A QUALITATIVE EXPLORATION OF HOW

YOUNG WOMEN SEEKING SUPPORT

FOR MENTAL HEALTH ISSUES

ENGAGE WITH SOCIAL MEDIA

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This is to certify that this research report is my own unaided work.

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Contents

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A qualitative exploration of how young women seeking support for mental health issues engage with social media.

Abstract

Aim: This study examines young women's accounts of their engagement with social media, with a specific focus on the influence of social media on their mental health.
Method: Semi-structured interviews were carried out with fourteen young women who had received professional support for mental health difficulties in relation to their views of social media and mental health.

*Findings: Inductive Thematic Analysis suggested the young women perceived the impact of social media to be nuanced: as having both a positive and a negative influence on their mental health. Their observations indicated that wellbeing is not affected by **whether** one uses social media, but rather by **how** one uses it, **who** one connects with and by **what** content one looks at.*

This research indicates that disclosures of mental health difficulties may be more acceptable in some social media environments than in others. It also explores the young women's presentation of an online "idealised self" and the attendant potential risk of negative comparison with their own offline self. Finally it examines the young women's propensity to compare themselves with others' social media profiles and identifies that such behaviour may be greater with acquaintances because users have less contextual information about their comparator.

Conclusions and implications: This study provides a valuable addition to existing research by giving voice to the experiences of these young women and illustrating the complexities of their social media use. It recognises these young women as sophisticated navigators of social media, aware of their behaviours and of their own

agency in influencing their online experience. It recommends that professionals bear this in mind when engaging with young people about social media use. Future qualitative research should focus on the nuances of young people's experiences in order to increase awareness and understanding of the influence social media may have on mental health.

Introduction

Instances of mental health difficulties in young people are rising (Department of Education (DoE) *et al*, 2016; National Society for the Prevention of Cruelty to Children (NSPCC), 2014; Department of Health (DoH) and (DoE), 2017; Girlguiding, 2019; McManus *et al*, 2016), with one in eight children and young people currently being affected by at least one mental health problem (McManus *et al*, 2019). One in eight young men aged 16-24 years reported having had a mental health concern. Young women emerged as a particularly high-risk group, with as many as one in four reporting mental health concerns such as depression, anxiety, bipolar disorders, and post-traumatic stress (McManus *et al*, 2019). One in five young women are reported to have self-harmed as a way of coping with feeling of anger, tension, stress and depression (McManus *et al*, 2019). Further, research also indicates that the suicide rate in 10–24 year olds has increased significantly to its highest recorded level since 1981 (McManus *et al*, 2019).

One potential influence on young people's mental health is the emergence of social media. Despite the relatively recent emergence of social media, researchers have begun to explore the link between mental health and social media. Research demonstrates that there is a relationship between social media exposure and mental health difficulties for some people including; mental distress in women (Derbyshire *et al*, 2013), cyberbullying (Hamm *et al*, 2015), low self-esteem (Muller *et al,* 2016), poor sleep (Scott *et al*, 2016), anxiety (Shensa *et al*, 2018), self-harming (Daine *et al*, 2013), low body confidence (Girlguiding, 2019; Tiggemann and Miller, 2010; Tiggemann and Slater, 2013; Tiggemann and Slater, 2014; Holland and Tiggemann, 2016), feelings of inadequacy (Derbyshire *et al*, 2013), and a belief that others' lives are happier and better than their own (Chou and Edge, 2012). However, most of the cited research is correlational in design, and therefore is unable to establish if social media use increases the likelihood of experiencing a mental health issue or, conversely, whether having a mental health issue increases social media use.

Research clearly indicates that within the general population, some young people are struggling to find a healthy balance around using social media without it impacting negatively on their mental health (DoH and DoE, 2017). These negative online experiences can impact self-esteem, anxiety, depression, suicidal ideation and behaviours and relationships offline (Hamm *et al*, 2015; Hinduja and Patchin, 2010; Singleton, Abeles and Smith, 2016). Further investigation has been called for around social media and young girls' mental wellbeing (McManus *et al*, 2016); Royal Society for Public Health (RSPH), 2017). However, to date little research has been conducted into individuals' perceptions of social media and qualitative research is under-researched in this area (Social Media Research Group, 2016).

Furthermore, research suggests that adolescents are not equally affected by online content (Odgers, 2018; George and Odgers, 2015). Young people who are already experiencing mental health difficulties may find that negative social media encounters can exacerbate an individual's mental health symptoms (Madeleine, 2019: Naslund *et al,* 2016). Therefore Lloyd (2014) specifically calls for more research to be carried out exploring social media use in young people who already have a mental illness. In light of this research, the current study specifically interviewed young women who had experience of mental health difficulties for which they had sought professional help. In doing so, this study aims to build on this body of evidence by exploring how young women engage with social media, with a specific focus on their views of social media and mental health.

It is anticipated that, by enhancing our understanding of the complex relationship of young people's engagement with social media and specifically how it affects their mental health, counselling psychologists (and other professionals working with young

people), might be better equipped to support them in maintaining a healthy social media experience.

The following literature review identifies a range of research into social media use including: social media as a new communication tool, issues of identity, comparison, discussing mental health, support for those experiencing mental health difficulties, online risks and potential advice to users.

Terminology and definitions

For the purposes of this study the term "social media" is defined as "websites and applications that enable users to create and share content or to participate in social networking" (Oxford Dictionary, 2019).

The term "social networking" is defined as: "the activity of sharing information and communicating with groups of people using the internet, especially through websites that are specially designed for this purpose" (Cambridge Dictionary, 2019).

In general the term 'young people' or 'young person' is used to span a large age group and depending on the context can vary from 15 to 24 years old (United Nations Educational Scientific and Cultural Organisation (UNESCO), 2017). The literature review below explores research conducted across this age group, although the current study was limited to 16-20 year olds. (For the rationale regarding this age group please see the 'participants, inclusion and exclusion' section of the methodology).

The term "mental health difficulties" is used in the current study to describe a range of common mental health issues, such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and social anxiety disorder (National Institute of Clinical Excellence (NICE), 2013). In this study the term also covers: borderline personality disorder (BPD), self-harm, eating disorders and suicidal ideation as these difficulties had been experienced by the participants.

The term "digital native" describes "a person born or brought up during the age of digital technology and so familiar with computers and the Internet from an early age" (Oxford Dictionary, 2019).

In this study there is a distinction between "friends" and "acquaintances". The term "acquaintance" describes "a person that you know but who is not a close friend" (The Oxford Dictionary, 2019). For example, but not exclusively, the women described acquaintances as: friends of friends, work colleagues, their university cohort, or indeed anyone at the same university and people in the same sports clubs as themselves.

The term "IRL" means "In Real Life" (Cambridge Dictionary, 2019). The term is used in the current study to distinguish what happens in reality (offline) as different from something that is experienced on social media.

The term "digital (or cyber) hygiene" is a reference to the steps that users of computers and other devices take to maintain the devices health and improve online security (Brook, 2018).

Section 1: Literature Review

Historical overview: Social media as a new type of media

Societal changes in communication patterns and in media use have led to a decline in traditional forms of media such as; television, radio, printed newspapers, magazines and newsletters (Wilson and Usher, 2017). The first recognisable social media platform, a site called Six Degrees, was created in 1997 and enabled users to upload a profile and make friends with other users (Hendricks, 2019). Social media developed rapidly since and a huge shift in media resulted. Over the next couple of years sites such as MySpace, LinkedIn and Flickr gained prominence. In 2005 YouTube was launched, creating an entirely new way for people to communicate and share content with each other. By 2006, Facebook and Twitter both became available to users throughout the world (Hendricks, 2019). Currently, there is a huge variety of social networking sites which are constantly evolving to match the needs of users.

With social media so readily accessible, publishers are increasingly opting for electronic versions and people are accessing digital forms of news and community information – such as community Facebook pages, electronic newspapers and magazines, blogs and microblogs (Wilson and Usher, 2017). This has led to these different kinds of media being accessed all in one place, on social media.

Social media has changed the way in which media is accessed, shifting from a passive role (as with TV, newspapers, and magazines), to a role where the audience is at the centre; active participants responding to content in real time. Social media enables two-way conversations. Now ssers are both audience and content creator; providing a unique experience of social collaboration and social interaction (Storehaug, 2018). Social media operates in real time, allowing active engagement with media.

Furthermore, due to portable electronic devices becoming more affordable and ubiquitous, social media is now easily available through laptops, tablets and smartphones meaning that it is accessible at all times (Storehaug, 2018). Indeed as many as 95% of young people own a smartphone in the UK (Statista, 2018), and every day more and more people are joining social media networks (Storehaug, 2018).

Consumer use reports on social media currently revolve around platforms such as: YouTube, Facebook and Messenger, Twitter, Instagram, Snapchat, WhatsApp, LinkedIn, Pinterest, Reddit, Blogger, Google+, WordPress.com, Tumblr, (Ofcom, 2019a). Users report using these sites to perform ten specific functions: to stay in touch with friends and family (42%), to stay up-to-date with news and current affairs (including following public figures and influencers) (41%), to browse to fill up spare time (39%), to watch videos and find funny or entertaining content (37%), general networking with other people, including accessing groups with shared interests (34%), because friends are already on them (33%), to share photos or videos with others (32%), to share opinions (30%), to research or buy new products/services, (29%), and to meet new people (27%) (Ofcom, 2019: Valentine, 2018). Social media allows these functions to be performed through actions such as: "making comments, curated/personalised feed, direct/private messaging, dislikes, followers/subscribers, friends/ contacts/ connections, hashtags, likes, photos sharing, profile/account, video sharing" (Ofcom, 2019b p119).

With 91% of 16-24 year olds using social media (RSPH, 2016), its use is here to stay and is one of the most common activities undertaken by young people (Gray, 2018). It is no longer a question of *should* we use social media, but rather *how* should we use it in a healthy way?

Social media: Key to modern day communication

The rapid growth of social media initially led to concerns that social media use was unsociable, was reducing the number of face-to-face interactions and leading to a weakening of social connections (Cummings, Butler and Kraut, 2002). However, a significant amount of research has shown that social media makes communication easier (Subrahmanyam *et al*, 2008), increasing social contact with friends and family and giving people the opportunity to develop new, significant and lasting friendships online (Gowen *et al*, 2012). Further, research has indicated that engaging in various forms of social media has shown to benefit children and adolescents by enhancing communication and increasing social connection (MacArthur, 2008).

Not only are young people routinely using social media to enrich their social relationships (Hynan, Murray and Goldbart, 2014), social media has increased social accessibility for people who might find themselves socially excluded, be this due to physical disabilities, complex communication needs (Hynan, Murray and Goldbart, 2014), geographic separation (Ahn and Shin, 2013; Spies Shapiro and Margolin, 2013; Lloyd, 2014), or just finding others with shared interests (O'Keeffe and Clarke-Pearson, 2011). One benefit of social media in relation to geographic separation would be enabling young people to remain in contact with their friends and family when they move away to university. Social media has been shown to enhance campus involvement and appears invaluable for connecting students, with many groups now being established before students arrive at university (Paine, 2012).

Sleep

Sleep and circadian functioning are essential to good health (Buysse, 2014) and research shows that young people in particular are getting less sleep than recommended (National Sleep Foundation, 2005; Gradisar *et al*, 2013). Lack of sleep has various important implications for the health and wellbeing of young adults such as

waking feeling un-refreshed, reducing the ability to function properly (National Sleep Foundation, 2005; Gradisar *et al*, 2013) and negatively affecting mood (Levenson *et al,* 2016).

Evidence is inconclusive as to whether social media use contributes to sleep disturbance or sleep disturbance contributes to social media use. Some research indicates that it may be social media use which is affecting our health by reducing the amount and quality of sleep (Levenson *et al*, 2016). Other research indicates that social media is being used as a sleep aid (Eggermont and Van den Bulck, 2006), helping young people who experience sleep disturbance by giving them a pleasurable way to pass the time and distract themselves from the distress of not sleeping (Levenson *et al,* 2016; Scott *et al*, 2016). Further research has indicated that any use of light-emitting devices, such as social media platforms on mobile phones, can impact on our melatonin secretion, which in turn affects sleepiness and circadian rhythms (Levenson *et al*, 2016; Chinoy, Duffy, and Czeisler, 2018), thereby any nocturnal social media use is likely to negatively impact our sleep.

Mental health

Research indicates that young people are struggling to find a healthy balance of maintaining a positive social media experience without it impacting negatively on their mental health (DoH and DoE, 2017). Some research indicates that young people who are using social networking sites for more than two hours a day are more likely to report poor mental health, including psychological distress and suicidal ideation (Sampasa-Kanyinga and Lewis, 2015; Gowen *et al*, 2012). Other research indicates that it may be the number of networking sites that impacts young people's mental wellbeing (RSPH, 2017).

Whatever the cause, research shows that social media has the potential to negatively affect the mental wellbeing of some people (McManus *et al,* 2016). Aspects such as: social comparison, compulsion, addiction, threatening or bullying behaviour, stigma, the encouragement of self-harm and other unhealthy or destructive behaviours are just some of the factors which may impact a young person's mental wellbeing (Chou and Edge 2012; Charoensukmongkol, 2018).

The prevalence of mental health issues in young women is high and continues to increase (McManus *et al,* 2016; Green *et al*, 2005). Similarly, the prevalence of social media use continues to grow (Ofcom, 2019a). There is also a growing level of research demonstrating links between social media exposure and mental health difficulties in young women (McManus *et al,* 2016: Derbyshire *et al,* 2013; Singleton, Abeles, and Smith, 2016 and Lloyd, 2014).

Pressures of social media

Reports into social media use show that young people are spending approximately 3 hours and 10 minutes a day on social media (Valentine, 2018), with a further 24% reporting they are online "almost constantly" (Anderson and Jiang, 2018). Around 71% are accessing more than one social networking site (Lenhart, 2015) and children as young as eight years old are now regularly accessing social media sites, despite most websites specifying a minimum age of at least thirteen (Ofcom, 2019a). Many young people use terms such as "compulsive" or "addictive" when describing their social media use (Singleton, Abeles and Smith, 2016) and around 5% of young people are currently 'addicted' to using it (Koc and Gulyagci, 2013; Jenner, 2015). Social media has been described as more addictive than cigarettes or alcohol (Hofmann, Vohs, and Baumeister, 2012).

Many young people experience a pressure to be "constantly switched on" to social media (Singleton, Abeles and Smith, 2016). When separated from their smartphones individuals report experiencing feelings of anxiety, as well as negative cognitive and physiological responses similar to those found in stress (Clayton, Leshner and Almond, 2015).

