

Social media, social comparison and mental health.

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Abstract:

Social media has become a mainstay of popular culture with a growing number of users, yet the understanding of how social media can impact on mental health is at an early stage. This article focuses on social media and how the increased opportunity to make social comparison may contribute to mental health difficulties. Relevant theory and clinical examples are discussed. Suggestions are made for nursing practice.

5 key points:

- Social media has become a mainstay of popular culture
- Social media affords people increased opportunity to make social comparisons
- People often present their highlights on social media, meaning social comparison online is not synonymous with real world
- Social comparison can impact self-esteem, and people may benefit from education around self-presentation, social comparison and potential impacts on mental health
- Nursing practice should be mindful of the potential impacts of social media on people's mental health, particularly where mental distress results from the way an individual perceives themselves.

Introduction

Whilst social media has many definitions (Fuchs, 2017), it has been said to describe internet based and networked communication platforms which allow both personal and public communication (Miekle, 2016). This definition fits the likes of Facebook, Twitter and Instagram, which have become mainstays of popular culture. Indeed, recent figures based on the

constant increase in social media user numbers estimate that by 2021 over three billion people will be utilising social media services (Clement, 2018). Social media can undoubtedly provide access and connection to people, services, information and opportunities which previously would not have been possible. However, there is growing evidence, particularly on adolescent mental health, that greater social media use can be related to higher depressive scores, poor sleep, low self-esteem and body image concerns (Kelly et al, 2018). This article explores the negative impacts of social media, focusing in on the increased opportunities to make social comparisons.

More addictive than cigarettes and alcohol?

Social media has been described as more addictive than cigarettes and alcohol (Royal Society for Public Health, 2017), and daily social media usage figures for an internet user are increasing, at 136 minutes per day (Clement, 2019). Whilst the nature of addiction is complex and may not fit neatly into a hierarchy, the idea of being 'more addictive' may relate to the fact that social media is available without restriction, accessible and socially acceptable.

Successful social interactions, and the neurotransmitters which are released during such interactions, can offer one of the most fulfilling stimuli for humans (Krach, 2010). Today we can carry on our person around two billion potential social connections, and this has been harnessed to the advantage of social media companies. Ex-Facebook president Sean Parker described the platform as a "social validation feedback loop", and admitted the deliberate introduction of the 'like' button to give "a little dopamine hit" and encourage continued use (Solon, 2017).

Whilst causes were unclear, the use of multiple social media platforms has been linked with increased depression and anxiety symptoms in 19-32 year olds (Primak et al. 2017). Furthermore, the United Kingdom Chief Medical Officer's Commentary (Davies et al. 2019) state that associations have been observed in research between screen-based activities and children and young people's mental health, yet similarly the cause and effect of said associations are not yet fully understood. They recommend parents and carers finding a balance between utilising the benefits that screen time can have on development, without superseding other essential health promoting activities such as sleep, exercise and face to face social interaction (Davies et al. 2019).

As social media user numbers continue to grow, interestingly, so does the emergence of apps designed to help people limit the time they spend on their smartphones. However, the effectiveness of such apps has not yet been rigorously tested (Van Velthoven et al, 2018). Problematic smartphone use, which can be defined as "an inability to regulate one's use of the mobile phone, which eventually involves negative consequences in daily life" (Billieux, 2012) has been described as an emerging public health problem (Van Velthoven et al, 2018). Evidence shows that taking a break from Facebook has positive effects on two areas

of wellbeing, these being life satisfaction and the experiencing of more positive emotions (Tromholt, 2016). The positive correlation between social media use and impaired mental health has important implications for clinicians (Vanucci et al, 2017) and nurses need to be aware of the possible effects social media may have on patients.

Social Comparison

Though there are many reasons social media can impact on an individual's mental health, through impacts to sleep, anxiety and depressive symptoms, body image and cyberbullying (Royal Society for public health 2017), increased social comparison may be one of the most powerful, and an issue which contributes to other difficulties. Social comparison is a form of sociological self-esteem, where we derive our sense of self through comparisons to others (Festinger, 1954). Festinger argued that people have a tendency to make downward social comparisons, to those people felt to be worse off or less skilled, which may have positive impacts on self-esteem. However, upward social comparisons can have negative impacts, and the opportunity to make upward comparison is greater than ever.

