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Social Alienation in Adolescents with Depression from an Interaction Perspective: A Qualitative Research

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Abstract: *Objective*: This study aims to explore the experiences of social alienation among adolescents with depression, providing practical This study aims to explore the experiences of social alienation among adolescents with depression, providing practical guidance for improving their interpersonal relationships and facilitating their reintegration into society. *Methods*: This qualitative research was conducted following the conventional content analysis method. 20 adolescents with depression were employed to select from June to August 2024 for face-to-face semi-structured interviews. The collected data were analyzed using Colaizzi's seven-step method. *Results*: Three themes and eight sub-themes were analyzed and identified: individual level (feelings of helplessness and powerlessness, cognitive distortion, avoidance and withdrawal), family level (lack of family awareness, family conflict), social level (limitations of academic stress and social circle, lack and degradation of skills, generalization of virtual reality, social "stigma"). *Conclusion*: Adolescents with depression experience complex social alienation. Healthcare providers should enhance their self-awareness and social adaptation skills, improve family dynamics, and provide a comprehensive range of services and services to help them to cope with the challenges of depression. Healthcare providers should enhance their self-awareness and social adaptation skills, improve family dynamics, strengthen communication, bolster family support systems, and collaborate to develop comprehensive social networks and psychological services. This will create a supportive social atmosphere to help adolescents gradually alleviate their feelings of social alienation.

Keywords: Depression; Adolescents; Social alienation; The interactive perspective; Qualitative research

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1. Introduction

Adolescent depression is a common psychological disorder characterized by depressed mood and loss of interest and pleasure [1]. In recent years, an increasing number of studies have shown that the prevalence of depression among adolescents is rising annually [2, 3]. Depression can lead to severe consequences and high mortality, and it

has become the second leading cause of death in this age group. Social alienation is recognized as one of the major risk factors contributing to suicidal behavior [4]. Social alienation refers to the difficulty of patients to interact well with the outside world in social interactions due to various reasons, which in turn triggers emotions such as loneliness and helplessness, and behaviors such as social avoidance and refusal of contact [5, 6]. Interpersonal Interaction Theory (IIT), proposed by Herman, is a theory that considers that people are interacting with each other and interacting in social interactions, and involves people's attitudes, beliefs, values, and their relationships with others [7]. He categorized interpersonal interactions into three levels: inner dialogue, inner-outer dialogue, and outer dialogue. This theory explains that the formation and development of social alienation may be influenced by a combination of personal experience and social environment. There are fewer qualitative studies on social alienation in children with adolescent depression, mostly focusing on quantitative studies in adult patients [8–11]. Therefore, the present study conducted in-depth interviews with depressed adolescents to explore their experience of social alienation and to encourage them to participate actively in social activities and gradually return to society.

2. Data and methods

2.1. Design

Every day language is used to describe the experience of social alienation in adolescents with depression, with the aim of providing a foundation for improving their interpersonal relationships and supporting social reintegration. Rather than exploring the underlying nature of the experience or developing a theoretical framework, a descriptive qualitative research design is therefore adopted [12, 13].

2.2. Sample

Between June and August 2024, a purposive sampling method is employed to recruit depressed adolescents from The Affiliated Hospital of Hangzhou Normal University. The inclusion criteria are: (1) Meet the International Classification of Diseases (ICD) 10th edition diagnostic criteria for depression; (2) Meet the World Health Organization's age definition of adolescents (10–19 years old); (3) The children had normal comprehension and were able to fully express their feelings; (4) Informed consent and voluntary participation in the study. Patients with serious mental diseases are excluded.

The sample size was not predetermined. Instead, researchers continuously evaluated interview transcripts to determine when data saturation occurred, identified by the repetition of information and the absence of new themes.

