

ADOLESCENT PSYCHOLOGICAL AND SOCIAL WELL-BEING AND SOCIAL MEDIA

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The present literature review presents pertinent information to school counselors as it relates to social media usage and psychological and social well-being. The information presented illustrates the impact of social media usage and the various developmental models that are affected by such use. The literature presented highlights the challenges that adolescents face during the time of technology proliferation with implications for school counselors and recommendations for future research.

Keywords: social media, adolescents, psychology, social well-being, and school counseling

“Social media is addictive precisely because it gives us something which the real-world lacks: It gives us immediacy, direction, and a value as an individual” (Amerland, 2015, p. 59).

School counselors are faced with numerous challenges throughout the academic year as well as their career. One challenge that has proven to be prominent is the utilization of social media (SM) by students (Mullen et al., 2014). Furthermore, school counselors are tasked to adhere to the American School Counselor Association’s (2022) ethical guidelines when discussing the utilization of SM and their students; therefore, understanding factors associated with the usage of SM is indicated. The American School Counselor Association promotes the overall well-being of students and places responsibilities of these wellness factors upon the stakeholders of the community and school. Furthermore, to understand the role of SM by students and obstacles faced by students, one must also understand dominant developmental models.

Developmental Models

Many lifespan models characterize human development in life stages with milestones, goals, or obstacles to overcome in each stage of life (e.g., Broderick & Blewitt, 2015; Greenspan & Salmon, 1993; Havighurst, 1979). Some models suggest development as a linear progression from one stage to the next, and others suggest some overlap between stages (e.g., psychodynamic, cognitive, and psychosocial development). For the purposes of this article, Erikson's psychosocial development model will be utilized. The stages proposed by Erikson characterize human development through a social stage model with a series of tasks to achieve or crises to overcome within each lifespan phase (Broderick & Blewitt, 2015).

According to Erikson's fifth psychosocial development stage, adolescents explore their values and goals, resulting in establishing a sense of self (Erikson, 1963). The fifth stage involves

an adolescent developing their identity. If development in this stage is interrupted, Erikson posited that the adolescent would develop a sense of role confusion. An adolescent who successfully develops their identity will feel a sense of uniqueness and self-sameness and will have developed as Erikson described. Erikson suggested that if interruptions occur at this stage of development, adolescents may develop low self-esteem, worsened mental health, and commitment difficulties.

Similar to Erikson's developmental model, Havighurst's (1972) model proposed specific developmental tasks normal in adolescence as part of the normal transition between middle childhood and young adulthood (pp. 43–82). Havighurst (1972) defined a developmental task as follows:

A task which arises at or about a certain period in the life of the individual, successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society and a difficulty with later tasks. (p. 2)

Leveraging Havighurst's developmental model, Ingersoll (1998) highlighted several essential tasks that an adolescent needs to achieve successfully. An adolescent must achieve the following normal developmental tasks: (a) develop a sense of self that incorporates a changing physiology related to pubescent development; (b) experience an acceleration of thinking and awareness, moving from concrete thought processing to enhanced abstraction; (c) establish an identity apart from their parents and peers that occurs when an adolescent recognizes their uniqueness and separation from their parents; (d) establish independence (emotionally and physically) from their parents (i.e., stable and productive peer relationships; as an individual hits the adolescent developmental period, peer relationships become more important than parental relationships); (e) cultivate their own personal value system (in childhood, the individual was focused morally on a structured set of rules given by their parents); and (f) develop increased impulse control and behavioral maturity.

Lifespan models like Erikson and Havighurst suggest the importance of processing and overcoming developmental obstacles to move on to the young adulthood stage of development. During this developmental stage, the increase of SM usage may be disrupting for many adolescents (Erikson, 1963; Havighurst, 1972). For example, the stage of identity formation versus identity diffusion illustrates a developmental stage that may be compromised due to the utilization of SM.