Identity

An important aspect for young people is the development of an individual identity (Erikson, 1968). Much research has explored how young people navigate this journey of self-identity since the arrival of social media. Some research suggests that social media provides an opportunity for young people to perform 'identity testing' (Plant, 1997; Waskul and Douglass, 1997) enabling young people to experiment with how to present themselves and their views in what may be perceived as a safe environment, as well as trying and testing different versions of themselves with different audiences (Livingstone, 2008). This also provides the enticing freedom to create a life which is not under surveillance by adults (Livingstone, 2008; Moinian, 2006). However more recent research considers social media as a more integrated part of young people's lives, with social media being viewed as an extension of their offline selves (Balick, 2014). This research suggests that social media is not being used to experiment with different identities; instead users are adapting how they present themselves according to the specific social media platform they are using (Balick, 2014).

Offline, individuals will present themselves to others in a way perceived to be most socially acceptable (Balick, 2014; Bell, 2019). Meaning that individuals primarily focus on the aspects of themselves which others in a particular social setting will value, rather than what they would value themselves (e.g., physical appearance, belongings) (Markus and Wurf, 1987). This self-evaluation based on others' perceptions of us can influence our mental wellbeing. For instance, if an individual perceives that they

possess characteristics that they think others will value, this may enhance their self-worth and self-esteem (Gilbert, 2000), albeit short-term. However, when individuals are concerned that they possess something that other people do not value, it gives rise to perceptions of being inferior which, in turn, leads to a lower sense of self-worth and self-esteem (Gilbert 2000).

On social media this process of self-evaluation based on the perceptions of others is facilitated by the architecture of social media providing the opportunity for instant, one-click feedback in the form of "likes", "hearts" and "shares". One study showed that when receiving 'likes' for their posts young people experienced an increased reaction in the nucleus accumbens which is known as the brain's reward circuitry, demonstrating the emotional reward received from this positive feedback. (Sherman et al, 2016). This supports research showing that the number of likes that individuals receive on their Facebook profile pictures is positively associated with self-esteem (Burrow, and Rainone, 2017). Further, individuals with lower levels of self-esteem are more likely to place importance on receiving likes and more likely to be negatively impacted if they do not receive "enough" likes (Scissors, Burke, and Wengrovitz, 2016). Young women themselves report feeling under pressure to get a certain amount of likes on social media (Girlguiding, 2019).

Comparison with others

A significant amount of research indicates that continuously engaging in the passive following of information on social media, such as browsing the posts of friends or proactively examining the profiles of friends, can cause individuals to compare themselves with their friends (Charoensukmongkol, 2018; Krasnova et al, 2013).

On some social media platforms there is a tendency to only post information which is seen as socially desirable (Mehdizadeh, 2010), but this usually does not completely

reflect the reality of the user who has shared it (Charoensukmongkol, 2018). It has been shown that when young people compare themselves with their friends on social media, they tend to underestimate their friends' negative experiences, and overestimate their friends' positive experiences (Jordan *et al*, 2011). This behaviour can lead users to perceive that the friend who is posting is more attractive, happier or has more favourable life experiences than they actually do (Charoensukmongkol, 2018; Chou and Edge, 2012).

Some research suggests that appearance comparison with peers can have stronger associations with body image concerns than comparisons to models or celebrities (Carey, Donaghue, and Broderick, 2014). It has been suggested that this is because the appearance of peers may be viewed as more attainable than the appearance of celebrities. However, these assertions have not been consistent in the literature (Leahey and Crowther, 2008; Ridolfi *et al*, 2011; Schutz, Paxton and Wertheim, 2002). Research by Fardouly and Vartanian, (2015) found a variation in appearance comparisons between distant peers and models or celebrities to close peers and family members. They suggest that this is due to lack of personal contact making it difficult for people to accurately gauge how realistic the images presented on social media are. The implication being the more offline contact one has with an individual the more contextual information one has to assess how realistic the online presentation may be.

Subsequently, such comparison can cause young people to feel emotional distress, affecting their mental wellbeing by triggering negative feelings about oneself, and potentially leading to feelings of envy (Charoensukmongkol, 2018: Krasnova *et al,* 2013; Chou and Edge 2012; Tandoc, Ferrucci and Duffy, 2015). Furthermore, this social comparison can be viewed as an exaggerated version of offline comparisons due to young people being able to view others' profiles for prolonged periods of time (Robinson, 2019).

Talking about mental health

There is a recognised stigma attached to mental ill health (Rossler, 2016). People with mental health difficulties can experience discrimination in all aspects of their lives, including on social media. Stigma and discrimination can also exacerbate mental health difficulties and delay or impede getting help and treatment and recovery (Rossler, 2016). Young people experiencing mental health difficulties may also experience shame, uncertainty and isolation (Naslund *et al*, 2016). These thoughts can contribute to worsening self-esteem, self-efficacy and depression (Corrigan, 1998).

Disclosing personal mental health difficulties in order to seek online support may cause some reluctance for some young people if the need to manage others' impressions of them outweighs their motivation for help (Oh and LaRose, 2016). Some young people are also concerned about others' reactions and may feel anxious about being rejected (Link *et al*, 1997). As a way to reduce this risk many young people create anonymous accounts enabling them to seek support and present a more "honest" version of themselves, whilst maintaining their personal accounts with a carefully portrayed public version of themselves (Singleton, Abeles and Smith, 2016).

This anonymity has been found to reduce the risk of being stigmatised because it allows a connection with others without the need to disclose one's identity (Berger, Wager and Baker, 2005). In addition anonymity was found to empower girls to use their online voice to speak out in online forums and to connect to others on the things they care about (Girlguiding, 2019).

Some young people have stated that the anonymity made possible by social media enables others to display bullying or threatening behaviour in a direct and extreme than offline (Cassidy, Faucher and Jackson, 2013; Singleton, Abeles and Smith, 2016). One-quarter of adolescents have experienced cyber-bullying according to a recent

study (Hamm *et al,* 2015). Cyberbullying has been found to increase feelings of hopelessness, depression, anxiety, severe isolation and increase the likelihood of suicidal attempts (Hamm *et al*, 2015; Hinduja and Patchin, 2010).

Accessing mental health support

Mental health interventions are being delivered through social media to provide support amongst peers, promote engagement, and reach a wider demographic who may be reluctant to seek face to face interventions (Naslund *et al*, 2015). Young people with serious mental health illnesses are increasingly turning to social media (Naslund *et al,* 2014) because it offers a place to talk about their own experiences, seek advice, learn from and gain support from others with similar mental health conditions (Naslund *et al,* 2014; Gowen *et al*, 2012; Miller *et al,* 2015).

The use of online blogs, support groups, forums and chat rooms are reported to be supportive environments (Prescott, Hanley and Gomez, 2019). The benefits reported from interacting with peers online include: anonymity, accessibility and stigma avoidance (Chan *et al,* 2016). Other benefits include greater social connectedness, enhanced feelings of group belonging, and increased hope (Naslund *et al,* 2014; Gowen *et al*, 2012; Kummervold *et al,* 2002; Prescott, Hanley and Gomez, 2019; Singleton, Abeles and Smith*,* 2016). In addition, they were found to promote help-seeking behaviours (Shepherd *et al,* 2015), such as sharing helpful advice and learning strategies for coping with day-to-day challenges of living with a mental illness, and an increased willingness to ask questions (Kummervold *et al,* 2002; Brewer, 1991: Prescott, Hanley and Gomez, 2019).

Further studies show that learning about other people's experiences facing mental health difficulties resulted in young people feeling validated, worthwhile, more confident, better able to manage distress (Singleton, Abeles and Smith 2016) and

empowered in making their own healthcare decisions (Entwistle *et al,* 2011). In addition it has also been shown to increase self-esteem, self-efficacy and to reduce uncertainty about oneself (McKenna and Bargh, 1998). This support may also contribute to better recovery, personal wellbeing and social integration (Davidson *et al,* 1999).

Importantly this support can be accessed at a user's own convenience (without any geographical boundaries or time constraints) meaning that individuals maintain a greater control over their level of engagement and the extent to which they interact with others by posting comments or passively viewing content posted by others.

However, seeking peer support for mental health issues can also feel risky to the young person, with potential risks deemed to include disclosure, possible disapproval, rejection or negative attitudes and stigma (Link *et al,* 1997). Young people also voiced concerns around privacy and confidentiality issues, difficulty expressing emotions, and resource quality (Chan *et al*, 2016).

Importantly, online forums do not replace the role of face-to-face therapy (Prescott, Hanley and Gomez, 2019), and unsupervised online forums or chat rooms do have some potential dangers for young people including: the possibility of attracting adults who may take advantage of vulnerable adolescents, recruiting members in suicide pacts and describing suicidal or self-harming intentions and methods. An additional risk is that such forums can become a place where young people ruminate about their mental health difficulties, without receiving the potential benefits (listed above), which in turn can intensify any mental health difficulty (Ziebland and Wyke, 2012). Further, research has found that some online forums even suggest or encourage self-harm and other unhealthy or destructive behaviours (Ziebland and Wyke, 2012).

Most research into moderated support is focused on internet-based interventions (as opposed to social media based interventions (Spek *et al,* 2007). This emerging body of research demonstrates the potential of online mental health services and provision, such as counselling and text-based forums for young people (Ersahin and Hanley, 2017). It indicates moderated support interventions can be effective, particularly if a therapist is involved (Postel *et al,* 2008). However, research is limited and further qualitative research is needed into interventions offered on social media specifically, as opposed to internet-based interventions (Chan *et al,* 2016; Prescott, Hanley and Gomez, 2019).

Risks and harmful images

Young people are aware that others can behave differently online from how they behave face to face (Ofcom, 2016). For a small number of individuals social media can increase the risk of harm (Ofcom, 2019a), such as sexual harm ("grooming", sexting, stranger danger) and aggressive behaviour (cyber bullying, cyber aggression and "surveillance behaviour" in romantic relationships) (Muise, Christofides and Desmarais, 2009; Staksrud, Olafsson and Livingstone, 2013; Livingstone and Smith 2014). 49% of girls (11-21 years old) stated that their fear of cyber abuse makes them feel less free to share their views online (Girlguiding, 2016).

Research has also explored the risk of social media sites encouraging self-harm and other unhealthy or destructive behaviours. Ziebland and Wyk (2012) identify an example of a weight loss blog for people suffering with an eating disorder, such as anorexia. These blogs sometimes contain a visual chronicle of a person's changing body shape. Bloggers can get positive support and encouragement from others to continue losing weight, even when they are already at an unhealthy low weight (Gavin, Rodham and Poyer, 2008). Furthermore, such 'pro-ana' and 'pro-mia' (short terms for anorexia and bulimia nervosa) sites specifically use content which actively encourages

disordered eating behaviours and contribute to body dissatisfaction (Ging and Garvey, 2017; Delforterie *et al*, 2014). Research into 'thinspiration, 'fitspiration and 'bonespiration' imagery indicates that, although fitspiration may generally offer a healthier body type than thinspiration and bonespiration, the existence of an idealised body type may be presented in an exaggerated form. As a result, thinspiration sites should be approached with caution (Talbot *et al*, 2017). A further example is that, for those seeking support for self-harm or suicidal ideation, some sites offer advice, share pictures of others self-harming and actively encourage these behaviours (Gavin, Rodham and Poyer, 2008).

Research suggests that adolescents are not equally affected by online content (Odgers, 2018; George and Odgers, 2015). Young people who are already vulnerable and experiencing mental health difficulties may have stronger reactions to exposure about self-harm or suicide, especially if those posts are seen as promoting those behaviours (Madeleine, 2019). Therefore, although a review of online networks (Highton-Williamson, Priebe and Giacco, 2015) found limited evidence of such threats this is still an important risk for young people to be aware of, especially considering that negative encounters can exacerbate an individual's mental health symptoms (Naslund *et al*, 2016).

Digital hygiene

Social media has increased the opportunities for companies to influence others. Social media is a transparent open system, where individuals are consciously giving personal data, which can be picked up by companies and used to provide direct and personalised marketing. Social media allows access to previously unattainable data and enables the owners a deep level of analysis over the material used (Hausman, 2012).

Adverts were reported as young people's least favourite aspect of social media (NSPCC, 2014), and to-date there seems to be no research around young people and adverts on social media. However, it appears that advertising in social media will continue to grow (Knoll, 2016). The Advertising Standards Authority (ASA) regulates adverts through both 'self-regulation' (social media, newspapers) and 'co-regulation' (television, films and radio), and all advertising is required to comply with the UK code of non-broadcast advertising, sales promotion and direct marketing which includes rules over misleading advertising and social responsibility (Holt, 2010). Algorithms work to personalise the content users are shown, based on their interests, and are worked out by monitoring previous activity and interactions on the platform (Hopperhg, 2018). These algorithms work to reduce irrelevant material and to create a more personalised social media experience.

However, with individual targeted advertising on social media (Hausman, 2012), the constant advertising of healthy eating for someone with an eating disorder could lead to very harmful consequences. For example previous research indicates that exposure to self-harm, eating disorder and suicidal content often occurs accidentally (Moreno *et al,* 2016; Madeleine, 2019). A recent study shows that young people who get exposed to such images on social media (either intentionally or by accident) are at higher risk of self-harm or suicide (Arendt, Scherr and Romer, 2019). Further, research suggests that young people who are already vulnerable and experiencing mental health difficulties may have stronger reactions to exposure about self-harm or suicide, especially if those posts are seen as promoting those behaviours (Odgers, 2018; George and Odgers, 2015). More research is required to understand the accidental or purposeful exposure to such harmful material and the impact of algorithms on this exposure.

Social media regulation

Young people are spending a lot of time on social media with very little supervision or regulation. It seems very little has been done to regulate what content young people can access on social media (Lloyd, 2014). In the UK, TV, radio, newspapers and other smaller media outlets are regulated to ensure good and ethical practice and to protect the public (Ofcom, 2019). Currently social media companies are self-regulated (rather than government regulated) and there has been great criticism of their lack of responsibility and accountability regarding their lack of protecting public interests (Select Committee on Communications, 2019).

In 2019, a White Paper set out aims to establish a regulatory framework that tackles the range of online harm; requiring social media providers to have legal liability over their sites. The White Paper highlights that "technology itself is to be part of the solution" (HM Government, 2019). Further, the Young Health Movement called for action from government, social media companies and policy makers to help promote the positive aspects of social media for young people, whilst mitigating the potential negatives (RSPH, 2017). For example these recommendations included requiring social media companies to: (i) introduce a pop-up heavy usage warning on social media, (ii) identify users who could be suffering from mental health problems by their posts, and to discretely signpost to support, and (iii) to highlight when photos have been digitally manipulated.

Recently some social media companies have implemented strategies to increase the wellbeing of their customers. For example: Twitter has banned hate groups, YouTube aims to improve algorithms to increase their awareness of potentially harmful posts/sites (although the practical impact of this for users remains unclear). Also Facebook made a commitment to monitor abuse on the platform in 2018 (Digital Trends, 2019). Further, Instagram has created a 'wellbeing team' dedicated to

improving users wellbeing, and has implemented a system which hides 'likes' in an attempt to help users improve their mental health by reducing the pressure and competition for them (Scherr *et al,* 2019). Instagram also announced an aim to ban graphic and non-graphic images of self-harm (for example, cutting), and to include more resources for users who post or search self–harm-related content with the aim of redirecting them to professional mental health services (Scherr *et al*, 2019).

