Social Media Addiction: An Unrecognized Yet Pervasive Problem

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Abstract. This research paper focuses on the lack of attention to social media addiction (SMA), the stigmatization of SMA, and data on the stigmatization of groups of people with high or low risk of SMA collected through a survey based on the Big Five Aspects Scales (BFAS) and Bergen Social Media Addiction Scale (BSMAS). T-tests of the data show relations between an individual's level of risk of having SMA and the individual's level of personal and societal stigma towards SMA patients, whether the individual considers SMA patients dangerous, and the amount of knowledge the individual has compared to that of other mental illnesses. The results indicate the lack of record of SMA, and thus the need for more recognition of this pervasive disease in this technologically advanced era.

Keywords: Social Media Addiction, Stigma, Survey, Substance Use Disorder, Mental Illness.

1 Introduction

The internet is a widely used tool in contemporary society. As a part of the internet, social media platforms in particular play an important role in people's lives, allowing them to find ways to pass the time, catch up with friends, and obtain the latest news. These functions of social media seem harmless, but for some, the once-normal activities may become an addictive behavior, known as "social media addiction (SMA)." Suffering from this addiction, individuals may find using social media irresistible even though they desire to spend less time on these online platforms. This can lead to psychological and physical harm, causing serious negative consequences. For example, consider the experience of Lily Campbell, who "(has) been acutely aware of the negative impact Instagram has on (her) self-image, psyche, and overall mental health" [1]. She could not stop using social media and found herself checking various platforms throughout the day. She has been using social media platforms for 10 years and was starting to feel "unable to connect" with others.

Generally, a person who has an addiction is typically associated with symptoms of harming oneself while being intoxicated and showing dependence on substances [2]. Social media addiction is a digital technology addiction, where behaviors that are typically normal and not concerning become pathological due to a developed addictive

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nature. This type of addiction is characterized by an overwhelming and compulsive use of social media, which significantly disrupts various facets of one's life. Individuals suffering from social media addiction often allocate an excessive amount of time to web-based networks, show an intense preoccupation with these platforms, and experience uncontrollable cravings to engage with them. The influences of social media addiction include sleep loss, associated mental diseases such as depression and anxiety, and poor academic performance. Social media addiction displays symptoms meeting the criteria for addiction according to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), such as failing to fulfill one's occupational or social responsibilities due to the excessive use of online social media and craving to use social media. The characteristics of addictive behavior, particularly social media addiction, also include using smartphones to check social media under circumstances that are physically hazardous, such as while driving or crossing the road, for more time than intended, and failing to control one's use even though there is the acknowledgment to do so [3]. When thinking of addiction, one notable feature is that many addicts are stigmatized. Typically, stigma has various negative impact that impedes the process of recovery; however, one underappreciated fact is that stigma draws attention to patients who need help. When it comes to social media addiction, it is unknown whether there is any stigma towards it. This starkly contrasts with substance use disorder where there are many efforts to eliminate such stigma. The particular and unique symptoms related to substance use disorders, such as withdrawal and acting aggressively after intoxication have led to mainstream societal opinion towards people with substance use disorders that they tend to steal and lie. The false, but common, belief that drug use could be stopped merely by one's willpower also contributes to the stigmatization of people with substance use disorders. Stigmatization leads to insufficient resources to treat patients with substance use disorders and inefficient progress in curing their disease. Stigmatized patients are also more likely to feel embarrassed, reluctant, and to deny asking for professional help because they do not wish to be perceived negatively by others [4].

SMA is relatively new and likely to be neglected as a mental disease. Nevertheless, it deserves to be viewed seriously since it meets the characteristics of an addiction and can lead to serious consequences if neglected. When thinking of SMA, similar arguments could be made. But why is there not much discussion of stigmatization towards SMA?

