

## RESEARCH ARTICLE

## Social Media Addiction and Mindfulness in University Students

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## Social Media Addiction and Mindfulness In University Students

## Abstract

**Objective:** This study aimed to investigate any association between social media addiction and mindfulness in university students.

**Methods:** Students studying at Ordu University participated in our research. For our study, survey questions measuring sociodemographic information, and Social Media Addiction Scale and mindfulness Scale questions were asked to the participants via the online platform.

**Results:** Of the university students participating in our study, 140 (65.4%) were female and 74 (34.6%) were male. It was observed that 208 (97.2%) of the participants used WhatsApp, 192 used (89.7%) Instagram, 188 (87.9%) used Youtube, 122 (57%) used Twitter and 46 (21.5 %) used Facebook. It was determined that 106 (46.5%) of them spent 60-180 minutes and 70 (32.7%) spent 180 minutes or more on social media during the day. There was a statistically significant difference between the mood regulation mean scores of the university students participating in the study in terms of gender ( $p=0.014$ ), and the mood regulation score of women was significantly higher than men. It was detected that there was a statistically significant association between the students' mindfulness level score and the social media addiction scale total score, and occupation, mood regulation, repetition and conflict scores.

**Conclusion:** The mood regulation score of women was significantly higher than that of men. As the level of mindfulness increased, social media addiction decreased.

**Key Words:** Social media addiction, internet addiction, mindfulness

## Üniversite Öğrencilerinde Sosyal Medya Bağımlılığı ve Bilinçli Farkındalık

## Özet

**Amaç:** Araştırma üniversite öğrencilerinde sosyal medya bağımlılığı ile bilinçli farkındalık arasında ilişki olup olmadığını araştırmak amacıyla yapılmıştır.

**Yöntemler:** Araştırmamıza Ordu Üniversitesinde okuyan öğrenciler katılmıştır. Çalışmamız için katılımcılara online platform ile sosyodemografik bilgileri ölçen anket soruları ve Sosyal Medya Bağımlılığı Ölçeği ve Bilinçli Farkındalık Ölçeği soruları sorulmuştur.

**Bulgular:** Çalışmamıza katılan üniversite öğrencilerinin 140'ı (%65,4) kadın ve 74'ü (%34,6) erkekti. Katılımcıların 208'sinin (%97,2) WhatsApp, 192'sinin (%89,7) Instagram, 188'inin (%87,9) Youtube, 122'sinin (%57) Twitter ve 46'sının (%21,5) ise Facebook kullandığı sonucuna varıldı. Gün içinde sosyal medyada genel olarak 106'sının (%46,5) 60-180 dakika ve 70'inin (%32,7) ise 180 dakika ve üzeri kadar vakit geçirdikleri saptandı. Araştırmaya katılan üniversite öğrencilerinin cinsiyetleri bakımından duygu durum düzenleme puan ortalamaları arasında istatistiksel olarak anlamlı fark vardı ( $p=0,014$ ), kadınların duygu durum düzenleme puanı erkeklere göre anlamlı düzeyde daha yüksekti. Öğrencilerin bilinçli farkındalık düzeyi puanı ile sosyal medya bağımlılığı ölçeği toplam puan, meşguliyet, duygu durum düzenleme, tekrarlama ve çatışma puanları arasında istatistiksel olarak anlamlı bir ilişki olduğu tespit edildi.

**Sonuç:** Kadınların duygu durum düzenleme puanı erkeklere göre anlamlı düzeyde daha yüksekti. Bilinçli farkındalık düzeyi arttıkça, sosyal medya bağımlılığı azalıyordu.