In addition social media applications such as 'SelfControl' and 'Offtime' have been designed to assist the user in blocking access to specific social media platforms for set periods of time (Handley, 2014). These are all steps in the right direction and research needs to be carried out to explore the effectiveness of these interventions.

Guidance to users

Guidance on using social media in a way which reduces the risk to mental health is limited, presumably because the impact of social media on mental health is a relatively new phenomenon. There is clear guidance regarding time limits for screen time with regards watching to TV, computer use and playing video games (National Institute of Clinical Excellence (NICE), 2015), but currently none exist with regards to social media. In September 2018 the government called for social media guidelines for young people to be drawn up (BBC, 2018), but as yet none have materialised. This lack of guidance may be due to the increased complexity in addressing these issues for social media. For example, stipulating time limits for television screen time or computer games can be specified with clear boundaries: viewers are either watching television or they are not (although the increase in simultaneous use of secondary devices is noted). However, users often access social media (sometimes momentarily) whilst carrying out other activities. A straightforward screen-time limit is therefore unlikely to be effective or appropriate. In addition, given that much social media access is conducted via smart

phone, limiting device access will prevent use of other functions such as telephone, camera or clock.

Advice

Although advice for parents and carers around social media use exists (NSPCC, 2020), until recently there has been very little for young people themselves. Advice that is available appears to all be written by adults, rather than being informed by young people (Boyd, 2014). Advice on sites such as 'Connect Safely' has shifted from focusing on practical topics such as stranger danger and digital footprints, to also include how to maintain the user's mental wellbeing. However, the majority of the advice is not evidence-based despite there being a real need for this type of research from a reliable source. Social networking sites will undoubtedly continue to evolve (Kossinets and Watts, 2006) and arguably those with the best knowledge and experience of managing social networking in a healthy way are a contemporary cohort of young people (Kossinets and Watts, 2006). There is a lack of research providing young people with the skills and knowledge; where they can engage in social media use, while being able to reduce any potential negative impacts on their mental health.

Within therapy there is the opportunity for therapists to ask about social media use just as they do about substance misuse and sleep hygiene. Gowen *et al* (2012) suggest that mental health practitioners should ensure that they are aware of the different social networking platforms, and advocate adopting a biopsycho-social perspective so as to account for the complex array of influences upon the lives of young individuals (Hanley, Frzina and Nizami, 2017; Prescott, Hanley and Gomez, 2019). Indeed, they are well placed to ask about the young person's social media use, and to encourage safe and responsible online behaviours (Gowen *et al,* 2012).

Changes still need to be made to social media in order to protect young people affected by negative aspects (Lloyd, 2014). Any policy or education aimed at protecting young people must be well thought out, dynamic and must shield young people from the dangerous aspects whilst embracing the positive potential of social media (Lloyd, 2014). Young people hold the key to understanding how they engage with social media and how it can continue to be improved to achieve this (Sriwilai and Charoensukmongkol, 2016).

Research to-date has been largely quantitative which has been useful providing an overview of evidence regarding the positive and negative impact of social media on young people's mental health. This proposed study aims to provide qualitative accounts into young women's experience of social media and their mental health.

Section 2: Research rationale and aim

Research rationale

The research set out in the literature review suggests that while there is a considerable amount of research around social media and young people's mental health, limited qualitative research has been conducted into the perceptions of social media use. Existing research and government reports have called for further qualitative investigation to be carried out into the effects of social media on young people's mental health (Royal Society for Public Health, 2017; McManus *et al,* 2016) and for research to be carried out with young people who have had experience of mental health difficulties (Lloyd, 2014).

Research aim

This study aims to bridge a research gap, adding valuable insight by providing qualitative accounts and exploring how young women with experience of personal mental health difficulties perceive their engagement with social media, with a specific focus on their views of how of social media has influenced their mental health.

Research question

1. To gain insight on how young women with mental health difficulties engage with social media.
2. To understand young women's perceptions of their social media use in relation to their mental health.

For the full interview schedule please see Appendix 1.

Section 3: Methodology

Design

Design overview

Fourteen young women between the ages of 18-20 years old who had experienced mental health difficulties participated in this research (For the rationale regarding this age group please see the 'participants, inclusion and exclusion' section of the methodology on page 34). Semi-structured face-to-face interviews were conducted exploring their perceptions of their engagement with social media with a specific focus on their mental health. The research was conducted within a critical realist paradigm and the data was analysed using Inductive Thematic Analysis. A qualitative approach was chosen due to the explorative nature of the research (Braun and Clarke, 2013, Willig, 2013). Similarly interviews were considered a suitable method to gather rich data about participants experiences (Braun and Clarke, 2013).

Qualitative research

Qualitative research explores the perceptions of individuals who have lived experience of a particular condition or phenomenon in order to provide knowledge grounded in human experience (Sandelowski, 2004). As such it investigates the meaning and complexity of a topic which is more difficult to achieve through quantitative methods (Braun and Clarke, 2013; Willig, 2013). Qualitative research in the area of social media and mental health is limited. Therefore this research aimed to extend the scope of existing research by exploring individuals' perceptions of their engagement with social media, with a specific focus on their accounts of the influence of social media on their mental health.

Research tool: semi-structured interviews

Serious consideration was given to using social media as a means for recruiting participants and/or gathering data for this research study, due to the topic area and the

many benefits it offers (Social media research group, 2016). There are a variety of ways in which social media data can be collected and formatted for research. Collecting data via social media offers the benefits of often being quicker and cheaper than other forms of analysis, as well as generating data in or close to real time (Social media research group, 2016). However, social media as a research tool did not meet the needs of the research question for several reasons. Firstly, due to the potential vulnerability of participants with mental health difficulties, it was considered more ethical to offer the interviews face-to-face (British Psychological Society (BPS), 2018). Non-verbal cues (Bjerke, 2010) and the direct observation of emotion (McCoyd and Kerson, 2006) offered by face-to-face interviews were considered vital for these participants. Face-to-face interviews are typically viewed as the 'gold standard', with online interviews being viewed only as a substitute for when face-to-face interviewing is not possible (Novick, 2008). Secondly, although social media interviews have been shown to obtain rich data due to the anonymity it provides (Bjerke, 2010), this research was focusing on social media and mental health and it was not known if the participants considered social media a safe place to discuss mental health. If they did not, this would have rendered the research inaccessible. In addition, it was felt that should these women become distressed the support of the interviewer and the University's Wellbeing Service were well placed to offer support. However, the women did not require this resource.

Semi-structured interviews are viewed as the dominant form for qualitative interviews because the flexibility gives the researcher a degree of control over the data produced and therefore increases the likelihood of generating useful data (Braun and Clarke, 2013). This interview method also maximises the scope for pursuing topics which participants felt were important to introduce, and to allow the flexibility to ask additional questions if particular topics needed further exploration (Patton, 2002). Semi-structured interviews also allow for answers to direct questions and enable further

exploration of issues the researcher had not anticipated (Patton, 2002). Seven

questions were used to guide the interview (Appendix One).

Epistemological stance

As this study aimed to gain deeper insight into how young people view and make

sense of their social media use, a qualitative approach grounded in a critical realist

paradigm was used (Langdridge, 2007). This paradigm uses a layered approach which

assumes the existence of an independent reality whilst accepting that the participants'

experience of this is shaped by internal, as well as wider social structures such as the

participant's cultural, economic and gender influences (Fletcher, 2017; Vincent and

O'Mahoney, 2018; Murray and Chamberlain, 1999). Critical realism assumes that

events occur whether or not we are there to interpret them. It also posits that

individuals have experiences which are understood through a filter of human

experience and interpretation. Thereby the individual's experiences are influenced by

the world and, in turn, the individual influences the world (Fletcher, 2017). It is through

this paradigm that the individual's experiences are understood and we can attempt to

give explanations and solutions to complex issues (Fletcher, 2017; Vincent and

O'Mahoney, 2018). This critical realist approach is well suited to this research question

as it not only enables the researcher to truly listen to the participants' reality, it also

allows for exploration of other systemic influences. Indeed it was the researcher's

expectation that social influences would form a large part of the dialogue in light of the

topic being social media.

Method

What is Thematic Analysis?

Thematic analysis (TA) is a method for "identifying, analysing, and interpreting patterns

of meaning ('themes') within qualitative data" (Clarke and Braun 2013, p297). TA

offers systematic procedures for creating codes and themes from qualitative data.

These then provide an outline for the researcher's analysis. The aim of TA is not to just summarise the data content, but to identify and interpret significant features of the data. TA can be used to identify patterns within and across data on participants' behaviour, practices, lived experience, views and perspectives. It is experiential research which aims to understand what participants think, feel, and do. (Braun and Clarke, 2013). This flexible approach provides a breadth of data which can provide a richness of narrative and enables the results to be accessible to a wide range of audiences (Braun and Clarke, 2006). While there are many methods of TA (Braun and Clarke, 2013), the Braun and Clarke method of thematic analysis was followed in this study (Braun and Clarke, 2006) due to it providing both clear guidelines and a flexibility of approach.

Inductive Thematic Analysis (ITA).

Due to the limited research exploring the perceptions of young women on social media this study used an inductive approach to understand the experiences of young women who have experienced mental health difficulties and their perceptions of social media on their mental health. ITA describes a method for identifying and reporting emerging themes from within the data without any preconceptions of potential material or themes (Braun and Clarke, 2006). Therefore the themes described developed from the raw data itself (Patton, 2002). Inductive approaches are considered particularly useful when exploring new research areas (Clarke and Braun 2013).

Rationale for utilising ITA

Based on the research aim, TA and Interpretive Phenomenological Analysis (IPA) were considered suitable methods of analysis (Clarke and Braun, 2013: Smith, Flowers and Larkin, 2009). The decision to use ITA was informed by the following reasons: firstly, ITA allows for larger participant sizes than IPA in order to sufficiently capture a range of perspectives and accounts (Braun and Clarke, 2013). Secondly, it allows for a range of

epistemological assumptions, because it is not aligned to any particular theoretical framework, enabling the researcher to make interpretations of how participants make sense of the world (Braun and Clarke, 2006). This is in contrast with IPA where the assumption is that participants are able to communicate to the researcher "the subtleties and nuances of their physical and emotional experiences" (Willig, 2013, p. 95).

Participant inclusion criteria

As the aim of this research was to explore the perceptions of young women regarding their engagement with social media, with a specific focus on their accounts of the impact of social media on their mental health, there were three selection criteria for the study. These were: (i) female (ii) between 16-20 years old and (iii) had sought professional support regarding their mental health. The reasons for these selection criteria are explored in turn below:

Young women

The mental health rates in both young men and young women are high (McManus *et al,* 2016). In order to ensure the research group was as homogeneous as possible, women were chosen to be the focus of this research. This was due to their higher rates of mental health difficulties when compared to men, and due to the evidence suggesting that this rate continues to increase (McManus *et al,* 2016).

Age group

Originally this study aimed to carry out research with 16-18 year old young women who had received professional support for mental health difficulties and who were interested in discussing their views of the relationship between social media usages and mental health. This group was initially considered for several reasons: Firstly, at this age they are considered to be digital natives and would have had access to a wide range of

social media platforms from a young age. Therefore, their experience was considered likely to be more relevant for the next cohort of young social media users. Secondly, this age group were deemed old enough to have full ownership of their social media accounts, whereas some younger users may have parental restrictions imposed on them. Finally, these participants did not require parental consent to take part in the study, which may have deterred people from joining the study.

Recruitment was sought via an advert displayed in a young persons' mental health service requesting volunteers to participate. Staff at the service agreed to inform clients of the research. Following a lack of response to the request for participants this research group was re-considered. It was felt that extending the upper age limit was a minor amendment that did not require changing the purpose or focus of the study. Therefore this age limit was extended to 20 years old, with the intention of extending this further up to 24 years old as necessary should more participants be required. Ultimately, a sufficient number of participants were recruited up to the age of 20 and it was therefore not necessary to extend the age limit further.

The research was therefore carried out with 18-20 year olds who matched the original considerations: they were digital natives, had full ownership over their social media accounts and it was not necessary to require parental consent for participation.

Women who had sought professional support for their mental health difficulties
The study was interested specifically in young women with experience of mental health difficulties. Firstly, there is limited research carried out exploring social media use in young people who have personal experience of mental health difficulties (Lloyd, 2014). Secondly, it was considered that this group may be better able to understand and reflect on their engagement with social media in relation to their mental health due to their personal experience.

In order to safeguard the young women it was considered more ethical to recruit women who had received support for their mental health rather than those who simply self-identified as having mental health difficulties but who had not received any support. This was because it was considered more likely these women would be confident in returning for professional support if they felt vulnerable following the interview. It was also considered that women who have received support for mental health difficulties may have already had the opportunity to reflect on their difficulties and on any external factors which may have influenced their mental health, such as social media.

It is acknowledged that as a result of this sampling the study's results will not be representative for all young women.

Participant recruitment

Purposive criterion sampling was used (Braun and Clarke, 2013). The participants were recruited from the University of West of England's (UWE's) 'participant pool'. The 'participant pool' is a computerised system listing research studies requesting participants. Undergraduate psychology students wishing to take part in research can review the list and choose which studies to participate in. As a method of incentivising students to participate, they receive credits towards their course. The use of monetary payment as an 'incentive' to participation is ethically controversial due to it potentially being seen as coercive, or as influencing potential participants' about whether to take part in research (Alderson and Morrow, 2004). However, incentives have been shown to encourage higher levels of response, and payment by university credits did not undermine their freely given and fully informed consent (University of Sussex, 2012).

An advert was placed on the participant pool website and prospective participants were asked to book an interview slot and e-mail the researcher if they were interested in

taking part.   The advert (Appendix 1) outlined the aim of the study and asked for women aged 16-20 years of age who had sought professional support for their mental health. Following their initial response, prospective participants were sent the information sheets with a reply slip (Appendix 3).

Sixteen participants were initially recruited from UWE's recruitment pool. The sample was a fairly homogeneous one. They were all women aged 18, 19 or 20 years old and all had self-identified as having experienced mental health difficulties. Two people interviewed did not self-identify as having experienced mental health issues and were excluded from the study. Please see Table 1 for a summary of participant information.

For qualitative research focusing on a person's experience, small to moderate sample sizes are recommended (Braun and Clarke, 2013). The number of participants was in line with the ITA recommendations. It is proposed that saturation commonly occurs around 12 participants in homogeneous groups (Guest, Bunce and Johnson, 2006). To ensure that saturation had occurred the researcher went beyond the point of saturation to ensure no new concepts emerged in the next few interviews or observations. Consequently, 14 participants were interviewed, a suitable number when the participants are homogeneous (Latham, 2013; Sandelowski, 1995).

Procedure

Data collection

Directly before the interviews the participants were asked to complete a brief demographic questionnaire to clarify that they fitted the criteria for interview. A written Participant Information Sheet was provided and signed consent was obtained before each interview (see Appendix 4).

Table 1: Summary of participant information.

