Positive and Negative Effects of Social Media on Adolescent Well-Being.

Katie Kennedy

Minnesota State University, Mankato

Follow this and additional works at: https://cornerstone.lib.mnsu.edu/etds

Part of the Health and Physical Education Commons, Mental and Social Health Commons, and the Social Media Commons

Recommended Citation

This Thesis is brought to you for free and open access by the Graduate Theses, Dissertations, and Other Capstone Projects at Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. It has been accepted for inclusion in All Graduate Theses, Dissertations, and Other Capstone Projects by an authorized administrator of Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato.
Positive and Negative Effects of Social Media on Adolescent Well-being.

By

Katie Kennedy

A Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of
Master of Science
In
School Health

Minnesota State University, Mankato
Mankato, Minnesota
May, 2019
(May 6, 2019)

Positive and Negative Effects of Social Media on Adolescent Well-being.

Katie Kennedy

This thesis has been examined and approved by the following members of the student’s committee.

________________________________
Dr. Marge Murray-Davis

________________________________
Dr. Joseph Visker

________________________________
Dr. Emily Forsyth
Acknowledgements

There are many to thank throughout this process for input, time, support and constructive feedback. I am so grateful to my family for their never ending understanding, help, empathy and support throughout this process. Their love, encouragement, and belief in me was ceaseless and for that I will be forever appreciative. I am also grateful to members of my cohort, especially Jeff Schafer, Audra Richards and Adam Whirley. Your humor, additional support, suggestions and comradery are priceless! Thank you.

To the districts and teachers who helped without hesitation. I appreciate the time you took from your classes to hand out consents and take the survey as well as time out of your personal days to speak with me, clarify the process, and ask questions. Without you and your professionalism this would have never been possible, I feel so fortunate to teach within such a supportive network.

Additionally, many thanks to my professors at Minnesota State University, Mankato. You have pushed me further in my learning, exposed me to new ways of thinking and helped me strive to be a better educator. Special thanks to my committee, Dr. Marge Murray-Davis, Dr. Joseph Visker and Dr. Emily Forsyth. Thank you for guiding me through the Thesis process and answering my never ending questions, suggesting edits and offering support along the way. The time you spent helping me is sincerely appreciated. Thank you.
Abstract


Social media use is rapidly growing among adolescents, studies cite that the rates of “constant use” doubled from 2015 to 2018 (Anderson & Jiang, 2018; Lenhart, 2015). Social media use can have a serious negative impact on areas of well-being including feelings of depression, anxiety, fear of missing out, body image, bullying and sleep. Mojtabai, Olfson and Han (2016) cite the problematic use of mobile phones and social media applications as one of the trends aligning with the increase in major depressive episodes. Conversely, use of social media can promote positive feelings of well-being including creating a sense of community, providing access to needed health information, helping create new relationships and maintain existing ones and offering a platform for self-expression and creation of self-identity.

The purpose of this study was to compare the positive and negative impacts of the top four social media platforms used by adolescents on 14 areas of well-being. SPSS was used for data analysis to compare well-being scores for Facebook, Instagram, Snapchat and YouTube. Analysis was also completed to see if there was a relationship between time spent online and perceived well-being. Consistent with research, the majority of adolescents cite that their smartphone is the primary way they access social media. YouTube was identified as having the most positive impact on adolescent well-being while Instagram was perceived as having the most negative. Time spent online indicated a weak, positive correlation to well-being with only YouTube.
Table of Contents

Chapter One: ................................................................. 1
  Statement of the Problem ............................................. 3
  Significance of the Problem ......................................... 7
  Research Questions .................................................... 9
  Limitations ............................................................. 9
  Delimitations .......................................................... 10
  Assumptions .......................................................... 10
  Definition of Terms ................................................... 10

Chapter Two: Review of the Literature ............................ 14
  History of Social Media .............................................. 14
  Social Media and Brain Development ............................ 15
  Impact of Social Media and Digital Distraction ............... 17
  Impact of Social Media on Mental Health ....................... 18
  Impact of Social Media and Cyberbullying ..................... 21
  Impact of Social Media on Self-Esteem .......................... 25
  Impact of Social Media on Body Image .......................... 27
  Impact of Social Media and Fear of Missing Out ............. 29
  Impact of Social Media on Sleep ................................. 31
  Impact of Social Media and Emotional Support and Community Building 32
  Impact of Social Media and Access to Information .......... 34
  Summary ............................................................. 36

Chapter Three: Methodology ......................................... 37
  Study Design .......................................................... 37
Theoretical Framework ................................................................................................................. 38
Participants ................................................................................................................................. 39
Instrumentation .......................................................................................................................... 40
Data Collection Procedure ......................................................................................................... 42
Data Analysis .............................................................................................................................. 43
Summary ...................................................................................................................................... 45

Chapter 4: Results ....................................................................................................................... 46
Introduction .................................................................................................................................. 46
Demographic Results .................................................................................................................... 46
Research Question 1: Which social media platform has the highest perceived positive impact on adolescent well-being? ................................................................. 49
Research Question 2: Which social media platform has highest perceived negative impact on adolescent well-being? ................................................................. 50
Research Question 3: What is the relationship between time spent on social media and perceived adolescent well-being? ................................................................. 51
Summary ...................................................................................................................................... 52

Chapter 5: Interpretation of Findings .......................................................................................... 54
Discussion .................................................................................................................................... 54
Recommendations for Practice ...................................................................................................... 57
Recommendations for Future Research ....................................................................................... 57
Conclusion .................................................................................................................................... 59

References ...................................................................................................................................... 62

Appendices ................................................................................................................................... 79
Appendix A: Institutional Board Letter of Approval ................................................................. 80
Appendix B: Permission to use survey tool .................................................................................. 82
Appendix C: Parent Consent Document .................................................. 84

Appendix D: Student Assent Document .................................................. 88

Appendix E: Survey Instrument ............................................................... 90

Appendix F: Literature Review Matrix ..................................................... 103

Appendix G: School District Letters of Approval to Conduct Research ........ 137
Chapter I

Social media is defined as “electronic communication (such as websites for social networking and microblogging) through which users create online communities and share information, personal messages and other content” (“Social Media”, 2004, para. 1). The most cited reason for internet usage in households located within the United States is the desire to engage in communication between family and friends and looking for information (Anderson & Jiang, 2018; Duggan & Smith, 2013; Fallows, 2004; Kennedy, Smith, Wells & Wellman, 2008). Facebook, the largest social media platform, acknowledges the desire for connectedness and information in their mission and vision statement; to see “people use Facebook to stay connected with friends and family, to discover what’s going on in the world and to share and express what matters to them” (Facebook, n.d., para. 2). Information seeking behavior is cited by Duggan and Page (2016), who found that over half of Americans get their news via social media and learned about the 2016 presidential election from various social media news feeds.

Social media is an increasingly popular tool with 77% of respondents within the United States owning at least one social media profile in 2018 (Edison Research, 2018). Social media use has grown from approximately 56% of users having more than one profile in 2016 to the average consumer citing use of more than four different social media platforms in 2018 (Duggan & Page, 2016; Smith & Anders, 2018). Social media is used for various reasons including making communication faster and information available within seconds, providing opportunities for collaboration and support, delivering a global network of entertainment, helping users form a sense of self-identity
and offering access to employment opportunities. Different social media platforms are created, and continue to be created, to fit these demands. Myspace, Facebook, Twitter, LinkedIn, Instagram, Vine, Snapchat, YouTube, Google+, Pinterest, Tumbler, Redditt, and WhatsApp are some of the different social media platforms currently offered. Facebook continues to lead the social media world. In 2017, Verto Analytics (2018) found 239 million users accessed their profiles at least once a month; with over half logging in on their mobile phones.

While approximately 76% of Americans age 18-64 use social media, teenagers are the demographic with the highest internet and social media use of any age group with 92% of teens accessing the internet daily and having an average of four social media platforms (Murphy, Olson, & Miller-Regan, 2018; Smith, Anderson & Caiazza, 2018). A review of research indicates that time spent on social media as well as the type of activity performed during that time, active or passive engagement, correlates with both positive and negative perceptions of overall well-being. The Centers for Disease Control and Prevention (CDC) (2018) indicate that overall well-being is self-measured, discussing that it is an overall sense of happiness and satisfaction in areas of life. The World Health Organization (2014) includes the term well-being in their definition of mental health, stating that “mental health is a state of well-being in which every individual realizes his or her own potential…” (WHO, 2014, para. 1). Well-being includes, but is not limited to, feeling positive emotions and moods in the following areas: physical well-being, emotional well-being, economic well-being, social well-being,
psychological well-being, development and activity, life satisfaction, engaging activities and work (CDC, 2018).

**Statement of the Problem**

A review of the research shows that social media can have positive impacts on well-being, including providing adolescents with a sense of support, specifically emotional support. Users may be able to garner supportive comments, likes, build empathy or find a community who is struggling with similar issues (Porersakulvanich, 2017; Shapiro & Margolin, 2014). Shapiro and Margolin (2014) also note that many teens use social media for self-expression and to connect with like-minded communities. Some social media communities, the lesbian, gay, bisexual, trans and queer (LGBTQ+) communities for example, are using social media platforms as a tool to identify adolescents who may be at risk for suicide (Shapiro & Margolin, 2014). Most studies explain these positive benefits of social media use in general, but do not designate which social media platform has individual benefits on overall well-being.

Another positive aspect related to social media highlighted in the review of research revolves around access to information, including knowledge of current events, politics and finding health information. Social media users, specifically those on Twitter and Facebook, were significantly more likely to get the flu vaccine (Ahmed, Quinn, Hancock, Freimuth & Jamison, 2018). Sharing health issues, requesting health information or advice, and messaging health providers are some of the cited benefits of social media use (Hausmann, Touloumtzis, White, Colbert & Gooding, 2017; Zhao & Zhang, 2017). Knowledge of current events, news, and attention to politics were also
cited at higher levels in people who were active social media users (Allcott, Braghieri, Eichmeyer, & Gentzkow, 2019).

A large majority of the research reviewed tended to focus on the potential negative effects social media can have on well-being, with many studies pointing toward the negative impact on mental health. Current literature cites that social media and internet use, specifically before bed, correlates with adolescent’s lack of quality and quantity of sleep (Chassiakos et al., 2016; Strickland, 2017; Woods, 2016). Weaver, Barger, Malone, Anderson and Klerman (2018) found that teens who get six hours of sleep a night can be three times as likely to consider or attempt suicide while other studies have found correlations between lack of sleep and anxiety, anger, drug use and depression (Arora et al., 2018; Bauducco, Flink, Jansson-Frojmark & Linton, 2016; Woods, 2016).

Other negative well-being outcomes that social media use has been linked to include increased levels of anxiety and depression, specifically on image-driven platforms like Facebook and Instagram (Burrow & Rainone, 2017; Shapiro & Margolin, 2014; Wright, White & Obst, 2018). Cyberbullying has been shown to have a stronger correlation to suicidal attempts than bullying done face-to-face (Kuehn, Wagner & Velloza, 2018). Walsh (2017) noted that adolescents reported lower levels of self-worth after passively browsing social media sites like Facebook and Instagram while Beyens, Frison and Eggermont (2016) found that browsing social media news feeds positively correlated with a specific type of anxiety called fear of missing out, or FoMO. Research indicates that FoMO is a mediating factor when measuring adolescent distraction in
academic classes and directly correlating with perceived lower levels of life satisfaction, increased levels of anxiety, less satisfaction with relationships and feelings of being overwhelmed (Fox & Moreland, 2015; Przybylski, Murayama, DeHaan & Gladwell, 2013; Shafer, 2017; Utz, Tanis, & Vermeulen, 2016).

The average teenager uses four social media platforms, seamlessly moving between them (Smith, Anderson & Caiazza, 2018). A review of the literature indicates that Facebook and Instagram, both highly visual social media platforms, have been studied regarding effects on well-being, specifically focusing on depressive symptoms, anxiety, FoMO, addiction, social support, and effects on body image. While teens do use Facebook and Instagram, they report Snapchat, Instagram and YouTube as their most valued and important social media platforms (Anderson & Jiang, 2018; Murphy, et al., 2018; Verto Analytics, 2018). Anderson and Jiang (2018) cite that while only 51% of teens have Facebook profiles, 85% of adolescents maintain active YouTube accounts and 69% utilize Snapchat daily. Strickland (2014) found that teens are spending an average of 3.2 hours a day on different social media platforms with 1 in 5 adolescents citing use in excess of six hours per day. Other studies find social media use to be much higher, with Asano (2017) finding teens spending as much as nine hours per day online, the majority of that time spent on YouTube.

Each social media platform has something unique to add, potentially providing one of the reasons that adolescents may be using multiple platforms (Smith, Anderson & Caiazza, 2018). Adolescents cite using YouTube for information, as a how-to or user-guide, as well as for entertainment purposes (Moreau, 2018). YouTube is not just passive
content. The platform allows users to upload favorite entertainment clips or self-made videos that other users can view, like, follow, and comment on, thus engaging in active usage. Instagram and Facebook are used as a photo-based diary of life, allowing viewers to share current events and keep up with the activities of those they follow (Becker, 2016). Instagram has a purely photo-based newsfeed allowing for instant documentation and providing a platform for cross-lingual communication (Becker, 2016). Instagram allows for creative development of self-identity, with 53% of Instagrammers citing that it’s use aided them in defining who they are (Becker, 2016). The only option for icon feedback on photos or videos is the “like” button, although users are able to comment and “like” other’s comments as well. Filters are always presented as an option when posting on Instagram and commonly used to create “perfect” images (Becker, 2016). Facebook users can share stories as well as pictures, without worrying about the 2,200 character limit set by Instagram. Facebook offers the use of filters on visual posts as well as a maximum of 63,206 characters per post (Jackson, 2017). Facebook also offers more options for emotional reactions to posts, allowing users to like, love, dislike, be sad, amazed, or angry, as well as comment (Facebook, n.d.). Snapchat is used by teens as a form of picture text messaging. It is appealing because it is new, simple, constantly updated with new photo filters, allows users to talk and see others in real time, and does not allow publicly viewable comments or feedback on messages (Molla, 2017). Messages sent via Snapchat may only be visible for a brief amount of time (seconds) determined by the sender, then the messages disappear, a feature which has been linked to feelings of jealousy and mistrust in adolescent friend, romantic and family
relationships (Vaterlaus, Barnett, Roche & Young, 2016). Because teens are using a multitude of platforms for different reasons it is important to understand how each platform used affects their well-being.

With the majority of current research focusing on highly visual social media sites like Facebook and Instagram, the data focusing on the effects of social media on well-being can be skewed. There is a lack of research identifying the overall positive and negative impacts on well-being within the highly visual social media platforms adolescents use the most, like YouTube and Snapchat (Anderson & Jiang, 2018; Murphy et al., 2018; Verto Analytics, 2018). This information is vital in aiding adolescent social media education. Education is a mitigating factor on social media’s influence on negative body image and self-esteem (McLean, Wertheim, Masters & Paxton, 2017). Parent support and involvement have also proven to improve adolescents view of self-worth, decreasing negative life comparisons (Weinstein, 2017). This study aims to increase knowledge on the influences that each social media platform may have over adolescent well-being.

**Significance of the Problem**

Arain et al. (2013) identifies adolescence as being a key time for brain development and cites that social media is playing a growing role in that development. Some of the factors that influence brain development in adolescents include areas of well-being impacted by social media like sleeping patterns, psychological health and mental health (Arain et al., 2013). As social media and internet use are rapidly replacing some of the time that adolescents previously spent reading, sleeping, being active,
watching TV, and having face-to-face conversations it is increasingly important to study how social media is impacting adolescents (Twenge, Joiner, Rogers & Martin, 2017). Social media lends itself extremely well to activating the limbic system, or pleasure seeking part of the brain, potentially leading to social media addiction a notion reinforced by the creation of the Berge Facebook Addiction Scale (Whiteman, 2015).

Use of social media is growing. Currently almost 95% of teens have access to a smartphone, up from 75% in 2015 (Anderson & Jiang, 2018; Lenhart, 2015). Approximately half of adolescents report checking social media and being online almost constantly, rising from 24% in 2015 (Anderson & Jiang, 2018; Lenhart, 2015). The National Alliance on Mental Illness (NAMI) (n.d.) cites that one in five adolescents will suffer from a serious mental illness, with a significant jump in major depressive episodes (Mojtabai, Olfson & Han, 2016). Mojtabai, Olfson and Han (2016) cite the problematic use of mobile phones and social media applications as one of the trends aligning with the increase in major depressive episodes. A review of the literature links social media platforms, specifically Facebook, with low levels of self-esteem, an increase in depressive symptoms and loneliness (Chassiakos et al., 2016; Weinstein, 2017; Woods, 2016). With the majority of teens using several types of social media during adolescence, a critical brain developmental stage, and having easy access to mobile technology, it is important to understand the different outcomes social media can have on adolescent well-being in order to identify needed interventions that pertain to individual social media platforms, especially the platforms teens cite using the most (Arain et al., 2013).
The purpose of this study is to compare the positive and negative impacts on well-being of the top 4 social media platforms used by adolescents age 15 – 18 in Goodhue County, MN. This study aims to compare the components of well-being including; access to health information, emotional support found, feelings of anxiety, presence of depressive symptoms, feelings of loneliness, ability to find self-identity, finding and forming real world relationships, bullying, self-expression and Fear of Missing Out (FoMO) (CDC, 2018; Royal Society for Public Health, 2017). Each measure of well-being is evaluated on an individual basis, for each of the four platforms teens cite using the most including Facebook, Snapchat, Instagram and YouTube.

**Research Questions:**

1. Which social media platform has the highest perceived positive impact on adolescent well-being?
2. Which social media platform has highest perceived negative impact on adolescent well-being?
3. What is the relationship between time spent on social media and perceived adolescent well-being?

**Limitations**

One limitation is the time to distribute and collect the surveys. The designated survey time will have to be during the school district’s allotted schedule. Access to a range of students within the school day can be a limitation based on classes students take and what time of the day it is. Schedules will restrict which students can be surveyed. Another limiting factor is permission to participate in the survey at the District,
Superintendent, principal, parent and student levels. One final limitation is that participants are selected through convenience sampling. Participants were chosen within already defined groups of people, or classes that are in close proximity to each other.

**Delimitations**

Delimitations include the age range of adolescents, with adolescents between the ages of 15-18 being selected to survey. The age requirement to open an account on most social media platforms is 13. Surveying adolescents starting at age 15 allows them to have experience with social media. This study is also limited to students in one county that attend a public school and are in a health and/or physical education class.

**Assumptions**

Assumptions include that while collecting data, students will read and understand the terminology in each question. Another assumption is that students will answer each question honestly. The final assumption is that students sampled in grade levels are similar to other students within the county being studied.

**Definition of Terms**

*Active social media use*—liking or favoriting posts, voting, sharing content online or commenting on or responding to comments and posting your own content (Chassiakos et al., 2016).

*Cyberbullying* – “Cyberbullying is bullying that takes place over digital devices like cell phones, computers, and tablets. Cyberbullying can occur through text and apps, or online in social media, forums, or gaming where people can view, participate in, or share content. Cyberbullying includes sending, posting, or sharing negative, harmful, false, or
mean content about someone else. It can include sharing personal or private information about someone else causing embarrassment or humiliation” (United States Department of Health and Human Services, 2017, para. 1).

