Social Media and Adolescent Development: Hazards, Pitfalls and Opportunities for Growth

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Abstract While most clinicians—even those in their late twenties—did not grow up with contemporary technology, including social networks and cyber media, our adolescent clients have never known a world without it. We therefore often struggle not only to understand the impact of these technological forums on these younger generations, but also whether or not they can be useful tools or destructive agents in the therapeutic process. In this article we will consider research on the impact of Facebook, texting and other cyber technology on psychological health in adolescents. The data is often somewhat contradictory (e.g. one study says that Facebook makes adolescents lonelier while another says that it makes them feel more socially connected), but one finding is consistent: technology seems to amplify emotions not only in adolescents, but also in adults. In this article we will address ways that the technological world can affect adolescent development and what we, as clinicians, can do to ameliorate the negative and support the positive aspects of this sometimes overwhelming but clearly permanent aspect of contemporary life.

Keywords Adolescents · Social media · Affect regulation

While many of us who work with adolescents did not grow up with contemporary social media, our young clients cannot imagine a world without it. Thus, certain aspects of life that may appear to us clinicians to be destructive, dangerous or at best simply a nuisance—e.g. chatting, texting, friending, blogging, vlogging, tweeting, posting, and more—are taken for granted as part of normal life by these young people. In fact, as Mishna et al. (2012) write, "Communication technology is…a central fixture within our society and has radically changed individuals' social interactions, learning strategies, and choice of entertainment." (p. 123). Recently the question of the impact of social media on the psyches of current and future generations has been the topic of great interest, but the data is somewhat contradictory as to whether technology has a harmful, helpful or simply neutral impact on contemporary adolescent development (e.g. see boyd (sic.) 2014; Hicks 2010; Koutamanis et al. 2013; Kross et al. 2013).

What is clear is that no matter what one thinks about these new forms of communication, normal developmental dynamics, conflicts and stages of contemporary adolescence are often experienced through social media and cyber technology. (Throughout this article I will use "social media," "cyber technology," and "electronic technology or communication" as over-arching terms for the ever-changing sites for social networking such as Facebook, LinkedIn, and Google Plus, as well as for information- and media-sharing sites such as Twitter, Instagram, and Tumblr and for other forms of communication such as texts, Skype, Facetime, and even cell phone use).

For clinicians, the question is not whether or not to address these issues, but when and how to do so. These are not always simple decisions, given that they are complicated by our own relationships with social media as well as the often confusing data about their impact on adolescent development. In this article we will consider how clinicians who work with adolescents can best think about, work with and perhaps utilize the technological world in which our adolescent clients live. For instance, do we text, email, Skype, Face time and/or friend young clients on Facebook? Does doing so aid or interfere with the therapeutic process?

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Is it better to set firm limits about technology, and perhaps even to keep cyber interactions outside of our practice and from our offices altogether? In some way or another, what we do and think about technology will impact not only the development of a therapeutic relationship, but also how we help our young clients negotiate the world in which they live. While the larger question of the influence of both social media and cyber technology on adolescents is still unanswered—and perhaps has no single answer—a clinician's task is to help young clients become more self-reflective and self-aware. Technology is an inevitable part of their experience. How do we as clinicians work with it?

Let us begin with a brief clinical illustration. (As has been my practice for years, I am presenting material that is a composite, representative of a number of adolescents with whom I have worked or whose therapy I have supervised, with names and all other identifying information changed to protect confidentiality.) Kylie was 16 years old and a junior in high school when her mother brought her for therapy. An only child of divorced parents, Kylie had apparently always been an excellent student and a caring and thoughtful daughter, but had recently become angry and irritable. According to her mother, who I saw with Kylie in the initial session, the negativity began when they started visiting colleges Kylie might attend. Her mother thought they were both struggling with feelings about the future separation. She looked to Kylie for confirmation and got a shrug and an eye roll.