Pseudonym	Age	Self-disclosed mental health issue(s)	Self-reported social media use (time)
Amy	20	Depression, anxiety and self-harm	Daily: Twitter (1hr), Facebook (3hr), Instagram (2hr), Snapchat (2hr) and Skype (4hr) Weekly: WhatsApp (2hr) and Tumblr (5 mins).
Bee	20	Depression, anxiety and an eating disorder	Daily: Facebook (1hr), Instagram (15 mins), Snapchat (10mins) and WhatsApp (30 mins) Weekly: Pinterest (5mins)
Darcy	20	Anxiety and Stress	Daily: Facebook (3hrs), Instagram (1hr), Snapchat (1hr), WhatsApp (3hr). Weekly: Google+ (2hrs)
Fabia	19	Depression, anxiety and borderline personality disorder.	Daily: Twitter (1hr), Facebook (2 hrs), Instagram (1hr), Snapchat (40 mins) Monthly: Pinterest (1hr)
Gwen	20	Depression, self-harm, and suicidal ideation	Daily: Facebook (1hr), Instagram (30 mins), Snapchat (30mins) and WhatsApp (1hr) Weekly: Twitter (20 mins) Monthly: Pinterest (10 mins), Tumblr (10 mins)
Hayley	19	Depression, anxiety and post-traumatic stress disorder	Daily: Facebook (1hr 30 mins), Instagram (2hr), Tumblr (2hr), Snapchat (30mins) Weekly: WhatsApp (20 mins) Monthly: Pinterest (10 mins),
Izzy	20	Anxiety and mood swings	Daily: Twitter (10 mins) Facebook (20 mins), Instagram (1hr), YouTube (2hrs) Monthly: Tumblr (10 mins)
Jasmine	20	Depression, anxiety and panic disorder	Daily: Twitter (1hr), Facebook (1hr and 30 mins), Instagram (1hr), Snapchat (40mins), WhatsApp (30 mins) Monthly: Tumblr (10 mins)
Kelly	19	Borderline personality disorder and recovering alcoholic	Daily: Facebook (4hr), Tumblr (30 mins) Snapchat (3 hrs), WhatsApp (14 hrs) Weekly: Twitter (30 mins), Instagram (30 mins), Monthly: Pinterest (1hr)
Lucy	20	Depression and anxiety	Daily: Instagram (2hrs, WhatsApp (1hr), YouTube (3hrs Weekly: Snapchat (10 mins) Monthly: Vine (5mins)
Megan	19	Depression	Daily: Facebook (2hrs) Weekly: Instagram (15 mins) Monthly: Twitter (5 mins)
Nina	18	Depression	Daily: Facebook (30 mins), Instagram (30 mins), Snapchat (30 mins) Weekly: WhatsApp (30 mins) Monthly: Twitter (30 mins)
Orla	19	Anxiety and agoraphobia	Daily: Facebook (4hr), Instagram (5hrs), Snapchat (6 hrs), WhatsApp (7hrs). Monthly: Pinterest (20 mins)
Paige	19	Social anxiety, depression, suicide ideation and a history of suicide attempts	Daily: Twitter (5 mins). Weekly: Facebook (1hr, Snapchat (1hr), WhatsApp (1hr).

Interviews were carried out at the University of the West of England to ensure it was a setting familiar to the participants, increasing the chance of a strong rapport and for the young women to feel safe. In addition, should any of the participants have become emotionally upset, university counsellors were on site to assist. Before the interview commenced the purpose and nature of the study was reviewed with the participants and it was emphasised that the interview was an opportunity for them to discuss their views of social media and associated issues relating to their mental health difficulties. The interviews were recorded on a digital voice recorder and were deleted once transcribed. The interviews lasted on average 60 minutes, the shortest being 42 minutes and the longest being 87 minutes. Emphasis was on maintaining a conversational style and participants were encouraged to talk about any issues they felt were particularly important (Wetherell and White, 1992).

Ethical approval

Permission to carry out the study was granted by the ethics board of the University of the West of England (HAS.17.04.134). Several key ethical issues were considered in the design of this study. One key issue was the potential for participants to experience emotional distress or feelings of vulnerability during or post interview. This was addressed in several ways. (i) Recruiting young women who wanted to discuss their social media use within the context of their mental health issues. (ii) Recruiting participants who had previously received support for their mental health difficulties. (iii) Informing participants of their right to withdraw from the study at any point, without giving a reason. (iv) Informing participants of their right to refuse to answer any questions they were not comfortable with. (v) Holding the interviews in a setting with which the participants were already familiar with and where there were trained counsellors available (The University's Wellbeing Service) on site. The University Wellbeing Service had been contacted by the researcher prior to the interviews to clarify that they would be available to offer support should it be required, (iv) Providing

participants with details of several counselling agencies and helplines should they require any support following the interview.

It is also worth noting that the researcher carrying out the interviews was therapeutically trained within the field of mental health and had experience of working with vulnerable young people. As such the researcher monitored the interviews continuously for signs of distress and could have ended the interview should it have been appropriate (BPS, 2018).

Right to withdraw

Participants were informed by the Participant Information Sheet and by the researcher at the beginning of the interview that they had the ability to withdraw from the study at any time up until the analysis commenced. It was explained that, during the analysis process, the data from each transcript would be formed into codes and themes which would make it impossible to withdraw an individual participant and their influence on the data from the study (BPS, 2018). It was clarified that their university credits would not be affected by any withdrawal and that they would not need to give any explanation for exiting the study.

Confidentiality and data security

Confidentiality was addressed by having several measures in place to ensure that the participant's details would not be disclosed. Firstly, participants were informed that the recordings from the interviews would be kept confidential, that any information would be used only for this study, and that any identifying information would be anonymised. Secondly, written consent was taken from the participants prior to the interviews and they were provided with written information about the study and ethical issues (see Appendix Three).

To maintain anonymity and confidentiality each participant was given a pseudonym. Participants were given a chance to choose their own pseudonyms at the interview, however the only participant to do this by chance choose the name of another participant rendering it impossible for this to be used. Therefore, all pseudonyms were chosen by the researcher.

The recordings were kept in a locked cabinet and deleted from the digital recorder once transcribed. The anonymised transcripts were both saved in a password protected folder on a private computer (BPS, 2018), and the paper version kept in a locked cabinet. All versions will be deleted on completion of the research.

Transcription and data analysis

Interviews were analysed using an Inductive Thematic Analysis. The in-depth semi-structured interviews were recorded on a digital voice recorder and transcribed verbatim using a transcript convention (Braun and Clarke, 2006). This includes pauses and interruptions, as these may play an important role in the interaction with a sensitive topic (Smith, Harre and Lanenhove, 1995). For a detailed inductive thematic analysis Braun and Clarke's (2006) six phase thematic analysis guidelines were followed.

Firstly, the researcher immersed herself in the data by reading and re-reading transcripts to familiarise herself with each interview and noted initial thoughts in the margins. (Prior to that, throughout the transcription of the interviews, initial thoughts and observations were noted). Each transcript was printed on different coloured paper and labelled clearly with a participant pseudonym and interview chronology. Wide margins were left on both sides of the paper to allow for comments and coding (Braun and Clarke, 2006). A spreadsheet was created, detailing quotes from the transcripts. These quotes were added under coding categories and initial meaningful themes were identified. These themes were analysed and developed into sub-themes and an

overarching theme. Themes were then reviewed along with the associated participant quotes to reassess whether the themes accurately reflect the meaning of the entire data set. Finally these themes were defined and relevant titles given to each theme.

Role of the researcher in the research process

Reflexivity is the process of taking into account the effect of the personality or presence of the researcher on the investigation (Hedges, 2005) and how this shapes the research. How the researcher makes sense of the data and the meaning that is extracted from it depends on the researcher's own values, experiences, interests, and beliefs (Murray and Chamberlain, 1999). Reflecting upon the ways in which these have shaped the research process, as well as on the researcher's prior assumptions and motivations for engaging in this research, offers a window on the context in which the methods and theories were conducted (Murray and Chamberlain, 1999).

The researcher's interest in social media and mental health developed over the 10 years preceding the research. She was aware of a disconnect between the negative focus of research into social media and the positive personal experiences recounted by the younger clients she was seeing through a local IAPT (Improving Access to Psychological Therapies) service. Clients often voiced the beneficial aspects of social media on their mental health; citing reduced isolation and increased access to support. These accounts prompted the researcher to enter into the research with an assumption that social media was likely to have both positive and negative impacts on users. Awareness of this assumption enabled the researcher to bracket these thoughts in order to minimise its impact on the research process. For example, by using neutral questions during the interview process and ensuring balance by asking about both positive and negative effects. In addition, adherence to Braun and Clarke's (2006) guidelines during the analysis process minimised the impact of any preconceptions on the identification or prioritisation of themes.

The researcher was aware of a range of personal characteristics which could potentially impact on the research process by providing her with either 'insider' or 'outsider' status (Dwyer and Buckle, 2009). She is white, heterosexual, middle-class, and middle-aged. The researcher was aware that her age placed her as an 'outsider' in terms of her not being a digital native, and this might have influenced how the participants talked to her in relation to their social media use.

The researcher was aware of her background potentially influencing the research. Firstly, as an experienced therapist, the researcher was skilled at eliciting information in relation to mental health and it is possible that participants would not have disclosed so much sensitive information to a researcher without this therapeutic background. Secondly, as an experienced therapist with a background in the field of addictions, the researcher is aware that her use of language has been influenced by the medical model. It is possible that participants, consciously or unconsciously, identified this language (potentially from their own therapeutic experiences) and adapted their language in response. It is possible that another researcher, for example with a less medicalised background, might have elicited different responses.

Having previously suffered with mental health difficulties of her own, the researcher is aware that her experiences will have influenced how she related to and understood the participant's accounts of their own mental health difficulties. Viewing mental health difficulties through the prism of her own experiences may have affected the interpretation of the research material both during the interviews and in analysis.

All characteristics, experience and values will no doubt have influenced the research process by the questions asked during the semi-structured interviews (different researchers will inevitably ask different questions) in how the material was interpreted and in making decisions about what should and should not be included (Denzin and

Lincoln, 2005). By being reflective throughout this process the researcher considers that she has recognised the impact of her own values and assumptions in the research. The process of reflection will have helped to reduce the impact of these on the research process. However as with any qualitative research, this interpretation is just one version of reality.

Section 4: Analysis

Four main themes emerged from the thematic analysis: (i) "U OK hun?" – Discussing mental health on social media; (ii) Identity - presenting the idealised self; (iii) Compare and despair; and (iv) Advice to others. Please see diagram 1 for the overview of the themes and codes used in this study.

In contrast to much of the existing research which has tended to conclude that social media use is *either* positive or negative, all fourteen of the young women in this study describe social media as having *both* a positive and negative impact on their mental health. For example:

> Emily: "*Social media isn't always negative, it can be positive too… there's a balance.*"

> Hayley: "*I think it's more good than bad, but the bad things can have a massive influence.*"

> Kelly: "*It can be good and bad. Social media is great for your mental health if you know where to go, but that's the thing… it's that it depends on how you do it, what you look at and who you connect with and stuff.*"

Rather than supporting previous research which positions social media as *either* a positive or negative influence, these young women demonstrated a more nuanced perception that social media can be *both* a positive and a negative influence on their mental health to varying levels. Their observations indicated that it is not *whether* you use social media but *how* you use it which impacts wellbeing: they state the impact depends on 'how you do it', 'who you connect with' and 'what you look at'. Each of these elements will be explored in the themes below.

Diagram 1 – Themes and Sub Themes

Title	Theme	Sub Theme
Themes	Theme 1: "U OK hun?" – Discussing mental health on social media	Reluctance to disclose mental health issues in a public environment
		Fear of appearing to be an "attention seeker"
		Wariness of others' mental health disclosures
		Medical diagnosis promotes credibility and prospects of support
		Talking about mental health with strangers
		Social media enhances social connections and reduces isolation
		Searching for support can result in unwanted exposure to harmful images
		Taking control of content viewed promotes a healthy user experience
	Theme 2: Identity - presenting the idealised self	Social media identities are deliberately adapted for the online environment
		The highlights reel
		Judgement of the idealised self
		Presenting the idealised self creates a conflict with personal beliefs
		The disconnect between the self and the idealised self
		The pressure to live the perfect life
		"Likes" as emotional currency
		Self-esteem is affected by an absence of 'likes'
		The hypocritical nature of a 'like'
	Theme 3: Compare and despair	Comparison with the 'highlights reel' of others negatively impacts self esteem
		Context reduces comparison
		Lack of context increases impact of comparison
		Understanding algorithms promotes control
	Theme 4: Advice to others	Steps to promote positive responses to mental health disclosures
		Improving access to mental health support on social media
		Limiting access to harmful content
		Reducing comparison behaviour
		Post less, feel better
		Limiting edited images

Theme 1: "U OK hun?"- Discussing mental health on social media

Reluctance to disclose mental health issues in a public environment

Before exploring the impact of social media use on their mental health, it is first vital to understand how these young women talked about mental health on social media. Despite a significant amount of research showing that social media can be an aid to mental health difficulties (Naslund *et al,* 2014), the participants were clear in describing *public* social media as an unacceptable forum in which to discuss mental health difficulties:

Gwen: "*I wouldn't put it [talk about mental health] somewhere as publically as Facebook.*"

Fabia: "*I wouldn't post about my mental health on Facebook, just because…I wouldn't wanna just put it all out there for all these people to see that I don't really like that much.*"

Darcy: "*You don't want to share it [mental ill-health], that's more a thing that you talk with your friends.*"

Izzy: "*I wouldn't post my feelings on social media: a) it's not going to help b) it's my personal stuff and c) no one wants to see that stuff.*"

Emily: "I wouldn't talk about my personal mental health experience on social media. It's too personal to me and social media has other people other than just close friends, so I wouldn't want everyone to know, but I would tell my close friends."

These quotes illustrate that the personal nature of their mental health difficulties means they do not consider it appropriate to disclose on public social media (although they were comfortable to do so with close friends, both online and 'in real life'). Emily, Fabia and Darcy explain that public social media platforms tend to contain their acquaintances: people they would not consider to be friends and indeed may even include people they do not like. They choose not to share personal information with this wider group of people.

