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Trying to Find a Cry of Desperation Amid the Facebook Drama

By JAN HOFFMAN

For adolescents, Facebook and other social media have created an irresistible forum for online sharing and oversharing, so much so that endless mood-of-the-moment updates have inspired a snickering retort on T-shirts and posters: “Face your problems, don’t Facebook them.”

But specialists in adolescent medicine and mental health experts say that dark postings should not be hastily dismissed because they can serve as signs of depression and an early warning system for timely intervention. Whether therapists should engage with patients over Facebook, however, remains a matter of debate.

And parents have their own conundrum: how to distinguish a teenager’s typically melodramatic mutterings — like the “worst day of my life” rants about their “frenemies,” academics or even cafeteria food — from a true emerging crisis.

Last year, researchers examined Facebook profiles of 200 students at the University of Washington and the University of Wisconsin-Madison. Some 30 percent posted updates that met the American Psychiatric Association’s criteria for a symptom of depression, reporting feelings of worthlessness or hopelessness, insomnia or sleeping too much, and difficulty concentrating.

Their findings echo research that suggests depression is increasingly common among college students. Some studies have concluded that 30 to 40 percent of college students suffer a debilitating depressive episode each year. Yet scarcely 10 percent seek counseling.

“You can identify adolescents and young adults on Facebook who are showing signs of being at risk, who would benefit from a clinical visit for screening,” said Dr. Megan A. Moreno, a principal investigator in the Facebook studies and an assistant professor of pediatrics at the University of Wisconsin-Madison.

Sometimes the warnings are seen in hindsight. Before 15-year-old Amanda Cummings committed
suicide by jumping in front of a bus near her Staten Island home on Dec. 27, her Facebook updates may have revealed her anguish. On Dec. 1, she wrote: “then ill go kill myself, with these pills, this knife, this life has already done half the job.”

Facebook started working with the National Suicide Prevention Lifeline in 2007. A reader who spots a disturbing post can alert Facebook and report the content as “suicidal.” After Facebook verifies the comment, it sends a link for the prevention lifeline to both the person who may need help and the person who alerted Facebook. In December, Facebook also began sending the distressed person a link to an online counselor.

While Facebook’s reporting feature has been criticized by some technology experts as unwieldy, and by some suicide prevention experts as a blunt instrument to address a volatile situation, other therapists have praised it as a positive step.

At some universities, resident advisers are using Facebook to monitor their charges. Last year, when Lilly Cao, then a junior, was a house fellow at Wisconsin-Madison, she decided to accept Facebook “friend” requests from most of the 56 freshmen on her floor.

She spotted posts about homesickness, academic despair and a menacing ex-boyfriend.

“One student clearly had an alcohol problem,” recalled Ms. Cao. “I found her unconscious in front of the dorm and had to call the ambulance. I began paying more attention to her status updates.”

Ms. Cao said she would never reply on Facebook, preferring instead to talk to students in person. The students were grateful for the conversations, she said.

“If they say something alarming on Facebook,” she added, “they know it’s public and they want someone to respond.”

While social media updates can offer clues that someone is overwrought, they also raise difficult questions: Who should intervene? When? How?

“Do you hire someone in the university clinic to look at Facebook all day?” Dr. Moreno said. “That’s not practical and borders on creepy.”

She said a student might be willing to take a concerned call from a parent, or from a professor who could be trained what to look for.

But ethically, should professors or even therapists “friend” a student or patient? (The students
monitored by Dr. Moreno’s team had given their consent.)

Debra Corbett, a therapist in Charlotte, N.C., who treats adolescents and young adults, said some clients do “friend” her. But she limits their access to her Facebook profile. When clients post updates relevant to therapy, she feels chagrined. But she will not respond online, to maintain the confidentiality of the therapeutic relationship.

Instead, Ms. Corbett will address the posts in therapy sessions. One client, for example, is a college student who has low self-esteem. Her Facebook posts are virtual pleas for applause.

Ms. Corbett will say to her: “How did you feel when you posted that? We’re working on you validating yourself. When you put it out there, you have no control about what they’ll say back.”

Susan Kidd, who teaches emotionally vulnerable students at a Kentucky high school, follows their Facebook updates, which she calls a “valuable tool” for intervention with those who “may otherwise not have been forthcoming with serious issues.”

At Cornell University, psychologists do not “friend” students. At weekly meetings, however, counselors, residence advisors and the police discuss students who may be at risk. As one marker among many, they may bring up Facebook comments that have been forwarded to them.

“People do post very distressing things,” said Dr. Gregory T. Eells, director of Cornell’s counseling and psychological services. “Sometimes they’re just letting off steam, using Facebook as something between a diary and an op-ed piece. But sometimes we’ll tell the team, ‘check in on this person.’ ”

They proceed cautiously, because of “false positives,” like a report of a Facebook photo of a student posing with guns. “When you look,” said Dr. Eells, “it’s often benign.”

Dr. Moreno said she thought it made sense for house fellows at the University of Wisconsin to keep an eye on their students who “friend” them. Students’ immediate friends, she said, should not be expected to shoulder responsibility for intervention: “How well they can identify and help each other, I’m not so sure.”

Tolu Taiwo, a junior at the University of Illinois at Urbana-Champaign, agreed. “I know someone who wrote that he wanted to kill himself,” she said. “It turned out he probably just wanted attention. But what if it was real? We wouldn’t know.”

In fact, when adolescents bare their souls on Facebook, they risk derision. Replying to questions posted on Facebook by The New York Times, Daylina Miller, a recent graduate of the University of
South Florida, said that when she poured out her sadness online, some readers responded only with the Facebook “like” symbol: a thumb’s up.

“You feel the same way?” said Ms. Miller, puzzled. “Or you like that I’m sad? You’re sadistic?”

Some readers, flummoxed by a friend’s misery, remain silent, which inadvertently may be taken as the most hurtful response.

In comments to The Times, parents who followed their children’s Facebook posts said they did not always know how to distinguish the drama du jour from silent screams. Often their teenagers felt angry and embarrassed when parents responded on Facebook walls or even, after reading a worrisome comment by their child’s friend, alerted the friend’s parents.

Many parents said they felt embarrassed, too. After reading a grim post, they might raise an alarm, only to be curtly told by their offspring that it was a popular song lyric, a tactic teens use to comment in code, in part to confound snooping parents.

Ms. Corbett, the Charlotte therapist, said that when she followed her sons’ Facebook pages, she used caution before responding to occasional downbeat posts. If parents react to every little bad mood, she said, children might be less open on Facebook, assuming that “my parents will freak out.”

Dr. Moreno said that parents should consider whether the posts are typical for their child or whether the child also seems depressed at home. Early intervention can be low-key — a brief text or knock on the bedroom door: “I saw you posted this on Facebook. Is everything O.K.?”

Sometimes a Facebook posting can truly be a last-resort cry for help. One recent afternoon while Jackie Wells, who lives near Dayton, Ohio, was waiting for her phone service to be fixed, she went online to check on her daughter, 18, who lives about an hour away. Just 20 minutes earlier, the girl, unable to reach her mother by phone, used her own Facebook page to post to Mrs. Wells or anyone else who might read it:

“I just did something stupid, mom. Help me.”

Mrs. Wells borrowed a cellphone from her parents and called relatives who lived closer to her daughter. The girl had overdosed on pills. They got her to the hospital in time.

“Facebook might be a pain in the neck to keep up with,” Mrs. Wells said. “But having that extra form of communication saves lives.”
Liz Heron contributed reporting.