*Digital distraction* – Electronic or computerized technology that causes a user’s attention to be pulled away from something or technology that makes it hard to think or concentrate on the task at hand (“Digital”, 2018; “Distraction”, 2018).

*Downward comparison* – Seeing oneself as superior to or better off than others in aspects of life including, but not limited to friendships, family relationships, physical looks, intelligence, life success (Steers, Wickham, & Acitelli, 2005).

*Fear of Missing Out (FoMO)* – “Defined as a pervasive apprehension that others might be having rewarding experiences from which one is absent. FoMO is characterized by the desire to stay continually connected with what others are doing” (Przbylski et al., 2013, para. 1).

*Likes* – “A Like is an action that can be made by a Facebook or Instagram user. Instead of writing a comment or sharing a post, a user can click the Like button as a quick way to show approval” (Stec, 2018, para. 61).

*Newsfeeds* – “a web page or screen that updates (= changes) often to show the latest news or information” (“Newsfeeds”, 2018, para. 1).

Optimistic bias – “the belief that bad things happen to other people” (Chapin & Coleman, 2017, para. 4).
Passive browsing – Use of social media involves scanning, reading and watching other profile’s posts but refraining from engaging by liking, commenting or posting (Chassiakos et al., 2016).

Risky behavior – behaviors that put your health and happiness at risk, including but not limited to “using tobacco, alcohol, or illegal drugs, engaging in violent behavior and sexual activity” (University of Texas Health Science Center, 2017, para. 1).

Self-identity - “the recognition of one's potential and qualities as an individual, especially in relation to social context” (“Self-Identity”, 2018, para. 1).

Social endorsement – “a public or official statement of support or approval” (“Endorsement”, 2019, para. 1).

Social Media - “electronic communication (such as websites for social networking and microblogging) through which users create online communities and share information, personal messages and other content” (“Social media”, 2004, para. 1).

Social Media addiction – excessive use of social media platforms, like Facebook, where so much time is spent on the social media site that it interferes with other aspects of life (Walker, 2018).

Social Networking – “An online service or site through which a network of individuals (such as friends, acquaintances, and coworkers) create and maintain interpersonal relationships.” (“Social network”, 2018, para. 1-2).

Upward comparison – Viewing oneself as inferior to, or not as good as others in aspects of life including, but not limited to friendships, family relationships, physical looks, intelligence, life success (Steers, Wickham & Acitelli, 2014).
Well-being – “Well-being includes the presence of positive emotions and moods (e.g., contentment and happiness) the absence of negative emotions (e.g., depression and anxiety), satisfaction with life, fulfillment, positive functioning and physical well-being (e.g., feeling very healthy and full of energy). Well-being includes the following areas: Physical well-being, economic well-being, social well-being, development and activity, emotional well-being, psychological well-being, life satisfaction, domain specific satisfaction and engaging activities and work.” (CDC, 2018, para. 12-13).
Chapter II: Review of the Literature

History of Social Media

Social networking systems and social media are terms that are used almost interchangeably within the literature. Both refer to online services or websites that participants can use to share information, news, videos, pictures, messages, create online communities and receive feedback from people on a global scale ("Social Media", 2004; “social networking, 2018; Wright et al., 2018). The origin of social media in the public can be traced back to 1997, with the launch of Six Degrees and AOL Instant Messenger (Hale, 2015). Six Degrees, a smaller version of Facebook, allowed users to create a profile and connect with friends, expounding on the six degrees of separation theory while AOL Instant Messenger allowed users to talk in real time (Hale, 2015, para. 4-7). Since then a host of different platforms have become available for, but not limited to, news sources, chat rooms, spurring creativity, sharing personal information, dating, and finding employment. In 2012, Facebook became the first social media platform to surpass one billion users, currently logging in with an average of 2.23 billion profiles being accessed at least once every 30 days (Facebook, 2018). Social media consumers are also differentiating their social media portfolios, with the average consumer having three different social media accounts (Verto Analytics, 2018). The most popular social media platforms, other than Facebook, in the United States include: Instagram (116.99 million users), Facebook Messenger (110.95 million users), Twitter (70.21 million users), Pinterest (58.23 million users), and Snapchat (52.09 million users) (Verto Analytics, 2018).
Teenagers are among the most avid consumers of social media with approximately 95% having or having access to a smartphone, a 25% increase from 2014-2015 (Anderson & Jiang, 2018). The number of teens who access the internet “almost constantly” doubled to 45% in 2018, with another 44% claiming to go online at least “several times a day” (Anderson & Jiang, 2018, para. 36). Twenge et al. (2017) found that the average twelfth grader spends around six hours a day online texting, going on the internet (including gaming), and on various social media platforms. This combined time beats the number of hours we spend eating, drinking, in face-to-face socialization, and in self-grooming activities. In a review of research, Strickland (2017) found that the average American teen spends 3.8 hours a day on social media networks with one in five teenagers using social media up to six hours a day. Teenager’s choice of social media platforms differs slightly from the general population of the United States. YouTube has the largest number of users with 85% of teens, Instagram comes in second with 72%, Snapchat third (69%), Facebook fourth (51%), and Twitter fifth (32%) (Anderson & Jiang, 2018). It is important to note that these numbers do not add up to 100% because 71% of teens cite having more than one social media profile (Anderson & Jiang, 2018). While YouTube has the most users, the majority of teenagers consider Snapchat to be the most important social media platform they use, followed by Instagram and Facebook (Anderson & Jiang, 2018).

Social Media and Brain Development

Brain images, or magnetic resonance imaging (MRIs), suggest that the adolescent brain is undergoing major transformations between the ages of ten and twenty-four
(Arain et al., 2013). Critical areas in the prefrontal cortex are in stages development leaving teens to be more likely to engage in risky, pleasure seeking behaviors than adults (Arain et al., 2013). Tamir and Mitchell (2013) found that the reward systems of the adolescent brain were more likely to be active when answering questions about self.

Social media platforms like Facebook, Instagram, and Snapchat are personal story driven, inviting users to post personal pictures, videos or stories, thereby directly appealing to this pleasurable brain reaction. The same brain reward system activation is found when adolescents are looking at pictures they feel have a high number of likes, or social endorsements commonly used on platforms like Facebook, Instagram and YouTube (Sherman, Payton, Hernandez, Greenfield & Dapretto, 2016). Not only does an MRI show higher activity levels in the pleasure center of the brain when looking at a picture with a high perceived number of likes, but if that picture also contains a risky behavior (teens drinking alcohol, smoking or wearing provocative clothing for example), the cognitive control network of the brain, that leads decision making, shows decreased activity (Sherman et al., 2016). This could lead teens to view risky behaviors as pleasurable, thereby increasing the likelihood they will take part in these riskier behaviors (Sherman et al., 2016). Arain et al. (2013) highlights the fact that chronic stress, drug abuse and sedentary lifestyles may have a negative impact on the brain during this key development time.

The ability to talk about self and gain supportive likes and comments that stimulate the pleasure-seeking part of the brain along, with increased levels of FoMO when not on social media, can potentially lead to a concept known as social media
addiction, a concept reinforced by the creation of the Berge Facebook Addiction Scale (Whiteman, 2015). This notion of social media addiction positively correlates to increased use of Facebook and may be shown in the increasing number of teenagers who report consistently checking social media throughout the day (Anderson & Jiang, 2018; Whitman, 2015).

**Impact of Social Media and Digital Distraction**

With teenagers use of social media increasing, it is replacing time spent on other activities. Social media is displacing activities like reading books, magazines and newspapers, watching television, participating in non-sedentary behaviors and conversing with people face-to-face (Twenge et al., 2017). With near constant access to social media via smartphones, digital distraction has become an area of interest for researchers. Luna (2018) found that modern technology use is detracting from moments we have in face-to-face interactions. Participants with smartphones lying face down at the table during a meal with a friend or family member cited lower levels of enjoyment and connectedness, along with higher levels of boredom and distraction than those participants who put devices away (Luna, 2018). Berdik (2018) conducted a similar study with college students in the classroom, observing and surveying attention spans and learning retention with and without technology in front of them. Students who had their phones face down and silenced on their desk performed worse on tests of attention and cognitive processing than the students who kept their phones in their backpacks, with the largest difference seen in those students reporting high levels of attachment to their devices (Berdik, 2018). The students who reported higher levels of multitasking with technology negatively
correlated with lower grades, leading to this particular school, Dominguez Hills, opting for a partial ban on technology limiting use of computers, laptops and banning cell phones within the classroom (Berdik, 2018).

**Impact of Social Media on Mental Health**

Most of the literature reviewed on social media and mental health relates specifically to Facebook and Instagram. The National Alliance on Mental Illness (NAMI) (n.d.) cites that one in five teenagers, aged 13-18, have or will have a mental illness. NAMI (n.d.) estimates that 11% of those with a mental illness will cope with a mood disorder, such as depression or bipolar disorder and 8% will be diagnosed with an anxiety disorder, like General Anxiety Disorder (GAD), panic disorder, obsessive-compulsive disorder, or social anxiety disorder. These mental health challenges leave significant impacts on diagnosed and undiagnosed teens (NAMI, n.d.). Approximately half of teens with a mental health challenge dropout of high school and while suicide is the second leading cause of death for youth age 10 – 24, 90% of those who die by suicide have a mental health illness (NAMI, n.d.; National Center for Injury Prevention and Control, 2017). Twenge et al. (2017) and Shafer (2017) both found that a 33 % increase in the number of teens from 2010-2015 who felt useless, joyless, lonely and had signs of a depressive illness positively correlated with the rise of smartphone ownership when economic, schoolwork and unemployment stressors were factored out. Social media use promotes risky behaviors regarding mental health, including replacing time for face-to-face conversations and increasing sedentary behaviors, two identified protective factors against mental illness (Strickland, 2017). Strickland (2017) found that chat rooms and
gaming social media reduced risk of depressive symptoms while those that promoted image sharing increased narcissistic behavior, a risk factor for mental illness.

Time on social media significantly and positively correlates to number of depressive symptoms a social media user has and anxiety levels a social media user perceives (Lin et al., 2016; Twenge et al., 2017; Woods, 2016). This means that the more time one spends on social media, the more depressive symptoms and higher levels of anxiety are reported. Access to social media has also been shown to be a mediator in teen reports of anxiety symptoms, when access to social media, including texting was removed, teens reported considerable increases in their personal levels of anxiety (Woods, 2016). Overall, individuals who spent more than two hours online per day were significantly more likely to have suicidal risk factors (Twenge, et al., 2017). Recently, Allcott, Braghieri, Eichmeyer, and Gentzkow, (2019) found that a control group, who voluntarily deactivated Facebook accounts for one month, reported small, but significant, improvements in levels of well-being, levels of happiness and life satisfaction. Users who deactivated accounts also self-reported lower levels of depression and anxiety compared to the control group (Allcott et al., 2019).

Further research indicates that the way a consumer uses social media platforms has a significant impact on mental health status. Passive browsing on social media has been shown to be particularly harmful to mental health (Frison & Eggermondt, 2017). Frison and Eggermondt (2017) studied self-reported depression scales in teens at two points, nine months apart, finding that passive browsing of Instagram at measure one directly and positively correlated to a depressed mood at measure two. Allcott et al.
(2019) found little evidence to report the same findings in terms of active vs. passive use of social media. Frison and Eggermond (2017) also discovered that a depressed mood at measure one, predicted posting on Instagram at measure two. Literature suggests that Instagram’s use can increase negative life comparisons because it is a more image driven platform that does not require mutual sharing (one user can follow a profile without that profile following the user back) (Lup, Trub & Rosenthal, 2015; Weinstein, 2017).

Choosing to use a filter, or not, for your post is a necessary step before each Instagram post and because the only option for emotional icon feedback is liking, mostly positive images or videos are shared (L’Ecuyer, n.d.; Lup et al., 2015; Weinstein, 2017).

Adolescence is a key time for defining self-identity and teens are prone to social comparisons (Weinstein, 2017). Social media use can cause a user to see only the happiest versions of life, creating a sense of inadequacy, unattractiveness and stimulating feelings of jealousy and envy (L’Ecuyer, n.d.; Weinstein, 2017). Weinstein (2017) found that teens with negative pre-browsing well-being (meaning already had negative self-thoughts and negative social comparisons) had significantly worse post-browsing measures of well-being, independent of time spent on social media. Strickland (2014) cites that intense use of Facebook, meaning measures of passive and engaged (liking and commenting) browsing predicted loneliness in college students. Quitting Facebook altogether for one week was had a positive correlation to overall well-being for heavy and passive users (Tromholt, 2016).

Following strangers on Instagram also positively correlates with the number of depressive symptoms a user reports (Lup et al., 2015). Lup, Trub & Rosenthal (2015)
found that teens reported the highest levels of depressive symptoms when 75% - 90% of profiles followed on Instagram belonged to strangers and time online was over 2 hours a day. Following less than 10% of strangers on Instagram proved to be a protective factor against depressive symptoms, even when teens were spending over 2 hours a day on social media (Lup et al., 2015). Similar findings show a positive correlation between number of strangers followed and depressive symptoms, the higher the number of strangers followed, the more depressive symptoms were documented (Chassiakos et al., 2016). A user personally knowing the people they are following, how that person lives and how they act proves to mitigate negative self-comparisons (Chassiakos et al., 2016; Lup et al., 2015).

Impact of Social Media and Cyberbullying

Cyberbullying is another potential consequence of social media use. Positive correlations exist between amount of time spent on the internet and cyberbullying, specifically within social media platforms (Sampasa-Kanyinga, Roumeliotis & Xu, 2014). The more time spent on social media, and on sedentary behaviors in general, the more likely a teen is to have been a victim of cyberbullying (Hamm et al., 2015; Kowalski, Giumetti, Schroeder & Lattanner, 2014; Sampasa-Kanyinga et al., 2014). Cyberbullying has many of the same characteristics as bullying including being a deliberate, repeated behavior, done by an individual or a group of individuals against a victim who has a hard time defending themselves, and both types of bullying are considered an aggressive act or behavior (Chassiakos et al., 2016; Sanfilippo, 2015). The definition of cyberbullying goes on to include the intentional use of social media to
perpetuate false, humiliating, or intrusive information or pictures about another individual that can take place on digital devices like computers, cellphones, smartphones tablets or online applications like email and websites (Chapin & Coleman, 2017; Sanfilippo, 2015; United States Department of Health and Human Services, 2017). Deception, spreading rumors, mean text messages, public shaming, account hacking, impersonation, cyberstalking, exclusion, isolation, posting embarrassing pictures or videos and sexting are all different ways that cyberbullying can take place (Kowalski et al., 2014; Weinstein & Selman, 2014; White, Weinstein & Selman, 2016). Approximately 1/3 of teens surveyed by Chapin and Coleman (2017) cite that cyberbullying happens to other teens, but do not believe that it will happen to them, demonstrating optimistic bias. The 2016 Minnesota Student Survey identified an average of 10% of freshman and juniors had experienced cyberbullying at least once a week within the past 30 days (Minnesota Department of Health, 2016). The National Youth Behavior Risk Survey, completed in 2017, identified 14.9% of high school students had been bullied via texting, Instagram, Facebook or other social media platforms in the past 12 months (CDC, 2017). A review of studies on cyberbullying identified an average of 23% of teens being cyberbullied (Hamm et al., 2015). However, when the phrase cyberbullied was changed to “having mean things said to them” the percentage rose to 70% (Kowalski et al., 2014).

In an analysis of studies on cyberbullying, Strickland (2017) found that social media is appealing because it creates the illusion of companionship, prompting users to change their privacy settings and allowing other social media users to view more self–identifying content. While teens may use social media to stay connected, Hamm et al.
(2015) and White et al. (2016) found that relationships, including those with family, friends and romantic partners, were the most common reason associated with cyberbullying, cited in 91% of all surveys. Use of social media to stay connected can backfire, allowing blocking, ignoring, and defriending features along with the ability to take information out of context causing anxiety and stress (Sokol, 2013; Strickland, 2017). The United States Department of Health and Human Services (2017) discusses cyberbullying as a concern for adults as well as teens, and possibly being more concerning than in person bullying because content can be permanent and happen in any location, creating no safe space for victims, and constant access for perpetrators (United States Department of Health and Human Services, 2017). While extreme forms of cyberbullying may be easy to identify, other forms may be harder to find. A post reading “no one likes you, JK, LOL” on a person’s profile wall may be bullying masked as sarcasm or playfulness, making identification harder (Patchin & Hinduja, 2015).

A review of the literature also indicates that cyberbullying can have negative consequences for overall well-being. Strong correlations have been identified between cyberbullying and depression, increased levels of aggression, uneasiness and suicidal idealization, increased use of drugs and alcohol, decreased self-esteem and self-confidence, as well as having negative impacts on existing relationships with family and friends (Chassiakos et al., 2016; DePaolis & Williford, 2018; Hamm et al., 2015). In a longitudinal study, DePaolis and Williford (2018) cite that in addition to lower self-esteem, those that were cyberbullied were significantly more likely to report an increased number of depressive symptoms, lower self-esteem and have lower levels of school
connectedness one and a half years later. Hamm et al. (2015) also found cyberbullying negatively correlated to school attendance and grades. Kuehn et al. (2018) identified a stronger correlation to suicidal attempts in those that had experienced cyberbullying (at 4.16%) than those who had experienced in person bullying (2.46%). Constant access to a victim creates immediate feedback to a bully, making cyberbullying an appealing choice along with the perceived anonymity that social media can offer (Kowalski et al., 2014).

An area of concern is teenagers lack of knowledge on what to do about cyberbullying. Chapin and Coleman (2017) found that 56% of teenagers surveyed blamed the victim to some degree for the bullying, believing the victim did something to deserve the treatment. Only 14% of students in Chapin & Coleman’s study believed that the bullying was always unwarranted (Chapin & Coleman, 2017). Slonje & Smith (2008) found that most children and teens (50%) will not tell anyone bullying is occurring, 36% feel they could tell a friend and 13% cite they could tell a trusted adult. The percentage of students who would tell a teacher in school positively correlates with a positive perception of school climate (Simão et al., 2017). Hamm et al. (2015) reported similar findings in their review of cyberbullying finding that most young adults would not tell anyone of incidences and didn’t know what to do except using passive responses to cyberbullying including blocking, defriending, ignoring.

Cyberbullying was most common in middle school age children (Kowalski et al., 2014). High school students were more likely to perceive online attacks as “drama”, being defined by Marwick and Boyd (2014) as “performative” type of conflict that can take place in front of lots of people and create lots of engagement. Older teenagers were
more likely to report drama on social media but unlikely to define it as cyberbullying (Marwick & Boyd, 2014; White et al., 2016). A key difference in drama is that teens perceive it to be dual sided, involving at least two viewpoints and not involving an imbalance of power (Marwick & Boyd, 2014). Relationship challenges remained the most common reason for drama, along with meanness and harassment and betrayal (White et al., 2016). Literature is scarce on the way drama can impact well-being but calling it drama can be perceived as a protection measure and defense mechanism, allowing teens to write off incidences as “it’s just drama” as compared to being bullying (Marwick & Boyd, 2014).

