Impact of Social Media on Mental Health Partap Singh Rohilla, Krishan Kumar

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Abstract

In the present scenario, the over use of social media is of major concern because of its negative impact on mental health. Excessive use of social media results into deterioration of mental health. Unfortunately, young adults are the most active social media users, have a predominantly high risk for developing mental health issues. The research findings identify a connection between increased social media use in the young adult population and increased mental health problems. Numerous studies identify connections between social media use and negative outcomes such as increased anxiety, depression, loneliness, compulsive behaviour and narcissism. The excessive use of social media by young adults increased its negative effects. If social media use can be linked to negative outcomes, researchers need to devote more attention to understanding factors associated with negative mental health outcomes and how to tone down these outcomes. The present topic describes the Social media and mental health issues.

Key words: - Social media, mental health.

Major concepts and Definitions

Mental Health

The World Health Organisation defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO,2013).

Social media

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Impact of Social Media

Social media is defined as "forms of electronic communication through which users create online communities to share information, ideas, personal messages, and other content like videos (Smith, 2013). In the present time about 73% of adults use a social networking site of some kind (Smith, 2013). The social networking sites are Facebook, MySpace, Hi5,



Bebo, LinkedIn, Instagram, YouTube, Google, Twitter, Vine and Pinterest. Facebook is most commonly used among above social sites, boasting 71% of online adults (Smith, 2013). The users of Facebook are not only numerous, but also extremely active: 63% of Facebook users visit the site at least once a day, with 40% doing so multiple times throughout the day (Smith, 2013). Nadkarni and Hofmann (2012) declared that people are motivated to use Facebook for two primary reasons: a need to belong and a need for self-presentation. Toma and Hancock (2013) analysed that Facebook profiles help satisfy individuals' need for self-worth and selfintegrity. Pew Research Centre project found the most popular reasons for using social media includes connecting with friends and family, making new friends, finding romantic partners and also reading comments of celebrities/politicians (Smith, 2011). This research also shed light on how different age groups use social media. Middle aged and older adults reported a greater emphasis on using social media to connect with others with common interests and hobbies, while young adults did not rank that as a popular reason to use social media. In contrast, younger adults kept their focus on connecting with those already present in their lives, such as current friends and family members (Smith, 2011). Numerous studies identify connections between social media use and negative outcomes such as increased anxiety, depression, loneliness, compulsive behaviour and narcissism. The excessive use of social media by young adults increased its negative effects. If social media use can be linked to negative outcomes, researchers need to devote more attention to understanding factors associated with negative mental health outcomes and how to tone down these outcomes. The idea that excessive use of internet has negative effects on one's wellbeing is old. In 1995, the HomeNet project provided internet access and a computer to 93 households that had no previous internet experience and tracked their psychological health over several years (Kraut et al., 2002). After the initial year of Internet use the researchers concluded that greater use of the Internet was associated with more signs of loneliness and depression. Rosen, Cheever, and Carrier in 2012, invented the phrase "I-disorder," defined as the negative relationship between technology usage and psychological health. More recently, researchers have turned towards social media, seeking to determine if it has deleterious effects on mental health. Rosen et al. further in 2013, studied the Facebook usage of 1,143 college students. The researchers found that major depressive disorder, bipolar-mania, dysthymia, narcissism, compulsive behaviour and antisocial personality disorder were predicted by one or more Facebook usage variables.

Kraut et al. (1998) supported inverse association between internet use and depression, suggesting that possibly more social forms of internet use like chatting and gaming reduce the risk of depression. Selfhout et al. (2009) explored the idea that the quality of social media interactions was a better predictor of mental wellness than general social media use. Kalpidou et al. (2011) found that college students who reported with higher numbers of Facebook friends experienced lower emotional adjustment to college life. Further, the same study found that college students who spent more time on Facebook reported having lower self-esteem than those who spent less time. Davila (2012) also explored the negative impact of social media on mental health. He examined the social networking behaviours of 334 undergraduate students and found that more negative and less positive interactions on social networking sites were associated with greater depressive symptoms. A study of American university students found that more intense Facebook use predicted increased loneliness (Lou et al.,



2012). Pantic et al. in 2012, found that time spent on Facebook by high school students were positively correlated with depression. These findings were also supported by Rosen et al. (2013), who found that participants who spent more time online and those who performed more Facebook image management evidenced more clinical symptoms of major depression.

In a special case, Rosen (2013) found that for people with high levels of narcissism, high levels of Facebook activity were associated with lower levels of depression. Although lower levels of depression were found, this still can't be counted as a positive effect. According to the DSM-IV-TR (American Psychiatric Association, 2000), narcissistic personality disorder is marked by a grandiose sense of self-importance, fantasies of unlimited power, self-promotion, vanity, and superficial relationships. Furthermore, according to Rosen et al. (2013), many studies show that social networking sites exacerbate narcissism. The researchers themselves found that more time spent on Facebook and a higher frequency of checking Facebook predicted higher narcissism scores.

There are also several studies linking social media to anxiety and compulsive behaviour. A recent research study found that 45% of British adults indicated they feel worried or uncomfortable when they cannot access their email or social network sites (Anxiety UK, 2012). Rosen et al. (2013) found that younger generations are checking in very often with their messages and social networks. Also, younger generations were scored as consistently more anxious than older generations when they were unable to check their social networks and texts. A new medical term has been created out of this constant connectivity: Phantom vibration syndrome, defined as perceived vibration from a cell phone that is not vibrating, has been reported to occur with large numbers of people (Drouin et al., 2012; Rothberg et al., 2010). Phantom vibration syndrome may reflect a manifestation of the anxiety that cell phones elicit in those who are obsessed with checking in on their social media and messages.