Fear of appearing to be an "attention seeker"

The reluctance of these young women to disclose mental health difficulties on social media was, at least in part, explained by the fact that they were attuned to the perceived risks of doing so. In the extracts below, they discuss a fear of being seen as an attention seeker:

> Bee: "*It could be seen as looking for attention, kind of looking for sympathy… I don't like to put anything on Facebook that could be seen as looking for attention.*"

> Darcy: "*If I did post it, it would seem like I wanted sympathy from other people which is something that I don't.*"

> Megan: "*I definitely wouldn't post on social media because it's just everyone is going to call you an attention seeker and no one is going to help you.*"

These quotes illustrate an understanding that public posting of mental health difficulties is, if not unacceptable, then certainly something for which they would anticipate censure from the community. Moreover, as Megan notes, if the aim is to elicit support

then public disclosure is unlikely to be beneficial; not only because of the criticism, but also because "*no one is going to help you.*"

In describing their reasons for not posting publically, Bee, Darcy and Megan illustrate their understanding of the existence of social conventions on social media platforms. They have seen the reaction to the postings of others and recognise the potentially damaging consequences. This understanding mirrors the experiences described by those participants who have previously made public disclosures about their mental health difficulties. Amy and Fabia discussed their motivations for posting about their mental health on social media when they were younger and the responses they received for it. These were:

> Amy: "S*ocial media is a gateway to say that I'm feeling like this and I'm asking for reinforcements as to whether I should get help or not… People just thought I was attention seeking, so now I don't post how I feel… People were like 'stop telling me that', I would say that I was kind of told off for saying how I felt - I don't post how I feel because I just get major negative reaction and no support.*"

> Fabia: "*I was like… I don't know if this is an issue or not. It was so difficult to gauge what's actually going on from people's reactions... people can be like 'oh you're overreacting' or 'oh you're faking it'… If you're having a bad day people are like 'get over it'… and it doesn't help with how you're feeling, because it makes you think maybe I shouldn't be feeling like this.*"

As described, both Amy and Fabia were unsure whether their feelings were normal and turned to social media as a platform to ask whether they should seek professional help. They were looking for support and reassurance from their peers as to an appropriate

course of action. The dismissive and confusing responses prompted them to consciously adapt their public level of emotional disclosure on social media.

Wariness of others' mental health disclosures
Notwithstanding their own reluctance to disclose their mental health difficulties online, the young women understood why others might want to:

> Lucy: "*If you're broadcasting it... it's because you want attention, not in a harsh way, you know, it could be that you want attention because you're not getting it from a specific person, or you just want someone to sort of make you feel cared about… So I understand that.*"

> Hayley: "*Maybe they don't have an outlet... Someone doesn't know what to do about it so they're posting about it because they have no other way to talk to anyone about it.*"

> Darcy: "*I understand if you put it up to let other people know... If you have some kind of disorder or have mental health issues.*"

The participants acknowledged that the 'attention seeking' of public disclosure, could be a genuine attempt to seek help – rather than someone "faking it". Lucy's quote demonstrates a recognition that posting on social media can be a reaction to the absence of a confidante in real life. Hayley's quote about using social media to seek support ties in with the reasons given by Fabia and Amy (above) for their own disclosures. Darcy recognises that posting about mental health difficulties in this way may present a convenient way to communicate to all social contacts without the need to explain to each individual. Although they understood the possibility that a public

disclosure might be genuinely motivated, these young women explained that they would not respond to a disclosure by an acquaintance.

> Emily: "*I would feel awkward, especially if it is somebody I don't know that well because I want to help, but I also have issues of my own… When you're not feeling that well you don't want to be involved with others... In a way you protect yourself from seeing things that will make you feel even worse.*"

> Darcy: "*When you're going on social media you're trying to relax… and I guess… you don't want to see how everyone else is depressed as well.*"

These quotes raise the issue of self-protection: Emily fears she is not emotionally strong enough to help others, due to her own fragile mental health, especially if those people are acquaintances. Darcy's desire to avoid seeing others being depressed "as well" also implies that she uses social media as an escape from her own difficulties.

Medical diagnosis promotes credibility and prospects of support
Before even considering offering support to someone apparently struggling with mental health issues, these young women felt that it was important to know if the poster had been "diagnosed" with a mental health condition or whether they were just "having a bad day". To these young women this distinction was important:

> Megan: "*That's probably why on social media people don't care... The term [depression] gets flung around too much... it's hard to differentiate between people who actually have it [depression] and people who are just living life and just get sad sometimes.*"

> Fabia: "*There's just this huge thing with mental health that people are faking it or over exaggerating it and stuff... You need to be diagnosed, so people don't*

believe it's a thing until somebody gets a diagnosis. If somebody's got an issue with mental health you've got to prove it, so that people take it seriously – that's what I found anyway."

Darcy: *'Like if someone has something diagnosed… then it would be nice to help.*"

Megan raises the casual use of the term 'depressed', a term with a clinical meaning, but also an everyday one which can denote (for example) sadness, boredom, frustration or a sense of disappointment, failure or loss. The widespread use of the term, and the duality of meaning, makes it important for her to know if someone was "diagnosed" before she would be willing to offer support. Similarly, Fabia considers a diagnosis as evidence of a genuine mental health difficulty; no diagnosis is likely to mean no support.

It is important to remember that each of these women all consider that they have experienced mental health difficulties of their own. They might therefore be expected to be more attuned to the nuances of mental health. However, these quotes are indicative of a binary perception of mental health issues (i.e. you either have mental health issues or you don't), rather than an understanding of mental health, like physical health, as being a continuum which can vary over time and can be affected by a range of internal and external factors.

Talking about mental health with strangers
Notwithstanding the negativity around public disclosure of mental health issues described above, participants perceived a reduction in mental health stigma on social media.

> Fabia: "*That's another thing that's good with social media; everyone is a lot more open about talking about mental health issues.*"

> Amy: "*A lot more people are exposing their mental health, because they know it's more okay to say that they've got it.*"

Fabia implies that people are more open on social media than in real life and Amy suggests that this openness is received without judgement. These accounts are particularly interesting coming from these two women who, as described above, did not receive acceptance and empathy when they disclosed their mental health difficulties. Their perception is of a more tolerant environment than the reality they faced.

One reason that Amy and Fabia are able to hold their belief that mental health stigma has reduced on social media despite their contrasting experience may be because they have been able to adapt their social media use to match what they perceive to be the "social rules". Crucially, as their extracts below highlight, they both now use alternative anonymous social media platforms to voice their mental health difficulties and receive support for doing so, suggesting perhaps that some social media platforms are more appropriate environments than others in which to disclose personal information.

> Amy: "*I've now found a website which is like an online journal, so I can get my thoughts out of my head, and not get the criticism.*"

> Fabia: "*I've got a public and a private twitter account where only a few close friends follow me and I can talk about how I'm feeling on that one.*"

These quotes show how they find social media a useful forum in which to discuss their mental health difficulties. For Fabia, it is a good way to seek support for her mental

health difficulties, whereas for Amy it represents a protected outlet for her to process her emotions. Amy uses social media "like an online journal". By publishing in what she feels is a safe environment she is able to benefit both from the act of writing itself, and also from positive feedback and support in a way which would not be possible with a traditional diary.

These quotes highlight how both women have adapted their social media use to realise benefits for their mental health. This more nuanced approach to disclosing personal mental health issues was echoed by other women. In contrast to the strong and clear reluctance to share mental health issues with acquaintances described in the earlier sections, in the extracts below the young women make clear a willingness to disclose issues to strangers:

Jasmine: "*I have my own blog and I write loads about my mental health... It's accessible to everyone, although I won't share it on Facebook or anywhere where real life people who know me will see it. It's more for people who don't know me.*"

Gwen: "*I created an anonymous account when I was going through a tough time. Just having somebody to tell things to was… a real positive because I didn't have to tell people in real life. I didn't have to tell people who actually knew me, because they, like… won't judge you really.*"

Paige: "I have a separate Twitter [account] and I don't have, like, people who know me in real life. I won't let them follow me. I follow people who feel like me, and if I'm feeling bad… or something I can put it on there because I know that the people don't really know me, so it doesn't matter what I say."

Note how all three women are empowered by the ability to control access to their content; actively following like-minded people or blocking others in order to preserve their anonymity or to remove negativity. For these young women the benefits of sharing their difficulties anonymously are two-fold: (i) a safe space marked by an absence of judgment, and (ii) the distinct separation from "real life" and the wider awareness of their mental health difficulties. They perceive that most negativity comes from acquaintances. So, by maintaining both an open and anonymous online presence, they are able to conform to the norms of social media by presenting an idealised self on one account, whilst reaping the benefits of support from close friends and empathetic strangers on another. This highlights that for these women some social media platforms are more appropriate than others to use when talking about mental health; a key difference in these platforms appears to be the ability to restrict the judgment or negativity of acquaintances.

Social media enhances social connections and reduces isolation
The women found that social media improved their mental health by increasing accessibility to interact with others and therefore reducing their social isolation. .

> Kelly: "*I can't always leave the house, it [social media] provides something – like before social media I would have just been stuck in my room doing nothing and talking to no one, and to me it's a lot healthier to go on my phone. And I get that pre-mobile you could ring someone, but now we've got something that is a lot more accessible, something more tailored, you can interact on it how you want to.*"

> Jasmine: "*When my depression is really bad and I can't get out of bed and I can't go out, I can still communicate with people on social media. I'm not just on my own.*"

These women describe social media as an important resource at times when their mental health issues would have prevented them from social contact IRL. Further, Kelly and Jasmine experienced bullying at school IRL and on social media, and felt their self-esteem suffered from their belief that there was no one else like them. Social media provided a relief from this:

> Kelly: I was like the only gay kid in the town. There was no one else like me, whereas now there are other people like me on social media. And for me that's f***ing huge."

> Jasmine: *"I was pretty on my own in school with my interests. But on social media there's loads of people into the same bands as me… That makes me feel better. It stops me feeling so isolated."*

Social media has enhanced their social connections by providing contact with people who have similar interests, as well as reducing their isolation and enabling them to seek support. Both Kelly and Jasmine recognise the significant benefits of being able to interact with like-minded people; a feeling of inclusion, acceptance and an enhanced social circle.

Searching for support can result in unwanted exposure to harmful images
The women who sought social connection by linking with those who have similar mental health issues however, experienced an unexpected negative impact:

> Gwen: *"Even though it felt like there were people similar to me out there it was a negative thing I think. It put too much focus on it, like… I wasn't using the internet to get away from how I was feeling."*

Izzy "*A lot of the things on it [tumblr] were very depressing things… like depressing quotes, pictures of people self-harming all up their legs and arms… and stuff like that. And then I would just think 'oh loads of people are doing this' …. It's so sad that it does end up influencing you. I'm not sure if it was a direct cause… but I looked at a picture who had self-harmed and thought 'I am going to do that now'.*"

Amy: "*I would say tumblr is the worst thing ever… You can type in someone hanging themselves and you get a photo and you can post that to your wall on your tumblr page… When I was self-harming I would type in self-harm and it would just trigger me – like you get lots of pictures of different people self-harming and I would just post up onto my profile and it would trigger me. I feel like you see somebody else self-harming and you… feel 'oh that's okay for me to do then'. I shall carry on doing it because other people are doing it. It's normalising it and for me personally it just fuelled it.*"

Gwen: "*I was following pages which reflected how I felt… the self-harm images would get loads of likes, loads of re-blogs like thousands and thousands – it made me think 'oh loads of people are doing it'… It was more depressing seeing people with self-harm all up their arms, but it makes you carry on in a way. I wasn't shocked; I would say I was numb to it because I had seen so much of it.*"

Despite seeking out others who were experiencing the same mental health difficulties for social connection and support, the women found it negatively impacted them. These women did not set out to find images of self-harm intentionally. For these women this content normalised their mental health difficulties to such a degree that it

exacerbated them: "It was more depressing" (Gwen), "I'm going to do that now [self-harm]" (Izzy), "It would just trigger me" (Amy). For Izzy and Amy seeing so many images of others' self-harming normalised the act of self-harm itself, as they became desensitised to the images. Both women felt that seeing these images "fuelled" their behaviour and influenced them to carry out (or at the very least continue) self-harm behaviour.

Taking control of content viewed promotes a healthy user experience
As the young women became more experienced in their social media use, they recognised the negative impact of viewing this material, and adapted their use accordingly. In light of this recognition, a number of them discussed their deliberate attempts to seek material with messages of positivity, hope and recovery.

Amy: "*If I see that stuff [self-harm images]… I tend not to go near it.*"

Gwen: "*I follow quite a lot of… body positivity kind of accounts. So I'm trying to balance it out, so that I don't get that negative feeling about it.*"

Fabia: "*I now follow and talk to a select group of people that understand more about me and see if other people are feeling like that as well and how they dealt with it.*"

Bee: "*I am picky because I don't want to follow anything that could… sort of make me feel worse or trigger things again. I am now quite selective about who I follow and what I look at and everything… So I think, is this somebody who could potentially post stuff that would upset me or might make me feel worse I won't follow them.*

Kelly: "*I have now tailored my feed to be something that is surrounded by positivity, acceptance, and celebration of diversity and I really need that… It's [social media] become such a nice outreach. I follow lots of body positive accounts… This sort of stuff is good for you, you know it does make me happy… It provides an excellent community for people around mental health and body image. But nothing is ever perfect and it is how you use it.*"

These women talk of avoiding, where possible, negative images which mirror their feelings, choosing instead to access positivity accounts with messages of hope and recovery. There is still a message of needing to be on your guard, as the women use terms such as "*I tend not to", "I'm trying to*", "*but nothing is perfect*"; demonstrating the efforts these women make in order to ensure that their viewing material has a positive impact on their mental health.

Kelly describes the positive impact of her new approach to her social media feed. Her language demonstrates that she considers that she has taken control of her user experience; she describes having "*tailored*" her feed. Bee too echoes this language of control when she describes being "*picky*" and "*selective*". Kelly's positivity demonstrates her view of the benefits of social media on her mental health; it's good for her, it makes her happy, it provides an excellent community.

Theme 2: Identity - presenting the idealised self

Social media identities are deliberately adapted for the online environment

The young women in this study consistently described holding a coherent view of their self-identity, and explain how they elected to present or conceal varying parts of themselves depending on the social media platform, its audience, and social expectations. In the following extracts, the young women demonstrate their conscious decisions in choosing which parts of their identity to present.

> Amy: "*It depends which social network I'm using as to how I present myself… Like… I wouldn't present myself with my views on Facebook, just because there are other social networking sites I can use.*"

> Lucy: "*It's kind of nice that I can use social media for both aspects of my mind.*"

The above quotes illustrate that these young women are choosing how much of themselves to present or conceal. They felt they hold a multi-faceted identity, and that they present themselves according to which social media platform they were using and what audience it reached.

Lucy's quote explicitly references the idea of having one self, comprising of distinct elements. She appreciates that through social media she is able to present different aspects of herself according to the audience.

Amy, like several others, identified her '*views*' to be particularly personal and therefore deliberately chooses not to present these on Facebook. Amy specifically recognises the cultural conventions of particular platforms and presents herself accordingly.

The highlights reel

In choosing how to present themselves, the young women explained that their choices were based on the social expectations of social media use. These young women consider that, for them, the main objective of their social media presence is to display the best possible version of themselves, whether in terms of their lifestyle, their personality or their physical appearance. In the following extracts the young women talk about an unspoken norm to present themselves in this way.