Despite remaining mostly silent in that first meeting, Kylie was quite verbal in our individual work. She was angry at her mother's boyfriend, who had recently moved in, and irritated with her mother for not having waited until she left for college to start living with him. "It's only a year and a half," she said. "What's the big deal?" In one session she said that she was excited about going away to college, partly because she was ready to be independent from her mother and partly because it would be an opportunity to make new friends. She had several close friendships that had lasted for most of her school years, but she was tired of some of them. When I asked for clarification, she said, "Actually, I'm having some problems with them." I asked what sorts of problems, and she said, "Normal ones." At that point her cell phone buzzed. Pulling it out of her pocket, she looked at it briefly and then looked back at me. "What was I saying?" she asked.

I was faced with a dilemma. Should I bring her back to the thread of our discussion, or should I use this as an opportunity to set a parameter about cell phones in therapy? And what exactly should that parameter be? I have discussed this question with numerous colleagues. There seems to be no single definitive answer. Some insist that all electronics be turned off during therapy, and others are more lenient. Many therapists who work with mothers of young children allow them to keep their phones on in order to be accessible to their caregivers. One colleague waits until a client's phone goes off in a session, and then asks, "Do you need to get that?" He reports that they invariably say "no" and turn their phones off. At times a therapist may feel disrespected or even narcissistically injured by a teen who seems more invested in communications from friends than in what the therapist is saying. We may also feel embarrassed by our lack of technological expertise. As with most countertransference reactions, these feelings may be reflective of both a clinician's and a client's dynamics. I would suggest that the same is true of most issues having to do with social media or technological communication, such as when a client asks to friend a therapist on Facebook or asks for a therapist's cellphone number or email address. Whatever the case, and whatever the clinician's personal and professional beliefs and final response, I have found that it is useful to bring the technological material into the therapeutic conversation; but this is not always a simple task.

For example, from the first session with Kylie it seemed clear that she, like many adolescents, was not always comfortable talking about or exploring abstract feelings. Although there was evidence of transference issues, in the early days of our work it was difficult to explore her feelings about the work. This was in contrast to an interaction 2 years later, when she called from college to set up a Skype session. When I realized that she was driving, I said that I was not comfortable talking while she drove. She said, "You sound like my mom!" I laughingly replied that I got the feeling that her mom and I had a great deal in common. In the Skype session she talked easily about transference material my comment reflected. But early in a relationship with an adolescent who may not fully trust a therapist or feel comfortable with therapeutic process, it is important to talk about a clinician's parameters while also helping a teen put his or her own feelings and thoughts about technology into words.

Even so, a clinician may have to make some decisions without full participation from or adequate information about a client. It is crucial to be honest and realistic about one's own responses to the new technology. For instance, a clinician who does not want to text with clients or friend them on Facebook should not feel forced to do so, but should find a way to present this policy without criticism. A simple, "I'm sorry, but I'm not comfortable using texting as a way of communicating about therapy," or, "I am concerned that Facebook is not completely private," can set a limit and simultaneously open up a discussion about confidentiality and privacy without disapproving a client's activities. A clinician's reactions sometimes also mirror parental concerns, thus bringing normal developmental dynamics and conflicts into the therapeutic space. Let us

look briefly at three of these developmental issues: separation–individuation, identity formation and affect management.

Separation–Individuation

Blos (1967) calls adolescence a second individuation. This phase is seen as a process of separating from family, developing new relationships, and beginning to develop an individual identity. Yet contemporary adolescents tend to privilege their relationships with their families even as they engage in open conflict with parents and develop intense and sometimes conflict-laden peer relationships. Relational theory and attachment theory have made clinicians aware of the importance of mutuality and ongoing, healthy attachments throughout life (see Bowlby 1988). Shaeffer (2014) notes that mutuality not only in relationships with peers, but also with adults, including a therapist, is important to today's adolescents. Lyons-Ruth's (1991) suggestion that the goal of healthy development is *attachment*-individuation, not *separation*–individuation, is particularly useful. (According to Lachmann (2001), this revision is actually more in line with Mahler's original thinking about what happens developmentally than is the traditional thinking about the term itself.) The idea is that healthy attachment involves the capacity to be related and also individuated, and that individuation and separation from significant others actually include healthy connections, including to those people from whom an individual is separating. Healthy relatedness, including mature attachment, is key not only to the capacity to develop intimate relationships outside of the family, but also to the development of an independent, functioning sense of self.