Literature Review

Psychological Well-Being and SM

Adolescents' utilization of SM increased dramatically in the last 10 years with almost 95% of teens between the ages of 13 and 17 reporting owning a smartphone device and using SM applications such as YouTube, Instagram, Snapchat, and Twitter (Anderson & Jiang, 2018; Resnik & Bellmore, 2019) at the same time as this critical developmental stage is occurring (e.g., identity formation vs. identity diffusion; Erikson, 1963; Havighurst, 1979, pp. 43–82). Researchers have found that increased SM use or, more generally, digital media (DM) use inclusive of SM use was positively correlated with increased psychological difficulties (e.g., Boer et al., 2020, p. S96; Hawes et al., 2020, p. 66; Twenge, 2019, pp. 374–377). Furthermore, researchers examining levels of screen time and psychological factors associated with well-being provided findings that show a positive

correlation between increased SM/DM usage and increased rates of diagnoses of anxiety and depression (e.g., Hawes et al., 2020, p. 71; Lin et al., 2016, p. 327; Twenge & Campbell, 2018, p. 278). According to Lin et al., the likelihood of an adolescent to be diagnosed with depression is when they are in the highest quartile of total time per day spent using SM.

In a review of the literature, Twenge (2019) found that heavy DM users experienced almost double the depressive symptoms when comparing light to heavy DM usage (p. 373). In contrast, light or reduced DM usage correlated with increased happiness, lower rates of depression, and reduced loneliness (Twenge, 2019, p. 373).

Social Well-Being and SM

As SM has become a universal platform for social interaction during the adolescent developmental period, we wanted to research the correlation between SM use and relationship formation. According to Sampasa et al. (2020), parent-child relationships were drastically affected by SM use (p. 293). After examining the association between SM use and parent-child relationship quality, data on 9,732 students (48.4% female) aged 11 to 20 years showed heavy use of SM (i.e., daily use greater than 2 hours) “was associated with greater odds of negative relationships between mother–daughter ... father–daughter ... father–son ... but not mother–son” (Sampasa et al., 2020, p. 793). After adjusting for total screen time, the “findings suggest that heavy use of [SM] is associated with negative parent–child relationships” (Sampasa et al., 2020, p. 793).

Weaver and Swank (2019) suggested that two factors—fear of missing out and upward social comparisons—could present problems related to SM use in adolescents (p. 105). Fear of missing out is a type of anxiety and social envy frequently accompanied with feelings of exclusion often perceived by viewing another’s SM post when not in attendance at a social gathering. Upward social comparison is a type of negative social comparison in which a person perceives others as better than themselves resulting in feelings of emotional distress. Weaver and Swank suggested that fear of missing out and upward social comparisons—a common phenomenon with increasing amounts of SM use in adolescent populations—can adversely affect self-concept development and psychological well-being (p. 105).

Another well-being factor associated with social comparison involves body image. Hawes et al. (2020) studied appearance-related preoccupation and appearance rejection sensitivity (a social comparison construct) based on viewing filtered or enhanced images on SM platforms (p. 66). The findings suggest that adolescent and young adult female participants experience more appearance-related preoccupation, difficulty with maladaptive SM use, depression, anxiety, and appearance rejection sensitivity when compared with adolescent boys and young adult men (Hawes et al., 2020, p. 70). Increased problematic SM use and appearance-related preoccupation positively correlated with increased rates of depression regardless of gender (Hawes et al., 2020, p. 70). Increased rates of appearance related anxiety, increasing time on SM, and problematic SM use were associated with increased appearance rejection sensitivity (Hawes et al., 2020, p. 71). Hawes et al.’s research indicated that average or high appearance-related preoccupation coupled with increased time using SM produced an interaction effect that predicts increased rates of appearance rejection sensitivity.

Assessment for SM Problems

In determining problems with SM use that might be a potential contributing factor to a person's depression, anxiety, or other psychological difficulties, a counseling or psychological clinician requires a reliable and valid assessment instrument to detect the problem. Watson et al. (2020) evaluated the reliability and validity and other psychometric properties of two assessments previously used in other research studies to measure SM addiction in a sample aged 13 to 19 years (p. 460). In the study, participants were selected using a stratified sampling method that allowed for a nationally representative pool using a research survey company Qualtrics (Watson et al., 2020, p. 460). The instruments are described below.

The Social Media Disorder Scale

The Social Media Disorder Scale was developed to align with the criteria of the internet gaming disorder, a loosely associated disorder in the conditions for further study section of the DSM-V. This self-assessment instrument measures feelings over the past year related to SM use by asking nine dichotomous questions (*yes/no*). Answering *yes* to five or more questions suggests a SM use problem (Watson et al., 2020, pp. 460–461).