Alfred Adler stated that 'to be human is to have inferiority feelings' (Adler, cited in Ansbacher and Ansbacher, 1964), and in the age of social media this inferiority has the potential to be heightened and amplified. Whilst social comparison in the real world would take place between the self and a few others, the digital universe of social media hold almost limitless potential for comparison. Indeed, whilst historical research predating social media had seen the average person estimated at having between 10 and 20 close relationships, and up to 150 wider social relationships (Dunbar, 1993), the recent average of online 'friends' is estimated as a towering 338 people (Pew Research Center, 2015). Whilst social connection undoubtedly offers people a great deal of positive opportunities, the greater the number of connections, the more opportunities for social comparison.

Self-presentation

Self-presentation theory (Goffman, 1959) supposes that there is discretion as to how people present themselves in a variety of performances. Furthermore, the "hyperpersonal model" of behaviour argues that computer-mediated communication has advantages over face to face communication, in so far as users are able to optimise their self-presentation (Gonzales and Hancock, 2011). One could therefore argue that the performance of the digital self can be a meticulously calculated self-presentation. Fuchs (2016, p.36) identifies that the very labelling of some social media platforms "Facebook, YouTube or MySpace" as opposed to "WeBook, OurTube or Our Space" is indicative of their focus on the self. Marwick (2013) further argues that social media has seen the transfer of marketing and advertising techniques into relationships and social behaviour, with the goals of status seeking and increasing social capital. The self can now be packaged as a product.

Using marketing techniques on the digital self can mean carefully crafting an image and reputation. People often present their ideal selves on Facebook (Zhao et al, 2008), and the same could be supposed for other platforms. The problem therein is that an individual experiencing social comparison then struggles to find anything other than upward comparisons to measure against. It can come to pass that an average day is always compared against the 'greatest hits' of others (Box 1). The 'My Unfiltered Life' campaign by See Me Scotland argued that the airbrushing and editing of real life could also contribute to mental health stigma, with people feeling under pressure to hide their day to day struggles with mental health (Love, 2016).

Box 1:

A discussion during an inpatient recovery group in a mental health unit, saw a patient make a statement to the extent of:

"I've just been admitted to this ward, and I feel awful. But I go online, and my friends are getting married, one's had a baby, a couple are on holiday... They all look great, and they are all certainly having a better time than me..."

In a conversation with an outpatient on self-care and relapse prevention, they cited a "detox" from social media as potentially beneficial. They voiced that:

"I can be having a good day and then I go online and everyone's having a better day. It just knocks me right off. I know it's not 'real life' but it still feels like I can't compare."

Steer et al (2014) found that some people felt depressed after spending a great deal of time on Facebook, due to feeling badly when comparing themselves to others. Instagram, which is reported to be the most harmful social media platform for youth mental health (Royal Society for Public Health, 2017), has recently commenced hiding "like" counts in an attempt to reduce the pressure users experience when using the application (BBC, 2019). The amount of likes a post gets can be seen as a measure of accomplishment and popularity on Instagram, and reducing the visibility of this feature, amongst growing evidence of the negative impacts of social media on youth mental health, is significant.

The gulf between actual and ideal self

The way we feel about ourselves is influenced by how we are, how we would like to be, and how we think we should be within the society in which we live. Self-discrepancy theory lists these 3 types of self; the actual self (how we are), the ideal self (how we would like to be), and thought self (how we think we should be) (Higgins, 1987). It has been argued that we are motivated to reduce the gulf between these selves. This can be positive, as an upward comparison could drive self-improvement and even recovery from ill-health. Nonetheless, failing to bridge the gap may contribute to dissatisfaction and disappointment. Social media may significantly contribute to an unrealistic ideal and ought self, given the hyper-personal self-presentation of users, and thus a brutal

social comparison measures against a constant state of beauty and glory. Furthermore, given the 24/7 accessibility of social media platforms, there can be spontaneous and ongoing social comparison (Steer et al 2014) with potentially no respite from the lives of others without a level of self-control. Whilst human beings have more opportunity to compare selves with others than ever before, it is invaluable to be aware that life as it appears on social media is not synonymous with the real world.