2.3. Data collection

By reviewing the literature, a preliminary interview outline is developed in conjunction with the purpose of this study, which was then modified by the discussion and expert consultation of the group (including two psychiatry deputy chief physicians, one psychiatric chief nurse, and one counselor), and two depressed adolescents were selected for pre-interviews, and the outline was further improved and adjusted according to the interview results [6, 14]. The finalized interview outline is:

(1) How were your interpersonal relationships before the illness?

(2) What do you think about the attitudes of people around you (family, school, society) towards you after the illness?

(3) How do you feel about these changes? Do you feel helpless or alone? Did you feel accepted? (family, school, society)

(4) What kind of behavior would you take?

(5) What kind of help would you like to see from those around you?

The interviews took place in a quiet setting within the Affiliated Hospital of Hangzhou Normal University, utilizing Chinese for communication. To ensure readiness, the student extensively studied qualitative research literature. The advisor, with over three decades of experience in adolescent depression treatment and qualitative research training, has authored multiple peer-reviewed qualitative studies.

Prior to initiating the interviews, participants provided written informed consent. Throughout the sessions, the researchers fostered open communication by employing various interviewing strategies, including probing questions, reflective feedback, and requests for clarification, to enhance the depth and accuracy of the collected data. Each interview, lasting approximately 30 to 45 minutes, is audio-recorded with the participant's permission, facilitating comprehensive data capture and minimizing researcher bias.

2.4. Data analysis

The audio recordings were transcribed into textual data within 24h after the interviews, which are reviewed and analyzed. Categorical coding is carried out with the help of Nvivo 15.0 software, and the data are analyzed with the Colaizzi 7-step analysis method [15]. The specific steps are as follows:

(1) The researcher repeatedly read the collected data and fully familiarized with all the contents provided by the respondents.

(2) Analyzed the data word by word, identified and extracted significant statements related to the research questions.

(3) Coded the recurring ideas, avoiding the integration of the researcher's own theories and experiences, and realized the "suspension" [16].

(4) Summarize the coded ideas, find common concepts, and initially form themes; still need to achieve "suspension".

(5) Provide detailed descriptions of each of the themes generated in step 4, and extract the original statements from the interviewees.

(6) repeated comparisons to distill common ideas; construct a concise and meaningful theme.

(7) Return the collated information to the respondents for confirmation, asking if it reflects their true experience to ensure the accuracy of the results.

In case of deviation, the researcher is supposed to start from the beginning and re-analyze. During the analysis process, the researcher reinforced quality control by keeping a reflective diary. The two researchers convened meetings involving all team members to discuss and critically examine the coding content until consensus is achieved.

2.5. Rigor

The overall quality and credibility of the research is enhanced by adhering to the guidelines of Lincoln *et al.* (1985) [17]. Regarding credibility, trusting relationships are established with all 20 participants by encouraging them to freely express their viewpoints. Audio recordings and memos are used to verify the data. When

participants' expressions are unclear, researchers proactively initiate inquiries to clarify ambiguous sections, ensuring accuracy. Furthermore, the researchers possessed extensive clinical experience in adolescent psychiatric disorders, which enriched the study's perspective. For transferability, a clear description of the study design, participant selection, data collection, and analysis processes is provided, enabling other researchers to use these methods. For dependability, uncertainties in the audio recordings are addressed by making phone calls to confirm specific details, and the organized text are sent to caregivers for secondary confirmation. Additionally, a rigorous peer-review process provided a solid guarantee for the study's reliability. Team members engaged in in-depth discussions to resolve disputes that arose during the research methodology and data analysis. Data analysis are conducted independently and frequently communicated with their mentor, ensuring the completeness and accuracy of the research findings from multiple perspectives. Finally, self-reflection is maintained throughout the research process and reached consensus on controversial issues through group meetings, effectively reducing bias in the research process.

2.6. Ethical considerations

This study is approved by the Ethics Committee of the Affiliated Hospital of Hangzhou Normal University (20190096). Before the interviews, participants received details about study's objectives and procedures. Interviews ceased instantly if participants felt distress, and psychological support was offered.