The Bergen Social Media Addiction Scale

The Bergen Social Media Addiction Scale was modified from a Facebook-specific instrument to reflect a more general SM measurement. The instrument presents six items using a 5-point Likert scale. The items align with addiction related concepts of urges and preoccupation with an addictive substance. A total score greater than 19 suggests problematic SM use (Watson et al., 2020, p. 461).

Counseling Interventions

School Counseling Prevention for Internet Addiction

SM and DM use can be a subcomponent of internet use or gaming depending upon how the research defined the constructs. Throuvala et al. (2019) examined the literature on school prevention interventions related to peer-to-peer training, media literacy training, targeting of multiple health related behaviors that included internet and gaming use with group-based cognitive behavioral therapy (CBT) as a part of a health promotion program, and multiple addiction-based programs that internet addiction and gaming addiction were component targets of high-risk behaviors (p. 510). Prevention interventions sought to promote protective factors (social skills, knowledge, attitudes, reducing comorbid symptoms) and reduce risk factors (Throuvala et al., 2019, p. 516). The studies reported mixed results with some finding reductions in gaming and internet use during the intervention period that quickly rose back up to preintervention levels (Throuvala et al., 2019, p. 517). Others found a decrease in the number of gaming users indicating a partial influence in intention to change or saw a medium effect and statistically significant improvement in the intervention group (Throuvala et al., 2019, p. 517). Assessment of internet use problems and defining the constructs of internet addiction and gaming addiction remain a problem in developing intervention programs to target these problems; for example, cutoff points that

appear arbitrary, and well-defined diagnostic criteria (Throuvala, 2019, p. 517) that also include SM use as a part of overall internet use.

Mindfulness Intervention

Three studies cited by Weaver and Swank (2019) related to adolescents provide some evidence to support the effectiveness of mindfulness-based counseling interventions in reducing depression (Ames et al., 2014, p. 77), anxiety (Haydicky et al., 2012, p. 159), and psychological distress (Tan & Martin, 2013, p. 49). Weaver and Swank proposed a mindfulness-based intervention for adolescents presenting SM use and identity development difficulties that target aspects of attention, intention, and attitude (pp. 105–107). Targeting attention involves engaging the client in deep breathing exercises while bringing their attention to the body and emotions through nonjudgmental observation or through the 5-4-3-2-1 grounding technique before accessing online content (Weaver & Swank, 2019, p. 108). The 5-4-3-2-1 grounding technique promotes present thinking by utilizing the five senses to connect to the surrounding environment. General guidance for completing the technique involves pairing the senses with the five numbers. For example, identifying five things that can be seen, four sounds that can be heard, three sensations that can be felt, two things that can be smelled or tasted, and one thought (Weaver & Swank, 2019, p. 108). Next, while continuing to practice breathing the counselor helps the client bring awareness to the intentions for going online, answering a question about whether the intention to engage in online activity is to distract or connect. While holding attention to the intention to engage in SM use, the client decides whether or not to get on SM (Weaver & Swank, 2019, p. 108). Attitude involves monitoring emotions and thoughts that lead to SM behavior and continued monitoring of these after reading the first post or viewing the first photo and then self-evaluating with questions while attempting to maintain a mindful attitude (Weaver & Swank, 2019, p. 109).

While findings suggest some evidence supporting effectiveness with adolescents, a few weaknesses of clinical relevance were presented upon review. Ames et al. (2014) used qualitative and quantitative methods to evaluate depression response rates using mindfulness-based cognitive therapy in a sample of adolescents aged 12 to 18 years (p. 75). The participants included seven female participants that completed the study, representing a small sample and lacking in diversity of gender. The study used a quasi-experimental design utilizing pre and posttesting with no control group for comparison (Ames et al., 2014, p. 75). While Ames et al. reported a large effect in reducing depression using the mindfulness-based cognitive therapy interventions thereby providing support for effectiveness (p. 77), counselors should use caution before generalizing this result across a broad population of adolescents due to the small sample size, lack of gender diversity, and lack of controls applied in the study. Of further consideration, Ames et al. suggested natural recovery as a possibility due to the study's limitations, so the promising findings warrant further research (p. 77).