Using established measures, such as the Big Five Aspects Scales (BFAS) and Bergen Social Media Addiction Scale (BSMAS), to determine whether individuals have social media addiction, studies have shown the prevalence of social media addiction, which is approximately 40% of the respondents [5]. In addition, it could lead to orthorexia nervosa in teenagers and alter their body image. A cross-sectional study was conducted with 1232 high school students by researchers Yurtdaş-Depboylu, Kaner and Özçakal. They collected data using the Social Media Addiction Scale for Adolescents, Eating Attitude Test-26 (EAT-26), Body Image Scale (BIS) and ORTO-11 questionnaire. The study provides evidence by using many linear regression analyses, showing that the level of social media addiction and a healthier body image have a negative association [6]. Such negative impacts of social media addiction and the relatively large proportion

of people identified with it support the need to acknowledge the danger of this addictive behavior and to conduct research on the stigma towards it.

Despite these serious effects of SMA and its pervasiveness, social media addiction is not easily detected. Compared to substance use disorders, this relatively new addictive disorder lacks characteristics such as patients showing serious withdrawal symptoms and being psychologically harmed to the extent they cannot fulfill social obligations. The failure to recognize social media addiction could lead to various possible harms.

The labeling nature of stigma creates social images of patients as unreliable or even harmful to society, hurting patients psychologically and physically in the long run. Similar issues are often seen in cases of patients with mental illnesses such as depression and schizophrenia. Such stigma is more prevalent in conservative communities such as areas in Middle and Eastern Asia as societal norms and expectations may be less accepting of deviations from the perceived norm, causing profound effects on individuals. Further, for those with internet gaming disorder, being labeled as having a disorder can lead to social isolation, shame, and decreased self-esteem. The fear of judgment may prevent individuals from seeking help, exacerbating their condition. This is a common thread seen in other mental health conditions, where stigma can act as a barrier to treatment and recovery [7]. However, when trying to compare the difference in stigma between social media addiction, substance use disorders, and mental illnesses, I found little to no mention of stigma of social media addiction. The issue of stigma in social media addiction may be less prominent from the viewpoint of the public. However, the potential for significant negative impacts on people's lives, such as reduced productivity, unpleasant or harmful conflicts, and induced mental health issues, is valid. It is possible that, because of the popularity of social media in a technologically developed era, social media addiction is less stigmatized. However, this assumption lacks data support.

Because there are no data for reference, I aimed to examine the social opinion on social media addiction, substance use disorder, and depression, and using social media in general, I collected data regarding the stigma of social media addiction, and both sides of the stigma of a disease for individuals and society. Data were obtained using a newly created survey developed from the BSMAS [8], the brief opioid stigma scale [9], and the stigma and self-stigma scales [10], combined to focus on the comparison of three types of concerns. According to the analysis of data collected, four research questions are proposed:

1. Do individuals with a low level of SMA show a higher level of personal stigma toward SMA patients?
2. Do individuals with a high level of SMA show a higher level of societal stigma toward SMA patients?
3. Do individuals with a low level of SMA consider a high level of SMA dangerous?
4. Do individuals, in general, have less knowledge of SMA than mental illnesses and substance use disorders?

2 Methodology

In order to collect and analyze the common opinion on social media addiction and its possible stigmatization, a survey was sent online to gather information on the subject. After sending this anonymous survey through group chats on WeChat, a sample of 245 valid responses was collected and analyzed. Participants were asked to select a response from 1 to 5, with 1 meaning "I extremely disagree," 2 meaning "I partially disagree," 3 meaning "I take a neutral stance," 4 meaning "I partially agree," and 5 meaning "I extremely agree." The survey includes the following questions:

1. I am concerned with the amount of time I spend on social media.
2. Most people believe that a person who is addicted to social media cannot be trusted.
3. Most people think that a person who is addicted to social media is to blame for his or her problems.
4. Most people believe that a person who is addicted to social media is lazy.
5. Most people believe that a person who is addicted to social media is dangerous.
6. I believe that a person who is addicted to social media cannot be trusted.
7. I believe that a person who is addicted to social media is dangerous.
8. I believe that a person who is addicted to social media is lazy.
9. I think that a person who is addicted to social media is to blame for his or her problems.
10. A person who has social media addiction has less self-control than others.
11. I would experience unease interacting with someone who has social media addiction.
12. People with social media addiction living in the community would endanger local residents.
13. If I have social media addiction, I would not want others to know.
14. I have less perception of social media addiction than that of substance use disorder.
15. I have less perception of social media addiction than that of mental illness (e.g. depression and anxiety).