Finding a balance between connection and independence is not always easy. Contemporary forms of communication, including cell phones, Skype, Facetime, texts and Instagrams, allow teens more independence while also maintaining connection to their parents (e.g. phone as umbilical cord). These days even college students and young adults often text, chat and Instagram with their parents several times a day. Parents who travel are also able to use Skype and other video communications to stay connected to their children, despite the physical separation. Technology can, of course, be utilized to implement both premature separation and extended dependence, which can negatively affect the developmental tasks of adolescence.

Affect-Regulation

At least in part because of technology, adolescents today seem to be far more articulate and sophisticated than ever before. They are often comfortable talking to a wide range of people and about a wide range of topics, and even those who never travel often know more about the larger world than do many of the adults in their lives. There is, however, a double edge to this precociousness. Despite greater "emotional intelligence" (Goleman 2009), many youngsters are surprisingly limited in their ability to use their verbal and intellectual skills, even their apparent psychological insight, to manage either their emotions or the normal developmental tasks of their life stage. To some extent this difficulty is related to normal development of the brain, in which the capacity for reasoned judgment and thoughtful decision-making is not fully developed until about age twenty-five (e.g. McNeely and Blanchard 2010; Siegel 2013; Steinberg 2013). Siegel (2013) suggests that a kind of "emotional confusion" or an inability to sort out and process affects is a normal component of adolescence.

Alexithymia, a term derived from Greek and translated as "without words for emotions," was originally applied to psychosomatic disorders (Sifneos 1996). Krystal (1988) defines alexithymia as an impaired ability to tolerate or process emotions or to use emotions as signals and noted that it occurs in a number of diagnostic groups. Muller (2000) refers to a client's inability to "understand the feelings they obviously experience" and to find the right words "to describe these feelings to others." Many of the young people I work with are able to name their feelings, but not describe the way they actually feel either in their bodies or in any of the other affectively meaningful ways that are key to the process of metabolizing and managing affect (see Fonagy et al. 2003; Schore 2003; Siegel 2013).

It would be easy to lay the blame for increased difficulties in this arena on the expanded role of media in children's lives. One set of studies, (Kross et al. 2013) for example, found that Facebook can reinforce feelings of loneliness even when it is experienced as a source for support and connection. Yet another study shows that activities like texting and online chatting actually improve adolescents' capacity to interact with peers in emotionally meaningful ways in face to face situations (Koutamanis et al. 2013). boyd (sic.) (2014) suggests that adolescents live out all of the normal conflicts, anxieties and distresses of this developmental stage in the world of technological communication. Muller (2000) and Krystal (1988) have suggested that alexithymia might, like Siegel's emotional confusion, be a part of normal adolescent development.

Either way, with affect management as with individuation, adults must find some sort of balance between prematurely setting adolescents free to deal with the world without guidance, and overprotecting them, thus interfering with their developing ability to manage feelings. Recognizing that individuation is best accomplished with healthy attachment can help find a good balance. Adolescents need

ongoing adult aid in sorting out and processing feelings, albeit significantly different from what they needed as younger children.

I have found that social media and technology are often used by adolescents to manage feelings that language does not help them process. Support and mirroring can be found online, although, as we will discuss, so too can opportunities for bullying, misinformation and harmful advice. One important task for clinicians is to help adolescents become "wiser" in their use of technology, so that they can be as self-reflective and self-aware in cyberspace as they are in the real world. Judgment and criticism does not help much with this process, but neither is it necessary for a clinician to falsely embrace modern technology. Understanding, exploring and making connections can lead to useful and meaningful suggestions. A nonjudgmental attitude can also make it easier for client's to listen to a clinician's opinions, even when they are different from the adolescent's and similar to a parent's.

