



# Social Media Addiction and Health Anxiety Among Emerging Adulthood

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## ABSTRACT

The researcher in this study aims to find the correlation between social media addiction and health anxiety among emerging adulthood ranging from the age 16-24 and to investigate whether there is a significant difference in the health anxiety and social media addiction with respect to age and gender. The study involved (N=50) out of which 25 were Males and 25 were Females. Social media addiction was measured using the Social Media Addiction Scale- Student Form (SMAS-SF) and the Health Anxiety was measured using Salkovskis, Rimes, Warwick & Clark (2002). Pearson Product Moment Correlation and t-test were used to test the hypotheses. The results suggested that there is no correlation between social media addiction and health anxiety among adolescents. When health anxiety was compared between males and females who are addicted to social media, there was no significant difference, and again when compared between the age groups of 16-24 years, there was no significant difference. The researcher also found that there was no significant difference in social media addiction with respect to both gender and age.

**Key Words:** *Social media addiction, Health anxiety, Emerging Adulthood.*

## INTRODUCTION

It is no doubt that a human cannot function without the internet in this age of digitization and modern technology. The ease at getting whatever information you wish to get, is right in the palm of the person and within fraction of seconds a lot of digital activity is being done right from checking for texts from your loved ones or from work to infinite scrolling on social media and other applications that provide news and the current updates of the world. “Digital identity” refers to the entire collection of information generated by a person’s online activity, such as online searches, birth date, and purchasing history” (Bratislava & Slovakia, 2017) and with more and more interaction through social media, an individual keeps on adding their interests, aptitude and preferences which may or may not be exploited.

Social media addiction is a behavioral addiction that is characterized as being overly concerned about social media, driven by an uncontrollable urge to log on to or use social media, and devoting so much time and effort to social media that it impairs other important life areas. Addictive social media use will look much like any other substance use disorder and may include mood modification (engagement in social media leads to a favourable change in emotional states), salience (behavioral, cognitive, and emotional preoccupation with social media), tolerance (ever-increasing use of social media over time), withdrawal symptoms (experiencing unpleasant physical and emotional symptoms when social media use is restricted or stopped), conflict (interpersonal problems ensue because of social media usage), and relapse (addicted individuals quickly revert back to their excessive social media usage after an abstinence period)

The phenomena of social media addiction can be largely attributed to the dopamine-inducing social environments that social networking sites provide. Social media platforms such as Facebook, snap chat, and Instagram produce the same neural circuitry that is caused by gambling and recreational drugs to keep consumers using their products as much as possible. The constant stream of re tweets, likes, and shares from these sites cause the brain's reward area to trigger the same kind of chemical reaction seen with drugs like Cocaine. In fact, neuroscientists have compared social media interaction to a syringe of dopamine being injected straight into the system (Jena Hilliard 2022).

Traditionally, the concept of addiction is based on a medical model, and it expresses extreme physical or psychological desire and commitment to a physical object. However, researchers argue that addiction should be addressed to cover a broader behavioral domain (Shaffer, 1996, p.462) including social and psychological behavior's. Griffiths (2013) proposed the concept of technology addiction. He has defined technology addiction as the actions which are non-chemical but behavioral and involve extreme human-machine interaction. Also, technology addiction is portrayed as a passive behaviour like watching TV, playing a video game, and chatting online. Internet addiction is a special type of technology addiction. The term "Internet addiction" was defined for the first time by Ivan Goldberg in 1995 as a psychological illness (cited in Kim, 2009). Different conceptualizations were used for abusing Internet. Young (1998) named it as "internet addiction", Morahan-Martin and Schumacher (2000) used the term "pathological internet use", Davis, Flett and Besser (2002) labeled it as "problematic internet use". Young (1998) suggests five types of Internet addiction: (a) cyber sexual addiction, (b) cyber relationship addiction to online friendships or affairs, (c) net compulsions to online gambling, auctions, or obsessive trading, (d) information overload to compulsive web surfing or databases searches, and (e) computer addiction to game playing or programming. When properly used, Internet is an important technology that provides people with vital skills for the 21st century such as information access, problem solving, and self-directed learning. However, when Internet is used unconsciously, it can cause anxiety or fear and negatively affect personal development (Colwell & Kato, 2003; Kerberg, 2005).