**Anahtar Kelimeler:** Sosyal medya bağımlılığı, internet bağımlılığı, bilinçli farkındalık

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## **INTRODUCTION**

The use of social media has increased gradually all over the world with the development of technology. Media such as Facebook, Youtube, Instagram, Twitter are called social media (1). 68% of the adult population in America uses Facebook and 73% uses Youtube (2). In Turkey, it has been determined that there is an active social media use of 53% (3). It is not surprising that the use of the internet and social media has increased due to the quarantine practices, the situation of the pandemic, anxiety and the decrease in socialization with the COVID-19 pandemic. Most people in the world pay too much attention to social media and spend a lot of time on social media. These platforms, which are mostly preferred by adolescents and young adults, have benefits in terms of enabling people to socialize, access information easily and convey their feelings and thoughts to people at that moment. However, there are harmful effects of excessive use. Researchers have suggested that excessive use of the internet may cause mental disorders and loneliness in young people (4,5). It has been shown that women use social media to provide intimacy and meet their relationship needs, and to stay in touch with their friends; on the other

hand, men use it to obtain information about others and to obtain social friendships (6). It is claimed that the use of social media meets some of the needs in Maslow's hierarchy of needs (such as gaining appreciation, bonding, security, self-actualization). (7).

Mindfulness is a state of consciousness in which the person is focused on the present, open to innovation, and aware of multiple perspectives (8). Mindfulness therapy is used in many mental disorders, including behavioral addiction (9). Li and Hao showed that the effect of alexithymia on smartphone addiction decreased with high mindfulness level (10). Mindfulness enables people to be alert and objectively aware of the moment and helps them to get rid of automatic and negative stimuli (11). Studies have shown that mindfulness contributes to reducing the negative effects of internet addiction (12). While internet and social media addiction provides escape from the moment and the person is not aware of the level of use, mindfulness is a state of consciousness in which the person is aware of the moment and situations. From this point of view, it makes us think that people with a high level of mindfulness are more controlled in terms of addiction and directing their behaviors. In our study, we aimed to determine the level of social media addiction in university students and to investigate the level of mindfulness and the degree of social media addiction.

## **METHODS**

### ***Participants***

University students studying in different departments at Ordu University participated in the research. Sample selection was not made in the study, and volunteers who filled out and approved the online questionnaire were included in the study. A total of 213 students, 140 (65.7%) female and 73 (34.3%) male, participated in our study. Study data were collected online during the month of July 2021.

Our study was approved by Ordu University Clinical Research Ethics Committee with the decision number 151 on June 17, 2021.

#### **Data Collection Tools**

For our study, survey questions measuring sociodemographic information were prepared for the participants on survey monkey. Moreover, Social Media Addiction Scale and Mindfulness Scale questions were asked to the participants with the survey monkey application.

**Social Media Addiction Scale:** The scale was developed by Tutgun-Ünal and Deniz (13). The scale consists of 41 items and 4 sub-dimensions (Occupation, Mood Regulation, Repetition, Conflict). The highest score that can be obtained from the scale is 205, and the lowest score is 41. As the score from the scale increases, the level of social media addiction also increases.

**Mindfulness Scale:** The scale developed by Brown and Ryan in 2003 consists of fifteen items and gives a single total score (14). It is a 6-point Likert type scale. The higher the score, the higher the mindfulness.

#### **Statistical analysis**

Descriptive statistics were presented as mean  $\pm$  standard deviation or median, minimum and maximum, depending on the distribution for continuous (numerical) variables, in summarizing the data obtained from the study. Categorical variables were summarized as numbers and percentages. Normality of numeric variables was checked with the Shapiro-Wilk, Kolmogorov-Smirnov and Anderson-Darling tests.

The Mann Whitney U test was used in the comparison of two independent groups, when the numerical variables did not show normal distribution.

Kruskall-Wallis H test was used in the comparisons of more than two independent groups when the numerical variables did not show normal distribution. Differences between groups in non-parametric tests were evaluated with the Dwass-Steel-Critchlow-Fligner test.

The association between the scores of the non-normally distributed scales was analyzed using Spearman's rho correlation coefficient.

#### **RESULTS**

Of the university students with a mean age of  $22.3 \pm 4.2$  years, 140 (65.4%) were female and 74 (34.6%) were male. While 200 (93.9%) of the students were single, 13 (6.1%) of them were married. On the other hand, it was observed that 58 (27.1%) students had applied to psychiatry before, 15 (7.0%) used psychiatric drugs, and 49 (23.0%) had individuals with mental illness in their families.