**Impact of Social Media on Self-esteem**

Adolescence is a period when individuals start to form a sense of personal identity and social comparison can be a part of creating that identity (Weinstein, 2017). Social media platforms such as Instagram and Facebook offer a self-comparison right from the beginning, with how many friends or followers each individual user has, similar to an online popularity contest (Fox & Moreland, 2015). Teens use one of two types of comparisons on social media: upward comparisons, seeing themselves as inferior to others or downward comparisons, seeing oneself as better off or superior to others (Wickham & Acitelli, 2005). While downward comparisons are associated with increased levels of self-esteem and decreased levels of anxiety, upward comparisons are associated with increased number of depressive symptoms and decreased levels of self-esteem (Burrow & Rainone, 2017; Steers et al., 2005). Passive browsing of social media, specifically studied on Facebook, led to reports of negative self-image, regardless of time
spent online, may show that how a social media consumer uses social media is important in creating a positive self-identity (Walsh, 2017).

Social media can have both a positive and negative impact on an individual’s self-esteem. Presentation of self on social media is linked to the perception of peer acceptance and level of belonging, as can be directly indicated by the number of likes or comments a social media post may receive (Wright, White & Obst, 2018). Young adult social media users are more likely to “like” a post or picture that already shows a favorable response by other users, whether they truly cared for it or not, representing false liking behavior (Burrow & Rainone, 2017; Wright et al., 2018). Burrow & Rainone (2017) found that the reward system of the brain was stimulated when looking at a post with a perceived high number of likes, perhaps prompting feelings that the user also likes that post, or should, regardless of the user’s true feelings. False liking behavior is positively correlated to false presentation of self on social media, meaning that users are more likely to relay a sense of self that they believe to be acceptable to specific situations or groups rather than present a true self-presentation (Wright et al., 2018). Shapiro & Margolin (2014) noted that creating several versions of true selves is a common behavior when matching self-presentation to an intended audience. Self-presentation was found most often to be a true representation but modified to fit different expectations or intended audiences (Shapiro & Margolin, 2014). True representations of self online are linked to positive online and offline relationships, a positive sense of community and positive self-esteem (Shapiro & Margolin, 2014; Wright et al., 2018). False presentations of self, in liking behavior or posting behavior correlate to increased levels of anxiety,
stress and depression symptoms, most notably when users have a premeasured low sense of self-esteem (Shapiro & Margolin, 2014; Wright et al., 2018).

High levels of self-esteem and high satisfaction of life and purpose of life scores were mediating factors in presenting false liking behaviors, demonstrating that if a young adult had a positive self-esteem and high purpose in life score they were less likely to use false presentation behaviors (Burrow & Rainone, 2017; Wright et al., 2018). Utz et al. (2016) found that personality characteristics, like the need for popularity, could predict social media use and behavior. The need for popularity predicted behaviors like grooming, strategic self-presentation, profile enhancement and disclosure of feelings while also positively relating to feelings of entitlement, vanity and narcissism (Utz et al., 2016). Vanity, narcissism and entitlement, predicted by a high need for popularity also correlated with a negative self-esteem (Utz et al., 2016). The need for popularity predicted social media behavior better than the need to belong did, verifying that an individual only needs a few intimate relationships to feel like they belong, a positive effect on self-esteem (Utz et al., 2016).

**Impact of Social Media on Body Image**

The use of highly visual, photo based social media platforms like Facebook and Instagram has been shown to increase body image concerns in both female and male adolescent users (Burnette, Kwitowski, & Mazzeo, 2017; Cohen, Newton-John & Slater, 2017; de Vries, Peter, de Graaf & Nikken, 2016; Holland & Tiggemann, 2016; Marengo, Longobardi, Fabris & Settanni, 2018; Tiggemann & Slater, 2013). Studies vary in their findings on whether overall time spent on social media or the way social media is utilized
are factors on the user’s body image concerns. Marengo et al. (2018) found that the amount of overall time spent on highly visual social media positively correlated with body image concerns and internalizing symptoms. In contrast, Cohen et al. (2017) cited that the way social media accounts are used affect negative body image concerns, regardless of how much time is spent on social media. Following fitness and health accounts as well as celebrity profiles positively correlated with an increased thin idealization; the same drive for thinness was not found in users who followed acquaintances or non-appearance-based accounts, like travel-based profiles (Cohen et al., 2017). Instagram users scored much higher on body surveillance surveys than Facebook users did, meaning Instagram users had a higher drive for thinness and more body image concerns (Cohen et al., 2017). In different studies, Facebook, Myspace, and Instagram users scored significantly higher on drive for thinness and body image concerns than non-social media users scored, leaving the assumption that photo-based platforms could be more harmful to body image and increase the users internal drive for thinness (de Vries et al., 2016; Tiggemann & Slater, 2013). de Vries et al. (2016) extended the research in a longitudinal study that found high levels of social media use at measure one predicted higher levels of body dissatisfaction in males and females at measure two. However, high levels of body dissatisfaction at measure one did not predict high levels of social media use at measure two (de Vries, 2016).

In addition to highly visual social media exposure, Holland and Tiggemann (2016) determined that negative feedback from peers, including comments and liking or non-liking, on photo-based posts also positively correlated with disordered eating and
body dissatisfaction. Education and parent involvement and support appear to be mitigating factors (Burnette et al., 2017; McLean et al., 2017). Burnette et al. (2017) found that parent involvement and school lessons on self-esteem and media literacy were key components to recognizing touched up images and understanding other’s posts as highlights of experiences, not a summation of everyday life. Students interviewed were members of a private school and noted that they did not believe their friends from other schools had the same feelings or thoughts toward social media posts (Burnette et al., 2017). McLean et al. (2017) ran an experimental study that exposed a group of students at one school to three 50-minute class periods on social media literacy, specifically targeting social media and image manipulation, while the control group attended regular classes. There was a significant, medium sized effect that showed an improvement in body image and disordered eating within the experimental group compared to the control group in both male and female students a week after lessons ended (McLean et al., 2017).

**Impact of Social Media and Fear of Missing Out**

As much as social media sites promote friendship and connectedness, they can also foster a particular type of anxiety called fear of missing out, or FoMO. FoMO is defined as an ever present apprehension that others might be having a fun or rewarding experiences that you are not invited to, cannot attend, or not aware of, as well as identifying a need to stay continually connected to what others may be doing (Beyens, Frison, & Eggermondt, 2016; Oberst, Wegmann, Stodt, Brand, & Chamarro, 2017; Przybylski et al., 2013). Strickland (2017) found that FoMO can foster feelings of exclusion and upward comparison, prompting lower levels of happiness, higher
indications that they perceive life as not being fair, and increased feelings of victimization, especially on Instagram and Facebook. Teens are feeling more replaceable in friendships and groups to which they belong, verbalizing the perception that if they don’t respond to a message or post quickly enough they will be replaced with a “better” friend (Shafer, 2017). This results in some adolescents checking their social media platforms as often as every 15 minutes and showing an increase in levels of anxiety when they cannot check their accounts (Strickland, 2017). Beyens et al. (2016) indicated that one in ten adolescents report that not feeling like they belonged to a group of peers on Facebook was stressful to extremely stressful while one in four youths found not being on Facebook was stressful to extremely stressful because they felt that when they went to school the next day, they would be behind on current events. Adolescents with a high need for popularity, low levels of needs satisfaction (for competence, autonomy and connectedness), low general mood or overall poor life satisfaction scale also reported much higher levels of FoMO (Beyens et al., 2016; Przybylski et al., 2013).

Social media engagement levels were also predicted in a cyclical pattern. Higher levels of FoMO and lower levels of self-esteem and life satisfaction positively correlate to increased social media use in an attempt to feel connected, which in turn predicted higher levels of FoMO (Przybylski et al., 2013). Feelings of FoMO tend to decrease with age, being replaced with feelings of social media obligation. Fox and Moreland (2015) interviewed groups of young adults and found that social media often felt obligatory and more like a job. Homogenous groups interviewed cited that they currently belonged to some social media platforms because their friends did, and that they felt pressure to stay
current and comment to prevent conflict instead of using for social engagement (Fox & Moreland, 2015).

**Impact of Social Media and on Sleep**

Use of technology has also been linked to impairing adolescent sleep patterns (Bauducco et al., 2016; Woods, 2016). The National Sleep Foundation (n.d.) recommends between 8 and 10 hours of sleep each night. Over 70% of teens in the United States are getting less than eight hours of sleep each night, with 15% getting under 6 hours (Weaver et al., 2018). Sleep, or lack thereof, is directly linked to mental health. High school students who get less than six hours of sleep a night may be twice as likely to engage in unsafe behaviors like alcohol, tobacco or marijuana use, drive under the influence, self-harm, engage in risky sexual behavior, consider or attempt suicide as well as reporting higher levels of emotional problems like anxiety, depression and anger (Baudducco et al., 2016; Bharanidharan 2018; Weaver et al., 2018).

Twenge et al. (2017), cited that while most teens are already sleeping less than the recommended hours, those teens that spend high levels of time on social media platforms are more likely to be not getting enough sleep. Getting low levels both in quality and quantity of sleep, held especially true for those teens who sleep with their phones in their bedrooms, additionally finding that the more devices a teen had in their bedroom the more disturbances in sleep were reported (Chassiakos et al., 2016). Approximately 86% of adolescents sleep with a device in their bedroom, a quarter of these teens report interruptions in sleep due to text alerts (Woods, 2016). Social media platforms send regular alerts to users as well, known as notifications. These alerts not only interrupt
sleep, but also create the pressure to be available at all times (Woods, 2016). Night time use of social media has been shown to be more detrimental to sleep quality than social media time during the day (Bauducco et al., 2016; Chassiakos et al., 2016; Strickland, 2017; Woods, 2016). This could be due to stimulating brain activity before sleep or exposure to blue light from screens that suppresses melatonin levels, decreasing sleep quality (Strickland, 2017). Arora et al. (2018) found only a mild association between gaming, social media use and watching TV before bed but a significant negative correlation related to social networking before bed and decreased academic performance in Science and English, when controlled for time spent studying.

**Impact of Social Media on Emotional Support and Community Building**

Many teens use social media networks as places to increase awareness of current events, find community engagement opportunities, learn about or join marginalized groups, create communities for collaboration, and learn about healthy behaviors or personal interests (Chassiakos et al., 2016). Social media is used to remain in touch and connected with family and friends as well as creating new connections to people with common interests. Connection with others remains a positive aspect of social media. Members of various social media communities can talk to others with similar ideas, hobbies, challenges or interests, broadening affiliations without fear of being judged or dehumanized (Dickins, Feldman & Thomas, 2016). Members of online communities have the opportunity to create an intellectual, emotional and tangible support system that can extend into real life situations and challenges (Dickins et al., 2016). Hausman et al. (2017) reported that the most common reasons cited for social media posting, specifically
related to health information, were seeking advice and looking for support. Emotional support is the most common category of support received and given on social media platforms, along with a noted appreciation of the platforms that offer the use of emotional support choices, in the form of emojis and comments (Pornsakulvanich, 2017). Social networking systems can help teens develop a sense of identity in allowing them to choose what they share with others and helping them form social networks (Shafer, 2017).

While causation is difficult to prove, those who have more positive offline relationships report higher levels of satisfaction with online relationships (Shapiro & Margolin, 2014). Social media allows teens increased access to others and increases opportunities for self-disclosure, which can have positive impacts for those looking to enhance relationships, find support and make meaning out of suffering or challenges (Shapiro & Margolin, 2014). For those who have a hard time with eye contact or feel socially awkward, social media networks allow them an opportunity to connect with others in a format that may be more comfortable, helping them form an identity and be more in control of other’s perceptions of them (Shafer, 2017).

The sense of social support social media can offer has positive impacts on overall well-being. Users can gain a greater sense of purpose of life, increased levels of happiness, improved mental health, and be provided with a sense that one is loved, cared for, listened to, supported and encouraged (Strickland, 2017). This sense of social support has the ability to decrease perceived loneliness and hopelessness as well as promoting positive moods and a positive state of mind. Social media platforms have the
ability to “raise awareness, connect with people across the world, and share moments of beauty that can be empowering and uplifting” (Shafer, 2017, para. 7).

**Social Media and Access to Information**

Access to information is another benefit social media can offer. Social media profiles have the ability to help students connect with educators and have easy access to news and relevant information (Ben-Joseph, 2018; Hogan & Strasburger, 2018). Pinterest, Instagram and Facebook offer opportunities to follow groups or individuals that are more experienced or may have increased knowledge in a variety of interest areas (Moreau, 2018). Twitter provides users with access to up to date news and global information while using appealing picture and graphics to aid understanding and summaries to catch reader’s attention (Moreau, 2018). Wong, Merchant & Moreno, (2014) found that the largest barrier to using social media for education and information is the abundance of false or inaccurate information and the largest challenge is guiding teens toward information they can trust.

Allcott et al. (2019) discussed that deactivating Facebook decreased the amount of news consumption a person reported from any source (TV, radio, internet or other social media platforms). Participants who deactivated Facebook cited feeling they knew less about what was going on in the world (Alcott et al., 2019). The same group also proved they knew less by performing worse on weekly tests of current events when compared to the control group, who maintained access to Facebook (Allcott et al., 2019).

Hogan and Strasburger (2018) cite a specific benefit of using of social media to inform teens on pertinent health issues like vaccination updates or sexual health
information. Texting services connect users to quick health information or violence prevention services (Hogan & Strasburger, 2018). Hausman et al. (2017) reported that most respondents surveyed within a Boston Hospital were in favor of having the ability to text health providers. Evidence suggests that teens with mental health issues are among the heaviest users of social media and that teens would rather get sensitive health information from social media sites, the challenge being, again, the abundance of false information and ever-changing nature of social media (Hogan & Strasburger, 2018; Strickland, 2017; Wong, et al., 2014). Those with poor health were also found more likely to post about health issues to connect with others, seek advice and empathy, gain support and find information (Hausman et al., 2017).

Social media has the ability to reach millions of users with targeted health information, also making it a cost-effective tool (Wong et al., 2014). While most of the health information searched for online revolves around fitness and nutrition, diabetes was the most searched for specific health issue, followed by mental health (Wartella, Rideout, Montague, Beaudoin-Ryan, & Lauricella, 2016; Zhao & Zhang, 2017). Zhao & Zhang (2017) also found that the 18-30 year old age group was the most likely to use social media for health information, participants citing that they looked for information on social media because they believed lots of other people did the same. While the majority of teens still get most of their health information from parents and doctors, approximately 84% are also looking for health information online with 1 in 5 teens reporting using YouTube, Facebook or Twitter specifically (Wartella, Rideout, Montague, Beaudoin-Ryan, & Lauricella, 2016). Ahmed et al. (2017) found that putting vaccine information
on social media may increase the number of people getting vaccinated. Facebook and Twitter users were significantly more likely to receive a yearly flu vaccination, even though those surveyed maintained that they did not believe information from social media was an influence on their decision (Ahmed et al., 2017).

**Summary**

In conclusion, there are several negative correlations between social media and well-being concepts including association with increased risk of mental health challenges like depression, anxiety and suicidal idealization. Use of social media has also been linked to disturbances in sleep and incidences of cyberbullying. Use can have both positive and negative impacts on self-esteem. Social media also has the power for good, connecting teens on a global scale, allowing them easier access to information and helping them define their self-identity. Social media use is not going away, as trends indicate it is only growing with Instagram predicting to grow from its current use of 104.7 million users in 2018 to 130.7 million users in 2022 (eMarketer, 2018). Most of the current research revolves around social media and use of Instagram and Facebook, however most teens are using and value YouTube and Snapchat. This study will hopefully help identify the positive and negative aspects of each social media platform, allowing parents, teens and educators to work together to celebrate the good and mitigate the negative.
Chapter III: Methodology

This chapter will discuss the Theory of Reasoned Action and Planned Behavior and its application in order to understand adolescent’s perception of how different social media platforms affect overall well-being in a positive or negative manner. The convenience sampling technique that will be used for participant selection, along with participant criteria will be explained within the chapter. Finally, this chapter will also explain how data will be collected and analyzed. The purpose of this study is to compare the positive and negative impacts of the top four social media platforms used by teens age 15 - 18 in Goodhue County, MN on well-being. This study is aimed at answering the following research questions:

1. Which social media platform has the highest perceived positive impact on adolescent well-being?
2. Which social media platform has highest perceived negative impact on adolescent well-being?
3. What is the relationship between time spent on social media and perceived adolescent well-being?

Study Design

This is a descriptive, cross sectional study aimed at collecting data on student perceptions of the impact social media has on overall well-being. A descriptive study is a study that does not manipulate any variables (United States Department of Health and Human Services, n.d.). This study provides a framework to collect and analyze adolescent’s already existing thoughts on the positive and negative impacts on defined
areas of well-being, in reference to five different social media platforms. Within this study, there is no intervention, manipulation of variables, or change in environment. A cross sectional study is aimed at collecting data at one point in time, with a single interaction with a group of people (United States Department of Health and Human Services, n.d.). Data collection will only happen one time per participant and consist of only the participant’s present opinion on the impacts social media may have on well-being.

**Theoretical Framework**

The Theory of Reasoned Action and Planned Behavior is the theoretical framework used in this study. The Theory of Reasoned Action and Planned Behavior was created to explain why behaviors, that people can exert control over take place (LaMorte, 2018). There are six constructs in the Theory of Reasoned Action and Planned Behavior: attitude, behavioral intention, subjective norms, social norms, perceived power and perceived behavioral control (LaMorte, 2018). Only the first construct is measured in this study; analyzing the attitudes of adolescents toward different aspects of social media that affect their overall well-being.

A key factor in the Theory of Reasoned Action and Planned Behavior is understanding attitudes toward certain behaviors, if positive attitudes exist correlating behaviors are more likely to be present (LaMorte, 2018). Adolescents positive and negative attitudes toward four different social media platforms will be analyzed in this study. If adolescents perceive positive outcomes on well-being within certain social media platforms, the Theory of Reasoned Action and Planned Behavior predicts that
adolescents will be more likely to use those platforms. If negative attitudes toward well-being concepts exist within certain social media platforms, it is important to understand why adolescents are using those platforms. The goal of this study is to analyze adolescent attitudes toward the four most commonly used social media platforms in an effort to understand how each social media platform impacts well-being.

**Participants**

Participants within this study are male and female high school students aged 15 – 18 years old, residing in a rural county in Minnesota. The study is targeting high school students to gather information on perceived affects social media has on overall adolescent well-being. The sampling technique that will be used for this study is convenience sampling. Convenience sampling is “drawn by selecting any available participant from an intact group” (Cottrell & McKenzie, 2011, p. 133). Students enrolled in public high schools within the county of interest are conveniently available to participate in this study. The participants will be recruited from both mandatory and elective health and physical education classes they are currently taking. Each school district in the county varies in the grade levels (freshman, sophomore, junior or senior year) that students are required to take health and physical education classes. The type and number of elective classes in health and physical education offered also vary by school district.

Fifteen years old was selected as the lower age limit because most social media platforms require users to be at least 13 years of age to create a profile. Another reason is that for participants to provide a more accurate assessment on how social media impacts areas of well-being, participants need to be able to understand well-being terms used
within the survey questions. Experience with social media is also beneficial. The upper age limit of 18 was selected because seniors in high school have the potential to be 18 years of age during the spring of their senior year.