## Gender Usage Of social Media

When reviewing the literature related to gender and adolescents, results are mixed as to which group spends more time on the Internet as well as on social media networks (Lin & Subrahmanyam, 2007). Studies have shown that boys have been online more than girls in previous decades because of earlier forms of technology such as video or computer games (Lin & Subrahmanyam, 2007). Girls have reported that they use social media for things like chatting and downloading music (Giles & Price, 2008). Because of this, one may hypothesize that girls will be more likely to be attracted to social media networks and other online social groups (Giles & Price, 2008). According to most research done on the topic, the number of teenage girls and boys who communicate on these social media networks are equally divided (Bonds-Raacke & Raacke, 2008).

Research has shown that though girls and boys are both likely to have a SNS account, the reasons for the accounts may vary based on gender (Bonds-Raacke & Raacke, 2008). For girls, social networking sites are primarily placed to reinforce pre-existing friendships; for boys, the networks also provide opportunities for flirting and making new friends (BondsRaacke & Raacke, 2008). Girls are also more likely than boys to post sexually explicit pictures of themselves, and to talk about sexual activity in public forums (Rafferty, 2009). However, boys are more likely to create an account simply because they are trying to meet a significant other, or because they are already in a relationship with someone who has requested them to join (Bonds-Raacke & Raacke, 2008). Girls are also more likely than boys to share personal information about their daily lives (Merten & Williams, 2009). Results of a recent study involving Facebook, MySpace, and Xanga showed that though most teenagers aged 13-17 used these sites for fun and positive reasons, 55% of girls shared personal stories about depression, anxiety, and relationship problems (Merten & Williams, 2009). Only 15% of boys shared any personal information besides their hobbies, interests, and friendships (Merten & Williams, 2009). This study also showed that adolescents use SNS when dealing with a death of a peer, and use forums and member profiles to help their grieving process (Merten & Williams, 2009)

In a recent study, it was shown that boys seem to benefit more from social media use and communication technology than girls do (Peter & Valkenburg, 2009). This was hypothesized because boys



tend to have more difficulty expressing their thoughts and emotions face-to-face with others than girls do (Peter & Valkenburg, 2009). The early stages of social networking, as mentioned earlier, included web technology such as AIM, which helped many “chat” with others on the computer rather than in person (Peter & Valkenburg, 2009). The number of teenagers, both male and female, participating on social networking sites is staggering, and this may explain why certain problems arise from these sites that have become a major problem in today’s society.

## Usage of Social Media by Age

In the beginning years of personal computers and Internet access, social media websites were used primarily for information gathering and research (Alexander & Salas, 2008). In the past several years, the Internet has become the center of communication between people, as well as being their prime source of entertainment (Alexander & Salas, 2008). It has also become the tool used for almost every project or paper that a student will write in high school, and in their later years in college (Alexander & Salas, 2008). In recent studies, university students have shown to be the greatest consumers of the Internet, particularly for social interactions (Lin & Subrahmanyam, 2007). Social networking sites, as well as email, instant messaging, blogging, and online journals have completely changed the way that adolescents interact and gather information (Bonds Raacke & Raacke, 2008). Teenagers have become accustomed to this lifestyle much more than older generations have in recent years, as this way of living is all they know (Lewis, 2008). Teenagers now use the social media for the majority of their daily activities and information gathering, as opposed to older generations who used resources like the television or newspaper (Lewis, 2008). A recent survey showed that approximately ninety percent of teens in the United States have Internet access, and about seventy-five percent of these teens uses social media more than once per day (Kist, 2008). This study also showed that approximately half of all teens who have Internet access are also members of social networking sites, and use the Internet to make plans and socialize with friends (Kist, 2008). As one researcher stated, “Teens use the social media as an extension of their personality, to show their friends – and the world – who they are, what they care about, and to build connections with other like-minded people” (Goodman, 2007, 84). It is estimated that the vast majority of teenagers in Nigeria visit at least one social networking site approximately twenty times each day (Peter & Valkenburg, 2009).