3. Results

A total of 20 depressed adolescents were finally interviewed, and the interviewers were replaced by codes A1–A20, and their general information is detailed in **Table 1**.

Table 1. General information of depressed adolescents (n=20)

Serial number	Patient information for adolescents with depression					
	Distinguishing between the sexes	Age (years)	Educational attainment	Current state	Duration of depression(months)	Number of hospitalizations
A1	women	10	primary school	be in school	23	1
A2	women	10	primary school	be in school	3	0
A3	male	11	primary school	be in school	12	2
A4	women	11	primary school	be in school	6	0
A5	women	12	primary school	be in school	12	1
A6	male	13	primary school	be in school	24	3
A7	male	13	primary school	suspend schooling	4	0
A8	women	14	junior high school	be in school	36	2
A9	women	15	junior high school	be in school	12	0
A10	male	15	junior high school	be in school	12	1
A11	women	15	junior high school	suspend schooling	36	1
A12	male	16	junior high school	be in school	6	0

Table 1 (Continued)

Serial number	Patient information for adolescents with depression					
	Distinguishing between the sexes	Age (years)	Educational attainment	Current state	Duration of depression(months)	Number of hospitalizations
A13	women	16	junior high school	suspend schooling	45	2
A14	women	16	junior high school	be in school	22	1
A15	male	17	junior high school	be in school	6	0
A16	male	17	senior school	suspend schooling	14	0
A17	women	17	senior school	be in school	6	0
A18	women	18	senior school	be in school	3	0
A19	male	18	senior school	be in school	24	1
A20	women	19	senior school	be in school	3	1

In this study, three main themes and eight sub-themes were identified. Detailed descriptions of these themes are provided below, along with selected quotes from the interviews to illustrate and support each theme. As the participants' quotes were translated from Mandarin to English, the language used may be more sophisticated than that typically used by caregivers.

3.1. Individual level

3.1.1. Feelings of helplessness and powerlessness

Many adolescents reported that when they were depressed, those around them could not provide timely relief and help, and developed the habit of digesting their emotions on their own, as well as being unwilling to confide in the outside world, and gradually losing trust in the outside world.

(1) "I can't find anyone to talk to, and no one is willing to help me." (A2)

(2) "I feel that no matter how hard I try, it's useless, I can't change many things."(A5)

(3) "I've even called the psychiatric hotline, but it's always on a busy line and then I get anxious and can't sleep all night." (A17)

(4) "I would lose control of my emotions during the night every time, but when I went to my friends they were all asleep and I didn't dare to go to my mom or dad, so I just had to put up with it on my own."(A20)

3.1.2. Cognitive bias

At the adolescent stage, their bodily functions are not yet fully developed, resulting in a lack of sensitivity in judging things: they are prone to make irrational judgments in social situations, so that they interpret the behavior of those around them in a negative way. Most adolescents feel isolated or even perceive rejection. As the cognitive bias worsens, adolescents actively reduce their interaction with others and fall into a vicious cycle of self-isolation.

(1) "Every time the chatting stops, I wonder in my mind if I said something wrong that made them not want to talk anymore." (A1)

(2) "I'm worried that people will think I'm boring, so I don't take the initiative to participate in class activities unless those I have to." (A3)

(3) “I always feel like people don’t like me, a look or a gesture from them gives me the wrong impression, but I can’t figure out why I think that.” (A6)

(4) “Sometimes I message my friends on WeChat and they ignore me for a long time, so I start to wonder if they don’t want to talk to me. Slowly, I don’t actively look for them anymore.”(A19)

3.1.3. Avoidance and withdrawal

Many adolescents have negative self-perceptions about themselves, including self-denial, illness stigma, and so on. Not only are they skeptical of themselves, but they also care about the opinions of those around them and fear being treated differently because of their mental illness. There is often a tendency for this group of adolescents to avoid and withdraw from situations that make them uncomfortable.