Identity Formation

The shifts in attitude toward both separation–individuation and affect regulation change how we view identity development, which has been viewed as a crucial adolescent task since Erikson's (1968) famous formulation. If one considers healthy attachment necessary for both individuation and management of the normal unprocessed and unmanageable emotions of adolescence, it makes sense that adolescents may actually need more, but different adult involvement and assistance. There is, however, tremendous cultural pressure to provide more space and less hands-on involvement than adolescents actually need in order to develop healthy, individuated yet connected, adult identities. Adolescents also push for independence even while needing connection. According to a Pew Research Study (2013), teens use the internet to share information about themselves with others, while seeking privacy from parental involvement in social media (e.g. Twitter, Tumblr, Reddit, Pinterest, Vine, Kik, Snapchat, Pheed, Wanelo, 4Chan sites) that their parents are either less familiar with or do not know about at all.

I have often found that the world of technological communication and social media offers adolescents an opportunity to play out these struggles. The internet presents what seem to be socially acceptable contact with apparently knowledgeable others. Of course a concern is that these others may be actual peers, adults masquerading as peers, actual adults, or peers masquerading as adults. Although some research (e.g. boyd (sic.) 2014) suggests that there is less danger than is often suggested, parental

guidance about safe internet use should begin in childhood and continue into adolescence, in developmentally appropriate form. Research suggests that when parents engage adolescents in respectful and age-appropriate discussions, they are often opening a door to other developmental issues, including both affect management, peer relationships, individuation and identity formation (e.g. see Schurgin O'Keeffe and Clarke-Pearson 2011).

As they separate from parents, adolescents often become more secretive about all of their social interactions, both on and off-line. At this point therapists are sometimes asked to address some of these issues. Opening up a non-judgmental discussion of what sites teen clients visit, how they present themselves and what they share with strangers online can be a first step in exploring an adolescent's social experiences. For example, young clients may be indiscreet not only about what they reveal online, but also in interactions among their peers in face-to-face situations. Clinicians can help parents balance respect for their child's privacy with appropriate support by viewing both parents and technology not as enemies, but as allies (Barth 2010). A buzzing text message or ringing cell phone in the middle of a session, like the one that Kylie did not answer during our session, may seem disrespectful but can be a perfect opening for a discussion and exploration of many aspects of an adolescent's life.

Clinical Illustration

When Kylie checked her incoming text, I had several reactions to the phone interruption, including a sense of irritation and a simultaneous feeling of curiosity about who was texting her and what they were saying. I had an urge to tell her that she needed to turn her phone off completely in order to focus on her internal experiences in therapy. My reaction was also a desire to feel that she valued our work. A sense of narcissistic injury, both wanting to be appreciated and feeling left out of whatever interaction is going on in front of us is, I believe, a factor when we become irritated with clients who check their phones during therapy.

While there is certainly justification for asking adolescent clients to focus on a task at hand and to understand the impact of the behavior on others, there is another factor to consider about incoming messages during therapy. It can be therapeutic to open a nonjudgmental exploration about what the text message might mean psychodynamically. In such moments I think of the phone as a transitional object brought into the therapeutic space, where internal experience meets the external world. In our discussion, Kylie's phone became like Winnicott's (1971) squiggle game—a tool with which we could make meaning together—but it was also a concrete way for her to bring her social and

psychological life into the therapy. The buzzing technology was joining the therapeutic conversation just as Anna O's symptoms did with Breuer in the first psychoanalysis (Breuer and Freud 1893).

I decided to ask Kylie if she would mind sharing with me who was texting her and what they wanted. She hesitated, so I said that I did not want to pry, and that she did not have to tell me if she would rather not. I said that I was only asking because sometimes messages are related to what some of the things a client is talking about in therapy. She nodded, appeared to make a decision, and then told me that the message had been from one of her two best friends, the ones she was having problems with. The three of them had been best friends since kindergarten, and of all their ups and downs over the years, this seemed to be the worst. The other two had recently made friends with another girl, who Kylie did not like. They had also started "forgetting" to tell Kylie when they were getting together, or texting her at the last minute when they were already at one of their homes.