**Instrumentation**

The Royal Society for Public Health (RSPH) describes a cross sectional survey, entitled #StatusofMind, that was used to find out how adolescents in the United Kingdom feel that Instagram, Facebook, Snapchat, Twitter and YouTube “impact their overall health and well-being (both positively and negatively) and to make comparisons between these platforms…” (Royal Society for Public Health, 2017, p. 17). The instrument used in #StatusofMind will be the same instrument used in this proposed study. Similar to #StatusofMind, this study is also aiming to compare adolescents perceived positive and negative impacts on well-being of the top four social media platforms: Instagram, Facebook, Snapchat, and YouTube.

The survey is an online instrument, comprised of 62 questions. The survey begins with demographic information to determine the participants age, gender, perceived importance of social media, most important social media platform, a self-reported estimate of daily time spent on each social media platform and how they access their social media accounts. The second portion of the survey goes on to ask 14 questions, each relating to a concept of well-being. Each panel of 14 well-being statements is assessed for each of the four social media platforms being measured. The participant is asked to assess how each social media platform impacts the following 14 concepts: awareness of other’s health experiences, access to expert health information, emotional
support, depression, loneliness, sleep, self-expression, self-identity, body image, real world relationships, community building, bullying and FoMO. Participants are asked to rank each statement using a five-point Likert-type scale with the option to choose if that specific social media platform makes statements 1-14: -2 (A lot worse), -1 (a little worse), 0 (has no effect), +1 (a little better), +2 (a lot better). There are 14 questions for each of 4 social media platforms, equaling 56 statements measuring the perceived impacts of social media on well-being (Royal Society for Public Health, 2017).

The demographic portion of the survey will determine the age and gender of the participant, as well as importance of social media to the participant, methods by which social media is accessed, average time spent on social media platforms and participant’s most preferred social media platform. The first two questions are nominal, demographic data asking students to select their age from the options of 15, 16, 17 or 18 years and selecting gender; asking participants to identify as male, female or unspecified. The survey then uses a five-point modified Likert-type scale to identify participant’s perceived level of importance of social media using the options: Extremely Important, Important, Unsure, Unimportant or Extremely Unimportant. Time spent on social media platforms will be an open-ended question, asking participants to estimate the amount of time per day they spend on each platform. The last two demographic questions ask the participants to select from a list of options. Question four asks participants to identify their most important social media platform, having to choose between the four platforms being measured, and only being able to choose one. Facebook, Instagram, YouTube, or Snapchat are the options listed. Question five asks participants to identify one or more
way(s) they access their social media accounts, choosing among the following options: smartphone, tablet, iPad, desktop computer or laptop.

This survey draws on the Theory of Reasoned Action and Planned Behavior to help determine the first construct, attitudes toward performing a particular behavior. The questions that analyze social media’s impact on well-being break down the concept of well-being into 14 specific statements. The use of the five-point Likert scale for each statement will identify potential attitudes toward specific areas of well-being that each social media platform may affect. Perceived positive measures could explain why adolescents are using these platforms and perceived negative measures could identify areas of concern regarding social media use and feelings of well-being.

**Data Collection Procedure**

Data collection happened in public school districts within Goodhue County, MN. Health and physical education teachers at the high school level were asked to take 10 minutes of time to have students complete the online survey, using the online survey tool Qualtrics. Permission was granted at the district level by the superintendent or principals and classroom teachers. Parents received a letter home asking for signed consent to allow their student to participate in a study analyzing the positive and negative impacts of social media platforms on adolescent well-being. Signed, informed consent was collected a minimum of two days before the scheduled start of the survey.

Before starting the survey, it was explained to the students that they were going to be participating in a study designed to gather their opinions on the whether different social media platforms make different areas of well-being much better, a little better,
have no effect, a little worse, or a lot worse. It was also be explained that student participants would be analyzing the four most commonly used social media sites: Facebook, Instagram, YouTube, and Snapchat. Students were read the assent aloud by the classroom teacher.

Currently, there are approximately 2,746 fifteen to eighteen-year-old students registered in public high schools, grades 9-12, within Goodhue County. Using Krejcie and Morgan’s (1970) table for determining sample size from a given population, approximately 338 participants would be needed for an appropriate sample size. Approximately 535 parental consent forms were sent home in duplicate form with students. A total of 342 parental consent forms were signed, returned to school and collected by the student researcher for a final total of 339 online surveys voluntarily started. Eight students declined to take part in the survey resulting in 330 completed online surveys.

Data Analysis

Statistical Package for the Social Sciences (SPSS) (IBM, 2017) was used to analyze data. SPSS generated means, standard deviations, modes, and percentages on demographic data collected; repeated measures ANOVA was used to analyze correlations between social media platforms and composite well-being; and a Spearman rho correlation was used to analyze time spent on social media and composite well-being scores for each social media platform.

Of the 339 online surveys started, eight declined assent and 45 surveys contained missing data. Surveys that were missing more than 5% of their data were removed from
analysis. A total of 40 surveys were deleted for missing data. Surveys missing less than 5% were replaced with the most appropriate measure of central tendency, the mean. This was used in 5 surveys to replace a total of 8 data points.

Table 1

Table of Specifications

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Survey Items</th>
<th>Level of Data</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Which social media platform has the highest perceived positive impact on adolescent well-being?</td>
<td>Facebook: Survey questions 7-20 (mean of each question and mean of total platform)  Instagram: Survey questions 21 - 34 (mean of each question and mean of total platform)  Snapchat: Survey questions 35 - 48 (mean of each question and mean of total platform)  YouTube: Survey questions 49 - 62 (mean of each question and mean of total platform)</td>
<td>Interval/Ratio (individual survey items)  Interval/Ratio (total median scores)</td>
<td>Descriptive Statistics including measures of central tendency and measures of dispersion.  Repeated measures ANOVA</td>
</tr>
<tr>
<td>2. Which social media platform has highest perceived negative impact on adolescent well-being?</td>
<td>Facebook: Survey questions 7-20 (mean of each question and mean of total platform)  Instagram: Survey questions 21 - 34 (mean of each question and mean of total platform)  Snapchat: Survey questions 35 - 48 (mean of each question and mean of total platform)  YouTube: Survey questions 49 - 62 (mean of each question and mean of total platform)</td>
<td>Interval/Ratio (individual survey items)</td>
<td>Descriptive Statistics including measures of central tendency and measures of dispersion.  Repeated measures ANOVA</td>
</tr>
<tr>
<td>What is the relationship between time</td>
<td>Question 5: Please estimate the amount of time per day you spend</td>
<td>Ordinal Data</td>
<td>Descriptive Statistics including</td>
</tr>
</tbody>
</table>
spent on social media and perceived adolescent well-being? on each of the following Social Media platforms: YouTube, Facebook, Instagram, Snapchat. Facebook: Survey questions 7-20 (mean of each question and mean of total platform) Instagram: Survey questions 21 - 34 (mean of each question and mean of total platform) Snapchat: Survey questions 35 - 48 (mean of each question and mean of total platform) YouTube: Survey questions 49 - 62 (mean of each question and mean of total platform) Interval/Ratio (individual survey items) measures of central tendency and measures of dispersion. Spearman Rho Correlation, post hoc tests to determine significance.

**Summary**

Participants selected, using convenience sampling, from public high schools in a single Minnesota county completed a 62-question survey that attempted to measure the perceived positive and negative correlations to well-being that different social media platforms have. The study design is based on the Theory of Reasoned Action and Planned Behavior and will help identify the first construct of attitude concerning social media use. Any significant differences in well-being concepts, positive or negative, among the different social media platforms measured will be exposed after using ANOVA analysis.
Chapter IV: Findings and Discussion

Introduction

This study collected data with the purpose of comparing the positive and negative impacts of the top 4 social media platforms used by adolescents in Goodhue County, MN on well-being. This study aimed to answer the following research questions.

1. Which social media platform has the highest perceived positive impact on adolescent well-being?

2. Which social media platform has highest perceived negative impact on adolescent well-being?

3. What is the relationship between time spent on social media and perceived adolescent well-being?

Data for this research study was collected in the form of an online survey. Statistical Package for Social Sciences (SPSS) (IBM, 2017) was used to analyze descriptive statistics, frequency distributions, measures of central tendency, comparisons and correlations. This chapter discusses the findings from the survey, organized in alignment with the research questions.

Demographic Results

The findings include data from four public high schools within Goodhue County, Minnesota. The demographic data of the research participants are represented in Table 1. Demographic data collected included age, gender, how social media is primarily accessed, the overall importance of social media in their lives, which social media platform they believe to be the most important, and to estimate the amount of time, in
hours, they spend on each social media site. The average age of those surveyed was 15.9 (SD = 1.12) while the majority of the population surveyed were female (n = 163, 56%).

A smartphone was indicated to be the favorite way of accessing social media, with only twelve of the two hundred ninety-one respondents indicating another electronic device being used for primary access. Snapchat was viewed as the most important social media platform by 60.5% (n = 176) and 74.2% of respondents found social media to be moderately to extremely important in their lives (n = 216) in their lives. Table 1 presents a breakdown of the other demographic data.

Demographics of Participants

<table>
<thead>
<tr>
<th>Age</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.00</td>
<td>137</td>
<td>47.1%</td>
</tr>
<tr>
<td>16.00</td>
<td>79</td>
<td>27.1%</td>
</tr>
<tr>
<td>17.00</td>
<td>25</td>
<td>8.6%</td>
</tr>
<tr>
<td>18.00</td>
<td>50</td>
<td>17.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>125</td>
<td>43.0%</td>
</tr>
<tr>
<td>Female</td>
<td>163</td>
<td>56.0%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>3</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Most Important Social Media Platform</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>4</td>
<td>1.4%</td>
</tr>
<tr>
<td>Instagram</td>
<td>41</td>
<td>14.1%</td>
</tr>
<tr>
<td>Snapchat</td>
<td>176</td>
<td>60.5%</td>
</tr>
<tr>
<td>YouTube</td>
<td>70</td>
<td>24.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Access to Social Media</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>iPad</td>
<td>4</td>
<td>1.4%</td>
</tr>
<tr>
<td>Smartphone</td>
<td>279</td>
<td>95.9%</td>
</tr>
<tr>
<td>Tablet</td>
<td>1</td>
<td>.3%</td>
</tr>
</tbody>
</table>
Survey participants were asked to report a daily average time spent, in hours, on each social media platform. The largest amount of reported time spent on social media was on Snapchat, with a mean of 140 minutes a day (SD = 132.43). Students reported spending an average of 17.94 minutes a day on Facebook (SD = 38.15), 78.78 minutes a day on Instagram (SD = 77.08), and 102.44 minutes a day on YouTube (SD = 114.79). The largest ranges in time spent were within the social media platforms YouTube and Instagram, with students reporting between zero and seven hundred twenty minutes (12 hours) a day. Time spent online was grouped in 30 minute segments for analysis and the majority of students estimated being on Facebook between 0 and 30 minutes a day (n = 243, 83.5%), Instagram between 0-60 minutes per day (n = 192, 66.0%), Snapchat between 0-120 minutes per day (n = 184, 63.2%), and on YouTube between 0-60 minutes per day (n = 165, 56.7%).

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>laptop</td>
<td>3</td>
<td>1.0%</td>
</tr>
<tr>
<td>desktop computer</td>
<td>2</td>
<td>.7%</td>
</tr>
<tr>
<td>other</td>
<td>2</td>
<td>.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Importance of Social Media</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Important</td>
<td>13</td>
<td>4.5%</td>
</tr>
<tr>
<td>Very Important</td>
<td>51</td>
<td>17.5%</td>
</tr>
<tr>
<td>Moderately Important</td>
<td>152</td>
<td>52.2%</td>
</tr>
<tr>
<td>Slightly Important</td>
<td>65</td>
<td>22.3%</td>
</tr>
<tr>
<td>Not at all important</td>
<td>10</td>
<td>3.4%</td>
</tr>
</tbody>
</table>
Research Question One: Which social media platform has the highest perceived positive impact on adolescent well-being?

Participants were asked to consider how Facebook, Instagram, Snapchat and YouTube affected 14 areas of well-being. Students were asked to rank each statement of well-being on a scale from -2 to 2. A score of -2 was given if the social media platform made that area of well-being “a lot worse”, -1 if it made well-being “a little worse”, 0 if it made well-being “neither worse nor better”, 1 if it made well-being “a little better”, and a score of 2 was given if it made well-being “a lot better”.

A composite score for each social media platform was created and Cronbach’s alpha was run to measure the reliability of the data. A score of > .7 is necessary to consider data reliable. Cronbach’s alpha scores for Facebook, Instagram, Snapchat and YouTube are all at .8, indicating the data is reliable.

Table 3 represents the composite mean scores and standard deviations for the four social media platforms measured. The assumption of sphericity was violated and corrected for by using the Greenhouse-Geisser output. A repeated measures ANOVA revealed a statistically significant difference in overall well-being scores between the four social media platforms (F2.33, 674.7474 = 38.81, p < .001). YouTube has the highest mean score, 1.09 (n = 291, SD = 7.16) or was the most positively associated with overall well-being. YouTube is also the only platform that scored a positive mean when compared to the other three social media platforms, that all scored negatively. This result indicates that YouTube may have the most positive impact on well-being. See Table 3 for mean comparisons on Facebook, Instagram and Snapchat.
Table 3

Composite well-being scores

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>total well-being score Facebook</td>
<td>-1.2185</td>
<td>5.90425</td>
<td>291</td>
</tr>
<tr>
<td>total well-being score Instagram</td>
<td>-2.9029</td>
<td>7.91742</td>
<td>291</td>
</tr>
<tr>
<td>total well-being score Snapchat</td>
<td>-1.9329</td>
<td>8.27430</td>
<td>291</td>
</tr>
<tr>
<td>total well-being score YouTube</td>
<td>1.0887</td>
<td>7.15785</td>
<td>291</td>
</tr>
</tbody>
</table>

Post hoc tests using the Bonferroni correction revealed significant differences between Facebook (M = -1.22, SD = 5.90) and YouTube (M = 1.09, SD = 7.16); Instagram (M = -2.90, SD = 7.92) and YouTube; and Snapchat (M = -1.93, SD = 8.27) and YouTube. YouTube was perceived as being an average of 2.31 well-being rank points higher than Facebook (p < .001), 4.0 well-being rank points higher than Instagram (p < .001), and 3.02 well-being rank points higher than Snapchat (p < .001), thereby having the most positive impact on overall well-being.

Research Question Two: Which social media platform has highest perceived negative impact on adolescent well-being?

Composite data from research question one was also used to answer research question two. Table 3, above, represents the composite mean scores and standard deviations for the four social media platforms measured. Instagram had the lowest mean well-being composite score, -2.90 (n = 291, SD = 7.91) or was perceived as having the largest negative impact on well-being. See Table 3 for mean comparisons on Facebook, Instagram, Snapchat and YouTube.
Similar to question one, the assumption of sphericity was violated and corrected for by using the Greenhouse-Geisser output. A repeated measures ANOVA revealed a statistically significant difference in overall well-being scores between the four social media platforms ($F_{2.33, 674.7474} = 38.81, p < .001$).

The Bonferroni adjustment detected significant relationships between Instagram ($m = -2.90, SD = 7.9$)) and Facebook ($m = -1.22, SD = 5.9$), Instagram and Snapchat ($m = -1.93, SD = 8.28$) and Instagram and YouTube ($m = 1.09, SD = 7.16$). Instagram was shown to have a more negative impact on well-being at a significant level. Instagram was -1.68 well-being rank points lower than Facebook ($p < .001$), -0.97 well-being rank points lower than Snapchat ($p = .002$) and -4.0 well-being rank points lower than YouTube ($p < .001$), thereby having the most negative impact on well-being.

**Research Question Three: What is the relationship between time spent on social media and perceived adolescent well-being?**

Survey participants were asked to estimate the amount of time they spend on each of the four social media platforms per day, in hours. Time in hours was converted to minutes due to the number of students that cited social media time under one hour (Facebook, $n = 244$; Instagram, $n = 77$; Snapchat, $n = 68$; YouTube, $n = 100$). Data was determined to be non-parametric. Time spent on social media contains outliers, plots for time on Facebook, Instagram, Snapchat and YouTube do not follow a normal bell curve, and show a slight linear pattern using a scatter plot graph. Estimated times in each platform were compared to the platform’s composite well-being score using a non-parametric test of correlation, Spearman rho. Facebook ($r_{(289)} = -.014, p = .40$),
Instagram (r (289) = .056, p = .17), and Snapchat (r (289) = .051, p = .19) showed no significant relationship between time spent online and perceived well-being. Time spent on YouTube and perceived well-being showed a weak, positive, significant correlation (r (289) = .237, p < .001). All correlations were found to be significantly weak.

**Summary**

The purpose of this study was to identify which social media platform, Facebook, Instagram, Snapchat, or YouTube had the most positive impact on adolescent well-being and which platform had the most negative impact on adolescent well-being. This study also aimed to examine whether time spent on social media had a relationship with overall well-being. Participants were asked to rank 14 well-being statements in relation to four different social media platforms, deciding how each platform impacted that area of well-being.

Surveyed adolescents reported that social media was extremely to moderately important to them (n = 216, 74.2%) and their most important platform was Snapchat (n = 176, 60.5%). The majority of adolescents, 95%, are accessing their social media through their smartphones. Respondents perceived YouTube has having the most positive impact on their well-being (M = 1.089, SD = 7.16) and Instagram as having the most negative impact on well-being (M = -2.90, SD = 7.92).

After reviewing time spent online, there was no significant relationship between time spent on social media and social media platforms Facebook, Instagram or Snapchat. YouTube did show a significant, positive, weak correlation (r (289) = .237, p < .001).
meaning that time spent on YouTube positively correlated with a positive well-being score.
Chapter V: Summary, Conclusions, and Recommendations

Discussion

Social media use is a common activity among the majority of adolescents, with the average teenager citing use of four different platforms (Murphy, Olson, & Miller-Regan, 2018). With 92% of adolescents citing daily use of at least four different social media platforms for an average of 3.2 hours per day it is important to understand how it’s use can impact overall well-being (Smith, Anderson & Caiazza, 2018; Strickland, 2014). This study aimed at looking at the most used social media platforms (Facebook, Instagram, Snapchat and YouTube) and comparing their overall impact on perceived well-being in adolescents. This study also attempted to determine a relationship between time spent online and perceptions of well-being.

The findings of this research are consistent with the findings of other studies that have researched social media and well-being. Anderson and Jiang (2018) found that Snapchat was adolescents most important social media platform. This study identified the same result, with 60.5% stating that Snapchat was their most important social media platform. Also consistent with research done by Anderson and Jiang (2018), 95% of the students in this study accessed their social media platforms via smartphones. Average daily time spent online was similar to findings by Strickland (2017) who stated that the average American teen spent an approximately 3.8 hours a day on social media. This study netted similar results finding an average of 4.5 hours a day spent online, spread over four different social media platforms.
A study done by the Royal Society for Public Health (RSPH) (2017), also found that Instagram had the most negative overall impact on adolescent well-being while YouTube had the most positive overall impact on well-being. RSPH’s within well-being concept analysis was also similar, finding that usage of YouTube most improved well-being areas like access to health information you can trust, loneliness, depression, anxiety, fear of missing out and body image while Instagram had the most negative impact on the same areas. Unlike previous research, this study indicated that Instagram had the most positive impact on self-expression and self-identity.