(1) “I get nervous when I interact with other people, I’m afraid that they’ll laugh at me behind my back if I say something.” (A4)

(2) “I just want to be left alone, but sometimes I wish I had someone who would be firm with me and would accept me for what I am.” (A9)

(3) “I feel like I can’t do anything and always mess up everything.” (A11)

(4) “I’m afraid that people will look at me differently if they know I’m depressed and I don’t want to be around people.”(A18)

3.2. Family level

3.2.1. Lack of family awareness

Most of the interviewed adolescents reported that their parents had limited understanding of depression, and often mistook depression for “adolescent rebellion”. At the same time, due to the generation gap between parents and adolescents, parents were unable to accurately understand and give effective emotional support to adolescents, but instead thought that adolescents were “making a big deal out of it” or tried to correct their behavior by blaming them, causing adolescents to reduce their communication with the family and the outside world.

(1) “When I tell my parents they just think I’m faking it and don’t want to go to school.” (A1)

(2) “Every time they talk to me they think I’m faking it and don’t want to go to school.” (A6)

(3) “When my mom and dad ignore me, I think every time that even they don’t care about me, no one who cares about me, I feel like I don’t have anyone to trust anymore.” (A9)

(4) “They always think I should be able to handle myself.”(A17)

3.2.2. Family conflicts

Certain adolescents develop a sense of internalized avoidance due to family tensions, such as parental separation and prolonged arguments. These experiences make them skeptical about the stability of interpersonal relationships, thus reducing positive interactions with others. Also, frequent parent-child conflicts can make adolescents resistant to socialization. So family conflict not only affects their social behavior, but also shakes their trust in interpersonal relationships and aggravates the sense of social alienation.

(1) “They often fight and break things in front of me, so I’m afraid to interact with people outside, I’m afraid of getting into a conflict, and then that person reprimanding me loudly or hitting me.” (A3)

(2) “My mom and I often get into fights, he doesn’t understand me, and I’m so tired that I don’t want to talk, so I just avoid it.”(A5)

(3) “My mom and dad fight a lot, sometimes I think they’ll get divorced at any moment and I’m afraid that I’ll be abandoned, so I’m afraid that the people I think are my best friends will leave me behind someday as well, and I don’t dare to imagine a scene like that.” (A8)

(4) “I always feel like dating my friends will suddenly one day be just as bad as my mom and dad’s and won’t believe in a long-lasting relationship at all.”(A16)

3.3. Social dimension

3.3.1. Academic pressure and limitations of social circles

Heavy academic pressure leaves adolescents with insufficient energy to engage in social activities, resulting in a lack of diverse social experiences. This limited social environment restricts the development of adolescents’ social skills. With increased academic pressure, they choose to avoid socializing and focus on their studies.

(1) “My daily route is home and school, and I don’t have much time to meet new people.” (A6)

(2) “They would enroll me in a whole bunch of interest classes, and after the classes were over I just wanted to be left alone.”(A8)

(3) “It’s hard to have time off, I just want to relax and don’t have the energy to socialize anymore.” (A12)

(4) “With weekly exams at school, I feel like I don’t have time to do anything else, and I rarely go out with friends now.”(A18)

3.3.2. Lack and degradation of skills

In the current parenting philosophy, many parents pay too much attention to their children’s academic performance at the neglect of their children’s social skills development and lack of diverse social experiences. This limited social environment restricts the development of adolescents’ social skills, resulting in adolescents lacking the ability to cope with social interaction, and thus showing a state of inability to cope in social situations. In addition, some adolescents reported the gradual emergence of social barriers after a prolonged lack of socialization, and resistance and discomfort with social activities.