The phenomenon of painful relational difficulties played out in adolescent girls' friendships is well-known. Crothers et al. (2005) suggest that some of these behaviors are reflective of girls' conflicts between a desire to be liked and a wish to assert the self, experience power, and express unresolved aggression. Gerner and Wilson (2005) suggest that these dynamics play out in girls' body image issues. Like many other aspects of adolescence, the dynamics often unfold in cyberspace, without benefit of adult input. The text message that had come through in the session was an opportunity for Kylie and me to explore these interpersonal interactions in the moment that they were occurring. Interestingly, this concrete "intrusion" seemed to free Kylie to talk more easily about her concerns.

She said that Ariel, her "bff" (best friend forever) had texted that she was at one of the other two girls' home but had not invited Kylie to join them. "I don't know if that means I shouldn't join them, or if they're just taking it for granted that I'll be there," Kylie said. I said that was a hard one and asked if she had a gut feeling about it. She hesitated, so I asked her if she could think about what she wanted, rather than what she thought her friends wanted her to do. She said that she would rather spend time just with Ariel alone. "It gets so complicated when we're all together." I said that group friendships were great, but sometimes we all need to be connected more closely to one person. She said it was hard to get time alone with Ariel anymore. "She doesn't seem to feel the same way that I do." I said that that could be painful. She got tears in her eyes but then quickly started to talk about how she understood that Ariel still really cared about her. Sensing that she could not open up her hurt feelings at the moment, I simply said that friendships can be difficult. I added that I

knew she was trying to handle the situation maturely and that it was important that she recognized that this was not how Ariel felt all the time.

Because of Kylie's tendency to intellectualize, I did not comment on what seemed an apparent link between what was happening with her friends and what was happening with her mother. Instead, I named and normalized the feelings and asked Kylie to problem-solve with me. What could she do to make herself feel better? What did she "owe" Ariel and the other girls? What did she want? While it did not resolve the difficulties right away, this initial conversation introduced Kylie to a way of processing complicated and confusing feelings. At another time, Kylie briefly opened up some painful feelings of loss, anger and humiliation. Talking about how she could negotiate some time alone with Ariel, helped her both explore and manage the feelings. Texting seemed to be the only way Kylie could contact Ariel. I commented that from my old fashioned perspective, it felt like texting left out some of the important emotional subtleties that I could get when I heard someone's voice or saw them face to face. She grinned and said, We have emojis (the smiley faces and other icons for expressing emotion that are part of many text messaging programs). I laughed and said, "Yeah, but they aren't exactly subtle, are they?" She asked me to tell her more about subtle emotional signals. "I'm not sure I know what they are," she said.

This question was a lovely entrée into world of non-verbal communication. Kylie, who was bright, articulate and emotionally present, was at the same time concrete in a way that I think of in connection with mild forms of alexithymia. I talked about facial and body movements and internal physical cues and said that as we spoke about the small details (see author) of conflicts with her friends, her mother and her mother's boyfriend, she would begin to recognize some of these signals. In this way Kylie gradually learned to pay attention to, tolerate and process many different feelings. We discussed her excitement about going away to college, fears of being away from her mother (mainly concerning her *mother's* ability to cope), and dreams, hopes and worries about her own future. She mainly used texting and Kik (a smartphone message service) to connect to friends, so these became part of our discussions, as did her forays into a variety of internet sites.

Talking about Kylie's use of the cyber world opened up not only many aspects of Kylie's life to the therapeutic discussion, but also created some conflict for me. How much supervision of her electronic life was appropriate for me to get involved in? How could I help her explore the world in which "chats" with unknown and unseen others were part of her daily life, while at the same time offering an adult perspective meant to protect her from cyber bullying, stalking and other dangers? And should I draw a line

at any point and bring in her mother to the conversation to help protect her? Fortunately, anytime I laid out any concerns, Kylie almost always told me that she had talked with her mother, who said the same thing. But what happens when this is not the case?