Haydicky et al. (2012) evaluated a mindfulness martial arts manualized group intervention that included several other interventions (CBT, behavior modification, and mixed martial arts) with a population of adolescent boys ($n = 49$) aged 12 to 18 years with learning disabilities, attention-deficit/hyperactivity disorder, and anxiety (p. 154). The researchers waitlisted a control group ($n = 28$) for comparison, and those participants in the study group ($n = 21$) with elevated anxiety saw decreases in those symptoms (Haydicky et al., 2012, pp. 154–157). Some weaknesses of the Haydicky et al. study included clinical constraints that prevented random assignments to the conditions and the inability to apply controls to learning disabilities and other comorbid conditions

(p. 154) and primarily used self-report measures to assess improvement in symptoms (p. 156). Additionally, waitlisted families were not prevented from seeking other treatments, and in several situations, some waitlisted participants received other counseling interventions outside of the study (Haydicky et al., 2012, p. 154).

Tan and Martin (2013) evaluated a 5-week mindfulness training in a manualized group format, resulting in significant reductions of psychological distress, improved functioning, and improved self-esteem (p. 49). The researchers applied random assignment to the standard treatment control and the standard treatment plus mindfulness experimental groups for a sample of 80 participants (Tan & Martin, 2013, p. 50). Standard treatment involved a random assortment of medications, family therapy, play therapy, CBT, and psychoeducation interventions (Tan & Martin, 2013, p. 51). The experimental treatment condition analysis and results compared to the control group served as a full randomized control trial with sufficient participants to produce results with adequate power and medium effects (Tan & Martin, 2013, p. 50). The sample was predominately female (75%), which reflected the demography of those seeking treatment at the clinic (Tan & Martin, 2013, p. 50). The findings suggest the use of caution when counselors generalize the findings more broadly to male adolescents with similar problems. Otherwise, the Tan and Martin study provides more robust efficacy evidence when compared to the depression (Ames et al., 2014) and anxiety (Haydicky et al., 2012) findings in terms of experimental design, applied controls, number of participants, and participant characteristics.

CBT Intervention

Based on CBT, Zhou et al. (2020) proposed a short-term abstinence intervention to treat SM use problems using a mixed method study with 65 participants. Zhou et al. found that the utilization of CBT was effective in alleviating certain patterns of SM usage. In addition, Bányai et al. (2017) found support for utilizing CBT techniques and assessments.

Discussion

The presented literature provides highlights into the adolescent use of SM and its either direct or indirect effects on psychological and social well-being. It is not our intention to purport that a causal relationship exists between the aforementioned factors; however, the overwhelming attention placed on these factors create a critical area of discourse. This discussion needs to be addressed in a systemic approach that involves all the stakeholders of the school and community (Mullen et al., 2014; Sela et al., 2021). A problem exists, and we as a helping profession need to be steadfast in our approach to creating solutions and mediating the issues at hand.

Limitations

SM use problems represent a newer phenomenon and most of the screening and diagnostic instruments are found mainly in the research literature. We recommend to consistently review newer instruments and improved definitions of the phenomenon. Also, the lack of a concise definition of SM and DM represents an ill-defined area of what they are and how they are utilized. For example, DM sometimes includes gaming and sometimes does not and gaming also crosses the lines between various types of devices.

Implications for School Counselors

“The act of communication is common; but communicating in the *context of social media* is unique. Consequently, school counselors need to apply ethical standards and legal statutes to their professional activities in the context of social media” (Mullen et al., 2014, p. 21). This statement addresses the intent of this literature review and places SM into the school counseling medium. School counselors face the challenge of understanding the new SM platforms and working with students in order to address issues raised by students seeking assistance. The workload of school counselors heavily differentiates by district, which creates a microcosm of havoc when working with students that utilize SM and are equally affected by the results of their usage (Mullen et al., 2014). Subsequently, the role of the school counselor as similar to any helping professional varies each day and is situationally and contextually based. School counselors may utilize psychoeducational sessions for students, parents, and or guardians (Mullen et al., 2014), and it is recommended that school counselors screen for SM use when clients present with depression, anxiety, body image difficulties, and parent-child relationship conflict (Sampasa et al., 2020; Throuvala et al., 2019).

Recommendations for Future Research

We encourage helping professionals to critically engage with the included work and ask their own questions based on their professions and agendas. Future research should look more deeply into the effects of SM use and its effect on biological changes related to puberty onset, risk taking, and developmental cognitive changes. We did not examine the holistic entity known as SM; however, we have provided a sample of the areas of concerns as well as provided areas for critique.

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