(1) “I used to have friends, but now I feel like I don’t know how to make friends.” (A1)

(2) “I don’t know how to get along with others.” (A4)

(3) “Socializing is burdensome for me, I try not to interact with others and it makes me feel tired.” (A14)

(4) “When I come across class reunions, my first thought is that I don’t want to participate because I don’t have close friends in the class and I don’t know who to talk to, and then I don’t want to talk to them.” (A15)

(5) “Sometimes I don’t know what’s better to say when I talk to my classmates.”(A20)

3.3.3. Generalization of virtual reality

This study found that depressed adolescents indulge more in the internet due to avoidance and withdrawal from reality. Social media has become their main communication platform, which not only provides a convenient way of communication but also offers a new way to establish peer connections. However, due to the immaturity of some teenagers and their weak self-control ability, they are immersed in the Internet and gradually build their own spiritual world in the virtual world, shaping their “ideal selves”. This leads to a high level of anxiety about their own image and interpersonal relationships. When they tried to return to real life, this anxiety was estimated to lead to limited social functioning and further deepened their social withdrawal and alienation.

(1) “When I play games, I feel very confident and they are all happy to play with me. But interacting with

others at school makes me feel very unconfident and like I'm not good enough." (A5)

(2) "I'm very popular online and it's nothing like I am in real life." (A8)

(3) "I would post interesting photos on social media so people would come to me to comment and chat, but my life was boring." (A14)

(4) "I can present myself as a college student they won't come and question me."(A19)

3.3.4. Social "stigmatization"

Despite the increasing social attention to mental health issues, psychological problems such as depression among adolescents still face stigmatization, especially in schools and public places. When adolescents talk openly about psychological distress, they encounter cold stares, misunderstanding, and even discrimination from others; they develop a sense of shame and choose to stay away from crowds, reduce interpersonal interactions, and ultimately develop a tendency to social isolation.

(1) "I don't want to be labeled as 'having a problem,' and as long as I stay away from other people. they won't know I have a mental problem."(A7)

(2) "When I tell my teachers that I have depressive tendencies, the first thing they think of is to keep me out of school, I feel like I'm being 'isolated' by them." (A9)

(3) "Once I expressed that I was depressed on the internet, they said they didn't want to play with me." (A10)

(4) "As soon as I came out of psych, people looked at me differently."(A20)

4. Discussion

4.1. Enhancement of self-knowledge and social adaptation of depressed adolescents

The study found that depressed adolescents exhibited cognitive impairments related to self-perception and social interactions, including negative self-evaluations and a heightened sense of shame. These difficulties may stem from frequent social encounters, limited understanding of their condition, and a tendency to misinterpret others' behaviors. As a result, they often responded with avoidance or rejection in social situations—an outcome consistent with the findings reported in Liu's study [18]. This phenomenon is consistent with the results of Liu's study. To address these phenomena, healthcare professionals can implement cognitive-behavioral interventions and group self-affirmation training for adolescents to help patients rebuild their thinking styles, correct cognitive misconceptions, improve negative evaluations of the self, and reduce the sense of shame [19–21]. At the same time, it is necessary to strengthen the disease propaganda of depressive adolescents and improve their knowledge of mental illness, and promote their correct view of mental health problems correctly view mental health problems [9]. For the phenomenon of lack and degradation of adolescents' social skills, group training, patient communication, peer support groups and other means can be used to allow adolescents to interact and share their social experiences with each other, helping them to improve and exercise their communication skills, learn social skills, and gradually build up their self-confidence, which will in turn alleviate their sense of social detachment [22].