## METHODOLOGY

**Aim:**  
The aim of the study is to find the relationship between social media addiction and health anxiety among emerging adulthood.

**Variables :**

Dependent : Social media Addiction

Independent : Health Anxiety

**Operational Definition:**

**Social Media Addiction:** Andreassen and Pallesen (2014) define Social Media Addiction as “being overly concerned about Social networking sites, to be driven by a strong motivation to log on to or use social networking sites, and to devote so much time and effort to Social networking sites that it impairs other social activities, studies/job, interpersonal relationships, and/or psychological health and well-being”.

**Health anxiety:** Excessive or inappropriate anxiety about one health, based on misinterpretation of symptoms (e.g. pain , gastrointestinal distress) as indicative of serious illness. Health anxiety is often associated with Hypochondriasis. (APA Dictionary)

**Emerging Adulthood:** A relatively new concept of human development known as the Emerging Adulthood, a period from the late teens through the twenties which is between adolescence and young

adulthood has been introduced by Arnett in 2000, (Arnett, 2000). Young Emerging Adulthood is the age group where participants of age sixteen to nineteen are considered. This demographic variable was included in the research to study the teenagers. Late Emerging Adulthood is the age group of twenty to twenty-four are considered. This group was included in the research to study the adults. Hence, in conclusion the groups were introduced to compare the variables with respect to teenage and adulthood.

### Objectives:

- To study the relationship between social media addiction and health anxiety in emerging adulthood
- To find the social media addiction with respect to age and gender.
- To compare the health anxiety in people who addicted to the social media with respect to gender.
- To compare the health anxiety in people who are addicted to social media with respect to age.

### Hypotheses:

**H<sub>01</sub>:** There will be no significant relationship between social media addiction and health anxiety among emerging adulthood.

**H<sub>02a</sub>:** There will be no significant difference in health anxiety between males and females who are addicted to social media.

**H<sub>02b</sub>:** There will be no significant difference in health anxiety between young adolescents (16-19 years) and late adulthood (20-24 years) who are addicted to social media.

**H<sub>02c</sub>:** There will be no significant difference in social media addiction between males and females.

**H<sub>02d</sub>:** There will be no significant difference in social media addiction between young adolescents and late adulthood.

### Sampling:

The population of this project was students in the age range of 16-24 years of age. The sample size (N=50) where 25 were male participants and 25 were female participants from Bangalore and Imphal. The questionnaire was distributed using google forms and non-probability purposive sampling technique was used since there was a target population of a particular age group from where the information had to be collected.

### Tools Description:

- Social Media Addiction Scale- Student Form (SMAS-SF): (Sahin, 2018)

The researcher made use of two instruments to measure social media addiction and health anxiety. The Social Media Addiction Scale-Student Form (SMAS-SF) by Şahin. C. (2018) measures Social Media Addiction which has 29 items and 4 sub-scales. The four sub-scales measure different dimensions related to social media addiction. Items 1-5 measure Virtual Tolerance, items from 6-14 measure Virtual Communication, items 15-23 measure Virtual Problem and items 24-29 measures Virtual Information. It is a 5 pointer likert scale where 1= Strongly Disagree, 2= Disagree, 3=Neither agree nor Disagree, 4= Agree and 5= Strongly Agree.

The lowest score possible on this scale is 29 and the highest score possible is 145. There are no reverse items in this scale. Higher scores indicate that the individual perceives themselves as “social media addicted”. The range of scores are divided into 5 levels which are “Not addicted”, “Low Level Addicted”, “Medium Level Addicted”, “High Level Addicted and “Very High Level Addicted”. This is done to generate the level of addiction on the basis of cut-off points of lowest and highest raw scores on this scale.

### The Scoring of the Scale

This is a 5-point Likert type scale which consists of 29 items and 4 sub-dimensions. 1-5 items are within virtual tolerance sub dimension;6-14 items are within virtual communication sub dimension, 15-23 items are under virtual problem sub dimension and 24-29 items are under virtual information sub dimension. All of the items in the scale are positive. The highest point that can be scored from the scale is 145, and the least one is 29. The higher scores indicate that agent perceives himself as a “social media addict”.

