm was part of the social norm than in those who did not.¹¹ In all probability, however, several mechanisms will be needed to explain the apparent increased risk of emotional problems in this subgroup of adolescents.

Another issue is that if goth self-identification is associated with emotional issues at 18 years of age, how long do these effects last? This question could not be addressed by Bowes and colleagues' study, but it would be useful to investigate this in future research. Also, in view of the fact that not all goths were rated as being within the clinical range for depression or reported self-harm at 18 years of age, identification of protective factors would be useful. Further research should investigate whether goth identification is similarly associated with suicidal versus non-suicidal self-harm.

Bowes and colleagues' findings hold important implications for clinical practice. Clinicians working with adolescents showing an interest in goth subculture and displaying signs of goth identification should be aware of the increased risk of depression and self-harm in later adolescence. Further monitoring and assessment of self-harm risk is recommended for these young people. It is, however, important to determine whether adolescents identifying with goth subculture seek professional help for emotional problems and whether they have different help-seeking attitudes compared with adolescents who identify with other cultures. If adolescents identifying as goths seek less professional help and have different attitudes, this finding will have important implications

for the management of risk of depression and self-harm in this vulnerable group.

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We declare no competing interests.

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Drug-related mortality in psychiatric patients



Psychiatric disorders are frequently comorbid with substance use disorders, with this comorbidity being particularly pronounced in those individuals seeking treatment for either addiction or psychiatric disorders.¹ Confirming this, results of the Danish register-based study reported in *The Lancet Psychiatry* by Carsten Hjorthøj and colleagues² showed high rates of substance use disorders (cannabis, alcohol, or so-called hard drugs) in people diagnosed with schizophrenia, bipolar disorder, or major depression.² Of particular note, 22% of the 41 470 people in the study population diagnosed with schizophrenia were classified as having a hard-drug use disorder. Results of previous research have

suggested that prognosis might be poor for psychiatric patients with comorbid substance use disorders.³ Importantly, as shown by the findings of Hjorthøj and colleagues, alcohol, cannabis, and hard-drug use disorders are also associated with substantially raised mortality relative both to the general population and to people with a severe mental disorder in the absence of a substance use disorder. Several specific findings are worthy of further comment.

Hjorthøj and colleagues² reported that about one in six deaths were accidental and most of these deaths were due to accidental poisonings or overdoses. Further, people with a lifetime hard-drug use disorder

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