4.2. Improving the family atmosphere and upgrading family support systems

It has been found through research that family climate and level of support have a significant effect on social detachment in depressed adolescents. Families with high resilience level and high caring level favor adolescents to be more socially active, cope with stress more effectively, and reduce patients' social alienation [9, 23–25]. However,

patients who are chronically homebound can exacerbate social alienation [26]. Community healthcare workers play a key role between families, hospitals, and schools and are able to integrate resources from all parties [27]. Therefore, healthcare and community personnel should strengthen the follow-up mechanism, regularly assess the resilience level of families of depressed adolescents and the level of family cognition, and formulate personalized family intervention programs. Online multi-family intervention groups can also be carried out to allow multiple groups of families to learn from each other, reflect on their own family situation, and create a good family atmosphere [28]. As parents, it is important to conduct family education counseling and communication skills training to improve the quality of interaction in order to better understand the needs of adolescents. At the same time, more outdoor socialization with adolescents is needed, which not only promotes parent-child communication and allows parents to understand adolescents' thoughts but also allows adolescents to feel cared for and supported, thus enhancing trust and dependence.

4.3. Multi-party collaboration to improve the social network and psychological service system and create a favorable social atmosphere

The theory of compensatory internet use states that individuals tend to alleviate their emotions in negative environments through virtual online activities, and tend to choose social media that satisfy their needs in order to compensate for social deficits in reality [29]. The results of this study show that adolescents use social media to improve their real-life dilemmas, but Internet addiction weakens their social adaptability and functioning, which is consistent with the findings of Sun *et al.* [30]. Healthcare professionals can combine Life Skills Training (LST) and Emotional Skills Training (EST) to help adolescents reduce their dependence on social media [31]. However, given the uneven quality of information available online and adolescents' limited ability to critically evaluate it, parents should play a leading role by modeling responsible social media use and guiding their children toward healthy online habits. Schools should establish comprehensive internet education programs to enhance students' digital literacy, while the government must strengthen online regulation and work to integrate and optimize internet resources to create a safer and more informative digital environment [32, 33]. To foster a positive and healthy media environment for young students, it is essential to uphold and promote mainstream values, ensuring they remain influential and relevant in shaping adolescents' perspectives and behaviors.

In addition, primary and secondary school students face high academic pressure. Schools should implement the "Double Reduction" policy in depth, organize mental health activities regularly, and conduct psychological assessments for students [34]. Meanwhile, homeschool cooperation should be promoted to provide students with academic and emotional counseling [35]. Schools should actively organize social practice activities to enrich students' extracurricular life and encourage them to participate actively. This study also shows that the public's negative perception of people with mental illnesses makes depressed adolescents feel helpless, so that they are unwilling to seek help, leading to self-isolation and emotional internalization, but the enhancement of the social support system can prevent or reduce the adolescents' sense of social alienation [36]. On the one hand, a favorable social atmosphere should be created: educating the public on topics related to depression and guiding the community to view mental illness with an inclusive and open attitude. On the other hand, healthcare professionals should provide professional psychological help, encourage adolescents to face stigmatization positively, and help adolescents to build an effective network of friends and relatives, to enhance psychological adjustment [37]. In addition, a few adolescents in the interviews mentioned calling psychological assistance hotlines, but most of the time they could not get through or showed occupied lines. Therefore, the government is called upon to unite

psychological outpatient clinics to carry out relevant hotline services, establish a sound social psychological service system, optimize the allocation of resources, and improve the connection rate.

5. Conclusion

In this study, in-depth interviews revealed that depressed adolescents have complex feelings of social alienation. The results showed that they have complex feelings at the personal, family, and social levels. Therefore, healthcare professionals should focus on enhancing the self-awareness and social adaptability of adolescents with depression, while also working to improve the family environment and strengthen family support systems. Additionally, fostering a supportive social atmosphere through improved social networks and a robust psychological service system—achieved through multi-sector collaboration—can help these adolescents engage more actively in social activities, adjust to social life more effectively, and gradually reduce their feelings of social alienation. However, this study was limited to interviewing adolescents in a tertiary hospital in Hangzhou, storing certain limitations. In the future, it will be extended to different schools and districts to more comprehensively assess the experience of social alienation among depressed adolescents.