> Amy: "*The whole point of social media is to paint a pretty picture. It feels like everyone is just trying to paint a pretty picture, or at least what they want to be.*"

> Hayley: "*You've got to present… like a perfect vision of yourself, it's weird. In a sense it's just a little cycle, everyone is just trying to please everyone.*"

> Megan: "*You always try to make yourself look better on social media… You post these like model sort of pictures of yourself, but in real life you wouldn't go around pouting all the time (laughing).*"

> Kelly: "*People feel the need that the pictures should be this perfect portrait of themselves*".

> Bee: "*It's just very much people posting only the very best on social media. No one really puts the negative things on social media.*"

> Gwen: "*On Facebook you only post the good things you are doing. There are pictures of me going out with people; I never post pictures of me reading a book (laughing).*"

They recognise that the cultural expectations of social media have resulted in users (including themselves) carefully choreographing their image via the aspects of their identity or their lifestyle which they present. In describing these expectations, their use of "*visual*" language, or language relating to imagery is revealing: "*a pretty picture*" (Amy); "*a perfect vision*" (Hayley); "*make yourself look better*" (Megan) and "*perfect portrait*" (Kelly). These young women have internalised the crucial importance of the "image" to social media.

They each also acknowledge that the image is just a representation, carefully constructed and created, not a reality. Their own images are deliberately selected: Megan doesn't constantly pout; Gwen doesn't post pictures of herself reading. They recognise that social media is not a mirror which reflects their life, but an edited portfolio or a highlights reel that showcases an idealised lifestyle and ultimately, an idealised self. The quotes illustrate that the young women are conscious of this process, and even though they recognise the constructed nature of the performance, they continue to conform by ensuring their posts are picture-perfect.

Judgement of the idealised self

In understanding the convention of one's social media profile as a representation of an idealised lifestyle, the participants recognised that their own social media images would be judged in the context of this culture of aspirational perfection: both lifestyle perfection and physical perfection. They were aware that images which they share will be reviewed and appraised – and they recognised the pressure which that knowledge creates. Kelly's extract below highlights this:

> Kelly: "*People didn't used to see themselves that much… now we are looking at ourselves way more, and it's like what's the impact of that, you know? You put*

a picture of your body on social media and it's different from just walking onto the street in an outfit…you feel a lot more evaluated."

Emily: "*I don't post the bad side of my life… I only post what I want people to see, and that's what everyone posts, because they want to present you with this fantasy life they are having. But everyone knows this."*

Kelly is concerned about the critical lens through which her images may be viewed – but continues to post in any event. Perhaps inevitably, the anticipated evaluation explicitly affects what the young women post. In the following extracts the young women describe the deliberation involved in posting to social media:

Amy: "*If someone's going to look through them it's got to be interesting… otherwise what's the point? I have to ask my friends is this a good enough picture to post?"*

Darcy: *"I think, not just for me but for everyone, it's quite intimidating to put a picture on social media if you don't look really good. I ask my friends' 'is this picture okay? Can I post it?' I'll make sure it's really meaningful or that it's a good picture. There has to be a point to putting it there. I think it's quite planned behaviour… It is there for everyone to judge."*

Hayley: "*I intensely scrutinise a picture and I'm like 'is this okay? Have I written the correct caption?; I know I over think it a lot checking whether it's okay; questioning whether it will look bad once I've done it. I check it, and then even after I post it, I check it thinking 'does this look alright.'"*

> Orla: *"I send the picture to my friends and wait and see if it's okay to post (laughing)… That's what I do with every picture."*

These quotes illustrate the pressure experienced by these young women to present themselves in a way which will not only receive the most positive attention from others, in the form of 'likes' or comments, but also that will not be criticised. They recognise the conscious and deliberate nature of what they are doing (e.g. Darcy's "planned behaviour") and will spend significant time and effort in ensuring that their postings will garner the requisite approval from their wider circle. As Hayley notes, even after the planning and preparation, she remains apprehensive about postings and the potential reaction once it has been uploaded. They are conscious that their lives are being monitored and appraised and, notwithstanding that this assessment is albeit by an audience of their own choosing, it brings with it the desire for success and the fear of failure.

Presenting the idealised self creates a conflict with personal beliefs
Posting in order to seek the approval of others led some women to observe a conflict between their behaviours and their beliefs. In the following extracts Hayley and Emily discuss their growing sense of self dislike following repeatedly presenting an inauthentic, constructed version of themselves:

> Hayley: *"I had to stop using Twitter… at the time I was so concerned about how they saw me rather than how I saw myself… Making sure that I had a good image in their eyes, and do whatever it takes to, to be what people wanted me to be… And then it's tiring and you can't repeat the same things over and over, like when you post it. I felt boring. It was boring trying to keep up with that and tiring so I just decided to get rid of that."*

> Emily: *"I was thinking I don't like who I am on here, and I don't like the sort of image that I have to keep up, but my friends all did and I didn't want to be the odd one out… It was all about trying to please them."*

Again, note the importance of the "*image*" to both women: "*making sure I had a good image in their eyes*" (Hayley); "*I don't like the sort of image that I have to keep up*" (Emily). Hayley's reference to her concern about how "*they*" saw her, echoes Kelly's quote above about the constant evaluation of others, and conjures up an image of an all-seeing, all-judging, anonymous community. She recognises that ultimately she realised that her efforts to look good in "*their*" eyes became boring and repetitive, and she was able to change this behaviour. Emily also describes how the desire to conform prompted her to become a different person online; someone she didn't like.

These participants recognised that they became too focused on social approval and acceptance; their online presence became an act which no longer reflected who they considered themselves to be. They identify that this disconnect between their online self and their understanding of their true self led to a reduction in self-worth (e.g. "*I felt boring*", "*I don't like who I am*").

The disconnect between the self and the idealised self
Several of the young women discussed another effect of this pressure to create and maintain an idealised self. While Hayley and Emily above describe a disappointment in their own behaviour on social media, in the following extracts Kelly and Orla discuss the impact of the pressure to present the perfect image on their perception of their offline selves.

> Kelly: *"Do you not understand that you are distorting your own image by constantly only seeing yourself through those filters, so when you look at*

yourself in the mirror, you are going to be like… 'oh I don't actually look like that'."

Orla: "*Social media is easier because you can retouch yourself in photos, but then you don't end up liking your own self – you like your retouched self.*"

Kelly and Orla recognise the harmful impact on themselves, of the practice of amending, or retouching, their own image. Note for example, the negative connotations clear in Kelly's use of the word "*distorted*" when she refers to her online image. The filtering of their images creates a further disconnect between their real and online persona. For these women, this disconnect becomes so significant it appears to affect their self-perception. Kelly is surprised by her own reflections and Orla explicitly recognises the potential consequences of this quest for an idealised image on her self-esteem. As she says, "*you don't end up liking your own self*"; the clear implication being that she prefers her online image.

The series of quotes above supports Balick's previous research (2014), guiding us through a number of key issues. (i) These young women have absorbed the rapidly established norms of social media (i.e. posts should reflect the best possible profile of the individual). (ii) By conforming to the accepted practices they embrace the notion of the idealised self, in order to (at least in part) conform and to seek approval and acceptance from the community. (iii) The presented images are frequently not a reflection of their whole IRL self and are often edited or "distorted". (iv) The disconnect between their lived reality and their social media self, can result in a comparison with this idealised self. (v) They thereby risk undermining the very self-esteem which they are looking to bolster.

The pressure to live the perfect life

An additional consequence of the culture described above is that as well as the need to *present* the perfect image and the perfect lifestyle these young women felt the pressure to *live* the perfect life.

> Bee: "*It increases that pressure on people to have that perfect life and it kind of… makes you feel like you're abnormal if you're experiencing something that's a bit sad or a bit upsetting all quite, you know, if things aren't quite going right.*"

> Hayley: "*I think the whole reliance on trying to make yourself out to be perfect, is a lot of pressure on anyone. We've got to make sure that there's no flaws, but everyone has them so we're all going to mess up at some point.*"

> Darcy: *"I guess it's easier to accept that umm… I could be a bit better, than to admit that this is the best I can do.*"

These quotes demonstrate that although having an idealised self on (and off) social media may be a normal part of the personality (Winnicott, 2000), when these women internalise this idealised self any failure to live up to it transfers into a perception that their actual lives are not good enough; that they are not good enough. These women state that not only do they feel pressure to *have* the perfect life, but explain that when they inevitably don't and "mess up", they feel "abnormal". They feel that they are in the wrong for not living a perfect life or for feeling a variation of emotions. Darcy's quote identifies a conundrum: should I admit that I am not perfect and in doing so accept myself for who I am, or should I strive try to be better and try to be more like my idealised self? For Darcy, the latter is the easiest option.

'Likes' as emotional currency

Once their carefully selected posts have been uploaded, judgment is passed by their social circle on the quality of their content and, by extension on their appearance, their lifestyle and ultimately, on them. Most social media platforms enable a one-click response to content, a "like", "heart" or "thumbs-up" for example. Below, the young women explain the importance of this feedback:

Megan: "When it pops up saying somebody's liked my post it will give me a confidence boost."

Bee: "My friend will message me and say can you like my photo, cos there's a pressure to get… more likes on social media, because I suppose it portrays her as being more popular… I do get a good feeling when my friends like what I put on, so there might be that pressure there, but you might not necessarily be aware of it, consciously."

Darcy: "I think on Facebook and Instagram there is pressure because you want to get a lot of likes."

Emily: "When you get a lot of likes on Instagram, that's positive reinforcement, so you do it again… If you get a lot of likes of a post, you will do that again, so the pressure is there to be present because you want loads of likes. I posted some pictures saying 'I am in San Francisco right now', so I was really showing off with it… and everyone was like 'where are you?' and I was like 'oh my God the attention!'."

Amy: "People like to make themselves look better don't they? Because if you make yourself look better you get more likes and you get more comments and stuff like that. You just portray yourself to be better to get more attention."

Lucy: "I don't think I would have gone to the lengths that I did [severe weight loss] had I not had the following, because I felt the need to impress people."

These shorthand responses have become emotional currency for these young women. As both Megan and Bee note, "likes" have a direct impact on their self-esteem. The more likes the better; these young women thrive on quantity not quality. This quest for likes was widely acknowledged and was accepted, it seems, unquestioningly. As Emily says "*you want loads of likes*".

The popularity of their posts determines future contents – as Emily notes: "*If you get a lot of likes on a post, you will do that again".* In this way users are socialised into understanding and replicating the most desirable content. This process is facilitated by easy access to running total of likes. These women are made aware of the popularity of each post by the like counter beneath.

A like is still a like whether it comes from your best friend or someone you've never met. With this reductive approach used to evaluate their lives comes an inevitable extension: the more likes you have, the more popular you are. Note for example, the private message request from Bee's friend for her to like her post. Bee recognises that this request is not asking her whether she did, in fact, like her friend's post – but to say that she did because this will impact on the friend's perceived popularity.

Given the direct correlation between the number of friends and the number of potential likes (i.e. the more "friends" you have, the more likes you can get) we can understand

an acquisitive approach to new contacts. This may go some way to explaining why their acquaintances may (as was noted in Theme 1) include people they don't even like.

Self-esteem is affected by an absence of 'likes'

In the same way that positive feedback will bring a confidence boost, conversely, the absence of such approval represents a damaging impact on their perceived self-worth:

> *Amy: "If nobody likes what I'm doing today you feel insignificant I guess…And if nobody likes it, it feels like nobody likes my photo, therefore my life is boring."*

> *Paige: "I feel like if I get good positive feedback from someone it will be fine. If nobody likes it, therefore my life is a bit boring. It feels like nobody likes what I'm doing today."*

In these quotes we can see the pressure under which these women operate every time they post to social media. Each post is, in effect, a request for approval or endorsement from the community. Where this approval is not forthcoming, negative thinking patterns emerge. For Amy and Paige, the absence of likes leads them to think that their lives are perceived as boring and, further, leads them to believe that their lives are actually boring. They are exposed to the risk of this destructive thought pattern with every upload.

The hypocritical nature of a 'like'

Somewhat ironically, given the emotional value which they ascribe to receiving "likes", the young women describe an approach to bestowing likes which is neither considered nor value based. Megan describes an unwritten rule that they must like their friends' posts, as a way of being supportive:

Megan: "If I see someone's post I will like it, even if I don't enjoy it personally… It doesn't really mean much."

Izzy: "I just go through 'liking' everything… I don't pay much attention to it really."

Megan's quote, like Bee's in the section above, illustrates that the young women do not necessarily place value in what they have seen or read; they like a post as a rule. It seems irrelevant whether they actually *like* it.

Here again we see a contradiction woven into their social media use. Whilst they are aware of the arbitrary nature with which they bestow their own feedback, they do not seem to consider that the feedback of others may be equally arbitrary. They continue to place emotional value on the number of likes despite a recognition that bestowing a like "doesn't mean very much". It appears that they have internalised a mechanism within which their self-esteem is directly affected by others' awarding (or withholding) a like for their posts. By directly exposing their own self-worth to the potential impact of arbitrary feedback, these young women create a risk to their own mental wellbeing.

Theme 3: Compare and despair

Comparison with the 'highlights reel' of others negatively impacts self esteem

The pressure to present an idealised lifestyle discussed above was described as a catalyst for the development of a culture of comparison. Several participants described comparing the reality of their own lives with the edited reality of others' social media profiles. These young women were fully aware of the constructed nature of their own profiles. They also showed an awareness of others' online profiles being equally constructed. But despite this awareness, they continued to compare themselves and their lives with the unrepresentative extracts of others. The participants voiced that this comparison was stronger on image-based platforms, such as Instagram and Facebook, rather than more text-based platforms such as Twitter. In the below extracts the young women talk of this comparison and its impact on their mental wellbeing.

Amy: "*It affects my self-esteem… I would say not well. Because… people paint a pretty picture of themselves and then I think, "Why aren't I as pretty as them? Why aren't I going on holidays? Why isn't my boyfriend giving me all these fabulous gifts that all these other girls are getting?" … And I just feel like, 'Is my life crap compared to theirs?' So then your self-esteem goes down.*"

Fabia: "*You compare yourself to them, and you think that… you're not as good as them.*"

Paige: "*I'm no good, I just feel… I don't know… I just feel… like not good enough. Like everyone is doing something like university or they've had children or they've got a good job then I just think, "what have I done?"…It makes me think, 'well what have I been doing while they've been doing that?' What have I been doing? Nothing'… And then I just feel that I'm not good enough or that everyone is better than me.*"

Fabia: "*I'm like 'why can't I do everything, like everyone else can do?'… I can't go out, work and go to the gym because I'll be too tired, I physically can't do it.*"

Darcy: "*You feel bad about yourself because you're comparing yourself to others, without… knowing the whole context.*"

These quotes illustrate the impact of this comparison on the women's mental wellbeing. Amy's quote is illustrative; she describes the envy elicited by others' posts about their looks, holidays and gifts. This envy leads to a negative perception of her own life, and a subsequent impact on her self-esteem. For Fabia and Paige this comparison goes further and becomes more intrinsic. Amy's statement reflects a perception that her life experiences are not as good as others, but for Fabia and Paige this becomes a comparison of the *self*: "*you think that you're not as good as them" (Fabia)* and *"I just feel that I'm not good enough or that everyone is better than me" (Paige)*. Note the difference in thought process between 'my life is not good enough' and 'I'm not good enough. The comparison-driven internalisation of this self-perception is damaging their self-esteem.

