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How use of social media and social comparison affect mental health

Social media has many definitions (Fuchs, 2017). It is defined by Miekle (2016) as internet-based and networked communication platforms that allow both personal and public communication. This definition fits with social media platforms such as Facebook, Twitter and Instagram, which have become mainstays of popular culture. As use of social media continues to rise, it is estimated that by 2021, over 3 billion people will be using it (Clement, 2018).

Social media undoubtedly offers huge benefits for society by providing access and connection to people, services, information and opportunities that would previously not have been possible. However, evidence is growing, particularly in adolescent mental health, of an association between increased social media use and mental health problems (Clement, 2018). A study by Primak et al (2017) found a link between use of multiple social media platforms and increased depression and anxiety symptoms in young people aged 19-32, although it did not establish a causal link.

A more recent systematic review of studies undertaken to date also revealed associations between screen-based activities and mental health problems in children and young people, but again concluded more research was needed into cause and effect (Dickson et al, 2018).

Commenting on this research, the UK chief medical officer has advised parents and carers to take a “precautionary” approach and strike a “healthy balance” between the potential benefits of screen time on child development, and children’s need for other essential health-promoting activities, such as sleep, exercise and face-to-face social interaction, which screen activity should not supersede (Davies et al, 2018).

The correlation between social media use and impaired mental health has important implications for health professionals.
(Vannucci et al, 2017) and nurses need to be aware of the possible effects of social media on patients who are vulnerable.

**Social comparison**

There could be many reasons why social media has been linked with increased anxiety and depressive symptoms, negative body image, sleep problems and cyberbullying (Royal Society for Public Health, 2017), but increased social comparison is one of the most powerful.

Social comparison is a form of sociological self-esteem, where we derive our sense of self through comparing ourselves with others (Festinger, 1954). Festinger argued people have a tendency to make downward social comparisons with those who are worse off or less skilled than them, and this can raise their self-esteem. Conversely, upward social comparisons can reduce self-esteem, and are more likely with social media.

Alfred Adler said “to be human is to have inferiority feelings” (Ansbacher and Ansbacher, 1964), and in the age of social media, this is potentially heightened and amplified. Social comparison in the real world usually involves the self and a few others, while the digital universe of social media presents almost limitless potential for people to compare themselves against others. Research predating social media estimated the average person had 10-20 close relationships and up to 150 wider social relationships (Dunbar, 1993); the average number of online ‘friends’ is estimated at 338 (Pew Research Center, 2014).

While social connection offers people many positive opportunities, the more connections, the more opportunities there are for social comparison.

**Self-presentation**

Self-presentation theory suggests people have discretion as to how they present themselves, in a variety of ‘performances’ (Goffman, 1959). The hyperpersonal model of behaviour argues computer-mediated communication has advantages over face-to-face communication in that users can optimise their self-presentation (Gonzales and Hancock, 2011), and it could be argued that performance of the digital self can be a meticulously calculated self-presentation. Fuchs (2016) observes that the choice of labelling of some social media platforms – for example, Facebook instead of ‘WeBook’, YouTube instead of ‘OurTube’, and MySpace instead of ‘OurSpace’ – indicates their focus on the self. Marwick (2013) goes further by arguing social media has seen the transfer of marketing and advertising techniques into relationships and social behaviour, with the goals of status-seeking and increasing social capital; the self can now be packaged as a product.

Using marketing techniques for the digital self can mean carefully crafting an image and reputation. People often present their ideal selves on Facebook (Zhao et al, 2008) and the same could be assumed for other platforms. The problem is individuals experiencing social comparison can struggle to find anything other than upward comparisons to measure themselves against, so an average day is always compared with the ‘greatest hits’ of others (Box 2). The ‘My Unfiltered Life’ campaign by See Me Scotland argued the airbrushing and editing of real life could also contribute to mental health stigma, with

**Box 1. Problematic use of social media**

The number of hours worldwide internet users spend on social media is increasing and in 2018 averaged 136 minutes a day (Clement, 2019). Social media has been described as more addictive than cigarettes and alcohol (Royal Society for Public Health, 2017), but the nature of addiction is complex and the idea of it being more addictive may relate to the fact that it is available without restriction and is accessible and socially acceptable.

Successful social interactions, and the neurotransmitters released during such interactions, can be one of the most fulfilling stimuli for humans (Krach, 2010). Social media allows us to carry on our person billions of potential social connections (Clement, 2018), and social media companies have harnessed this to their advantage. Former Facebook president, Sean Parker, described the platform as a “social validation feedback loop”, and admitted the ‘like’ button had been deliberately introduced to give “a little dopamine hit” and encourage continued use (Solon, 2017).

As social media use continues to grow, so has the emergence of apps designed to help people limit the time they spend on their smartphones, although their effectiveness has not yet been rigorously tested (Van Velthoven et al, 2018).

Problematic smartphone use can be defined as “an inability to regulate one’s use of the mobile phone, which eventually involves negative consequences in daily life” (Billieux, 2012), and has been described as an emerging public health problem (Van Velthoven et al, 2018). Evidence shows taking a break from Facebook improves two aspects of wellbeing: life satisfaction and the frequency of positive emotions (Tromholt, 2016).
Clinical Practice

Discussion

Fig 1. Applying the five systems model to social media use

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Situation</th>
<th>Feelings</th>
<th>Behaviours</th>
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<tbody>
<tr>
<td>Other people are better than me</td>
<td>Looking at social media</td>
<td>Low self-worth</td>
<td>Avoiding other people</td>
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<tr>
<td>Having a better time than me</td>
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<tr>
<td>Other people look better than me</td>
<td></td>
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Source: adapted from Williams and Garland (2002)

people feeling under pressure to hide their day-to-day struggles with mental health (Love, 2016).