Dangers of the Cyber World

While some authors (e.g. boyd (sic.) 2014) feel that much of what goes on via the internet is no different from what has always gone on as adolescents develop, others express grave concerns over a variety of potential dangers. Hicks (2010) lays the blame for increased childhood obesity on the long hours that many adolescents spend sitting at computers instead of getting physical exercise. Problems of cyber bullying and Internet overuse are serious, and the risks of making mistakes online are real. But according to some researchers, social media is simply the environment in which adolescents are working through age-appropriate developmental tasks of identity development, individuation and peer relationships (Steinberg 2013). However, given the evidence that the capacity to make good decisions and healthy judgments is not fully developed until after the college years, I would suggest that clinicians need to help parents engage in appropriate involvement in adolescent cyber life (author; Siegel 2013; Steinberg 2013; Timony and Holder 2013). There are times when young people use the cyber world for comfort and connection. Not only chats with friends, but online groups of various sorts can ameliorate a common adolescent experience of feeling like an anomaly among humans. Having grown up in a small town with little public transportation, where my best friend and I spent most of our evenings on the phone (with parents yelling at us to get off, didn't we see each other all day in school, and how much could we have to say to each other, anyway?) I have great sympathy for the adolescent need for constant contact with peers. I do not see this as an intrinsically bad or harmful activity, and in fact have known autistic adolescents whose most comfortable contact with other humans was through the Internet and/or on the phone.

However there can also be cause for concern, not only with bullying and stalking, but with encouragement of problematic behavior such as online gambling or, for example, when an anorexic turns to one of the many sites that encourage her not to eat. It is hard for parents, clinicians and educators to find a balanced approach, in part because no "one size fits all." Differences in individual needs and family dynamics, as well as personality must be taken into account. Still, I think that part of the work with most adolescents is to help them negotiate with their parents to find equilibrium in self-expression, exploration of the world, and input from older, hopefully wiser adults. In

relation to the cyber world, adolescents are often more sophisticated than their parents, and a clinician's task may be to help them find ways to articulate their needs in order to negotiate with their parents. Parents often need help managing the balance between being overly intrusive and under-involved as their adolescents learn to navigate the cyber world and learn from difficulties they might encounter there. In contrasting cases, parents of one anorexic teen supervised their daughter's online explorations to the point that she felt controlled and stifled, which was not surprisingly an issue in every other part of their relationship and may have been a contributing factor in the eating disorder. In another family, the parents took a consciously hands-off approach, allowing their young daughter so much independence that she felt unprotected and unbound. Her unsupervised forays into the cyber world led her to sites that promoted self-imposed starvation and extreme exercise. In both situations, my work involved helping the girls talk about their needs and the parents move from rigidly held positions in order to find a better balance, so that they all felt supported through the new and difficult period of these teens development.

Cyber Technology in the Consulting Room

To conclude this article, I would like to return to the issue of how we, as clinicians, can make the most therapeutic use of cyber technology with our adolescent clients. Do we, for example, allow them to "friend" us on Facebook? Do we "Link Up" with them or join their "Google Circles" (to name only a few of the current social and professional networks that clients ask us to join)? What about emailing, texting and using Skype or Facetime? I am not going to address the technical or legal issues of confidentiality and technology in detail here, as I think this is an extremely complex and technical topic which is not yet fully developed or even understood. I believe that this confusion itself can become part of a therapeutic dialogue about the cyber world with adolescent clients. For instance, while some clinicians feel that it would be impossible to work with adolescents without allowing for some form of technological communication other than the telephone (e.g. texting or emailing, at least), others feel that it is important to maintain a traditional structure and traditional therapeutic boundaries and restrict communication to the phone (or in some cases to email). I would suggest that what is most important to the therapeutic work is a clear explication of a clinician's reasoning and a willingness to engage in a nonjudgmental, mutually respectful discussion about these reasons.