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References

[1] Singh S, Zaki R, Farid N, 2019, A Systematic Review of Depression Literacy: Knowledge, Help-Seeking and Stigmatising Attitudes Among Adolescents. Journal of Adolescence, 74(1): 154–172.

[2] Shorey S, Ng E, Wong C, 2022, Global Prevalence of Depression and Elevated Depressive Symptoms Among Adolescents: A Systematic Review and Meta-Analysis. British Journal of Clinical Psychology, 61(2): 287–305.

[3] Fu X, Zhang K, 2023, Report on National Mental Health Development in China (2021–2022). Social Sciences Academic Press, China.

[4] Calati R, Ferrari C, Brittner M, et al, 2019, Suicidal Thoughts and Behaviors and Social Isolation: A Narrative Review of the Literature. Journal of Affective Disorders, 245(15): 653–667.

[5] Liang Y, Hao G, Wu M, et al., 2022, Social Isolation in Adults With Cancer: An Evolutionary Concept Analysis. Frontiers in Psychology, 13: 973640.

[6] Zhang L, Zhang Y, 2015, A Review of Research on Social Alienation of Vulnerable Groups. Journal of Changchun University of Science and Technology, 28(6): 45–50.

[7] Emond B, West R, 2003, Cyberpsychology: A Human-Interaction Perspective Based on Cognitive Modeling. CyberPsychology & Behavior, 6(5): 527–536.

[8] Jiang L, Su Q, Zheng H, et al., 2024, Analysis of Social Alienation and Its Influencing Factors in Patients With Type 2

Diabetes. Chongqing Medical Journal, 53(7): 1115–1120.

[9] Liu M, 2024, Analysis of the Current Situation and Influencing Factors of Social Alienation in Schizophrenia Patients. Modern Nurse, 31(7): 158–161.

[10] Xu Y, Xie S, Lu Y, et al., 2024, Social Alienation and Its Influencing Factors Among Patients Undergoing Maintenance Hemodialysis. Journal of Nursing Science, 39(7): 86–90.

[11] Liang Y, Lin Y, Huang L, et al., 2022, Research on Status and Influencing Factors of Social Alienation in Cervical Cancer Survivors. Journal of Nursing Science, 37(16): 64–67.

[12] Ruan J, Zhou Y, 2018, Analysis of Nursing Literature Describing Qualitative Research in China. Chinese Journal of Practical Nursing, 34(24): 1911–1916.

[13] Li F, Zhou Y, 2016, Analysis of Phenomenological Literature in Nursing in China. Chinese Journal of Nursing, 51(6): 765–768.

[14] Xiong S, Chen F, Li X, 2023, Study on the Sense of Alienation and Influencing Factors in Adolescents With Depression. Journal of Clinical Psychiatry, 33(5): 381–383.

[15] Liu M, 2019, Using an Example to Illustrate Colaizzi's Phenomenological Data Analysis Method. Journal of Nursing Science, 34(11): 90–92.

[16] Lopez K, Willis D, 2004, Descriptive Versus Interpretive Phenomenology: Their Contributions to Nursing Knowledge. Qualitative Health Research, 14(5): 726–735.

[17] Lincoln Y, Guba E, 1985, Naturalistic Inquiry. Sage Publications, Newbury Park, California: 1–382.

[18] Liu J, He X, Li S, et al., 2023, Social Avoidance and Adolescents' Suicide Ideation: A Moderated Mediation Model. Studies of Psychology and Behavior, 21(5): 675–681.

[19] Yang L, 2024, The Effect of Psychological Suggestion Therapy Combined With Cognitive-Behavioral Intervention on Cognitive Bias and Suicidal Ideation in Patients With Depression. The Medical Forum, 28(8): 118–121.

[20] Li J, Huang Y, Ran M, et al., 2018, Community-Based Comprehensive Intervention for People With Schizophrenia in Guangzhou, China: Effects on Clinical Symptoms, Social Functioning, Internalized Stigma and Discrimination. Asian Journal of Psychiatry, 34: 21–30.