To analyze results, key questions were consolidated into five categories: the level of SMA they have (Questions 1 and 13), the level of societal stigma towards SMA patients (Questions 2, 3, 4, and 5), the level of personal stigma towards SMA patients (Questions 6, 8, 9, and 10), whether they consider SMA patients dangerous (Questions 7, 11, and 12), and the amount of knowledge they have about SMA compared to mental illnesses and substance use disorder (Questions 14 and 15).

On the other hand, participants were divided into two groups: individuals with low and high levels of SMA based on the average scores of their responses to the first group of questions, and the level of SMA they have. An average score of below 4 was categorized into the "low" group and an average score ranging from 4 to 5 is categorized into the "high" group.

3 Results

Overall, the mean score of participants' concern about their social media use was 3.9837, which was fairly high. First, we compared whether individuals with low SMA have a higher level of personal stigma towards SMA patients, as shown in Fig.1 and Fig.2. However, a t-test of correlation shows the opposite: people in the "high SMA" group showed higher levels of personal stigma, with a mean of 3.746, which falls in between the responses "I take a neutral stance" and "I partially agree" and inclines towards "I partially agree," compared to individuals in the "low SMA" group, which had a mean of 3.117, which also falls in between "I take a neutral stance" and "I partially agree," but inclining closer towards "I take a neutral stance." The difference is statistically significant, with $t243=6.076$, and $p<0.0001$. Moreover, this result suggests that as SMA risk increases, so does the prejudice of SMA patients.

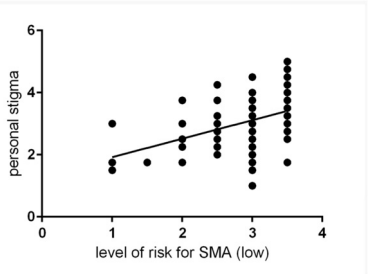

Fig. 1. Linear regression graph of personal stigma and level of low risk for SMA

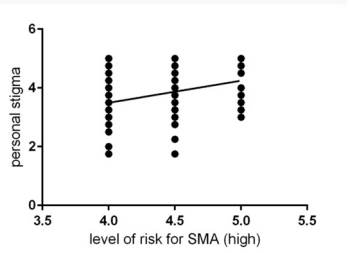

Fig. 2. Linear regression graph of personal stigma and level of high risk for SMA

In order to find out whether individuals with a high level of SMA show a higher level of societal stigma toward SMA patients, we compared the data reflecting stigma toward SMA patients for both groups, as shown in Fig.3 and Fig.4, and it was proven correct by the t-test of correlation. The "high SMA" group had a mean of 3.720, a result within the range of "I take a neutral stance" and "I partially agree" and is closer to the latter, while the "low SMA" group showed a mean of 3.019, which is a score that is extremely close to "I take a neutral stance." The difference is also statistically significant because $t243=6.875$, and $p<0.0001$. This result suggests that as SMA risk increases, patients may feel more likely that others in society have a prejudice over them.