In this way an adolescent has not only an opportunity to listen to and think about some of the concerns an adult

might have about the real dangers (of which confidentiality is, of course, a significant one) of the cyber world, but also to actually put into words to another, interested and thoughtful adult, some of his or her own ideas about technological communication. This process can be an important tool in the development of the self-reflective skills that are necessary for making good judgments throughout life. Let us return to Kylie for one final example of how this can work.

Clinical Illustration

Kylie often used our session time to think through difficult relational issues that emerged with her mother, her mother's boyfriend, and with her numerous girlfriends. When her mother's boyfriend proposed marriage and her mother accepted, Kylie had to deal with complicated emotions about having a stepfather. She was able to verbalize her conflicting sense of relief and pleasure that her mother would not be all alone when Kylie left for college, as well as her feeling of jealousy that she was no longer the most important person in her mother's life. "I know it's childish," she said, "and I would not say it to anyone but you. But I feel displaced." This was very different from the youngster who complained that her mother should wait another 18 months, till Kylie went away to college, to have her boyfriend move in with her. Her capacities for both empathy and self-awareness had developed to a great extent.

Still, when she asked me if we could be Facebook friends, I was faced with a dilemma. I had an Internet "presence" because of my writing, and I had a Facebook page; but unlike some of my colleagues, I had not established separate pages for personal and professional relationships. Still being a neophyte in the cyber world, I did not know if other people could see pictures and other personal information that family and friends sometimes posted on my "wall." I wanted to protect my own privacy, but I did not want Kylie to feel rejected. As she would be leaving for college before too much longer, I thought it would be a nice way for us to stay in casual contact. But on the other hand, I wondered if she had thought about what she would feel about my seeing some of the sometimes raunchy and uncensored material that I knew that many adolescents posted on Facebook. I decided that the best solution to the dilemma was to present it, with all of the complications, to Kylie. I hoped that we would be able to explore the meanings in both the transference and countertransference.

Kylie looked at me in horror when I told her what I was struggling with. "I didn't mean to make it so difficult," she said. "Why don't we just forget it?" I said that was an option, but that I thought it might be useful if we opened it up for discussion. I added that it might take us a little while to get all the different issues sorted out but that it might be worthwhile, since it captured some of the things we had been talking about while we had been working together. Over the course of several weeks, as we considered some of these issues, it became clear that Kylie, like many teens, believed that her Facebook pages were private and confidential. I had explained that I was not clear about how private it really was, and when she began to look into it, she was stunned to find that even after having made her wall private, some of her information was accessible to others. (I, on the other hand, was surprised to learn that there was considerably more potential for privacy than I had realized.) She also had not thought about how she might feel about my being able to go online and see something about her anytime I wanted. With difficulty, she was able to verbalize that it could potentially feel a little intrusive and, she added, she did not want to have to be in a position of "unfriending" me. Some years later, Kylie came in for a few sessions and told me that that discussion had been incredibly helpful. I asked her what about it had been helpful. "You got me to think about all of the complexities of the Internet world," she said. "You weren't making a judgment or anything, just trying to think out some stuff I'd never really considered. It was something I took with me into a lot of other areas of my life. I don't think I'll ever forget it."

Conclusion

The data about the impact of modern technology and forms of communication on adolescents and adults are somewhat contradictory. However, no matter what one thinks about these new forms of communication, many, if not all of the normal developmental dynamics, conflicts and stages of contemporary adolescence are experienced through social media and cyber technology. For clinicians, therefore, the question is not whether or not to address these issues, but when and how to do so. These are not always simple decisions, given that they are complicated by our own relationships with social media as well as the often confusing data about their impact on adolescent development. In this article I have offered both theoretical and clinical discussions suggesting that a clinician does not have to use technological communication if he or she is not comfortable with it. What is key is opening up discussions of these forms of interactions within the therapeutic space. Cellphones, the Internet and a wide and growing range of social media are part of adolescent life. Conversations about these forms of communication as they are woven into both therapy and life can be an important part of the therapeutic work with adolescents.

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