[21] Zhu B, Wu H, Lv S, et al., 2024, Association Between Illness Perception and Social Alienation Among Maintenance Hemodialysis Patients: The Mediating Role of Fear of Progression. PLOS One, 19(4): e0301666.

[22] Zhang B, 2019, Application of Group Psychological Nursing in Improving the Shame of Adolescent Schizophrenia Patients. Modern Nurse, 26(8): 88–90.

[23] Lo TW, Chan GH, 2023, Understanding the Life Experiences of Elderly in Social Isolation From the Social Systems Perspective: Using Hong Kong as an Illustrating Example. Frontiers in Psychiatry, 14: 111413

[24] Liu Q, Zhang L, Xia X, et al., 2023, The Influence of Social Alienation on Maintenance Hemodialysis Patients' Coping Styles: Chain Mediating Effects of Family Resilience and Caregiver Burden. Frontiers in Psychiatry, 14: 1105334.

[25] Li W, Tang Y, Cui Q, 2022, The Level and Factors Associated With Social Isolation Among Stable Schizophrenic Patients. Journal of Nursing Science, 37(9): 77–79.

[26] Tan X, Wen L, Yang B, et al., 2018, Effects of a Group Self-Assertiveness Training Intervention on Stigma of Patients With Schizophrenia. Chinese Journal of Nursing, 53(10): 1168–1173.

[27] Granrud M, Anderzèn-Carlsson A, Bisholt B, et al., 2019, Public Health Nurses' Perceptions of Interprofessional Collaboration Related to Adolescents' Mental Health Problems in Secondary Schools: A Phenomenographic Study. Journal of Clinical Nursing, 28(15–16): 2899–2910.

[28] Qiao Y, Zhang Q, Cui W, et al., 2019, The Effect of Mental Health Education Diverse Family Therapy on Social and

Family Functioning in Patients With Schizophrenia. China Journal of Health Psychology, 27(2): 165–169.

[29] Kardefelt-Winther D, 2014, A Conceptual and Methodological Critique of Internet Addiction Research: Towards a Model of Compensatory Internet Use. Computers in Human Behavior, 31: 351–354.

[30] Sun L, Luo C, Zhou Y, et al., 2019, The Correlation Between Depressive Symptoms and Internet Addiction Behavior Among Middle School Students in Shanghai. Chinese Journal of School Health, 40(3): 445–447.

[31] Pan Y, Chen Y, Wei H, 2024, Value of Living Skill Training Combined With Emotional Skill Training in Preventing Non-Suicidal Self-Injury Behaviors and Improving Mobile Social Media Dependence in Adolescents With Depressive Disorder. Journal of Clinical Psychiatry, 34(4): 314–316.

[32] Xiao K, 2022, The Influence of Adolescents' Family Intimacy and Adaptability, Alienation on Internet Dependence, thesis, Inner Mongolia Normal University, 2022.

[33] Peng Q, 2024, Research on the Influence of Cyber Violence on College Students' Online Social Avoidance Behavior, thesis, Nanchang University.

[34] Liang H, Yu H, Zhen C, 2024, The Relationship Between Peer Relationships and Academic Stress Among Primary and Secondary School Students: The Moderating Effect of Grade. Mental Health Education in Primary and Secondary School, 2024(26): 16–20.

[35] Pan L, 2024, The Effects of Academic Stress on Adolescent Depression: The Moderating Role of Family Adversity and the Brain Structural Research, thesis, Shandong Normal University.

[36] Wu Y, Yan Z, Fornah L, et al., 2023, The Mediation Effect of Social Support Between Stigma and Social Alienation in Patients With Stroke. Frontiers in Public Health, 11: 1290177.

[37] Wu H, 2022, Research on the Experience of Family Stigma and Countermeasures for Patients With Severe Adolescent Mental Illness, thesis, East China University of Political Science and Law.