When the social media tools used by the students were analyzed, it was observed that 208 (97.2%) of them used WhatsApp, 192 used (89.7%) Instagram, 188 (87.9%) used Youtube, 122 (57%) used Twitter and 46 (21.5%) used Facebook. It was determined that 106 (46.5%) spent 60-180 minutes and 70 (32.7%) spent 180 minutes or more on social media during the day (as presented in Table 1).

**Table 1.** Descriptive statistics of demographic, psychiatric and social media use related information

<b>Age (years)</b>		22.3 ± 4.2
<b>Gender</b>	Female	140 (65.4)
	Male	74 (34.6)
<b>Marital status</b>	Married	13 (6.1)
	Single	200 (93.9)
<b>Have you applied to psychiatry before?</b>	Yes	58 (27.1)
	No	156 (72.9)
<b>Do you use psychiatric medication?</b>	Yes	15 (7)
	No	199 (93)
<b>Does anyone in your family have a mental illness? (Mother, father, siblings, aunt, uncle, uncle)</b>	Yes	49 (23)
	No	164 (77)
<b>Which social media platforms do you use?</b>		
Facebook, <i>yes</i>		46 (21.5)
Instagram, <i>yes</i>		192 (89.7)
Twitter, <i>yes</i>		122 (57)
Youtube, <i>yes</i>		188 (87.9)
WhatsApp, <i>yes</i>		208 (97.2)
Diğer, <i>yes</i>		33 (15.4)
<b>How much time do you spend on social media during the day?</b>	5-60 minutes	38 (17.8)
	60-180 minutes	106 (49.5)
	180 minutes and more	70 (32.7)

In Table 2, there was a statistically significant difference between the mean mood regulation scores of the university students participating in the study with respect to gender ( $p=0.014$ ), and the mood regulation score of women was significantly higher than that of men.

In terms of marital status of the students, the differences between the social media addiction scale total score, and repetition and conflict sub-dimension score averages were statistically

significant ( $p=0.007$ ,  $p=0.012$ ,  $p<0.001$  and  $p=0.003$ , respectively); according to this, the social media addiction scale total score, and repetition and conflict mean scores of the single students were significantly higher than the married ones. On the other hand, it was determined that there was no statistically significant difference between the mood regulation mean scores with respect to the marital status of the students ( $p=0.241$ ).

**Table 2.** Comparison of Social Media Addiction Scale Total Score, and Mood Regulation, Occupation, Repetition and Conflict scores in terms of demography, psychiatry and social media use.