This study found that time spent on Facebook, Instagram, and Snapchat did not have a significant relationship to perceptions of well-being, which is not consistent with research that indicates that time spent online has a negative relationship to well-being, specifically well-being concepts related to mental health. Previous research indicates that time online positively correlates with the number of depressive symptoms and reported anxiety levels (Lin et al., 2016; Twenge et al., 2017; Woods, 216). Twenge et al. (2017) cites a positive correlation between more than two hours online per day and increased suicidal risk factors. This study had no significant correlations between time online and depression, time online and anxiety, time online and loneliness, and time online and FoMO. Time on YouTube had a weak, positive correlation to positive perceptions of well-being that was statistically significant. YouTube and Snapchat also had weak, negative correlations to sleep, showing that increased use of these platforms led to decreased sleep.
The aim of this study was to attempt to answer the first construct in the Theory of Reasoned Action and Planned Behavior, attitude toward performing a particular behavior. Adolescent’s positive attitudes towards how social media impacts their well-being indicates that they may use it to help them form communities, create a sense of self-identity, express themselves, gain access to health information they believe they can trust and maintain and form real world relationships. This aids us in understanding why the majority of adolescents cite using social media platforms like Snapchat and YouTube, or the attitudes that drive use. This study confirms the first construct; if positive attitudes exist, or adolescents perceive positive benefits of a behavior, that behavior is more likely to follow. Overall the most positive impact on well-being was demonstrated in the social media platform, YouTube. YouTube also demonstrated a weak correlation to a more positive sense of well-being. Negative perceptions of social media, also defined in this study, help identify areas of concern regarding social media and future areas of research specifically in the areas related to mental health like depression, anxiety, loneliness, sleep, bullying, body-image and FoMO.

One area of interest identified in data cleaning comes from the surveys that were removed from the study during data cleaning. Out of the 45 surveys that had missing data, 23 were missing data specifically related to depression, loneliness, anxiety, bullying, body-image, sleep and FoMO, with respondents not answering any of the questions related to those topics, on any of the social media platforms. While we cannot say for sure that this 51% of missing data was missed accidentally or skipped on purpose,
it does identify a potential area of interest, especially when identifying problem areas and the attitudes that are driving use of social media.

**Recommendations for Practice**

Twenge et al. (2017) discusses that time online is rapidly replacing some of our other day to day activities including reading, participating in non-sedentary activities, and conversing with people face-to-face, all protective factors against mental illness.

Anderson and Jiang (2018) indicate that smartphone ownership has doubled since 2015. Current concerning research on social media and adolescents highlights the negative impacts on mental health, cyberbullying, digital distraction, negative body-image and self-esteem, as well as sleep. Twenge et al. (2019) cites that the adolescents experiencing major depression within the past 12 months has grown 52% since 2008, corresponding to the rise in smartphone ownership, digital communication, and the decline in sleep duration.

Understanding adolescents perceived impacts of social media helps parents and educators in understanding the drive toward adolescent use while grasping the importance of social media monitoring and education for all. Parent influence and social media modeling is cited as being a major influence over adolescent’s social media behavior (Burnette et al., 2018). Lewis et al. (2015) discovered that parents who consider their children more competent in technology and more informed about social media tend to feel their authority over their child is compromised. Parents discussed feeling family routines were disrupted and events chaotic due to a child’s online activity (Lewis et al.,
Parents cited they desired more information on strategies to help them manage their parent/child relationship in a digital world, including monitoring strategies.

The Parent Internet Mediation Guidelines (Livingstone, Mascheroni & Staksrud, 2015) outline the need for education of parents, educators and children on social media and online activity. Common Sense Media, START, and New York’s Department of Education have created resources to fit this framework and need. All identify the need to educate within the community as well as within the homes. New York’s Department of Education outlines resources on their webpage for student and parent social media guidelines in two categories, for those with children twelve and under and for those with children over age thirteen. Within these resources are talking points, learning activities and monitoring suggestions. Common Sense Media promotes parent and child learning together, outlining the Learn, Do, Reflect model for both in school curriculum and lessons to be run through various community groups for adults and kids together. START offers an opportunity for parents to come together and offer support and advice for limiting and monitoring technology use within their own communities, promoting community wide social media monitoring, specifically within the area of usage time. All programs aim at understanding and outlining boundaries for social media use, appropriate use of social media as well as coping strategies for both adults and children.

One example of a specific lesson within the classroom to identify social media stress could be to have students pull out their phones the beginning of the hour, turn on all notifications, and keep their phone out on their desk. As the lesson on chronic stress, aligned with the national health standards and mental health benchmarks, progresses
students make tally marks to note each notification they receive. Instruct them to interact with their phones as they would if they were outside of class. Toward the end of the hour have them take their notification tallies and create a comprehensive total on the board. Discuss the number of notifications they got and how social media could create stress in their lives, making sure to talk about students who maybe did not receive many, or any, notifications and how that could also cause a stressful response. Ask students if they were able to focus on the stress lesson and talk about the distraction caused by constant connection. Discuss how constant access could be causing stress and distraction from other important things or people in their lives. Finish by brainstorming and considering ways to monitor social media use to reduce stress.

**Recommendations for Future Research**

A rise in the understanding of digital distraction has led several colleges and high schools to remove personal technology from the classroom, a few going as far as limiting all classroom use of technology (Berdik, 2018). A study by Beland and Murphy (2015) found the removal of personal devices in the classroom led to a significant increase in test scores and information retention for lower-achieving learners, however there was no significant result for high-achieving learners. The study found that students were less likely to be distracted during a lesson and more likely to engage in the lesson when phones were removed (Beland & Murphy, 2015). These findings, along with the current study’s findings, that teens need to check their phones twenty-four hours a day, create an opportunity for further research into the relationship between academic achievement and access to social media within the school day.
Another area focus could be the lack of research on Snapchat, and its impact on well-being. Snapchat is cited as the most important social media application and used by the majority of students who responded to this survey. Extended research into use of filters and their impact on body image and self-esteem when compared to filtered images that are identified as “edited” could be helpful when comparing the impacts on perceived body image and self-esteem.

Hamm et al. (2015) reported that young adults are more likely to use passive strategies in response to cyberbullying like blocking, defriending and ignoring. A platform specific qualitative study on cyberbullying and Snapchat could help identify student coping strategies when feeling bullied or targeted and how well they feel these strategies work.

Conclusions

As social media use continues to increase and become an everyday form of communication, there is a need to continue research. There is a solid base of research on visual platforms like Facebook and Instagram and how they affect areas of well-being, particularly depression, anxiety and cyberbullying. Research is lacking on those platforms teens cite using most and consider most important, like Snapchat. It is important as educators to understand why adolescents are using these platforms and what benefits they see from their use. Students have access to more information and people than ever before. Education needs to continue to help students learn to use social media intelligently. Social media can help create and extend relationships with people who can teach and support adolescents. Adolescents need to be able to identify valid and reliable
information versus biased opinion, how to use social media to extend relationships, without depending on it, and how to monitor use so it is a tool to aid communication and learning.
References


Facebook. (n.d.) Bringing the world closer together. Retrieved from https://www.facebook.com/pg/facebook/about/


Livingstone, S., Mascheroni, G., Staksrud, E. (2015, November). *Developing a framework for researching children’s online risks and opportunities in Europe.* Retrieved from [http://eprints.lse.ac.uk/64470/1/__lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_EU%20Kids%20Online_EU%20Kids%20Online_Developing%20framework%20for%20researching_2015.pdf](http://eprints.lse.ac.uk/64470/1/__lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_EU%20Kids%20Online_EU%20Kids%20Online_Developing%20framework%20for%20researching_2015.pdf)


National Sleep Foundation. (n.d.). *How much sleep do we really need?*. Retrieved from https://www.sleepfoundation.org/excessivesleepiness/content/how-much-sleep-do-we-really-need-0


Appendices
Appendix A
Institutional Review Board Letter of Approval
March 26, 2019

Dear Marge Murray-Davis:

Re: IRB Proposal entitled “[1332021-5] Social Media: Positive and negative effects on adolescent well-being in Goodhue County, MN.”

Review Level: Level II

Your IRB Proposal has been approved as of March 28, 2019. On behalf of the Minnesota State University, Mankato IRB, we wish you success with your study. Remember that you must seek approval for any changes in your study, its design, funding source, consent process, or any part of the study that may affect participants in the study (see https://grad.mnsu.edu/IRB/revisions.html). Should any of the participants in your study suffer a research-related injury or other harmful outcome, you are required to report them to the Associate Vice-President of Research and Dean of Graduate Studies immediately.

When you complete your data collection or should you discontinue your study, you must submit a Closure request (see https://grad.mnsu.edu/IRB/closure.html). All documents related to this research must be stored for a minimum of three years following the date on your Closure request. Please include your IRBNId number with any correspondence with the IRB.

The Principal Investigator (PI) is responsible for maintaining signed consent forms in a secure location at MSU for 3 years following the submission of a Closure request. If the PI leaves MSU before the end of the 3-year timeline, he/she is responsible for following “Consent Form Maintenance” procedures posted online (see http://grad.mnsu.edu/IRB/consentforms.pdf).

Cordially,

Bonnie Borg, Ph.D.
Co-Chair

Jeffrey Buchanan, Ph.D.
IRB Co-Chair

Mary Hadley, Ph.D.
IRB Coordinator

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Minnesota State University, Mankato IRB’s records.
Appendix B
Permission to use survey tool
FW: #StatusofMind

Niamh McDade <NMcDade@rsph.org.uk>

Reply | Wed 1/16, 5:17 AM
Kennedy, Katie M
You forwarded this message on 1/16/2019 11:43 AM

Hi Katie,

Thanks for your interest and we are happy for you to use the same survey tool in a smaller scale study in Minnesota.

Best wishes,
Niamh

Niamh McDade
Senior Campaigns & Communications Executive
Royal Society for Public Health
John Snow House
59 Mansell Street
London E1 8AN
DD: 020 7265 7391
S: 020 7265 7300
M: 07557399374
Twitter: @niamhla
LinkedIn: https://www.linkedin.com/in/niamh-mcdade-ab8848b3/
www.rsph.org.uk

The information in this e-mail is confidential and may be legally privileged. It is intended solely for the addressee. Access to this e-mail by anyone else is unauthorised. The sender does not accept liability for any errors or omissions in the contents of this message which arise as a result of email transmission. If you are not the intended recipient, any disclosure, copying, distribution or any action to be taken in reliance on it, is prohibited and may be unlawful.

The Royal Society for Public Health (RSPH) is a company incorporated by Royal Charter; reg no RC000825. It is also a registered charity; reg no 1125949.

Save Paper - Do you really need to print this e-mail?
Appendix C
Parental Consent form
Introduction to research on affects of social media on adolescent well-being.

My name is Katie Kennedy and I am a graduate student at Minnesota State University, Mankato. I would like to ask your son or daughter some questions about how they think different social media platforms affect them. The goal of this research is to understand their perspective of how beneficial or harmful Facebook, Instagram, Snapchat and YouTube can be to 14 areas of well-being. This survey should take them approximately 10 minutes to complete. If you have any questions about the survey please contact the primary researcher, Dr. Marge Murray-Davis at 507-389-2709 or at marge.murray-davis@mnsu.edu.

For the purpose of this study, well-being is defined as having positive emotions and moods, the absence of negative emotions (such as depression and anxiety), feeling satisfied with life situations, and feeling healthy and having enough energy for activities.

The 14 areas of well-being to be researched will be defined for students as:

- **Awareness and understanding of other people’s health experiences.**
- **Access to expert health information they know they can trust.**
- **Emotional support** (empathy and compassion from family and friends).
- **Anxiety** (feelings of worry, nervousness or unease).
- **Depression** (feeling extremely low, irritable and/or unhappy).
- **Loneliness** (feelings of being all on your own).
- **Sleep** (quality and amount of sleep).
- **Self-expression** (the expression of your feelings, thoughts or ideas)/
- **Self-identity** (ability to define who you are).
- **Body image** (how you feel about how you look).
- **Real world relationships** (maintaining relationships with other people).
- **Community building** (feeling part of a community of like-minded people).
- **Bullying** (threatening or abusive behavior toward you or being involved or pulled into drama).
- **FoMO** (fear of missing out: feeling you need to stay connected because you are worried things could be happening without you).

Students will be asked to rank each item on a 5 point scale, deciding if each social media platform makes each wellness area a lot worse (-2), a little worse (-1), has not effect (0), a little better (+1) or a lot better (+2).
PARENT CONSENT FORM

Please print CLEARLY

Name of parent or guardian: ____________________________

I am the legal guardian of ____________________________ (child’s name). I consent for her or him to participate in a research project on children’s experiences related to social media. I understand that Dr. Marge Murray-Davis, Ph.D. from the Health Science Department at Minnesota State University, Mankato (MSU) is director of the project. I understand that participation in this study is voluntary and includes the following commitment for my child and me:

1) Read and sign this consent form. Please return this form to school by **Monday, April 8th, 2019**.

2) My child will be asked to complete an online survey about his or her thoughts on how four different social media platforms (Facebook, Instagram, Snapchat and YouTube) affect 14 areas of well-being. The survey takes about 10 minutes.

**Procedures**

With parental consent, my child will be directed to the online survey through their Schoology account, which will be provided by the school. Their account will only be used to deliver a link with access to the survey, it will not be recorded by the online survey tool, Qualtrics. They will first be presented with an introduction to the survey, similar to the introduction above. They will also have the opportunity to agree to participate in the study. If they agree, they will be asked basic demographic questions including age, gender, importance of social media, social media platforms used, average time spent on social media platforms and ways they access their social media accounts. They will then be asked questions about their perception of how Facebook, Instagram, YouTube or Snapchat affect their well-being.

If you have any questions about the study you may contact the student researcher, Katie Kennedy at 507-226-1126 or at katie.kennedy-1@mnsu.edu about any concerns you have about this project. If you have any questions about participants’ rights and for research-related injuries, please contact the Administrator of the Institutional Review Board at (507) 389-1242.

**Confidentiality**

All information obtained in this project will be kept confidential by the staff of this research project. All information will be stored in a locked file cabinet at Minnesota State University, Mankato or on a password protected computer. It can be viewed only by authorized research staff members including Dr. Marge Murray-Davis, Dr. Joseph Visker, Dr. Emily Forsyth and Katie Kennedy. No information about any child will be released and no names will be recorded other than on the consent forms. The
surveys are anonymous and do not require any self-identifying information other than age and gender. If you would like more information about the specific privacy and anonymity risks posed by online surveys, please contact the Minnesota State University, Mankato Information and Technology Services Help Desk (507-389-6654) and ask to speak to the Information Security Manager.

**Risks and Benefits**

The risks of participating in this study are no more than those in normal daily life. You can request a copy of the study’s results (but not your child’s results), which would be mailed to you after the end of the study. While there are no direct benefits to participating in this study, your student’s answers may help the researchers better understand social media’s effect on adolescent well-being.

**Right to Refuse Participation**

Participation in this project is voluntary and you and your child have the right to stop participation at any time. If you change your mind and would no longer like your child to be part of the research, contact me at the e-mail address or phone number given above before **April 9th, 2019**. Your child can choose to skip any questions she or he does not want to answer. Your child can stop participating by saying she or he does not want to be in the study anymore and simply closing their web browser. Your decision whether or not to participate will not affect your relationship with Minnesota State University, Mankato, and refusal to participate will involve no penalty or loss of benefits.

Your signature indicates that you are at least 18 years of age and have received a copy of the consent form to keep. If you agree to participation please sign and return one copy and keep the other for your records.

Please print your name: ______________________________________________

Signed: ____________________________________________________________

Date: ___________________________

**MSU IRBnet ID#: 1382021**

**Date of MSU IRB approval: 3/28/19**
Appendix D
Student Assent
Student Assent

My name is Katie Kennedy and I am a graduate student at Minnesota State University, Mankato. You are being invited to participate in a research project that is going to ask you some questions about how you think different social media platforms affect you.

The goal of this research is to understand your view of how beneficial or harmful Facebook, Instagram, Snapchat and YouTube can be to areas of well-being. There are no wrong answers, and this is not a test. No personal data will be collected, so no one will know how you answered each question. Your survey answers will be stored on a password protected computer. You will also not receive anything for answering these questions. This survey should take approximately 10 minutes to complete.

There are no direct benefits of participating in this study. If you are unhappy about how you or other students have been treated in this research, please contact your teacher, parent(s), or the student researcher, Katie Kennedy at katie.kennedy-1@mnsu.edu. The risks of participating in this study are no more than experienced in daily life, but if this survey leaves you feeling upset or uncomfortable please talk to your counselor, teacher or parents.

Your parents have given permission for you to participate in this study. You do not have to participate in this research. You may stop participation at any time by simply closing your browser. Your parents will not be told if you choose not to participate or stop participation.

A paper copy of this assent form is available upon request from your teacher.

Clicking "YES" below indicates that you are willing to participate in the study and will take you to the survey questions.

Clicking "NO" below indicates that you are not willing to participate in the study and will take you to an alternative activity where no data will be collected.

- Yes, I will take part in this study
- ☐ No thank you, I would not like to participate in this study

MSU IRBNet ID# 1382021

Date of MSU IRB approval: 3/28/2019
Appendix E
Survey Instrument
1 How old are you?

- 15 (1)
- 16 (2)
- 17 (3)
- 18 (4)

Q2 What is your gender?

- Male (1)
- Female (2)
- Unspecified (3)

Q3 How important is social media to you?

- Extremely important (1)
- Very important (2)
- Moderately important (3)
- Slightly important (4)
- Not at all important (5)
Q4 Approximately how many hours a day do you think you spend on each social media platform?

- Facebook (1) ________________________________
- Instagram (2) ________________________________
- Snapchat (3) ________________________________
- YouTube (4) ________________________________

Q5 The most important social media platform to me is:

- Facebook (1)
- Instagram (2)
- Snapchat (3)
- YouTube (4)
Q6 Primary way that I access my social media accounts.

- iPad (1)
- Smartphone (2)
- Tablet (3)
- Laptop (4)
- Desktop Computer (5)
- Other (6)

End of Block: Demographic Information

Start of Block: Consider how each social media site affects the following areas of well-being.

1 Awareness and understanding of other people's health experiences.

Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th>Social Media Site</th>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instagram ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snapchat ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YouTube ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2 Access to health information you know you can trust.
Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th>Social Media Site</th>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instagram ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snapchat ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YouTube ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3 Emotional support (empathy and compassion from family and friends).
Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th>Social Media Site</th>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instagram ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snapchat ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YouTube ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4 Anxiety (feelings of worry, nervousness or unease).
Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th></th>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-2</td>
<td>-1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Facebook ()</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Instagram ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Snapchat ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YouTube ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5 Depression (feeling extremely low, irritable and/or unhappy).
Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th></th>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td>-2</td>
<td>-1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Facebook ()

Instagram ()

Snapchat ()

YouTube ()

6 Lonliness (feelings of being all on your own).
Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th></th>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td>-2</td>
<td>-1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Facebook ()

Instagram ()

Snapchat ()

YouTube ()
7 Sleep (quality and amount of sleep).
Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th>Social Media</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>![Facebook Scale]</td>
</tr>
<tr>
<td>Instagram</td>
<td>![Instagram Scale]</td>
</tr>
<tr>
<td>Snapchat</td>
<td>![Snapchat Scale]</td>
</tr>
<tr>
<td>YouTube</td>
<td>![YouTube Scale]</td>
</tr>
</tbody>
</table>

Makes it a lot worse | Makes it a little worse | Neutral, makes it neither worse nor better | Makes it a little better | Makes it a lot better

-2  -1  0  1  2
8 Self-expression (the expression of your feelings, thoughts or ideas).
Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td>-2</td>
<td>-1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Facebook ()

Instagram ()

Snapchat ()

YouTube ()

9 Self-identity (ability to define who you are).
Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td>-2</td>
<td>-1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
10 Body image (how you feel about how you look).
Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th>Social Media Site</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook ()</td>
<td></td>
</tr>
<tr>
<td>Instagram ()</td>
<td></td>
</tr>
<tr>
<td>Snapchat ()</td>
<td></td>
</tr>
<tr>
<td>YouTube ()</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>-2</td>
<td>Makes it a lot worse</td>
<td></td>
</tr>
<tr>
<td>-1</td>
<td>Makes it a little worse</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Neutral, makes it neither worse nor better</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Makes it a little better</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Makes it a lot better</td>
<td></td>
</tr>
</tbody>
</table>
11 Real world relationships (maintaining relationships with other people).
Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th>Social Media Site</th>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instagram ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snapchat ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YouTube ()</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12 Community building (feeling part of a community of like-minded people).
Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th>Social Media Site</th>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
</table>
13 Bullying (threatening or abusive behavior toward you, being involved or pulled into drama). Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th></th>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-2</td>
<td>-1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Facebook ()

Instagram ()

Snapchat ()

YouTube ()
14 FoMO (Fear of missing out - feeling you need to stay connected because you are worried things could be happening without you).