- Health Anxiety Scale by Salkovskis, Rimes, Warwick & Clark (2002).

#### Scale information

The health anxiety inventory is a brief screening measure of health anxiety.

#### Scoring information

Each item is scored on a scale from 0-3 (i.e. a=0, b=1, c=2, d=3). If multiple items are endorsed then take the highest score.

- Main section = items 1-14.
- Negative consequences section = items 15-18.
- Total score = Sum of all the scores.

#### Norms

Norms are from Salkovskis, Rimes, Warwick & Clark (2002).

	Hypochondriac patients	Anxious patients	Control participants
Main section	30.1 (5.5)	14.9 (6.2)	9.4 (5.1)
Negative consequences section	7.8 (2.8)	3.6 (2.2)	2.8 (2.1)
Total score	37.9 (6.8)	18.5 (7.3)	12.2 (6.2)

## RESULT AND INTERPRETATION

The Mean and Standard Deviation was computed in order to test this hypothesis. The researcher used Pearson Correlation Coefficient to find the significance of the relationship between the two variables social media addiction and health anxiety. Table 1 describes the correlation between the two variables.

**Hypothesis H<sub>0</sub>1: There will be no significant relationship between social media addiction and health anxiety in emerging adulthood.**

Table 1

*Significance of relationship between social media addiction and health anxiety*

	M	SD	N	r	p
SMA	83.04	4.990	50	1	0.225
HAS	28.00	3.464	50		

Note: SMA= Social Media Addiction, HAS= Health anxiety Scale, N=Sample size, M=Mean, SD= Standard Deviation, r= Pearson correlation coefficient



After referring to table 1, the mean for the social media addiction was (M= 83.04) and that of health anxiety was (M= 28). With respect to the standard deviation, social media addiction has a standard deviation of (SD=4.990) and empathy of a standard deviation of (SD= 3.464). It indicates that the scores deviate more from the mean for social media addiction as compared to the scores of health anxiety. After performing the Pearson correlation test, the r value was found out to be (r =1), and the p value was (p=0.225) which was found to be statistically insignificant, meaning that there is no relationship between social media addiction and health anxiety in emerging adulthood. Hence, we accept the Null Hypothesis.

**H<sub>0</sub>2a: There will be no significant difference in health anxiety between males and females who are addicted to social media.**

Table 2

*Significant difference in healthy anxiety among social media addicted adolescents with respect to gender*

HEALTH ANXIETY	N	M	SD	t	df	p
Males	25	27.72	3.889	-0.568	48	0.666
Females	25	28.28	3.035	-0.568	45.321	

Note: HAS= Health Anxiety Scale, N= Sample size, M= Mean, SD= Standard deviation, df= Degree of Freedom,

Table 2 shows the significant difference in health anxiety among social media addicted emerging adults between males and females. The sample size out of (N=50), males were (N=25) and females were (N=25). The mean value of health anxiety for social media addicted males was (M= 27.72) and for females was (M=28.28). In terms of Standard deviation, the standard deviation for males was (SD= 3.889) and that for females was (SD= 3.035). The difference between them is too low, but as compared to females, the scores for males deviate more from the mean. The df-Degree of Freedom was found and it was (df=48). To find the significance of the difference between the two means, a t-test was conducted and the t value was obtained. The t-value was (t=-5.568) and the p value was found out to be (p=.666), which was found to be statistically insignificant. This means that there is no significant difference in the health anxiety with respect who males and females who are addicted to social media. Thus, we accept the Null Hypothesis

**H<sub>0</sub>2b: There will be no significant difference in health anxiety between Young Emerging Adulthood (16-19 years) and Late Emerging Adulthood (20-24 years) who are addicted to social media.**

Table 3

*Significant difference in health anxiety among social media addicted adolescent with respect to age*

AGE	N	M	SD	t	df	p
YED 16-19	22	28.50	3.433	0.903	48	0.888
LEA 20-24	28	27.61	3.500	0.905	45.632	

Note: YED= Young Emerging Adulthood, LEA= Late Emerging Adulthood, N= Sample Size, M= Mean, SD= Standard deviation, df= Degree of Freedom.