	Social Media Addiction Scale (SMAS)	p	Occupation	p	Mood Regulation	p	Repetition	p	Conflict	p
<b>Gender</b>										
Female	93 [43 – 169]	0.270*	36 [14 – 58]	0.343*	13 [5 – 25]	0.014*	12 [5 – 25]	0.265*	31.5 [19 – 79]	0.667*
Male	90 [45 – 159]		33 [14 – 53]		11 [5 – 23]		11 [5 – 25]		31.5 [19 – 76]	
<b>Marital Status</b>										
Married	65 [43 – 133]	0.007*	27 [14 – 43]	0.012*	10 [5 – 23]	0.241*	6 [5 – 15]	<0.001*	21 [19 – 64]	0.003*
Single	92.5 [45 – 169]		35 [14 – 58]		12 [5 – 25]		12 [5 – 25]		32.5 [19 – 79]	
<b>Have you applied to psychiatry before?</b>										
Yes	99 [43 – 169]	0.041*	37.5 [14 – 58]	0.023*	13.5 [5 – 25]	0.076*	13 [5 – 25]	0.153*	36 [19 – 79]	0.148*
No	89 [45 – 163]		33 [14 – 55]		12 [5 – 25]		11 [5 – 25]		31 [19 – 77]	
<b>Do you use psychiatric medication?</b>										
Yes	123 [73 – 162]	0.006*	45 [29 – 52]	0.003*	14 [9 – 23]	0.107*	16 [8 – 20]	0.027*	46 [21 – 79]	0.010*
No	91 [43 – 169]		34 [14 – 58]		12 [5 – 25]		11 [5 – 25]		31 [19 – 77]	
<b>Does anyone in your family have a mental illness? (Mother, father, siblings, aunt, uncle, uncle)</b>										
Yes	106 [50 – 169]	0.008*	40 [16 – 58]	0.014*	14 [6 – 25]	0.011*	14 [5 – 25]	0.035*	34 [19 – 77]	0.032*
No	89 [43 – 162]		33.5 [14 – 55]		12 [5 – 25]		11 [5 – 25]		31 [19 – 79]	
<b>Facebook</b>										
Yes	88 [45 – 162]	0.290*	32 [14 – 49]	0.296*	12 [5 – 25]	0.845*	11 [5 – 20]	0.432*	28.5 [19 – 79]	0.309*
No	92.5 [43 – 169]		35 [14 – 58]		12 [5 – 25]		12 [5 – 25]		32.5 [19 – 77]	
<b>Instagram</b>										
Yes	92 [45 – 167]	0.126*	35 [14 – 58]	0.041*	12 [5 – 25]	0.160*	11.5 [5 – 25]	0.379*	32 [19 – 79]	0.155*
No	81 [43 – 169]		31 [14 – 50]		11 [5 – 24]		11.5 [5 – 25]		28 [19 – 72]	
<b>Twitter</b>										
Yes	96.5 [45 – 163]	0.068*	37 [14 – 55]	0.017*	13 [5 – 25]	0.028*	12 [5 – 24]	0.703*	32.5 [19 – 79]	0.284*
No	89 [43 – 169]		32 [14 – 58]		11.5 [5 – 25]		11 [5 – 25]		31 [19 – 73]	
<b>Youtube</b>										
Yes	93 [45 – 169]	0.061*	35 [14 – 58]	0.137*	12 [5 – 25]	0.237*	12 [5 – 25]	0.164*	32 [19 – 79]	0.039*
No	75.5 [43 – 161]		30 [14 – 49]		12 [5 – 24]		10 [5 – 20]		25 [19 – 73]	
<b>WhatsApp</b>										
Yes	91 [43 – 169]	0.217*	34 [14 – 58]	0.254*	12 [5 – 25]	0.180*	11 [5 – 25]	0.380*	31 [19 – 79]	0.293*
No	109 [58 – 161]		40 [21 – 48]		15 [9 – 24]		14 [7 – 20]		37 [21 – 73]	
<b>Other</b>										
Yes	99 [45 – 151]	0.316*	35 [14 – 53]	0.738*	13 [5 – 23]	0.673*	12 [5 – 22]	0.522*	38 [19 – 69]	0.100*
No	89 [43 – 169]		34 [14 – 58]		12 [5 – 25]		11 [5 – 25]		31 [19 – 79]	
<b>How much time do you spend on social media during the day?</b>										
5-60 minutes	66.5 [43 – 133]		25.5 [14 – 43]		8.5 [5 – 17]		8 [5 – 18]		23.5 [19 – 64]	
60-180 minutes	88 [48 – 161]	<0.001**	33 [16 – 53]	<0.001**	12 [5 – 24]	<0.001**	11 [5 – 23]	<0.001**	29.5 [19 – 73]	<0.001**
180 minutes and more	111 [50 – 169]		42 [16 – 58]		16 [5 – 25]		13 [5 – 25]		40.5 [19 – 79]	

Descriptive statistics were given as median, minimum and maximum depending on the distribution for numerical variables, and as number (%) for categorical variables. \*. The Mann-Whitney U test was used. \*\*. Kruskal Wallis H test was used.

While there was a statistically significant difference between mood regulation, repetition and conflict mean scores (Table 2;  $p>0.05$  for each). Accordingly, the social media addiction scale total score and the occupation sub-dimension mean scores of the university students participating in the study in terms of having applied to psychiatry before (Table 2;  $p=0.041$  and  $p=0.023$ , respectively), there was no statistically significant