Slide the bar to where you feel it fits each social media site best on a scale from -2 to +2.

<table>
<thead>
<tr>
<th>Makes it a lot worse</th>
<th>Makes it a little worse</th>
<th>Neutral, makes it neither worse nor better</th>
<th>Makes it a little better</th>
<th>Makes it a lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td>-2</td>
<td>-1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Facebook ()

Instagram ()

Snapchat ()

YouTube ()

End of Block: Consider how each social media site affects the following areas of well-being.
Appendix F
Literature Review Matrix
<table>
<thead>
<tr>
<th>APA</th>
<th>Findings related to FOMO</th>
<th>Methods/issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strickland, A. (2014, Fall Term). <em>Exploring the effects of social media use on the mental health of young adults.</em> Retrieved from <a href="http://stars.library.ucf.edu/cgi/viewcontent.cgi?article=2683&amp;context=honorstheses1990-2015">http://stars.library.ucf.edu/cgi/viewcontent.cgi?article=2683&amp;context=honorstheses1990-2015</a></td>
<td>FOMO can translate into a dangerous comparison - exposure can lead to comparing own life, harmful effects. Those who use FB and instagram more reported lower levels of happiness and higher indications they perceive life as not being fair. FOMO makes it hard to step away and disconnect, keeps others from sleeping, relaxing and being content with current situation. Rosen found that younger generation checks SM very often, maybe as often as every 15 minutes - show an increase in anxiety levels when they cannot check.</td>
<td>Thesis project - qualitative explanation explaining the relationship between social media and mental health of young adults. Review of existing literature. &quot;understanding SM and the risks/benefits to overall health/well-being so they can be self-aware and monitor.</td>
</tr>
<tr>
<td>Shafer, L. (2017, December). <em>Social media and teen anxiety.</em> Retrieved from <a href="https://www.gse.harvard.edu/news/uk/17/12/social-media-and-teen-anxiety">https://www.gse.harvard.edu/news/uk/17/12/social-media-and-teen-anxiety</a></td>
<td>Teens are feeling replaceable. Too much communication or if you are not up to date on online information you are out of touch with what is going on at school the next day.</td>
<td>Review of current studies on anxiety and social media. Specifically causes of anxiety within SM – secondary source</td>
</tr>
<tr>
<td>Oberst, U., Wegmann, E., Stodt, B., Brand, M.s &amp; Chamarro, A. (2017, February). <em>Consequences from heavy social networking in adolescents: The mediating role of fear of missing out.</em> <em>Journal of Adolescence</em>, 55, 51-60. <a href="https://doi.org/10.1016/j.adolescence.2016.12.008">https://doi.org/10.1016/j.adolescence.2016.12.008</a></td>
<td>Definition of FOMO: Fear of missing out (FOMO) is described as “(…) a pervasive apprehension that others might be having rewarding experiences from which one is absent (…)” and “(…) a desire to stay continually connected with what others are doing”. Fear of missing out mediates the link between SM use and depressive symptoms and anxiety. intensity make cases of FOMO and depressive symptoms worse. FOMO can online questionnaire, ones with missing answers thrown out. Average person used 3.5 SNS. Reliability/validity discussed. Data reliability done in different languages. Genders tested differently because there were a lot</td>
<td></td>
</tr>
</tbody>
</table>
105

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Def: pervasive apprehension that others might be having rewarding experiences from which one is absent, characterized by the desire to stay continually connected with what others are doing. Study 1: Created a list of 10 items to define and measure FoMO. Study 2: Findings: younger (esp. men) had higher levels of FOMO (negative correlation). FOMO is robustly linked to social media engagement, esp. in those with low satisfaction. FOMO created a cyclical pattern of use. - specifically FB engagement. Study 3 showed less life satisfaction = higher levels of FoMO.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 studies/surveys taken at 3 times and linked together. Each sample had a different target population, and different population. Participants measured FOMO, mood, life satisfaction and SM use time.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| Beyens, I., Frison, E. &amp; Eggermont, S. (2016, November). “I don’t wanna miss a thing:” Adolescents fear of missing out and its relationship to adolescents’ social needs, Facebook use, and Facebook related stress. <em>Computers in Human Behavior, 64</em>, 1-8. <a href="https://doi.org/10.1016/j.chb.2016.05.083">https://doi.org/10.1016/j.chb.2016.05.083</a> |
|---|---|---|
| Def: “a pervasive apprehension that others might be having rewarding experiences from which one is absent” On FB, 1 in 4 indicated that not being on FB was stressful to extremely stressful; and 1 in 10 reported that not feeling belonging to peers on FB was stressful/extremely stressful. strong positive relationships were found between adolescents’ need for popularity, need to belong, fear of missing out, Facebook use, perceived stress due to not being popular on Facebook, and perceived stress due to not belonging on Facebook. Need to belong/need for popularity decreased with age. FoMO is a mediating factor - cyclical pattern |
| Cross sectional survey, pen and paper, approx. 400 surveys. Need to belong scale and popularity scale - in Belgium. Fear of missing out scale - listed above, Facebook user scale. Controlled for age and gender |</p>
<table>
<thead>
<tr>
<th>Reference</th>
<th>Summary</th>
<th>Method/Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fox, J. &amp; Moreland, J. J. (2015, April). The dark side of social networking sites: An exploration of the relational and psychological stressors associated with Facebook use and affordances. <em>Computers in Human Behavior, 45</em>, 168-176. <a href="https://doi.org/10.1016/j.chb.2014.11.083">https://doi.org/10.1016/j.chb.2014.11.083</a></td>
<td>Feelings of over connection and work with social media - checking is a job...people get mad if you miss a birthday or commenting on a post or not reposting something they deemed important.</td>
<td>Focus groups, college men and women - homogeneous groups were maintained.</td>
</tr>
<tr>
<td><strong>APA</strong></td>
<td>Findings related to Health information</td>
<td>Methods/Issues</td>
</tr>
<tr>
<td>Wartella, E., Rideout, V., Montague, H., Beaudoin-Ryan, L. &amp; Lauricella, A. (2016, June 16). Teens, health and technology: A national survey. <em>Media and Communication 2016 4</em>(3), 13-23. <a href="https://doi.org/10.17645/mac.v4i3.515">https://doi.org/10.17645/mac.v4i3.515</a></td>
<td>Results found that 84% of teens are finding health info online. 1/4 get a lot of info online, 36% get some online. Majority at 55% still get most of information from parents. The 1/4 that get a lot online also cited they get a lot of information from doc/nurses. 38% look online a few times a year - so not using it often. 33% get a lot to some of their information on health from social media sites - although older, female teens with good health were more likely to use SNS. 29% of teens have a mobile phone health app, mostly involving fitness and nutrition. 47% of them hardly use it. 91% have never had a trackable device. Most teens google searched health info.</td>
<td>Survey of 1156 youth. Used GfK base, activity levels and BMI were solicited. A Likert scale on where health info comes from was used.</td>
</tr>
</tbody>
</table>
issues, although 1 in 5 report getting health information from YouTube, fb and twitter.

<table>
<thead>
<tr>
<th>Authors</th>
<th>Pos. of social media includes gaming for education, texting services, GPS location for prevention and STD information/birth control. Web based education programs</th>
<th>Review of studies and information known on SM and effects - both pos and neg. Includes author bias on studies/methodology with including studies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogan, M. &amp; Strasburger, V.</td>
<td>Pos. of social media includes gaming for education, texting services, GPS location for prevention and STD information/birth control. Web based education programs</td>
<td>Review of studies and information known on SM and effects - both pos and neg. Includes author bias on studies/methodology with including studies.</td>
</tr>
<tr>
<td>Ahmed, N., Quinn, S., Hancock, G., Freimuth, V., &amp; Jamison, A. (2018, November 29). Social media use and influenza vaccine uptake among White and African American adults. Vaccine, 36(49), 7556 – 7561. <a href="https://doi.org/10.1016/j.vaccine.2018.10.049">https://doi.org/10.1016/j.vaccine.2018.10.049</a></td>
<td>FB and Twitter used most as sources of health information and users of these were significantly more likely to get the flu vaccine. Also cited they did not believe SM was an influence in health decisions. Finding: Vaccine info on SM may increase vaccine uptake.</td>
<td>Cross sectional study. Respondents are users of social media. Health insurance information was collected and factored out.</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Title</td>
<td>URL/Additional Information</td>
</tr>
<tr>
<td>-----------</td>
<td>-------</td>
<td>--------------------------</td>
</tr>
</tbody>
</table>

**APA**

Findings related to General SM use

Methods/issues

YouTube: 40 min/day, FB 35 min/day, snap/insta 25/day, twitter d1 min. Kids spent up to 9 hours a day on social media platforms. 60% of that is on a mobile device. The average person will spend nearly 2 hours/day on SM every day.

Secondary Source. Could be biased the source is social media today, based on personal data.

Contract on guidelines for media use. What sites/apps, friend them and observe, set a good example and keep devices in public areas.

Gov't website - based on recommendations for parents and education.

Modern tech taking away moments we have in person. Survey/observation done, those with phones on the table felt less enjoyment, less connectedness, more boredom and distraction and more phone use during dinner compared to those who put their tech away. When asked to report on what they were doing, those who had not just used cell phones had more enjoyment and less interest in phone.

Secondary Source on findings of survey/observation done.
<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berdik, C.</td>
<td>2018</td>
<td>Dealing with digital distraction.</td>
<td>Observations, surveys of college aged students. Ave stat from Domingus Hills study by Larry Rosen over 2 years of tracking is 2016 -</td>
</tr>
<tr>
<td>Tamir, D. &amp; Mitchell, J.</td>
<td>2012</td>
<td>Disclosing information about the self is intrinsically rewarding.</td>
<td>Brain imaging studies. 5 studies done over an extensive time period, different methods used to isolate what part of the brain responds to self-disclosure. Used monetary rewards and other rewards to prompt responses.</td>
</tr>
</tbody>
</table>

**APA**

<p>| <strong>Findings on effects of SM on self Esteem</strong> | <strong>Methodology/Issues</strong> |</p>
<table>
<thead>
<tr>
<th>Authors</th>
<th>Title</th>
<th>Summary</th>
<th>Study Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steers, M.N., Wickham, R.E., &amp; Acitelli, L.K. (2014). Seeing everyone else's highlight reels: How Facebook usage is linked to depressive symptoms. Journal of Social and Clinical Psychology, 33(8), 701-731. <a href="https://doi.org/10.1521/jscp.2014.33.8.701">https://doi.org/10.1521/jscp.2014.33.8.701</a></td>
<td>Upward comparison is seeing self as inferior to others (increase in depressive symptoms and decrease in self-esteem.) Downward comparison is seeing oneself as better off or superior (increase in self-esteem and decrease in anxiety. Neg. health outcomes are associated with FB may not be applicable to the platform, but how people use it. The act of freq. comparing self to others is long term destructive than direction of comparison (up or down). Perceived control of situation or life, dissatisfaction with life or self-esteem can predict a positive or negative affect following a comparison.</td>
<td>Review of studies noted the ability of people to use SM as a means of self-expression. SM used as a mapping tool to find LGBTQ youth who are demonstrating a risk for suicide, then provide targeted intervention. positive association of those who have more positive offline relationships tend to have more positive online relationships. Pos. assoc. between positive view of SNS and sense of social connectivity on SNS.</td>
<td>14 day diary, counted on personal thoughts/analysis</td>
</tr>
<tr>
<td>Shapiro, L.A. &amp; Margolin, G. (2014, March). Growing up wired: Social networking sites and adolescent psychosocial development. Clinical Child and Family Psychological Review, 17(1), 1-18. <a href="https://doi.org/10.1007/s10567-013-0135-1">https://doi.org/10.1007/s10567-013-0135-1</a></td>
<td>Review of studies noted the ability of people to use SM as a means of self-expression. SM used as a mapping tool to find LGBTQ youth who are demonstrating a risk for suicide, then provide targeted intervention. positive association of those who have more positive offline relationships tend to have more positive online relationships. Pos. assoc. between positive view of SNS and sense of social connectivity on SNS.</td>
<td>Review of studies, surveys and interviews. 2006 studies to present included. Individual survey's based on participant response.</td>
<td></td>
</tr>
<tr>
<td>Chassiakos, Y.R., Radesky, J., Christakis, D., Moreno M.A., &amp; Cross, C. (2016, November). Children and adolescents and digital media. Pediatrics, 138(5). 10.1542/peds.2016-2593</td>
<td>Teens are using social media for collaboration, increased awareness of current events, promoting community participation and civic engagement, to learn about marginalized/join marginalized groups and promote healthier overall behaviors by learning about them and following health experts.</td>
<td>Review of lots of areas of social media. Comprehensive, lots of studies but did not discuss how studies were selected or measurement tools used.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Those who have lower levels of purpose of life to begin with also had high self-esteem with more likes and lower self-esteem with less likes. A protective factor to this was those that had a high purpose of life score to begin with. Adolescents who view a photo that has a high number of likes demonstrated activity of the reward processing system in the brain - stimulating them to try to achieve that.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-reports and fake Facebook acct. created. Life purpose measured first, then exposed to likes on a fake account. Measured self-esteem after exposure and average number of likes told to a person.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Users on FB an ave. of 14 hours/week but passively using and liking -- the more liking behaviors a person had the more likely it was they were going to present a false sense of self. This false presentation increased anxiety over time, increased anxiety correlated with an increase in lying and liking behavior - but false liking. Depression symptoms and stress levels correlating positively with an increase in false liking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal of study was establishing an inventory of false self-presentation behaviors on FB and examine the relationship between them and mental health measures of well-being. 211 FB users age 18-29 with ave. of 487 friends. Correlational study</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liking behaviors signif. Correlated with lying behaviors in online activity. Most FB users real self-differed somewhat from online self. 7.5% differed sig. as measured and the less authentic a person was the more negative effects of SM they presented. False Liking behaviors that are performed are more associated with detrimental health than lying behaviors (exaggerating a post). False presentation of self-became significant when self-esteem was factored in (decrease in self-esteem when an increase in false liking happened). The younger users presented more false presentation behavior.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal of study was establishing an inventory of false self-presentation behaviors on FB and examine the relationship between them and mental health measures of well-being. 211 FB users age 18-29 with ave. of 487 friends. Correlational study</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citation</td>
<td>Summary</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Fox, J. &amp; Moreland, J. J. (2015, April). The dark side of social networking sites: An exploration of the relational and psychological stressors associated with Facebook use and affordances. <em>Computers in Human Behavior, 45</em>, 168-176. <a href="https://doi.org/10.1016/j.chb.2014.11.083">https://doi.org/10.1016/j.chb.2014.11.083</a></td>
<td>compare selves to feeds determine kids’ reactions, but they differ on how they react to posts based on information and differ in use, experience and respond.</td>
<td>focus groups, college men and women - homogeneous groups were maintained.</td>
<td></td>
</tr>
<tr>
<td>Tiggemann, M. &amp; Slater, A. (2013, May 25). NetGirls: The Internet, Facebook and body-image concern in adolescent girls. <em>International Journal of Eating Disorders</em> 46(6), 630-633. <a href="https://doi.org/10.1002/eat.22141">https://doi.org/10.1002/eat.22141</a></td>
<td>For participants who started Facebook as an adolescent, the first basis of comparison (and competition) was the number of friends one had on the network: a quantifiable popularity contest.</td>
<td></td>
<td>personal opinion and survey. Self-reported levels of internet use and body image concerns</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Year, Month</td>
<td>Title</td>
<td>Abstract</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
<td>-------</td>
<td>----------</td>
</tr>
<tr>
<td>Burnette, B., Kwitowski, M. &amp; Mazzeo, S.</td>
<td>2017, December</td>
<td>“I don’t need people to tell me I’m pretty on social media:” A qualitative study of social media and body image in early adolescent girls.</td>
<td>Photo based platforms are key contributors to body image comparisons and concerns - but are mitigated by parent involvement and school lessons on self-confidence/self-appreciation and media literacy. Noted that when discussing celeb profiles they understood they were touched up, with friends showed an appreciation of qualities - noted that they didn’t think friends at other schools had same thoughts. Discussion focus groups in 7/8th grade girls. All upper middle class private school kids who note in interviews that they don’t have the same social media view as their peers.</td>
</tr>
<tr>
<td>Cohen, R., Newton-John, T., &amp; Slater, A.</td>
<td>2017, December</td>
<td>The relationship between Facebook and Instagram appearance-focused activities and body image concerns in young women.</td>
<td>Following fitness and health accounts as well as celebrity accts. pos. correlated with thin-ideal internalization. Total time online not assoc. with thin ideal. Instagram users scored higher on body surveillance scores than FB, driven by photo-based platform? Same correlations not found on following non personal accounts like travel based. Specific to FB and Insta - recruited through FB. Correlational results, cross sectional survey</td>
</tr>
<tr>
<td>de Vries, D., Peter, J., de Graaf, H., &amp; Nikken, P.</td>
<td>2016, January</td>
<td>Adolescents’ social network site use, peer appearance-related feedback, and body dissatisfaction: Testing a mediation model.</td>
<td>Social media use (high level) at time 1 predicted higher levels of body dissatisfaction in both males and females as well as predicted an increased level of peer appearance feedback. High levels of peer appearance FB and high levels of body dissatisfaction DID NOT predict SM use at time 2. Freq. of peer feedback at time 1 did not predict lower body disats. at time 2 Predict a directional causation of social media use and body dissatisfaction and appearance related peer feedback. Measured at 2 points - longitudinal. Measured time spent on SM, Body dissatisfaction scale and peer appearance related feedback.</td>
</tr>
<tr>
<td>Holland, G. &amp; Tiggemann, M.</td>
<td>2016, June</td>
<td>A systematic review of the impact of the use of social networking sites on body image and disordered eating outcomes.</td>
<td>Across 20 studies correlations (sig) exist between social media use and body dissatisfaction, for both genders. More specifically photo based sharing (posting lots of images) and negative feedback on posts pos. correlated with disordered eating and body disat. Liking/posting as well 20 studies evaluated in final analysis. Mostly cross-sectional studies - but 5 were longitudinal - most early research focused on FB.</td>
</tr>
</tbody>
</table>