Table 3 shows the significant difference in health anxiety of emerging adults who are addicted to the social media between adolescent (16-19 years) and late adulthood (20-24 years). Out of (N=50), Adolescent - participants who are of age 16-19 were (N=22) and for that of Late Adulthood - participants who are of age 20-24 years were (N=28). The mean for YED was (M=28.50) and the mean for LEA was (M=27.61). When calculated, the Standard deviation for LA was higher (SD=3.500) as compared to YED which was (SD=3.433), that means that the score for LEA deviates more from the mean as compared to YED. The df-Degree of Freedom was found out to be (df=48). A t-test was performed to find the statistical significance of the difference between the two means that were obtained. After conducting the test, the obtained t-value was found

out to be ( $t=0.903$ ) and the p value was ( $p= 0.888$ ) which was found to be statistically insignificant. This means that there is no difference in the health anxiety of emerging adulthood with respect to age. And so, we accept the Null Hypothesis.

### H<sub>0</sub>2c: There will be no significant difference in social media addiction between males and females.

Table 4

#### *Significant difference in social media addiction with respect to gender*

	GENDER	N	M	SD	t	df	p
SMA	Male	25	83.36	4.847	0.45	48	0.428
	Female	25	82.72	5.208	0.45	47.753	

Note: SMA= Social Media Addiction, N= Sample Size, M= Mean, SD= Standard deviation, df= Degree of Freedom

Table 4 describes the significant difference in social media addiction between males and females. The sample for males was (N=25) and that for females was (N=25). When calculated, the mean of social media addiction of males was found out to be (M=83.36) and females had a mean of (M=82.72). The Standard deviation for Males was (SD=4.847) was higher than for females which was (SD=5.208) which means the scores for social media addiction of females deviate more as compared to males. The df was computed and found out to be (df=48). To find the statistical significance of the difference between the two obtained means, a t-test was conducted. The t-value was found to be ( $t=0.45$ ) and the p-value was ( $p=0.428$ ) which was not statistically significant. It is then inferred that there is no significant difference in social media addiction between males and females. Hence, we accept the Null Hypothesis.

### H<sub>0</sub>2d: There will be no significant difference in social media addiction between young emerging adulthood and late adulthood.

Table 5

#### *Significant difference in social media addiction with respect to age*

	SMS	N	M	SD	t	df	p
YED	16-19	22	83.14	4.979	0.12	48	0.869
	20-24	28	82.96	5.088	0.12	45.68	

Note: SMA=Social Media Addiction, YEA= Young Emerging Adulthood, LEA= Late Emerging Adulthood, N= Sample Size, M= Mean, SD= Standard deviation, df= Degree of Freedom.

Table 5 displays the significant difference in social media addiction between Adolescent and Late Adulthood. The sample size for YED was (N=22) and for LEA was (N=28). The mean value for social media addiction in YED was found out to be (M=83.14) and that for LEA was (M=82.96). Standard deviation was also calculated and the values were (SD=4.979) for AD and (SD= 5.088) for LEA, which indicates that the scores of LEA deviate more from the mean as compared to YED. The computed df value was (df=48). The researcher made use of t-test to find out the statistical significance of the difference between the two means obtained. The computed t-value was found out to be ( $t= -0.12$ ) and the p value was ( $p= 0.869$ ) which was found to be statistically insignificant. It means that there is no significant difference in social media addiction between young emerging adulthood and late adulthood. Thus, we accept the Null Hypothesis.

### Conclusion:

Out of the five hypotheses of this study, five of them were accepted. The results of this research suggest that there is no correlation between social media addiction and health anxiety. The researcher also found that there is no difference in the social media addiction with respect to age and gender. When healthy was compared in

participants addicted to the social media with respect to gender, there was no significant difference and when age was taken into consideration there was no significant difference found between the two age groups.

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