**Table 3.** Comparison of Mindfulness Level scores in terms of demography, psychiatry and social media use

	Mindfulness Level	p
<b>Gender</b>		
Female	57 [14 – 79]	0.490*
Male	57.5 [18 – 83]	
<b>Marital Status</b>		
Married	57 [37 – 78]	0.644*
Single	57 [14 – 83]	
<b>Have you applied to psychiatry before?</b>		
Yes	56.5 [14 – 81]	0.228*
No	57.5 [14 – 83]	
<b>Do you use psychiatric medication?</b>		
Yes	57 [20 – 76]	0.602*
No	57 [14 – 83]	
<b>Does anyone in your family have a mental illness? (Mother, father, siblings, aunt, uncle, uncle)</b>		
Yes	50 [14 – 76]	<b>0.001*</b>
No	58 [18 – 83]	
<b>Facebook</b>		
Yes	60 [20 – 83]	0.460*
No	56.5 [14 – 83]	
<b>Instagram</b>		
Yes	57 [14 – 83]	0.781*
No	57 [26 – 78]	
<b>Twitter</b>		
Yes	56 [14 – 83]	0.059*
No	58.5 [14 – 83]	
<b>Youtube</b>		
Yes	57 [14 – 83]	0.851*
No	56 [31 – 78]	
<b>WhatsApp</b>		
Yes	57.5 [14 – 83]	0.434*
No	52.5 [31 – 75]	
<b>Other</b>		
Yes	58 [20 – 75]	0.775*
No	57 [14 – 83]	
<b>How much time do you spend on social media during the day?</b>		
5-60 minutes	61 [36 – 78]	0.063**
60-180 minutes	58 [18 – 81]	
180 minutes and more	55.5 [14 – 83]	

Descriptive statistics were given as median, minimum and maximum depending on the distribution for numerical variables, and as number (%) for categorical variables. \*. The Mann-Whitney U test was used. \*\*. Kruskal Wallis H test was used.

It was determined that there was a statistically significant difference between the social media addiction scale total score, and occupation, repetition and conflict score medians in terms of the psychiatric drug use status of the students (p=0.006, p=0.003, p=0.027 and p=0.010, respectively). Accordingly, the mean scores of social media addiction scale, occupation, repetition and conflict scores of students using psychiatric drugs were significantly higher. On the other hand, there was

no statistically significant difference between the mood regulation mean scores with respect to the psychiatric drug use status of the students (p=0.107).

The differences between the social media addiction scale total score, and mood regulation, occupation, repetition and conflict mean scores were statistically significant in terms of having a family member with a mental illness (p<0.05 for each). Accordingly, the social media addiction

scale total score, and mood regulation, occupation, repetition and conflict mean scores of students with a family history of mental illness were significantly higher.

The differences between the mean scores of the students' occupation in terms of using Instagram and Twitter were statistically significant ( $p=0.041$  and  $p=0.17$ , respectively). Accordingly, the average of occupation scores of students using Instagram and Twitter were significantly higher than those who do not. Similarly, it was observed that there was a statistically significant difference

between the mood regulation score medians with respect to Twitter usage status of the students ( $p=0.028$ ). Accordingly, the mood regulation score median of the students using Twitter was significantly higher. Again, the difference between the medians of conflict scores was statistically significant in terms of the students' Youtube usage status ( $p=0.039$ ). Accordingly, the conflict score median of the students who used Youtube was significantly higher than the students who did not use YouTube.

**Table 4.** Correlation between Mindfulness Level score and Social Media Addiction Scale Total Score, and Mood Regulation, Occupation, Repetition and Conflict scores.

	Mindfulness level	
	r	p
<b>Social Media Addiction Scale (SMAS)</b>	-0.486	<b>&lt;0.001</b>
Occupation	-0.363	<b>&lt;0.001</b>
Mood Regulation	-0.312	<b>&lt;0.001</b>
Repetition	-0.365	<b>&lt;0.001</b>
Conflict	-0.529	<b>&lt;0.001</b>

Spearman's rho correlation coefficient was used.