https://doi.org/10.1016/j.bodyimage.2017.09.001


https://doi.org/10.1016/j.bodyimage.2016.01.002
<table>
<thead>
<tr>
<th>Resource</th>
<th>Findings on the Pros of SM</th>
<th>Methodology/Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>[2] Dickins, M., Browning, C., Feldman, S. &amp; Thomas, S. (2016, January 22). Social inclusion and the Fatosphere: the role of an online weblogging community in fostering social inclusion. Sociology of Health and Illness, 38(5), 797-811. <a href="https://doi.org/10.1111/1467-9566.12397">https://doi.org/10.1111/1467-9566.12397</a></td>
<td>All described feeling excluded in real life aspects - talked about, pics taken of them, talked about by industries that were supposed to &quot;help&quot;, but not talked to. They were prejudiced against and dehumanized. Online able to form a community for social, intellectual, emotional and tangible support. Tangible = advice, emotional/social = share experiences. Ended in changing mindset about real life examples and how to handle feeling excluded - empowered in real life and provided coping.</td>
<td>already survey participants were members of blogging sites, prone to online activity and potentially outgoing individuals. Nonrandom study done</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Title and Year</td>
<td>Methodology and Findings</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Pornsakulvanich, V. (2017, November)</td>
<td>Personality, attitudes, social influences and social networking site usage predicting online social support. Computers in Human Behavior, 76, 255-262. <a href="https://doi.org/10.1016/j.chb.2017.07.021">https://doi.org/10.1016/j.chb.2017.07.021</a></td>
<td>SM provides emotional support; most frequently reported type of support was emotional support. People tend to use the SM platforms that have the most choices in seeking or receiving support (use of likes, wows, sad emojis and comments). Overall personal attitude can predict how we react to media. Attitude toward SM, social influence and how often SM is used affect if SM was used for support or not. All in all a positive attitude toward SM in the beginning predicted satisfaction with online support and looking for support online.</td>
</tr>
<tr>
<td>Frison, E. &amp; Eggermondt, S. (2017, October)</td>
<td>Browsing, posting and liking on Instagram: The reciprocal relationships between different types of Instagram use and adolescent mood swings. Cyberpsychology Behavior and Social Networking, 20(10), 603-609. <a href="https://doi.org/10.1089/cyber.2017.0156">https://doi.org/10.1089/cyber.2017.0156</a></td>
<td>Increase social support perceptions, increase relational closeness, increase in social capital.</td>
</tr>
<tr>
<td>Reference</td>
<td>Details</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>SNS can foster identity development and self-disclosure opportunities. Kids can be in control of what others see. Those who struggle with in real life relationships also tend to struggle with online relationships. Can create social outlets for those who have a hard time with social awkwardness (eye contact, tone). SM has a rich get richer theme - those with high self-esteem tend to benefit more from relationships online and have more relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary source, based on analysis of articles noting the risking number of teens with anxiety and summarizing studies that demonstrate correlation but not causation to anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>stay connected with fam/friends. Communicate with educators and fellow students, volunteer or get involved with a campaign/nonprofit or charity, enhance creativity by sharing ideas, music and art. Meet/interact with those who share interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gov't website - based on recommendations for parents and education.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater social connection may foster a sense of coherence and meaning or purpose in life. It enhances mental health and happiness - all appear in SN. Social support can ward off hopelessness, quell loneliness, discourage avoidant coping and reinforce positive state of minds, emotional support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thesis project - qualitative explanation explaining the relationship between social media and mental health of young adults. Review of existing literature. &quot;understanding SM and the risks/benefits to overall health/well-being so they can be self-aware and monitor.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overview of tools used: challenges faced - accessing teens with eye catching material, getting them to valid information, changing nature of sm, not demeaning importance of docs and med. attention. pros: effective, lots of kids reached, kids preferred source of information esp. about sensitive info.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis of current offerings with health and social media</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allcott, H., Braghieri, L., Eichmeyer, S., Gentzkow, M. (2019, January 27). The welfare effects of social media. Retrieved from <a href="http://web.stanford.edu/~gentzkow/research/facebook.pdf">http://web.stanford.edu/~gentzkow/research/facebook.pdf</a></td>
<td>Deactivation freed about 60 min a day for treatment group. Deact. Also reduced news consumption and knowledge of current events/news as demonstrated by weekly quizzes – treatment group scored sig. lower on tests of knowledge. Deact. Decreased polarization on policy issues. Deact. Group also got less news from non-social media sites.</td>
<td>Large scale study with control group and treatment group. Treatment group was asked to deactivate FB for a one month period and monitored daily for deactivation. &lt;27% failed to complete end survey, low attrition. Recruited through FB ads.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>APA</td>
<td>Findings related to SM and general Intro</td>
<td>Methodology/Issues</td>
</tr>
<tr>
<td>Sherman, L., Payton, A.A., Hernandez, L.M., Greenfield, P.M. &amp; Dapretto, M. (2016, May 31). The power of like in adolescence. Effects of peer influence on neural and behavioral responses to social media. <em>Psychological Science</em>, 27(7), 1027-1035. <a href="https://doi.org/10.1177/0956797616645673">https://doi.org/10.1177/0956797616645673</a></td>
<td>SM leads to more quantitative social endorsement (number of likes received) than qualitative that is found by talking to people face-to-face. Strong correlations found between an adolescent liking a photo if they saw or thought that photo already had lots of likes, even if photo displayed risky behavior like drinking, smoking, drugs or risky clothing. Same is true of their own picture, more likely to like it if it had higher number of likes - leads into thought on importance of self-presentation. Greater brain activity involved (through MRI) for those pictures that had a higher number of likes. This brain activity was true as well for risky photos...but an addition brain activity was cognitive control networks less active. This could put</td>
<td>Study specifically on Instagram. Small study with 34 participants, 2 excluded from data because of equip. malfunctions. Subjects submitted personal photos as well</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Steers, M.N., Wickham, R.E., &amp; Acitelli, L.K. (2014). Seeing everyone else's highlight reels: How Facebook usage is linked to depressive symptoms. <em>Journal of Social and Clinical Psychology, 33</em>(8), 701-731.</td>
<td>Exposure to continual streams of information can lead to continual comparisons in pictures, like #'s, loves, comments and # of status updates.</td>
<td>14-day diary, counted on personal thoughts/analysis</td>
</tr>
<tr>
<td>Source</td>
<td>Summary</td>
<td>Notes</td>
</tr>
<tr>
<td>--------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>Edison Research. (2018). Percentage of United States population with a social media profile from 2008 to 2018. Retrieved from <a href="https://www.statista.com/statistics/273476/percentage-of-us-population-with-a-social-network-profile/">https://www.statista.com/statistics/273476/percentage-of-us-population-with-a-social-network-profile/</a></td>
<td>YA spend nearly 200 min/day on a mobile device. 109 min. on SM apps, Leading networking sites used by YA in Feb. 17 are Snap (79%), FB (76%), Insta (73%), Twitter (40%), Pinterest (31%), Most important SM platforms teens rated in Feb. 17 are 1. Snap, 2. Insta, 3. Twitter, 4. FB 93% of teens age 15-17 have access to a mobile phone or tablet.</td>
<td>popular Survey done by Statista. National representative phone survey. N=2,000</td>
</tr>
<tr>
<td>Murphy, E., Olson, M. &amp; Miller-Regan, N. (2018). Semi-annual taking stock with teens survey. Retrieved from <a href="http://www.piperjaffray.com/private/pdf/2018_Fall_TSWT_Spring_Infographic_LARGE.pdf.pdf">http://www.piperjaffray.com/private/pdf/2018_Fall_TSWT_Spring_Infographic_LARGE.pdf.pdf</a></td>
<td>92% of teens access internet daily with 56% several times a day and 24% almost constantly. Most popular SN in Spring 2018 Snap (45%), Insta (26%), Twitter (9%), FB (8%), Pinterest (1%). 2018 shows most important SN is Snap chat for 45% of teens, FB 4th with 8% . FB is largest network with over 1.5 billion active users. Almost over 40%of Am. teens have active acct.</td>
<td>Online survey, nationally representative. N-8600</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Tromholt, M. (2016, November).</td>
<td>Well-being is positively associated with other important aspects of people's lives like health and longevity. SM is good use to keep in touch, share good things in lives and gain info about others.</td>
<td>FB found participants, then randomly assigned to group for trial - break from FB or no break. Was up to participants to fully decide whether or not to break this idea.</td>
</tr>
<tr>
<td>Moreau, E. (2018, September).</td>
<td>YouTube has vlogger abilities - it is not passive content, allows user feedback. Top 3 social apps used by teens are YouTube, Instagram, and Snapchat. 95% of teens have a cell phone</td>
<td>Visual assessment and online checking of active users.</td>
</tr>
</tbody>
</table>
Anderson, M., Jiang, J. (2018, May 31). Teens, social media and technology, 2018. Retrieved from http://www.pewinternet.org/2018/05/31/teens-social-media-technology-2018/ 88% of students have desktop or laptop. No consensus among teens about the effect SM has on people their age. 24% mostly negative, 31% mostly positive and 45% neither positive or negative. 95% have access to a smart phone. 45% report being online almost constantly. 71% of teens use more than 1 SM. Using 85% YouTube, 72% Instagram, 69% Snapchat, 51% FB and 32% twitter. Use most often 35% use Snapchat, 32% use YouTube, 15% Instagram, 10% FB and 3% twitter. Of those with less than 1 SNS snapchat is used most of the time. Roughly 9 in 10 teens are online at least several times/day. SM helps interact with others and stay in touch. Easier to communicate with family and friends. Connect to new people and perceptions of feeling less lonely. Connection with information/news, Connect with those with similar interests. Learn new things, good venue for entertainment, place for self-expression and getting support from others. Downsides are leading to bullying, increased lack of personal contact, spreading of rumors, causes distractions and addictions, distorts reality and time lost on SN.

Lenhart, A. (2015). Teens, social media & technology overview 2015. Retrieved from http://www.pewinternet.org/2015/04/09/teens-social-media-technology-2015/ Nearly 3/4ths of teens have access to a smartphone. 24% of teens report being online almost constantly. Social media stressors included seeing people posting about events to which you were not invited. 2. Feeling pressure to post positive/attractive content about self. 3. Feeling pressure to get comments/likes on your posts. 4. Having someone post things about you that you cannot control or change. 95% use the internet, 85% are on SM. only 19% say they were bullied online will e88% report reading/seeing cruel content

Used Amerispeak to find a nationally representative survey. This particular survey featured interviews with 1,058 parents who belong to the panel and have a teen ages 13 to 17, as well as interviews with 743 teens. Interviews were conducted online and by telephone from March 7 to April 10, 2018. The survey was conducted by NORC.
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Year</th>
<th>Special Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ben-Joseph, E.P.</td>
<td>Teaching kids to be smart about social media.</td>
<td>2018, April</td>
<td>Gov't website - based on recommendations for parents and education.</td>
</tr>
<tr>
<td>Strickland, A.</td>
<td>Exploring the effects of social media use on the mental health of young adults.</td>
<td>2014, Fall Term</td>
<td>Thesis project - qualitative explanation explaining the relationship between social media and mental health of young adults. Review of existing literature. &quot;understanding SM and the risks/benefits to overall health/well-being so they can be self-aware and monitor.</td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention.</td>
<td>Well-being concepts.</td>
<td>2018, October 31</td>
<td>N/A</td>
</tr>
</tbody>
</table>


"There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. For public health purposes, physical well-being (e.g., feeling very healthy and full of energy) is also viewed as critical to overall well-being. Researchers from different disciplines have examined different aspects of well-being that include the following: Economic well-being, social well-being, dev. and activity, emotional well-being, life satisfaction, psychological well-
<table>
<thead>
<tr>
<th>APA</th>
<th>Findings on SM and Mental Health</th>
<th>Methodology/issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lup, K., Trub, L. &amp; Rosenthal, L. (2025, May 1). Instagram #Instasad?: Exploring associations among Instagram use, depressive symptoms, negative social comparisons and strangers followed. Cyberpsychology, Behavior and Social Networking, 18(5). <a href="https://doi.org/10.1089/cyber.2014.0560">https://doi.org/10.1089/cyber.2014.0560</a></td>
<td>Instagram is different because reciprocal following is not required. Posting pictures or videos is required and you are required to flip through filters before posting. No one can do anything with pic other than like it - no other emotions offered. This leads to mostly positive content. Findings reported that significant correlations for those with 75% and 90% of followers being strangers (and highest time on SM at 2-3 hours) had higher #s of depressive symptoms. Those with same amt of time on SM 2-3 hours but with 10% of following strangers had lower than ave. number of depressive symptoms.</td>
<td>Study done - cross sectional. Surveyed Instagram use and depression symptoms/social comparison. Based on self-report 18-29 YOA. FB recruitment and snowballing. Social comparison rating mitigated by # of strangers and depressive symptoms? T tests reported and demographics factored out. 1 outlier removed.</td>
</tr>
<tr>
<td>Woods, H. C. (2016, August). #Sleeptyteens: Social media use in adolescence is associated with poor sleep quality, anxiety, depression and low self-esteem. Journal of Adolescence, 51, 41-49. <a href="https://doi.org/10.1016/j.adolescence.2016.05.008">https://doi.org/10.1016/j.adolescence.2016.05.008</a></td>
<td>Increased levels of depression positively associated with increased overall SM use r-.24 and p&lt;.01. Adolescent. Report considerable anxiety when access to text base communication was removed.</td>
<td>Online survey in school ages 11-17 YOA. Measuring emotional investment in SM along with positive/negative attitude.</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Title</td>
<td>URL/DOI</td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Chassiakos, Y.R., Radesky, J., Christakis, D., Moreno M.A., &amp; Cross, C.</td>
<td>(2016, November). Children and adolescents and digital media. <em>Pediatrics, 138</em>(5). 10.1542/peds.2016-2593</td>
<td>Not hours on social media, but the way SM is used that causes depressive symptoms. More passive use is more depressive symptoms as well as those who follow strangers. SM leads to exposure to risky behaviors (alcohol, sex, substance use, self-harm) which normalizes and makes those behaviors seem desirable.</td>
</tr>
<tr>
<td>Weinstein, E.</td>
<td>(2017, November). Adolescent differential responses to social media browsing: Exploring causes and consequences for intervention. <em>Computers in Human Behavior, 76</em>. 3960405. <a href="https://doi.org/10.1016/j.chb.2017.07.038">https://doi.org/10.1016/j.chb.2017.07.038</a></td>
<td>Those with negative comparisons (my life is not as good or fun) before browsing had significantly worse post browsing affective well-being with Instag. Link is unclear. If depressive symptoms stimulated browsing or if browsing stimulated depressive symptoms. Quantity of SM use did not predict depression, social comparison during SM use did with positive correlations</td>
</tr>
<tr>
<td>Twenge, J., Joiner, T., Rogers, M., &amp; Martin, G.</td>
<td>(2017, November 14). Increases in depressive symptoms, suicide related outcomes, and suicide rates among U.S. adolescents after 2010 and links to increased new media screen time. <em>Clinical Psychological Science, 6</em>(1), 3-17. <a href="https://doi.org/10.1177/2167702617723376">https://doi.org/10.1177/2167702617723376</a></td>
<td>From 2010-2015 the number of US teens who felt useless and joyless rose 33%, Smartphone ownership and depression increased in tandem. Overall those that spent 2 or more hours a day online were significantly more likely to have suicidal risk factors, less time with friends and more time online are more likely to be depressed. The increase in depression symptoms and suicide attempts with growth of the smartphone - economic factors, homework, unemployment were factored out.</td>
</tr>
<tr>
<td>Author</td>
<td>Title</td>
<td>Summary</td>
</tr>
<tr>
<td>--------</td>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td>Strickland, A. (2014, Fall Term). <em>Exploring the effects of social media use on the mental health of young adults</em>. Retrieved from <a href="http://stars.library.ucf.edu/cgi/viewcontent.cgi?article=2683&amp;context=honorstheses1990-2015">http://stars.library.ucf.edu/cgi/viewcontent.cgi?article=2683&amp;context=honorstheses1990-2015</a></td>
<td>SM promotes sedentary behavior (physical activity being a protective factor). Also replaces time for face-to-face interactions - protective factor. Study showed that a decrease in sedentary behaviors decreases the risk of mental health. Protective factor is that chatting/gaming can reduce the risk of depression. Time on FB correlated with depression.</td>
<td>Thesis project - qualitative explanation explaining the relationship between social media and mental health of young adults. Review of existing literature. &quot;understanding SM and the risks/benefits to overall health/well-being so they can be self-aware and monitor.</td>
</tr>
<tr>
<td>Strickland, A. (2014, Fall Term). <em>Exploring the effects of social media use on the mental health of young adults</em>. Retrieved from <a href="http://stars.library.ucf.edu/cgi/viewcontent.cgi?article=2683&amp;context=honorstheses1990-2015">http://stars.library.ucf.edu/cgi/viewcontent.cgi?article=2683&amp;context=honorstheses1990-2015</a></td>
<td>Intense FB use predicted loneliness, increase in # of FB friends the lower emotional adjustment to college life and the more time on FB the lower a self-esteem. 1 in 4 young adults will experience a depressive state between 18 and 24 years of age.</td>
<td>Review of studies. Identified different theories and studies related to SM. Synthesis of current information on SM and mental health relating to different theories to explain the relationship btwn SM and young adults and mental health</td>
</tr>
</tbody>
</table>

The way SM is used is contributing to mental health, not necessarily the technology objects themselves. Users see pictures of the happiest versions of times, filters are used, creates a sense of inadequacy and unattractiveness - can stimulate feelings of envy and jealousy.


Quitting FB for 1 week had a higher degree of positive effect on the following three groups: 1 heavy users of FB, 2. passive users of FB. And 3. Users who envied others.


Conclusion: Passively Browsing Instagram at first measure was directly correlated to depressed mood at second measure. Depressed mood at first measure was positively predicted Instagram posting a time 2. Unlike other studies posting and liking at first measure was not linked to depressed mood at time 2. Reason? more image driven - get more peer acceptance if peer acceptance is what one is searching for?

Secondary Source - summary of research done into Facebook (done by FB director of Research - so biased info) and Mental Health

FB found participants, then randomly assigned to group for trial - break from FB or no break. Was up to participants to fully decide whether to break this idea.