Darcy's comment illustrates an awareness that the reason for the negative impact on self- esteem is that the comparison is made on partial information; she knows she doesn't have the full context of the individuals with whom she compares herself. This was a common theme amongst many of the young women. In the extracts below the young women discuss the need to remind themselves to use critical thinking as a coping strategy in order to reduce their competitive thoughts.

Bee: "*You see it and you still do take it at face value, even though you know what's gone on… There is like two sides to you… the rational side which knows what you see isn't necessarily the truth and what is real. But there is a side of*

you which thinks actually I still want to be like that, so you think it is [real]. I'm
still guilty of being sucked into seeing the perfect image, knowing it isn't
necessarily real and believing them."

Gwen: "*it… makes you think, 'why aren't I more like that?'… But I try to*
rationalise it and say they're really only posting positive things...You do
compare yourself to other people which I try not to, but you do do it even if it is
subconsciously."

Orla: "*They probably have insecurities as well, which is what I try and tell*
myself. So even if they do put out this image of looking perfect all the time, I
don't think that's how they feel. It makes me… feel like maybe I don't look right,
that there's something wrong with me, and maybe I should look like that but I
don't."

Darcy: "*You know that it's not real, but you still think that it's real. Sometimes*
when you're studying you don't wanna think about it… You just want to accept
what is said without having to think twice. It's quite dangerous, I feel I should
remind myself more often… that not everything that is said is true. So I should
put in more effort."

Emily: "*Now I look at things with a critical eye.*"

Jasmine: "*You have to remind yourself it's not real and it's edited*."

Each of the women are aware that they are comparing themselves with others.
Further, they are aware that they are only comparing themselves to the positive
aspects of others' lives reflected through the editing lens of social media. Despite this,

they have difficulty stopping this behaviour and from preventing the consequent negative impact on their mental health. The contradictory nature of this doublethink is not lost on these young women: Bee describes the dichotomy as being between the rational and the irrational. She simultaneously knows one thing (the profiles of others are edited constructs) and believes a contradictory opposite (the profiles of others reflect their reality). Gwen describes the comparison as being something "*subconscious*" – she tries to avoid it, but it is beyond her control.

Gwen and Orla describe reminding themselves that the online profile of others does not reflect the reality – "*I try to rationalise it and say they're really only posting positive things*" (Gwen). "*They probably have insecurities as well, which is what I try and tell myself*" (Orla). However, it is clear that these attempts at critical thinking are often unsuccessful. Darcy goes further, she describes not wanting to critique or evaluate the information she is presented with; "y*ou just want to accept what is said without having to think twice"*. She indicates that social media use is relaxation; a form of entertainment which she wishes to absorb without analysing.

Context reduces comparison

The young women noted that they tended not to compare themselves with friends:

> Gwen: "*But then my friends… I don't compare myself to them because I actually know them and so you know… That they're on holiday, but not studying as much as they should be… whereas with people you don't know so well it can be negative, you presume that they're perfect and they're doing everything.*"

> Darcy: "*I think it's easier with friends, like if it's a friend then I know something about them and if I know for example that they don't look like that in real life it doesn't influence me that much.*"

These quotes illustrate the young women's belief that the more they knew about the poster in real life the less likely they were to compare themselves with their online presence. For Gwen and Darcy, this meant being aware of the reality, or the context in which a post was created. They recognise that their friends cannot have the holidays without sacrificing work; and they can see that their photos have been edited. They felt that this knowledge was instrumental in limiting the extent to which they compared themselves with the postings of others; (and, by extension, was important in limiting the negative impact on their mental health). Without being aware of the context of a post the women accept the online profiles of others as a true representation of reality, and attempt to engage in critical thinking to remind themselves that they do not have the full context of the person's life.

Lack of context increases impact of comparison

The women suggested that the more they knew someone the less likely they were to compare themselves to them. Conversely, there was an increased recognition that the less they knew of someone IRL the more likely they were to engage in this comparison behaviour. In the following extracts the women talk about the impact on their mental health of being exposed to models and celebrities (people they have never met).

> Darcy: "*These images of models are there all the time… and then it's there all the time, the pressure of being fit, fitting in certain clothes and not having a tummy, it's really stressful… When you're looking at yourself in the mirror, you are like, 'should I be something different?'*"

> Bee: "*I would say Instagram definitely didn't help with my eating disorder because you constantly see these pages… which portray that there is a body image which you should aspire to look like. It is still very much an ingrained*

thought in my mind that putting on weight is bad and I think that has come from social media."

Fabia: "*Seeing how these other people [models and celebrities] look just makes me feel worse, because I just think 'why can't I look like that'.*"

Izzy: "*On Instagram… these pictures… they are just there all the time.*"

Megan: "*Social media does have… a big impact… all those 'Love Island' celebrities on Instagram, they're all so skinny… I want to go to the gym so that I look like them… I feel so good after the gym and I feel so happy when I see that I'm losing weight and toning up, because then I'm like, 'I'm getting more like those people' [Love Island models on Instagram]. So actually it could be a bad thing, because if I do lose weight and I don't look like them, it would actually make me want to be more skinny, which I suppose is a bad thing, it could be a bad spiral to get into.*"

Orla: "*I was upset I didn't look like these models on social media and I feel that that definitely contributed to my anxieties, umm, it definitely had an impact on me.*"

Gwen "*I think, 'I don't really look like that' [celebrity models]. I think I'm going to need to improve… and those thoughts are influenced by the pictures I see online. It's not just one photo, over time it does build up and I think I don't look the way I should.*"

These quotes indicate that these women believe that they do not look the way they 'should', because they do not look like the images they are accessing through social media.

For these women social media provides "constant" (Bee) access to images of models and celebrities. As Darcy states, "*these images of models are there all the time*" and Gwen describes that it is not access to one picture, but the cumulative impact of multiple images over time. The impact clearly influences their self-esteem when they question "*I think I don't look the way I should*" (Gwen) or "*why can't I look like that*?" (Fabia). Megan demonstrates the physical and mental impact of these images by talking about her behaviour; she states that she goes to the gym to lose weight to look like the '*Love Island'* celebrities. However, in a moment of clarity she exclaims that if she gets to her ideal weight and does not look like these models she will continue to lose weight. She becomes aware of the potential spiral she may be getting herself into. Bee, in recovery for her eating disorder, feels her belief around weight gain has been caused by social media and the images to which she has had constant access. It is important to note here that she does not believe access to these images caused her eating disorder, although she feels "*it definitely didn't help*".

These women find they have to engage in critical thinking to remind themselves that the images have been heavily edited in order to minimise the impact on their self-esteem. Once again these women are aware of the dichotomy as being between the rational and the irrational. They once again simultaneously know one thing and believe a contradictory opposite.

Understanding algorithms promotes control

A discourse of control and responsibility ran through the conversations with the young women. There appeared to be some divergence between those who felt they had no control over the material they view and those who recognised that their behaviour played a part in influencing algorithms which determine the material they are shown.

Darcy: "*You just can't avoid all the pictures of other people, all the pictures of celebrities, the gossip and everything.*"

Izzy: "*It just comes to you, even if you don't want to, even if you don't look at the picture, you constantly see it.*"

Kelly "*Suddenly you are thrown all of these things that you don't necessarily want to see, and just, it's kind of sucky because you can't avoid it because you can't perfectly tailor your own social media.*"

Bee: "*You choose to follow certain pages, but other images then just pop up, images that are related to people that you follow or things that you've liked in the past.*"

Gwen: "*It's kind of like personalised to the kind of things I like… I find a lot of the pages are personal to the type of things that I enjoy looking at, so I find it quite good. But it does draw you in to pictures of people being really thin and ill, like, obviously it was my choice to follow those pages but they did crop up anyway without me following them.*"

Jasmine: "*the ads are tailored to the things you look at, so one of my interests is make-up, but it's all make-up models with nice make-up… They're thin, flawless, perfect skin models that in real life no one really has… It's a pressure.*"

The women talk of control, although in contrasting ways. Darcy, Izzy and Kelly all use language indicating they feel they have no control over the images they view on social media: "*can't avoid*", "*it just comes to you*" and "*you are thrown things you don't want to see*". Conversely, Bee and Gwen use language of "*choice*"; acknowledging their ability to influence (if not completely control) their content. Importantly, Bee, Gwen and Jasmine, who demonstrate an understanding of how the algorithms work, have adapted their social media use to view what they consider to be more healthy material (as we also saw several women describe in Theme 1) in order to view more body positivity accounts. It is interesting to contrast some of this passive language here talking of having no control over the images they view, with the active approach to engagement some of the women have when discussing the harmful images they were being shown (Theme 1).

Theme 4: Advice to others

These young women felt that the way they used social media changed as they became more experienced in their use. Below they discuss how their use changed and the advice they would like to pass onto others.

Steps to promote positive responses to mental health disclosures

These young women talked about how the way they discussed their mental health on social media had changed over time. They felt that choosing the most suitable social media platform and the most appropriate audience was important for receiving support. Their experiences prompted them to suggest the following advice or guidance for others:

Fabia: "*Create a separate account where you can talk to people that understand or who are going through similar stuff. Be very selective over who sees it.*"

Izzy: "*Put your settings on private, have good friends only. It's more about the quality of friends, not the number of followers, but it's having the guts to think like that.*"

Fabia and Izzy recommend avoiding a preoccupation with the number of acquaintances, and to adopt a more selective approach to online contacts. Izzy's quote in particular is sensitive to the fact that such an approach challenges convention and implies that this may have its own consequences. They both also recommend exercising control over access to published content – and Fabia explicitly endorses the multiple account approach described above to preserve anonymity.

To these young women social media has the potential to be a useful arena to talk about mental health provided you do it on the right social media platform and with the right audience.

Improving access to mental health support on social media

The young women felt that social media could be a good way to seek support. They had advice for other young girls and would encourage social media companies to increase access to this support.

> Orla: "*If you feel depressed or suicidal… use it [social media] to talk to people and use it [social media] to find help.*"

> *Amy: "If social media could flag it, like monitor it – so if somebody says, 'I feel super suicidal and I think I'm going to kill myself or stuff like that' – I don't know how they would do it - but send a message to someone; not to tell them that they can't say that, but to offer support."*

Orla recommends identifying a safe person to talk to rather than expressing emotions openly on a public site, as this is more likely to result in support. Orla's advice is focused on the user of social media, whereas Amy is keen to move the responsibility away from the users themselves and believes that the social media companies should hold responsibility in looking after their consumers. She holds that if someone is seeking attention and looking for help, it is the social media platform owners who should have something in place to ensure the person is offered some kind of support.

Limiting access to harmful content

Through seeking others who had experienced similar mental health issues the young women viewed images of the mental health difficulties they were experiencing, such as

self-harm, suicide and eating disorders. They subsequently recognised the negative impact of viewing this material on their mental health, and adapted their use accordingly. All were concerned that others should not be able to view images such as self-harming or severe weight loss or suicide. Below are their concerns around accessibility to these types of images and their recommended changes.

Emily: "*What if she [her sister] sees these pictures of self-harm and stuff when she's like 12 year old – that's not okay that they can access that.*"

Amy: "*Tumblr and Instagram do this I think, it will say, "You're about to look at sensitive photos" – which is good I think. Because it is giving you a warning that you are going to look at something which may distress you – although this could be better. But I would say basically don't look for things that can make you more upset, that will fuel your mental health basically.*"

Kelly: "*Websites are obliged to delete any harmful content even though they don't very often. Instagram reported my eating disorder site, but I still had several thousand followers before it actually got deleted. You need to be around people that are constantly reinforcing the positive, recovery-centred messages.*"

Bee: "*Be very selective over what you follow and to block out things that could potentially make you feel worse. So that you can feel positive about what you are looking at.*"

Gwen: "*It's good to have an awareness of how you are feeling… have an awareness of what is going to affect you and decide whether to follow it or not… ask: 'what is this actually bringing to me?' I would say they should unfollow*

negative things, even though it feels really hard and you want to keep looking at

these things because you feel negative about yourself, but you have to be

aware of your wellbeing will be affected and so unfollow things and only follow

more positive things."

Fabia: "*It does depend on your mood at the time, as to what affects you."*

Although the women mention both warning messages on distressing material and the deletion of harmful accounts as positive action taken by social media platforms, they are clear that these interventions are not reliable *"although this could be better"* (Amy) and "*I still had several thousand followers before it actually got deleted"* (Kelly).

The extracts primarily focus instead on what they can influence. They advise others to be more selective over what they look at. They advise any young person to be conscious of how they feel when viewing material on social media, and also to view things which make them feel good. Additionally, they suggest and changing their use around things which make them feel bad. These women demonstrate significant self-awareness. They are not naïve, and they are thoughtfully navigating social media, although as we have heard this has not always been the case.

Reducing comparison behaviour

The women voiced ideas for reducing comparison both to themselves and to others. They talked of being more selective over their friends:

Bee: *"Have a smaller, closer network of friends."*

Fabia: "*Get rid of the people that you don't even like… what's the point in having*

them there anyway?"

Emily: "*Surround yourself with friends and family who you really care about, because when good things happen to them, you feel good.*"

These women felt that they had reduced the number of acquaintances in their contacts, reducing the number of contacts they have. They also identified that they were posting less often, with a reduced desire for feedback from acquaintances. Instead they chose to connect with a more intimate group. They felt this boosted their mental health and reduce their comparison behaviour. They were keen for others to do the same and to do so from a younger age. This advice initially seems to conflict with their previous disclosure regarding needing a number of likes to impact their self-esteem. However it would seem that as the participants either got older, more experienced, or recovered from their mental health difficulties, their desire for likes reduced or at the very least the emotional currency which the likes has previously provided was weakened. Research into social media across different age groups is required to explore the potential changes in social media usage as women age.

Post less, feel better

These young women reported becoming less engaged in posting on social media, and their advice to others was as follows:

Amy: *"I'd like to say 'don't care about what other people think', but that's not going to happen."*

Hayley: *"I am very much just a viewer on all of them. I don't actually post anything."*

Most of the women considered themselves more as viewers on others' social media posts, whereas previously they were actively engaged in creating posts of their own.

These women reported only posting now if they felt that they were engaged in a significant activity such as a holiday, birthday or graduation and felt comfortable with this reduction in posting online. Their consideration for this behaviour being that,by posting less, they were engaged less with the feedback that posting initiates. The women recommended that others should also engage less as a way of taking the focus away from others' feedback, and increasing their wellbeing.

Several of the women voiced advice suggesting, "don't care what other people think", but each time it was followed by an awareness of the unrealistic nature of the advice. The women felt that other people's opinions were so fundamental to their psyche it would be impossible to challenge.