The 5 systems

Problems resulting from upward social comparison lay not only in the thinking, but in how this thinking impacts on other aspects of our wellbeing. Whilst there is never one typical human experience, a hypothetical example using the 5 systems model (environment, thoughts, feelings, behaviours and physical sensations) (Williams and Garland, 2002) (Box 2) demonstrates the role that social media and social comparison may play in mental health difficulties. Whilst social media does not itself play a causal role, it may be a vehicle for distress for people with unhelpful patterns of thinking, and may increase a person's vulnerability to making upward comparisons where they may find disappointment in themselves.

The 5 systems model can explain how mental health difficulties are maintained through dynamic interactions between all systems. The things that people think can directly impact on both emotional and physical feelings, and henceforth impact behaviour (Williams and Garland, 2002). Changing the unhelpful thought, which in this case may relate to a variety of things such as body image, life achievements or popularity, may have a positive influence on the others. The thought that "other people are better than me" could be challenged somewhat by education around the aforementioned concepts of self-presentation and social comparison. Thereafter an increased understanding may lessen the distance between actual and social media driven ideals, or ultimately expose the ideal as an illusion. Further therapeutic work could relate to unhelpful thinking and the tendency to make upward comparisons, as well as the cycle of how all systems interact.

Box 2:

Hypothetical example of problematic social comparison through use of social media - The 5 systems model
(Adapted from Williams and Garland 2002)



The role of nursing

Mental health nurses, or indeed any registered nurse working with people experiencing mental distress, should acknowledge and consider the potential negative effects of social media on people's wellbeing. It may be that the coming years see this become a more formal part of nursing practice. On admission to mental health inpatient and outpatient services, patients are routinely asked if they smoke. Of course, the harmful effects of smoking on physical and mental health are well known (NHS 2018, Royal College of Physicians and Royal College of Psychiatrists 2013, Taylor et al. 2014). As growing evidence emerges regarding the potential of social media to impair mental wellbeing, establishing routine enquiry into social media use as part of an assessment by mental health services may be required, and has already been suggested for symptoms such as depression and anxiety (Primak et al. 2017). Identifying social media as a possible contributor to the mental distress being experienced could provide valuable opportunities for psychoeducation and health promotion. Through joint assessments with the patient, acknowledging social media use and the pitfalls of social comparison may increase the patient's ability to self-regulate their behaviours and routines, as experienced in discussion with patients (see box 1).

At present, the authors could not identify any nursing specific guidelines regarding how to discuss or promote more considered social media use with patients. The Nursing and Midwifery Council (NMC 2018), features guidance which stipulates nurse's commitment to promoting health and wellbeing and ensuring that any advice or information given be evidence based (points 3.1 and 6.1). If future research projects were to find that social comparison through social media has a solid correlation with mental health outcomes, then nurses may be required to utilise their role as an educator and promoter of good health within this field. The National Institute for Health and Care Excellence (2019) includes a section on how they as a brand use social media, but no guidelines referring to best practice regarding social comparison and patient care were found. Similarly, the evidence base regarding social media and specifically social comparison is limited, and would be a valuable area of future research.

Conclusion

Social comparison is one aspect of the multifaceted and complex potential impacts of social media platforms. Due to the prevalence of social media use (Clement, 2018), contemporary nursing should pay close attention to the growing evidence base on the impact of social media use on mental health and wellbeing. Nursing practice at the very least requires to be mindful of these impacts, and routine enquiry into social media use may be sensible when mental distress results from the way an individual perceives themselves. Following enquiry into social media usage, psychoeducation regarding the potential for low self-esteem through social comparison may be required. There is little doubt that social media platforms will continue their current trend of growth in the coming years. Whilst social media becomes a mainstay of popular culture, staying with users from youth to adulthood, nursing practice will be required to meet the emerging needs of people who may be negatively affected.

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