Sedentary behaviours are activities that involve sitting or lying down and are characterized by low metabolic equivalent total energy expenditure (Ainsworth et al., 2000). Sedentary behaviours are performed at or slightly above the resting metabolic rate and cover a range of activities such as television viewing, computer use, playing video games and passive recreation (Owen et al., 2000). Sedentary behaviours, like those encouraged by social media use, have been linked to physical health risks. Increased risk of type II diabetes (Hu et al., 2003), obesity (Cameron et al., 2003), cardiovascular disease (Kronenberg et al., 2000), high blood pressure (Jakes et al., 2003), and metabolic syndrome (Ford et al., 2005) are all associated with sedentary behaviour. However, less is known about the effects of sedentary behaviour (e.g., TV viewing, computer use, and overall sitting time) on the risk of mental health problems. According to Sanchez-Villegas et al. (2008) and Demyttenaere et al. (2004), reducing sedentary behaviours might be an important intervention in treatment and prevention of depressive and anxiety disorders. This postulation is consistent with research connecting sedentary behaviour to increased risk of experiencing mental health problems. Several studies provide evidence that people with high levels of sedentary behaviour have an increased risk of developing a depressive and/or anxiety disorder. Sanchez-Villegas et al. (2008) conducted a longitudinal study that examined the relationship between combined selfreported TV viewing and computer use and risk of a mental disorder such as depression. The study found that participants with the highest levels of sedentary habits at baseline were 31%



more likely to be at risk of a mental disorder (depression, bipolar, anxiety, or stress) at follow-up than those who reported low levels of sedentary behaviour at baseline. De Wit et al. (2010) found that persons with a major depressive disorder and panic disorder spend more leisure time using the computer and watching TV than controls. In another study that assessed the relationship between overall sedentary time and risk of depression, the researchers used accelerometers to measure time spent sedentary in 394 overweight and obese women. This study found that those who reported greater amounts of overall sedentary time had higher odds of depressive symptoms (Sanchez et al., 2008). While there is a connection between sedentary behaviors and mental health risks, it is unclear which one follows the other. It may be possible that people with mental health problems fall into sedentary behaviours as a result of their disorders. Conversely, it is possible that sedentary behaviours increase one's risk of developing mental health issues.

Wright et al. (2013) found that people who spent a week camping in the Rocky Mountains, exposed to only natural light and no electronic devices, had their circadian clocks synchronized with the rise and fall of the sun. However, these natural circadian rhythms are hardly the norm in today's fast-paced and busy world. Our natural sleep cycles are being interrupted by an unlikely bedfellow: our laptops and smart phones. The mobile devices and computer screens used to view social media sites all have one thing in common: hidden within their glow, they emit high levels of blue light. This artificial light disrupts healthy sleep cycles (Czeisler, 2013; Holzman, 2010; Santhi et al., 2011). Santhi et al. (2011) showed that night time exposure to artificial light disrupts the body's circadian rhythm. According to Holzman (2010), the blue light included in artificial light is the most harmful to humans. Blue light suppresses melatonin, or the brain's "sleepy chemical," production more vigorously than other wavelengths. Blue light suppresses melatonin through one of the sensors in our eye: the intrinsically photosensitive retinal ganglion cells, or ipRGCs (Grahan, 2011). These sensors take in ambient light information from the environment and send it to the brain. The information sent to the brain by the ipRGCs causes the pineal gland to start and stop the secretion of melatonin (Sargis, 2014). The ipRGCs are most sensitive to blue light; therefore, it only takes a small amount of blue light for the brain to signal the pineal gland to stop sending out melatonin, making it difficult to get to sleep. This melatonin suppressing blue light is present in our TVs, computer screens and mobile devices. Browsing social media before bed is not just distracting from sleep; it can quite literally stop you from being sleepy at all. The loss of sleep perpetrated by the blue light found in the screens that accompany dayto-day life can have a negative effect on one's mental health. The National Sleep Foundation (2012) recommends that adults receive 7-9 hours of sleep per night; however, the average American sleeps less than seven hours. In a sleep-deficient society, it is important to understand the risks associated with this lack of sleep. A connection between sleep and mental health is well documented. It has been shown that people who suffer from anxiety tend to spend less time in deep sleep than those without anxiety (Monti & Monti, 2000). Poor sleep can also make people less receptive to positive emotions by limiting their ability to correctly process certain neurotransmitters in the brain (Woodson, 2006), making them feel more sad or discontent. A history of insomnia has been shown to increase the risk of developing depression (Cole & Dendukuri, 2003; Riemann & Vodeihoizer. 2003). Robotham (2011) put it best when he said, "good sleep is fundamental to good mental health, just as



good mental health is fundamental to good sleep," (p. 21). The research cited above is in line with the idea that sleep and mental health seem to each effect the other in an endless cycle. This cycle, when healthy, is beneficial: good sleep leads to good mental health, and a calm and healthy mind in turn leads to good sleep. However, the research findings suggest that the opposite may also be true: poor sleep and poor mental health go hand-in-hand. The blue light taken in by the brain during the 3.8 hours that young adults spend on social media each day could be one factor affecting this cycle.

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