The differences between the social media addiction scale total score, and mood regulation, occupation, repetition and conflict mean scores were statistically significant according to the level of time spent by the students on social media during the day ( $p<0.05$  for each). Accordingly, the social media addiction scale total score, and mood regulation, occupation, repetition and conflict mean scores of the students who spent 180 minutes or more during the day were significantly higher than the students who spent 5-60 minutes and 60-180 minutes. At the same time, the social media addiction scale total score, and mood

regulation, occupation, repetition and conflict mean scores of the students who spent 60-18 minutes on social media were significantly higher than the students who spent 5-60 minutes on social media. In Table 3, there was a statistically significant difference between the mean scores of the mindfulness level in terms of having a mental illness in the family of the students participating in the study ( $p=0.001$ ). Accordingly, the mean scores of the mindfulness level of the students who did not have a mental illness in their family were significantly higher than those of the students with a family history of mental illness. On the other hand, it was observed that there was no statistically

significant difference between the mean scores of mindfulness level in terms of gender, marital status, previous application to psychiatry, using psychiatric drugs, social media tools used and time spent on social media during the day ( $p>0.05$  for each).

In Table 4, it was determined that there was a statistically significant association between the mindfulness level scores of the students participating in the study and the social media addiction scale total score, and occupation, mood regulation, repetition and conflict scores ( $p<0.001$  for each). It was detected that there was a weak correlation between the scores of occupation, mood regulation and repetition while there was a moderate association between the level of mindfulness and the total score of the social media addiction scale and conflict scores

## DISCUSSION

In this study, it was aimed to evaluate social media addiction in university students and to examine its association with mindfulness. Of the university students participating in the study, 65.4% (140) were female and 34.6% (74) were male. It was determined that students mostly use Whatsapp (97.2%), Instagram (89.7%) and Youtube (87.9%) among social media tools. It was observed that 46.5% of the students spend 1-3 hours on social media while 32.7% of them spent 3 hours or more.

It was detected in our study that there was no significant difference between the genders in terms

of social media addiction. Moreover, our study result was like the study results of Elhai et al. and Guney and Taştepe with respect to no difference according to gender (15,16).

When the association between social media subscales and gender was evaluated, mood regulation subscale scores in women were found to be significantly higher than in men. This result is not surprising because it is thought that women are more

dependent on social media for social communication purposes (19). Moreover, some studies report that women use social media more than men and are addicted (17,18). The result of our study is similar to the literature in this respect. This can be explained by the fact that women feel the need to establish more social relationships in order to improve their emotional state and use social media more for this purpose.

When the results of our study were evaluated, it was found that social media addiction levels were higher in students who had a previous diagnosis of psychiatric disorders, had a family history of mental disorders, and used psychiatric drugs. Studies have shown that social media addiction is associated with depression, anxiety, and social phobia (20, 21, 22). It is not surprising that people with mental disorders are more prone to social media use. For example, a person with social anxiety may prefer to communicate with social media rather than face-to-face communication as it will reduce their anxiety. In our study, which

mental disorders were associated with this was not investigated.

When our results in which we investigated social media addiction and mindfulness were evaluated, it has been shown that students with high levels of mindfulness have lower social media addictions. There is a difference between the groups in terms of all subscales. Mindfulness is rooted in Buddhism meditation and means a clear awareness of the moment (23, 24). In a recent study, it was concluded that social media addiction is less in people with a high level of mindfulness, in line with our study (25). Some studies show that mindfulness-based therapies work in the treatment of behavioral addictions (26). Mindfulness has been shown to increase metacognitive alertness and help people develop positive coping mechanisms (27). For this reason, it can be thought that young people with a high level of mindfulness have better coping mechanisms with stress and therefore are not prone to developing addiction.

## CONCLUSION

According to these evaluations, it can be thought that increasing the level of mindfulness among young people and informing them in this field will be beneficial for students in terms of preventing the development of social media addiction. According to these evaluations, it can be thought that increasing the level of mindfulness among young people and informing them in this field will be beneficial for students in terms of preventing the development of social media addiction.

## Limitations

Our study has some limitations. Since it is an internet-based study, only the scores obtained from the scales were taken into account and a detailed psychiatric evaluation could not be made. Moreover, the small number of scales applied to the participants can be considered among the limitations.

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**Ethics Committee Approval:** Ethics committee approval dated 17.06.2021 and numbered 151 was obtained before starting the research.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept: D.D.O, H.K, S.N. Design: F.Y, H.T, D.D.O. Literature search: C.A, D.D.O, M.S. Data Collection and Processing: D.D.O, C.A, M.S, Analysis or Interpretation: C.A, F.Y, H.T, Writing: D.D.O, H.K, M.S.

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