Longitudinal study that measured instagram use on a Likert scale and Depression scale for children was given. Pen/paper questionnaire. Time 1 and Time 2 were 9 months apart. Other factors involved in Depressed feelings?
<p>| APA Citation | Findings on Cyberbullying and SM | Methodology/issues |
| Slonje, R. &amp; Smith, P. (2008, January 22). Cyberbullying: Another main type of bullying? <em>Scandnavian Journal of Psychology</em>, 49(2), 147-154. <a href="https://doi.org/10.1111/j.1467-9450.2007.00611.x">https://doi.org/10.1111/j.1467-9450.2007.00611.x</a> | Old data shows that pictures were highest threat of feared bullying type and had the highest impact on victims and lowest perceived seriousness by bullies. Increased levels of bullying in younger kids. Majority of kids will tell no one of bullying (50%), friends of bullying (36%) then a trusted adult (13%). happens because cyberbullying is invisible, can get away with it and decreased opp. in this study for bystander intervention. | Questionnaire, student honest responses. Olweus a common Scandinavian anti-bully program all students exposed to since little, no measure of access to tech. Old modes of tech |</p>
<table>
<thead>
<tr>
<th>Reference</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamm, M.P., Newton, A.S., Chrisholm, A., Shulhan, J., Milne, A., Sundar, P., Ennis, H., Scott, S. &amp; Hartling, L. (2015, June 22). Prevalence and effect of cyberbullying on children and young people; a scoping review of social media studies. <em>Journal of the American Medical Association, 169</em>(8), 770-777. <a href="https://doi.org/10.1001/jamapediatrics.2015.0944">https://doi.org/10.1001/jamapediatrics.2015.0944</a></td>
<td>Strong correlations found between cyberbullying and depression, increased aggression, negative impact on relationships with family, friends and romantic ones, increase in withdrawn, decreased self confidence and self-esteem, increase in uneasiness, increase in alcohol/substance use. At school a decrease in attendance and grades was common as well as increase in trouble. Cyberbullying associated with increase in suicide idealization but not attempts and a weak correlation with anxiety. Most common reason for cyberbullying was defined as relationships in 91% of all surveys. The more exposure to internet use the more common cyberbullying was, with social media sites the most common reported. The younger the kids the more distressing the effects, most hurtful form perceived was pictures and videos. Common theme was not knowing what to do about it and more likely to report to friends.</td>
</tr>
<tr>
<td>Chassiakos, Y.R., Radesky, J., Christakis, D., Moreno M.A., &amp; Cross, C. (2016, November). Children and adolescents and digital media. <em>Pediatrics, 138</em>(5). <a href="10.1542/peds.2016-2593">10.1542/peds.2016-2593</a></td>
<td>Review done - Definition of cyberbullying: an Aggressive intentional act or behavior that is carried out by a group or individual using electronic forms of contact repeated over time against a victim who cannot easily defend self. Kids have social media platforms - more than one platform. Vulnerable populations more likely to be cyberbullied = LGBTQ and ASD for example. Decrease in grades, increase in school trouble, increase in depression and increase in suicidal idealization.</td>
</tr>
</tbody>
</table>

Positive relationships found between victimization and stress, anxiety, depression, loneliness, conduct problems, drug and alcohol use, and suicide ideation. Positive rel. found between perp and prior victimization both online and in real life, having a normalized view of aggressive behavior and moral disengagement. not all platforms showed a tie between being bullied and being a bully - varied among SM being studied. Same definition of cyberbullying except included deception, email, rumor spreading, cyberstalking, impersonation, exclusion and sexting. Divided bullying and cyber by 2 common factors: 1. bullier perceives anonymity and 2. Constant access to victim provides immediate feedback. Victimization reports ranged from 10 - 40% but when bullying was changed to saying mean things reports went up to 70%.


Students on computers or participating in sedentary activities are more likely to be cyberbullied. Positive association shown between cyberbullying and school bullying and suicide idealization. Cyberbullying related to psychological distress and girls are twice as likely to experience cyberbullying as boys.

Lots of correlation studies discussed and inclusion/exclusion for each study done was discussed. Various stages of inclusion for different studies.

Data pulled from Eastern Ontario Youth Beh. Risk survey in 7-12th grade students. Identified associations between cyberbullying and suicidal idealizations compared to school bullying and suicide ideal.
<table>
<thead>
<tr>
<th>Source</th>
<th>Summary</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanfilippo, J.S. (2015, February). It’s all about the social media.</td>
<td>Defining cyberbullying as someone who deliberately uses social media to perpetuate false and humiliating or make violent/intrusive information about another individual</td>
<td>Analyzing studies and definitions of cyberbullying to complete a def.</td>
</tr>
<tr>
<td>United States Department of Health and Human Services. (2017, July 10). What is cyberbullying. Retrieved from <a href="https://www.stopbullying.gov/cyberbullying/what-is-it/index.html">https://www.stopbullying.gov/cyberbullying/what-is-it/index.html</a></td>
<td>Defining Cyberbullying as bullying that takes place over digital devices like cellphones, computers, tablets, thru SMS, txt and apps/online social media forums and gaming. It contains the use of posting or sharing negative or harmful/false or mean content. 2017 YRBS stated 14.9% high schoolers have been bullied in the past 12 months. Cyberbullying concerns for adults include: it is persistent, it is permanent, and it is hard to notice (can't just overhear it). Most cyberbullying occurs on SM like FB, instagram, snapchat, twitter, text and instant messaging.</td>
<td>Gov.'t website definition</td>
</tr>
<tr>
<td>Minnesota Department of Health. (2016). Minnesota Student Survey. Retrieved from <a href="https://education.mn.gov/mdeprod/groups/communications/documents/basic/bwrl/mdu5/~edisp/mde059325.pdf">https://education.mn.gov/mdeprod/groups/communications/documents/basic/bwrl/mdu5/~edisp/mde059325.pdf</a></td>
<td>During the past 30 days: How often have you been bullied through email, chat rooms, instant messaging, websites or texting. 5th grade B: 1 time/week 13% 5F: 13% @1/week, 8th M: 7% @1/week, 8F: 16% @1/week, 9M: 7% @1/week, 9F: 14% @1/week</td>
<td>Student self-reported survey</td>
</tr>
<tr>
<td>Source</td>
<td>Text</td>
<td>Source</td>
</tr>
<tr>
<td>--------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention. (2017). <em>Youth Risk Behavior Survey</em>. Retrieved from <a href="https://www.cdc.gov/healthyyouth/data/yrbs/results.htm">https://www.cdc.gov/healthyyouth/data/yrbs/results.htm</a></td>
<td>1/week, 11M: 6% @ 1/week, 11F: 11% @ 1/week.</td>
<td>Electronically bullied: 14.9% of students have been bullied on texting, Instagram, FB or other SM in the past 12 months. Down from 15.5% in 2015 data.</td>
</tr>
<tr>
<td>Strickland, A. (2014, Fall Term). <em>Exploring the effects of social media use on the mental health of young adults</em>. Retrieved from <a href="http://stars.library.ucf.edu/cgi/viewcontent.cgi?article=2683&amp;context=honorstheses1990-2015">http://stars.library.ucf.edu/cgi/viewcontent.cgi?article=2683&amp;context=honorstheses1990-2015</a></td>
<td>SM allows the illusion of companionship - changes the privacy of relationships, others can see all! May be viewed as a way to stay close with people, but can easily backfire. SM can magnify a problem by defriending/blocking, catching what seems to be cheating, bullying and fear of missing out.</td>
<td>Thesis project - qualitative explanation explaining the relationship between social media and mental health of young adults. Review of existing literature. &quot;understanding SM and the risks/benefits to overall health/well-being so they can be self-aware and monitor.</td>
</tr>
<tr>
<td>Weinstein, E. (2017, November). <em>Adolescent differential responses to social media browsing: Exploring causes and consequences for intervention</em>. <em>Computers in Human Behavior, 76</em>, 3960405. <a href="https://doi.org/10.1016/j.chb.2017.07.038">https://doi.org/10.1016/j.chb.2017.07.038</a></td>
<td>six specific stressors were identified in Over the Line by MTV in relation to digital mentioning: “impersonation (creating new account or breaking into account),” “receiving mean and harassing personal attacks (on SM or txt),” “public shaming and humiliation (slander posted and nudes),” “breaking and entering into accounts and devices (hacking devices or accounts to look at address books/messages),” “feeling pressure to comply,” and “feeling smothered (constant access).” Shaming, impersonation and pressure to comply were types teens most often felt were over the line behavior. Some behaviors driven by meanness and cruelty and some by relationship needs or desire for connections</td>
<td>Categorized stories from Over the Line - an MTV production, to which teens that already prone to drama will post on.</td>
</tr>
<tr>
<td>Reference</td>
<td>Quote</td>
<td>Methodology</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Marwick, Alice &amp; Boyd, Danah. (2014, April). It's just drama: Teen perspective on conflict and aggression in a networked era. Journal of Youth Studies, 17(9), 1187-1204. doi:10.1080/13676261.2014.901493.</td>
<td>we define drama as ‘<em>performative, interpersonal conflict that takes place in front of an active, engaged audience, often on social media.</em>’ Several young people mentioned that the visibility of social media. Furthermore, social media allows additional opportunities for participation, including adding comments and ‘liking’ status updates. Drama involves 2 sides and fighting back - not necessarily the imbalance of power. A few described as something to do when they are bored! SM plays into the performantly of it because there is an audience -- gather support for their side. SM provides persistence. It is a blurred line with gossip and bullying, protection factor to some...it's just drama. - a defense system.</td>
<td>Face-to-face interview to determine the concept of drama. 2 sets of interviews and observations. Both online and offline. Neither used the term drama. Screenshots of descripted drama were taken from SM platforms and interviewees were asked to describe/define drama. Limitations: for future, SM platforms change and changed during the course of the study.</td>
</tr>
<tr>
<td>DePaolis, K. &amp; Williford, A. (2018, May). Pathways from cyberbullying victimization to negative health outcomes among elementary school students; a longitudinal investigation. Online Journal of Child and Family Studies. <a href="https://doi.org/10.1007/s10826-018-1104-6">https://doi.org/10.1007/s10826-018-1104-6</a></td>
<td>students with high levels of cyberbullying victimization had lower self-esteem and lower levels of school connectedness and showed more symptoms of depression (findings measured 1.5 years later)</td>
<td>Diverse, longitudinal study. Data taken from 2 age groups at 4 times over 2 years. 9 ways cyberbullying takes place were ranked on a scale. 5 different scales used on various point Likert scale looking at how often cyber bull hap. over the past 30 days.</td>
</tr>
<tr>
<td>APA</td>
<td>Findings on Sleep and SM</td>
<td>Methodology/Issues</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Bharanidharan, S. (2018, October 3).  <em>Teens sleeping less more likely to show suicidal behavior, act unsafely.</em> Retrieved from <a href="https://www.medicaldaily.com/teens-sleeping-less-more-likely-show-suicidal-behavior-act-unsafely-427820">https://www.medicaldaily.com/teens-sleeping-less-more-likely-show-suicidal-behavior-act-unsafely-427820</a></td>
<td>High School students who get less than 6 hours of sleep/night may be more likely to engage in unsafe behaviors involving substance use and self-harm.</td>
<td>Survey based on High School students. Self-reported, divided into sleep categories, so hours grouped together and compared to other questions including self-reported life behaviors including grades and risky behaviors.</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Details</td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
<td>---------</td>
</tr>
<tr>
<td>Weaver, M. D., Barger, L. K., Malone, S., Anderson, L. S. &amp; Klerman, E. B. (2018, October 1)</td>
<td>Dose dependent associations between sleep duration and unsafe behaviors among US high school students. <em>Journal of the American Medical Association, online content.</em> <a href="https://doi.org/10.1001/jamapediatrics.2018.2777">https://doi.org/10.1001/jamapediatrics.2018.2777</a></td>
<td>more than 70% of US teens getting less than 8 hrs. sleep/night. Those who are getting under 6 hrs/night are 2 times as likely to report using alcohol, tobacco, marijuana, drive under the influence and engage in risky sexual activities. Teens who slept under 6 hrs 3 times more likely to consider or attempt suicide. Limitations: self-report, no cause and effect relationship - other factors could play a role other than sleep. Limiting screen time is a suggestion for getting better sleep.</td>
</tr>
<tr>
<td>Twenge, J., Joiner, T., Rogers, M., &amp; Martin, G. (2017, November 14)</td>
<td>Increases in depressive symptoms, suicide related outcomes, and suicide rates among U.S. adolescents after 2010 and links to increased new media screen time. <em>Clinical Psychological Science, 6</em>(1), 3-17. <a href="https://doi.org/10.1177/2167702617723376">https://doi.org/10.1177/2167702617723376</a></td>
<td>Teens are sleeping less and those who spend more time on phones are more likely to not be getting enough sleep. Study used data from the Youth Behavior Risk survey (since 1991), Monitoring the Future Study (since 1991), CDC fatal injury reports (1999 on) to find suicide deaths per year. They grouped questions and looked for trends and correlating statistics.</td>
</tr>
<tr>
<td>Chassiakos, Y.R., Radesky, J., Christakis, D., Moreno M.A., &amp; Cross, C. (2016, November)</td>
<td>Children and adolescents and digital media. <em>Pediatrics, 138</em>(5). 10.1542/peds.2016-2593</td>
<td>those with high SM use and have phones in rooms at night had worse sleep and an increase in sleep disturbances. After 9pm SM use, tech use, internet use and # of devices in room correlated with negative sleep. Review of lots of areas of social media. Comprehensive, lots of studies but did not discuss how studies were selected or measurement tools used.</td>
</tr>
<tr>
<td>Source</td>
<td>Summary</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>Arora, T., Albahri, A., Omar, M., Omar, M. S.C., Ahmad, S., Taheri, S. (2018, October). The prospective association between electronic device use before bedtime and academic attainment in adolescents. <em>Journal of Adolescent Health, 63</em>(4), 451-458. <a href="https://doi.org/10.1016/j.jadohealth.2018.04.007">https://doi.org/10.1016/j.jadohealth.2018.04.007</a></td>
<td>Social networking before bed negatively correlated to decreased academic performance in Science and English. Video gaming negatively correlated with English. What was not supported was that time on devices replaced time spent studying. Time remained the same studying claimed, but could have been later, displacing sleep.</td>
<td>Analyzed 5 types of technology before bed time: TV, video gaming, listening to music, social networking and mobile phone use. Looked at use specifically before bed</td>
</tr>
<tr>
<td>National Sleep Foundation. (n.d.). <em>How much sleep do we really need?</em> Retrieved from <a href="https://www.sleepfoundation.org/excessivesleepiness/content/how-much-sleep-do-we-really-need-0">https://www.sleepfoundation.org/excessivesleepiness/content/how-much-sleep-do-we-really-need-0</a></td>
<td>Teens age 14-17 need 8-10 hours of sleep a night</td>
<td>Secondary source - panel of sleep experts creating new sleep recommendations and guidelines. Review of over 300 sleep studies</td>
</tr>
<tr>
<td>Sm and alerts at all times of the day/night with 86% of teens sleeping with device in bedroom. 1/4 of adol. Surveyed reported interruptions from text alerts. SM sends similar alerts. High connection between increased computer/internet use and sleep. Connection known between poor sleep and contribution to depression, anxiety, low self-esteem. Constant alerts create pressure to be available 24/7. Nighttime use of Sm predicted poorer sleep quality indicating that night time use is more important. High night time specific SM and high emotional investment in SM (Missing out).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online survey in school ages 11-17 YOA. Measuring emotional investment in SM along with positive/negative attitude.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix G

Letters of permission from districts to conduct research
March 29, 2019

Dear Katie Kennedy,

I am familiar with your research project titled “Social Media: Positive and Negative Effects on Adolescent Well-Being in Goodhue County, MN” (IRB #1382021) and your desire to have the Lake City School District involved with it. I understand the role of the Lake City School District to be allowing you to survey students age 15-18 using an online survey during our Ramp Up time. I understand that the survey tool Qualtrics will be used and the survey should take approximately 10 minutes.

We have also discussed the role of the Lake City students and staff and I am satisfied that their safety and welfare are adequately protected as described in the research protocol. In addition, I understand that this research will be carried out following sound ethical principles and that involvement in this research, for both Minnesota State University, Mankato and the Lake City School District, is strictly voluntary and guarantees the protection of participant’s privacy. All surveys collected will be anonymous and I understand that the student researcher or investigator cannot provide me with data that might allow anyone to identify anyone’s answers. I agree that there will be no negative consequences in the Lake City School District for potential participants based on whether or not they choose to participate in the study.

Therefore, as a representative of Lake City Public School District, I agree to allow you to conduct your research in our district.

Sincerely,

[Signature]
March 29th, 2019

Dear Katie Kennedy,

I am familiar with your research project titled Social media: Positive and negative effects on adolescent well-being in Goodhue County, MN (IRB #1382021) and your desire to have Zumbrota/Mazeppa involved with it. I understand the role of the Zumbrota/Mazeppa School District to be allowing you to survey students age 15-18 using an online survey during our advisor time. I understand that the survey tool, Qualtrics will be used and the survey should take approximately 10 minutes.

We have also discussed the role of the Zumbrota/Mazeppa students and staff and I am satisfied that their safety and welfare are adequately protected as described in the research protocol. In addition, I understand that this research will be carried out following sound ethical principles and that involvement in this research, for both Minnesota State University, Mankato and the Zumbrota/Mazeppa School District is strictly voluntary and guarantees the protection of participant's privacy. In particular, I understand that the investigator cannot provide me with data that might allow anyone other than the research team to identify anyone's answers unless permission has been specifically given by the subject. I agree that there will be no negative consequences for potential participants based on whether or not they choose to participate in the study.

Therefore, as a representative of the Zumbrota/Mazeppa School District, I agree to allow you to conduct your research in our district.

Sincerely,

Mike Harvey
Zumbrota-Mazeppa School Superintendent
April 2, 2019

Dear Katie Kennedy,

I am familiar with your research project titled “Social Media: Positive and Negative Effects on Adolescent Well-Being in Goodhue County, MN” (IRB #1382021) and your desire to have Pine Island involved with it. I understand the role of Goodhue Public Schools to be allowing you to survey students age 15 -18 using an online survey during our Health and Physical Education Class time. I understand that the survey tool Qualtrics will be used and the survey should take approximately 10 minutes.

We have also discussed the role of the Goodhue students and staff and I am satisfied that their safety and welfare are adequately protected as described in the research protocol. In addition, I understand that this research will be carried out following sound ethical principles and that involvement in this research, for both Minnesota State University, Mankato and Goodhue Public Schools, is strictly voluntary and guarantees the protection of participant’s privacy. All surveys collected will be anonymous and I understand that the student researcher or investigator cannot provide me with data that might allow anyone to identify anyone’s answers. I agree that there will be no negative consequences in the Goodhue Public School for potential participants based on whether or not they choose to participate in the study.

Therefore, as a representative of Goodhue Public Schools, I agree to allow you to conduct your research in our district.

Sincerely,

Dr. Evan Gough, Superintendent
April 5, 2019

Dear Katie Kennedy:

I am familiar with your research project titled “Social Media: Positive and Negative Effects on Adolescent Well-Being in Goodhue County, MN” (IRB #1382021) and your desire to have the Kenyon-Wanamingo Public Schools involved with it. I understand the role of the Kenyon-Wanamingo Public School to be allowing you to survey students age 15-18 using an online survey during our Health and Physical Education Class time. I understand that the survey tool Qualtrics will be used and the survey should take approximately 10 minutes.

We have also discussed the role of the Kenyon-Wanamingo students and staff and I am satisfied that their safety and welfare are adequately protected as described in the research protocol. In addition, I understand that this research will be carried out following sound ethical principles and that involvement in this research, for both Minnesota State University, Mankato and Kenyon-Wanamingo School District, is strictly voluntary and guarantees the protection of participant’s privacy. All surveys collected will be anonymous and I understand that the student researcher or investigator cannot provide me with data that might allow anyone to identify anyone’s answers. I agree that there will be no negative consequences in the Kenyon-Wanamingo Public School District for potential participants based on whether or not they choose to participate in the study.

Therefore, as a representative of Kenyon-Wanamingo Public School District, I agree to allow you to conduct your research in our district.

Sincerely,

[Signature]