Steer et al (2014) found some people became depressed after spending time on Facebook, because comparing themselves with others made them feel bad. Instagram is reported to be the most harmful social media platform for young people’s mental health (Royal Society for Public Health, 2017) and has recently started hiding ‘like’ counts to try to reduce the pressure on users (BBC News, 2019). The number of “likes” for a post was seen as a measure of accomplishment and popularity on Instagram, and reducing the visibility of this feature is a significant step.

Actual and ideal self

Self-discrepancy theory says the way we feel about ourselves depends on the gap between different self-representations (Higgins, 1987). It describes three types of self:

● Actual (how we really are);
● Ideal (how we would like to be);
● Ought (how we think we should be in the society we live in) (Higgins, 1987).

Higgins says we are motivated to reduce the gulf between these selves, to remove discrepancies that can cause emotional vulnerabilities. An upward social comparison between the ‘actual’ self, and ‘ideal’ or ‘ought’ self, can drive self-improvement and even recovery from ill-health, but failing to bridge the gap may contribute to dissatisfaction and disappointment. Social media can significantly contribute to an unrealistic ideal and ought self, given the hyperpersonal self-presentation of users (Gonzales and Hancock, 2011), so people are measuring themselves against a constant “state of beauty and glory”.

Furthermore, comparison is spontaneous and ongoing (Steers et al, 2014) and users have no respite from the lives of others without exerting some level of self-control. While social media gives users more opportunity to compare themselves with others than ever before, life as it appears on social media is not synonymous with the real world.

The five systems

Problems from upward social comparison lie not only in our thinking, but how this thinking affects other aspects of our well-being. Williams and Garland’s five systems cognitive-behavioural therapy assessment model explains how mental health difficulties are maintained through dynamic interactions between environment, thoughts, feelings, behaviours and physical sensations (Williams and Garland, 2002).

Although every human experience is different, we have used this model to illustrate the role that social media and social comparison may play in mental health problems (Fig 1). Although social media is not itself the cause of the person’s mental health problems, it may be a vehicle for distress in those with unhelpful patterns of thinking. It may also increase their vulnerability to making upward social comparisons, which can result in self-disappointment.

People’s thoughts affect their emotional and physical feelings and behaviour (Williams and Garland, 2002). In our example, this may relate to factors such as body image, life achievements or popularity. Changing the unhelpful thought can positively influence how the person feels and behaves; so, for example, the thought that ‘other people are better than me’ could be challenged by educating the

“I can be having a good day and then I go online and everyone’s having a better day”

Box 2. Clinical example: social comparisons and mental health

A discussion among mental health patients in an inpatient recovery group led one patient to comment: “I’ve just been admitted to this ward, and I feel awful. But I go online, and my friends are getting married, one’s had a baby, a couple are on holiday... They all look great, and they are all certainly having a better time than me...”

In a further conversation on self-care and relapse prevention, participants cited a ‘detox’ from social media as potentially beneficial. One said: “I can be having a good day and then I go online and everyone’s having a better day. It just knocks me right off. I know it’s not ‘real life’ but it still feels like I can’t compare”.
person about the effects of social media on self-presentation and social comparison. Increasing the person’s understanding may reduce the distance between the actual self and social media-driven ideal, or expose the ideal as an illusion. Further therapeutic work could relate to unhelpful thinking and the tendency to make upward comparisons, as well as how the five systems interact.

The role of nursing
Mental health nurses, or any registered nurse working with people experiencing mental distress, should acknowledge and consider the potential negative effects of social media on people’s well-being. It is possible that in future this may become a more formal part of nursing practice.

On admission to mental health inpatient and outpatient services, patients are routinely asked if they smoke, as the harmful effects of smoking on both physical and mental health are well known (Taylor et al., 2014; Royal College of Physicians and Royal College of Psychiatrists 2013). As evidence emerges about the potentially harmful effects of social media on mental wellbeing, asking patients about their social media use as a part of assessment by mental health services could become routine and has already been suggested for people with symptoms such as depression and anxiety (Primak et al., 2017).

Identifying social media as a possible contributor to a person’s mental distress could offer valuable opportunities for psychoeducation and health promotion. Joint assessments with patients, in which their social media use is acknowledged, and the pitfalls of social comparison are explained, may increase the patient’s ability to self-regulate their behaviours and routines.

The Nursing and Midwifery Council highlights the nurse’s role in promoting health and wellbeing and ensuring advice or information is evidence-based (NMC, 2018a). However, there appears to be no specific guidance on how nurses can discuss or promote more considered social media use with patients. If future research finds a solid correlation between social comparison through social media and mental health outcomes, nurses may be required to use their role as educators and promoters of good health within this field. The National Institute for Health and Care Excellence (2020) online brand guideline includes a section about its own use of social media, and the NMC has specific guidance for nurses and midwives (NMC, 2018b). However, there are no published guidelines on best practice relating to social comparison and patient care. The limited evidence base on the effects of social media, and specifically social comparison, makes this a potentially valuable area of future research.

Conclusion
Social comparison is just one of the multifaceted and complex potential effects of social media. The high prevalence of social media use (Clement, 2018) means nurses need to keep abreast of emerging evidence linking social media use with a range of mental health problems. At the very least, they should be mindful of how social media could affect vulnerable people, and it could be sensible for nurses to routinely ask about use of social media when the mental distress patients experience relates to how they perceive themselves. Where appropriate, this could be followed by psychoeducation on how social comparisons on social media can lead to low self-esteem.

There is little doubt that social media platforms will continue to grow. In particular, use of social media has become pervasive in the lives of young people, staying with them into adulthood, and nursing practice needs to meet the emerging needs of people whose mental health and well-being may be negatively affected. NT

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