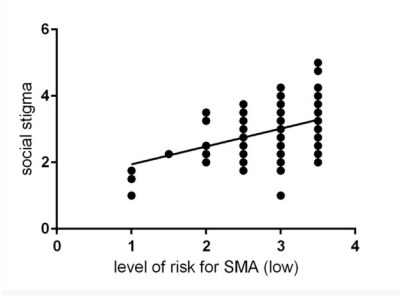

Fig. 3. Linear regression graph of social stigma and level of low risk for SMA

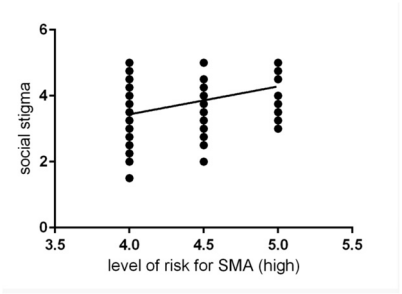

Fig. 4. Linear regression graph of social stigma and level of high risk for SMA

In addition, we compared whether people with low levels of SMA consider SMA patients dangerous, as shown in Fig.5 and Fig.6, which was proven incorrect by a t-test of correlation. Surprisingly, individuals in the "high SMA" group had a mean of 3.092, a result very close to the response "I take a neutral stance", larger than the mean of the "low SMA" group, which was 2.435, which falls between "I partially disagree" and "I take a neutral stance." The difference is statistically significant because t243=5. 479, and $p<0.0001$. The result suggests individuals with a higher risk of SMA have a lower level of confidence in themselves, considering SMA patients dangerous to a degree higher than those with a lower risk of SMA. In addition, people with low risk of SMA may not be aware of the potential dangers of SMA due to their lack of knowledge of the disease.

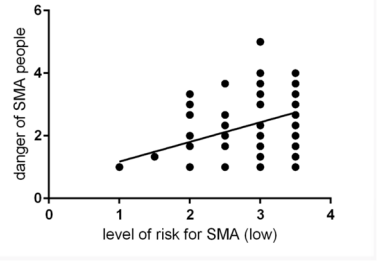

Fig. 5. Linear regression graph of danger of SMA patients and level of low risk for SMA

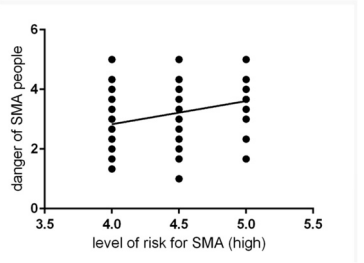

Fig. 6. Linear regression graph of danger of SMA patients and level of high risk for SMA

Finally, we compared whether individuals, in general, have less perception of SMA compared to other disorders, particularly mental illnesses such as depression and substance use disorders, as shown in Fig.7 and Fig.8. A t-test of correlations proved this correct, as the means of both high and low groups were 3.768 and 3.33, respectively. The means of both groups fall in between the range of "I take a neutral stance" and "I partially agree," while 3.768, the mean of the high group, is closer to "I partially agree." The means are both higher than 3, indicating most individuals responded either "I partially agree" or "I extremely agree" for Questions 14 and 15. The result is statistically significant because $t243=3.585$, and $p<0.0001$. This result is not surprising because information about SMA is recorded noticeably less than depression or substance use disorders. People may not have as much access to records of SMA compared to other mental illnesses and substance use disorders.

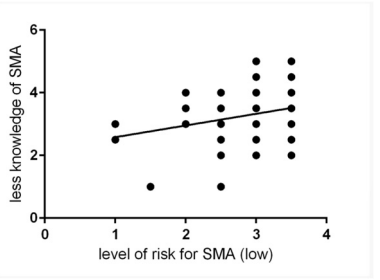

Fig. 7. Linear regression graph of knowledge of SMA and level of low risk for SMA

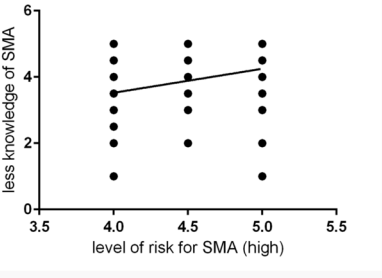

Fig. 8. Linear regression graph of knowledge of SMA and level of high risk for SMA

4 Discussion and Conclusion

Some of the results and comparisons of the t-test and Pearson correlations shown in the last section were unexpected, such as the result that people in the "high SMA" group showed higher levels of personal stigma. This could be explained by the "stigma power," a concept discussed and researched by Link and Phelan. "Stigma power" reveals how stigmatization often influences people subtly, pushing stigmatized individuals to conform to societal norms and internalize negative perceptions [11]. In this way, people with higher risks of SMA are likely to be more aware of the stigma towards people with SMA than those with lower risks of SMA. They tend to conform to social norms and judgment, and consequently evaluate a higher level of personal stigma towards people with SMA.

