Depressed adolescents' positive and negative use of social media

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ABSTRACT

This qualitative study examined descriptions of social media use among 23 adolescents (18 female, 5 male) who were diagnosed with depression to explore how social media use may influence and be influenced by psychological distress. Adolescents described both positive and negative use of social media. Positive use included searching for positive content (i.e. for entertainment, humor, content creation) or for social connection. Negative use included sharing risky behaviors, cyberbullying, and for making self-denigrating comparisons with others. Adolescents described three types of use in further detail including “oversharing” (sharing updates at a high frequency or too much personal information), “stressed posting” (sharing negative updates with a social network), and encountering “triggering posts.” In the context of treatment, these adolescents shifted their social media use patterns from what they perceived as negative to more positive use. Implications for clinicians counseling depressed adolescents on social media use are discussed.

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1. Introduction

Adolescent social media (SM) use is pervasive, and almost universal among US adolescents (Common Sense Media. Social Media, Social Life: How Teens View Their Digital Lives, 2012). A 2014-5 sample of US adolescents interviewed by Pew Research Center reported frequently using a variety of SM sites (Lenhart). Given growing concerns about SM use contributing to psychological distress (Sampasa-Kanyinga & Lewis, 2015), better understanding how depressed adolescents use SM is important to informing guidance on its use in their population. The characteristic which has most commonly been studied in relation to psychological distress has been frequency or amount of use. More frequent use of the internet has been associated with negative psychological well-being (Huang, 2010). Compared to their non-depressed peers, depressed adolescents use the internet more frequently (Ybarra, Alexander, & Mitchell, 2005). With regard to SM specifically, adolescents who experienced high levels of psychological distress, unmet mental health needs, and suicidal ideation were more frequent users of SM (Sampasa-Kanyinga & Lewis, 2015) such as Facebook (Hong, Huang, Lin, & Chiu, 2014). This relationship appears to vary...
with age as a study of older adolescents with mostly low frequency users (less than 2 h a day) found no relationship (Jelenchick, Eickhoff, & Moreno, 2013) while another study in young adults with many high users did find a relationship (Lin et al., 2016) between distress and amount of social media use. A European study found potential developmental differences where heavier use in younger adolescents was associated with internalizing symptoms, while in older adolescents, heavier use was associated with more offline social competence (Tsitsika et al., 2014).

The metric of frequency of use is limited in its inability to describe in what ways SM is used; for example an adolescent who frequently uses SM to send personal messages to close friends may be different from an adolescent who scrolls through status updates for hours in a less goal-oriented way. Studies which explored what depressed adolescents do online found they may be more likely to experience online peer victimization (Frison, Subrahmanyan, & Eggermont, 2016), cyberbullying (Rose & Tynes, 2015), make online friends with strangers and display risky behaviors online (Ybarra et al., 2005). Conversely, some depressed young people experienced a positive outcome using SM after they gained social support by disclosing their depressive symptoms to others (Moreno et al., 2011). Adolescents themselves seem to have conflicting views on the effects of their SM use; those adolescents who categorize themselves as the “least happy” said that SM makes them feel more popular and less shy while also making them feel less confident, worse about themselves, and more depressed (Common Sense Media. Social Media, Social Life: How Teens View Their Digital Lives, 2012).

Understanding the mechanisms behind how emotional states may be linked with SM use and vice versa may require a more thorough investigation than a cross-sectional survey would provide. In particular, attention to how and for what purpose SM is used (C. Morgan & Cotten, 2003) may provide insight into how depressed adolescents can use SM in a more positive way with less likelihood of negative mental health consequences. Using in-depth qualitative interviews with adolescents with depression, we explored their main purposes for using SM. We identified examples of times adolescents felt their SM use was positive and times it was negative, and asked adolescents to reflect on whether the negative experiences with SM adversely affected their mood. We also assessed, from the adolescent’s perspective, how their engagement in mental health treatment had resulted in changes in their SM use. Identification of the multiple purposes of and contexts for SM use among adolescents with depression may provide clinicians with strategies to promote more positive and pro-social uses of SM with their patients.

2. Method

2.1. Study participants and setting

As part of a larger study on adolescent depression, a convenience sampling strategy was used to recruit adolescents (ages 13 to 20) diagnosed with depression and currently receiving treatment. From July 2013 to September 2014, potential participants were informed about the study by clinicians treating patients for depression at two sites: (1) an academic adolescent and young adult medicine clinic with mental health services available or (2) at a specialty psychiatric clinic for adolescents with depression and suicidality. Of 31 adolescents who filled out an interest form about the study, 8 were not able to be reached for interview, so that 23 adolescents completed the study.

2.2. Data collection

All interviews were conducted by the first author who introduced herself to adolescents as a researcher and physician in Adolescent Medicine. Semi-structured interviews were conducted over telephone (N = 17 adolescents) or in-person in a private patient room at the clinical setting (N = 6 adolescents). Verbal consent was obtained from parents and assent from adolescents or consent if 18 and older. The interviewer assured participants the research team would guard confidentiality, specifically not sharing phrases said online which could be potentially searched to identify them (Moreno, Goni, Moreno, & Diekema, 2013).

A 30–60 min semi-structured interview was used to obtain information about SM use characteristics, and positive and negative experiences with SM use (Appendix), with questions about how type and extent of SM use varies with mood generally more open-ended. Adolescents were also asked demographics including age, gender and race they identified with, length of depression treatment, cell phone ownership, and primary device for internet use. Questions on SM use characteristics were adopted from Pew research center studies on adolescent online behavior (Lenhart; Madden et al., 2013). Adolescents received a book about adolescent depression as compensation for study participation (Dequincy & Brent, 2008). The study protocol was approved by the University of Pittsburgh IRB.

2.3. Data analysis

The interviews were audiotaped, transcribed verbatim removing any participant identifiers, and coded using ATLAS.ti version 7 (Scientific Software Development GmbH, Berlin). The approach of qualitative description as described by Sandelowski (Sandelowski, 2000) - a comprehensive summary of phenomena while staying close to the data - was used to describe adolescent behavior and experiences regarding SM use. Using a content analysis approach (D. Morgan, 1993), the first four interviews were reviewed independently by two investigators using an initial codebook based off of the interview script. An updated list of codes focusing on key areas of interest was generated with additional review by a senior member of the
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