In terms of social stigma towards people with SMA, the tendency of individuals with higher risks of SMA to have higher levels of social stigma toward SMA patients contributes to the exacerbation of their issues. The development and implementation of effective prevention and intervention strategies are lacking. For instance, interventions for substance use disorders have been instrumental in stopping the onset of these disorders among teenagers [12]. These strategies often involve educational programs, counseling, and community support systems designed to identify at-risk individuals and provide early assistance. However, if social media addiction goes undetected, early interventions cannot be made to prevent teenagers from developing it more in the future. In addition, the normal nature of using social media impedes individuals with SMA from realizing the need to seek help and may exacerbate denial. Indeed, many people with substance use disorders express strong denial and require intervention. We might expect the same for social media addiction.

Finally, the survey I created has some caveats. Further research on the stigma of social media addiction can address the demographic information, personality traits, hours of social media use, and severity of the negative effect social media has on individuals' daily lives, such as the days of sleep loss and degree of harmed academic performance. Impacts on social relationships can also be investigated to provide practical recommendations for treating social media addiction.

References

1. Campbell, L. (2022, August 30). Unable to Connect: A case study in social media addiction. The Yale Herald. https://yale-herald.com/2021/10/14/unable-to-connect-a-case-study-in-social-media-addiction/.
2. Olsen, Y. (2022). What is Addiction? History, terminology, and core concepts. Medical Clinics of North America/the Medical Clinics of North America, 106(1), 1–12. https://doi.org/10.1016/j.mcna.2021.08.001.
3. Jeste, D. V., Lieberman, J. A., Fassler, D., Peele, R., & American Psychiatric Association. (2013). DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (Fifth). American Psychiatric Association. https://repository.poltekkes-kaltim.ac.id/657/1/Diagnostic%20and%20statistical%20manual%20of%20mental%20disorders%20_%20DSM-5%20(%20PDFDrive.com%20).pdf.

4. Volkow, N. D. (2020). Stigma and the toll of addiction. New England Journal of Medicine/˜the œNew England Journal of Medicine, 382(14), 1289–1290. https://doi.org/10.1056/nejmp1917360.
5. Po-Ching Huang, Janet D. Latner, Kerry S. O'Brien, Yen-Ling Chang, Ching-Hsia Hung, Jung-Sheng Chen, Kuo-Hsin Lee and Chung-Ying Lin. (2023). Associations between social media addiction, psychological distress, and food addiction among Taiwanese university students. Journal of Eating Disorders, 11:43. https://doi.org/10.1186/s40337-023-00769-0.
6. Yurtdaş-Depboylu, G., Kaner, G., & Özçakal, S. (2022). The association between social media addiction and orthorexia nervosa, eating attitudes, and body image among adolescents. Eating and Weight Disorders, 27(8), 3725–3735. https://doi.org/10.1007/s40519-022-01521-4.
7. Wendy A. Booth, Mabrouka Abuhmida, and Felix Anyanwu. (2024). Mental health stigma: a conundrum for healthcare practitioners in conservative communities. Front. Public Health 12:1384521. doi: 10.3389/fpubh.2024.1384521.
8. Andreassen, C. S., Billieux, J., Griffiths, M. D., Kuss, D. J., Demetrovics, Z., Mazzoni, E., & Pallesen, S. (2016). Bergen Social Media addiction scale [Dataset]. In PsycTESTS Dataset. https://doi.org/10.1037/t74607-000.
9. Yang, L. H., Grivel, M. M., Anderson, B., Bailey, G. L., Opler, M., Wong, L. Y., & Stein, M. D. (2019). Brief Opioid Stigma scale [Dataset]. In PsycTESTS Dataset. https://doi.org/10.1037/t72263-000.
10. Docksey, A. E., Gray, N. S., Davies, H. B., Simkiss, N., & Snowden, R. J. (2022). The Stigma and Self-Stigma Scales for attitudes to mental health problems: Psychometric properties and its relationship to mental health problems and absenteeism. Health Psychology Research, 10(2). https://doi.org/10.52965/001c.35630.
11. Link, B. G., & Phelan, J. (2014). Stigma power. Social Science & Medicine, 103, 24–32. https://doi.org/10.1016/j.socscimed.2013.07.035.
12. Nelson, L. F., Weitzman, E. R., & Levy, S. (2022). Prevention of substance use disorders. Medical Clinics of North America/the Medical Clinics of North America, 106(1), 153–168. https://doi.org/10.1016/j.mcna.2021.08.005.