Limiting edited images

There participants had a clear desire to inform others about the edited nature of the images viewed, as if passing on an important lesson that they had learnt:

Orla *"I would just tell them that not everything you see on social media is true, umm, people don't always look like what they post… people's lives aren't always as perfect as they make out to be."*

Paige: *"What you see on social media has probably been edited and is not all real."*

These extracts demonstrate the women's desire to raise awareness of the artificial nature of the material on social media; that it has been edited. However they were also conscious that simply being aware of the constructed nature of the images was not necessarily sufficient to undermine the negative impact. They also raised the issue of social media companies' responsibility for these images:

Hayley: "*People deserve to know [whether an image has been edited], because you're painting an image to other people.*"

Emily: "*What would be amazing is if photo shop wasn't allowed (laughing).*"

Darcy: "*The government should remove Photoshop all together… I don't think the government can change it. I think it has to come from the people you compare yourself to; the people you admire.*"

This discourse in relation to the manipulation of images was in some ways a call for help from authority; whether from the government, social media companies, or the celebrities they follow. They recognise the limitations of their own ability to limit the negative impact of the comparison culture (as discussed above, algorithms control the images available and the young women felt that critical thinking remained ineffective). Some of the women considered that labelling images had the potential to reduce the negative impact on their mental health. The women believed this would help reduce comparison behaviour when looking at an image, and would aid their critical thinking in reminding them that the image did not reflect reality.

Analysis: Conclusion

For these women social media can be *both* a positive and a negative influence on their mental health to varying degrees. Their observations indicated that it is not *whether* you use social media but *how* it is used that impacts wellbeing. They state the impact depends on 'how you do it', 'who you connect with' and 'what you look at'.

These women found that how they talked about their personal mental health varied across social media sites depending both on the perceived social rules of the platform and the audience it reached. They felt that there were acceptable and unacceptable social media environments in which to discuss their mental health. Most participants held both open and anonymous accounts in order to enjoy the benefits of support from close friends and empathetic strangers on another, without judgement from others. The support they experienced for their mental health difficulties was hugely beneficial providing it centred on messages of hope and recovery.

The women in this study consistently described holding a coherent view of their self-identity, choosing to present or conceal parts of themselves depending on the social media platform, and its audience. On some social media platforms they choose to present an idealised self, adjusting their multi-faceted personas to adapt to the social norms of that particular social media platform. Unfortunately presenting themselves and their lives via only their highlights ran the risk of reducing their own self-esteem. Feedback on their online persona works as emotional currency influencing these women's feeling towards themselves. They interpret the responses not just as feedback on their presented selves, but on their actual self. Therefore if their post is liked, *they* are liked; if not, they feel insignificant and boring.

Further impact on their self-esteem was described through the culture of comparison: evaluating their IRL self against the highlights reel of others. The women recognised a

reduced comparison with close friends when knowing the context of the information presented. As a result, these women limited their social media friends to closer friends IRL, and were more careful about selecting the celebrities they followed. In addition they also monitored the sites they were viewing in order to reduce the images presented to them through the algorithms within the social media platform.

These women valued social media as a tool for enhancing communications and relationships and felt that the impact on mental health was dependent on how it was used, what material was viewed and who they connected with. They state that above all else people should be reflective in their use; advocating awareness of the emotional influences and being guided by the response. They considered this to be crucial in safeguarding and maintaining a positive social media experience. These aspects are key in discussions with young people and adults around their social media use and should be seriously considered for education, training and therapeutic interventions in the future.

Section 5: Discussion

Since the emergence of social media, research has explored its effect on users' mental and physical health (Singleton, Abeles and Smith, 2016; Levenson *et al*, 2016). Initially research focused on whether social media was good or bad, and subsequently on *how* social media was good and *how* it was bad (Weinstein, 2019). However, the young women in this study stated that it is not *whether* one uses social media which is healthy or unhealthy, rather it is *how* one uses social media which impacts on wellbeing. This view supports more recent research which demonstrates a more nuanced approach. It understands that an individual's social media experience will depend on: the social media platform being used, how an individual uses it, who they connect with and the content they view (Balick, 2014).

Although the experiences of participants in this study are not representative of all young women's social media experiences, there are some significant findings. In particular, little research has focused on the voices of users, and the narratives they present in relation to their social media use (e.g. Chua and Chang, 2016; Davis, 2011). This study will add to this collection of research by providing rich data from the user's perspective. This discussion will explore in more detail some of the nuanced aspects of social media, aiding the understanding of how young women influence and adapt their own social media use, to create a healthier user experience. In addition it will consider these women's calls for regulation (whether through legislation or via self-regulation by social media companies) to help them in this task. It will also examine the implications of these findings for counselling psychologists and other health professionals.

The idealised self and the phenomenon of self-comparison

Research conducted when social media was in its infancy suggested that it provided a new and alternative way to explore identity (Plant, 1997). Waskul and Douglass (1997) described online communication to be a unique form of social interaction with new patterns of interaction. However this view was not supported by the findings of this study. Instead this study indicates that online communication mirrors offline communication, broadly replicating the same rules of social interaction. In doing so, this study corroborates more recent research which views social media as an integrated part of users' lives (Davies, 2011; Balick, 2014). This understanding of the role of social media recognises that users view their social media presence as an extension of themselves, and that the process of creating and developing this presence is navigated by a conscious choosing of how much of themselves to disclose in any given social context. This view of social media as an extension of the self substantiates concepts such as self presentation theory (Baumeister, 1982) and the premise of the personality understood through the lens of 'multiple aspects of the self'. This 'multiple aspects of the self' philosophy was identified by past theorists: Freud called it the 'super ego', Winnicott the 'false self', Rogers the 'ideal self', and Jung the 'persona' (Balick, 2014). For each theorist the fundamental idea was that every individual had a 'social mask' that they 'wear' in interaction with others: a personality which we attempt to portray to others based on what is socially acceptable (Winnicott, 2000). Within *public* social media platforms the women refer to their chosen 'social mask' as their "perfect vision" or "perfect portrait". The women identified their aim to present the best version of themselves based on their perception of the social expectations of their audience; an idealised version of themselves showing their best sides without disclosing their perceived flaws. This presentation corresponds with the theoretical aspects of the self, not as their true self but as a compromise between the individual and society (Balick, 2014). This study highlights that this idealised self is a

pattern of compromise. It is not a new phenomenon, rather it is a manifestation of the social mask transposed from the offline to the online world.

In discussing the existence of a false-self (or idealised self), Winnicott describes the risk for an individual's mental wellbeing when the person believes their idealised self is their whole self, rather than only part of their whole or just one part of their presentation (Winnicott, 2000). This risk was evident for many of the women in this study. The women identified that by presenting only their highlights reel they experienced a disconnect between their online presence and their whole self, often finding that their social media self didn't match their offline values. In addition, they found that in the conscious act of choosing which aspects of themselves were acceptable to show, they (perhaps less consciously) were also identifying which elements should not be disclosed; parts viewed as unacceptable (at least on that particular public social media platform). The existence of this idealised self (or 'social mask') is considered a normal, adaptive part of the identity (Winnicott, 2000). However for some women it appears that this disconnect between their online and offline identities became so great that they began to compare themselves offline with their online social media profile; as if they were two separate people.

Although there is a significant amount of research exploring the impact of comparison with others on social media (Fardouly and Vartanian, 2015), it appears that this is the first study to identify a comparison behaviour where users compare themselves to their own social media identities, and to highlight the consequent potential negative impact of this comparison behaviour on the user's mental health.

Therefore, this study indicates that for some women, social media adds a new dimension of *self-comparison* on some social media platforms, which for some people, may cause distress. For example, the young women reported preferring the new,

better and more perfect version of themselves that they had created (and subsequently viewed) on social media. The online profile was perceived to be more attractive (often as a result of photo editing) which, in some cases led to a reduction in self-esteem. In more extreme cases, it led to a damaging dislike of themselves in real life.

One might speculate that this comparison may be viewed as an extension of the disconnect sometimes experienced when viewing oneself in old photographs; the wistful regret of youth lost and pounds gained. But this self-comparison on social media for these young women (and others as supported by previous research by Chua and Chang, 2016) may be intensified by the fact that (i) they have previously selected each photo of themselves as being the very best of many similar images designed to portray them at their best, (ii) these photos have also often been endorsed by their friends as being the best version and (iii) they may have previously manipulated the image to enhance their attractiveness. With this in mind it may therefore be easier for us to understand that these images are sufficiently removed from the individual for the young women to feel like they depict a better version of themselves. We can then further understand how a comparison with this edited and idealised online persona may lead to the negative impact on their self-perception described by the young women in this study.

Further explorative research would be beneficial into self-comparison and its influence on mental health. Some areas to consider are identified below. Firstly future research may consider whether this phenomenon of self-comparison may arise from the newfound ability to create an idealised self *and* to view this idealised self externally; i.e. by viewing our social media profile we can see the very best of ourselves (or at least what we have previously selected to be the very best of ourselves) and we are potentially taken one step closer to viewing ourselves as we would have others see us. Social media enables us to create a readily accessible portfolio of our best

experiences, our most liked comments and our most attractive photos. It may be this new way of viewing ourselves, and the consequent disconnect from our whole self which facilitates this comparison between the self in real life and the social media idealised self.

Secondly, exploration of repeated use of image-editing software may be valid. This software, widely used on social media, has enabled us to present more than just our best side; it provides the ability to present an edited, manipulated version of ourselves. Users can edit out unattractive aspects or those they feel might be unacceptable to others. Research has shown a correlation in that adolescent girls who reported a higher manipulation of their social media selfies also showed greater body-related and eating concerns (McLean et al, 2015). Future investigation into this image-editing software could build on this research to explore whether repeated use of such editing could exacerbate the disconnect between the online and offline selves and whether it alters self-perception to the extent that the user may relate more closely to the idealised self.

Finally, future research could also explore issues arising from this newly identified disconnect between our online and offline selves. For example, where this disconnect exists, is there a perceived fear that others will prefer our social media identity? There may be a concern that when our friends spend time with us in real life we will inevitably fail to live up to the idealised online persona we have created; that we cannot possibly be as attractive, intelligent, or funny as our portfolio advertises.

Discussing mental health on social media
Reluctance to disclose mental health issues in a public environment
Women in this study deemed it unacceptable to share their mental health difficulties on public social media platforms. This reflects recent research in which young women

cited one of the key pressures they felt online was "to always seem happy" (Girlguiding 2019 p17). It also highlights the pressure of only posting positive experiences and feelings on public social media platforms. Other research has identified a variation in frequency of posting depending on the individual's mood, with only 25% of users posting at least once a week when they were feeling sad, compared with 85% who posted at least once a week when they were happy (Edwards, 2017). Again this research indicates a pressure to only post if you can post something "happy". This is not to equate unhappiness with mental health difficulties (which is often a problematic and unhelpful correlation drawn in discussions around mental health). Rather it is a recognition that users feel disclosures about mental health difficulties do not conform to the accepted social media convention requiring them always appearing happy. It is argued here that this reluctance to share mental health difficulties in public platforms may mirror offline social norms. For many there remains a fear around how others will react to a disclosure of mental health difficulties (Webb and Burns, 2018; Henderson and Thornicroft, 2009). In this study the participants' key explanations for not sharing mental health difficulties on a public social media platform included: (i) mental health difficulties are viewed as personal information and therefore deemed acceptable to share only with close friends and family; (ii) such difficulties are not positive information and therefore do not match the "positive highlights" norms on public social media platforms; and (iii) they were wary of accusations of attention seeking.

Although oversharing is referred to in some research (Radovic *et al,* 2017) it is not clear that this or the explanations above are, in themselves, sufficient to explain the negative responses to mental health disclosures online. For example, it could be argued that there are other instances of social media disclosures which are either (i) personal or (ii) negative (or both) which do not receive the same level of approbation as disclosure of mental health difficulties. In addition, as the women all noted, one of the key functions of social media is to seek attention. Further analysis of reactions to

mental health disclosures in the public online space would be worthwhile. It may be that these incidents are a manifestation of the recognised and continuing discrimination and stigma around mental health issues which is seen in real life (Time to Change, 2008; Hamilton *et al*, 2016).

Through the lens of 'multiple aspects of the self' personality theory (Winnicott, 2000) this reluctance to disclose mental health difficulties openly can be understood not as a new social norm specific to social media, but as a pattern of personality theory transposed onto social media. Both in real life and on social media, individuals choose to present a public 'social mask' which portrays them positively and minimises perceived negative aspects.

The language of mental health

This study identified an interesting contradiction between how the women perceived their own personal mental health difficulties and how they perceived those of others. Women talked of their own mental health varying over time as if on a continuum, and were conscious of their ability to wear a 'social mask'; presenting as confident and unworried when internally they felt distressed. Conversely, they perceived others' mental health difficulties as binary (i.e. they either had mental health issues or they did not) and / or, as static (i.e. such mental health difficulties were set and did not change over time). This discourse was consistent, irrespective of whether the women had received a medical diagnosis or not. To date, there is no research into this cognitive dissonance and the reasons for it were unclear. This is an area to be considered in future research into young people's attitudes towards mental health difficulties.

Although the reasons were unclear, the significance was not. These young women felt that a clinical diagnosis of mental health difficulties was crucial before they were able to offer or receive peer support on public social media platforms. The absence of a

diagnosis meant that reactions on social media were likely to be less supportive and may even be negative. Further, they indicated that those who disclosed mental health difficulties without a diagnosis would be met with scepticism that they were over-reacting or exaggerating, often receiving accusations that they were "faking it" or "attention seeking". This accusation of attention seeking is often referred to online as "sad-fishing"; a pejorative term to describe a manipulative and/or superficial post designed to trawl for likes, hearts and shares. Such posts have become socially unacceptable as was indicated by the level of criticism described by the women. This was the case whether it was from personal experience of receiving a negative reaction or the recognition of the lack of support offered to others. All the women within this study viewed being seen as attention seeking as a significant concern; somewhat ironically in a medium where every post is designed to garner attention. That such unfavourable responses should be reserved for those who are seen to be manipulative or disingenuous, in an environment where promoting a carefully curated idealised image is the norm, illustrating a potential contradiction in the normative behaviour of social media. Further, this clearly described support for those with a diagnosis and lack of support for those without one, which appears to run counter to previous research indicating that a mental health diagnosis can exacerbate stigma (Corrigan, 2007).

It was particularly interesting to observe that the women's discourse matched language consistent with the medical model, with the use of terms such as mental health 'illness' and diagnostics. One possible explanation could be that these women adapted to the medicalised language of mental health through the professional help they had received. Another could be that the researcher unconsciously influenced their language. Further research into the discourse used by young people around mental health on social media could be valuable.

Supportive environments and interaction mirroring

It was significant to note that the women perceived much of the negativity received in response to disclosures of mental health difficulties to come from acquaintances (as opposed to friends). When these women sought support on social media platforms away from acquaintances (i.e. on private sites with restricted access), or on an anonymous basis, the reaction was more supportive. There is a significant amount of research into the supportive nature of some social media platforms (Naslund *et al,* 2014; Miller *et al,* 2015; Singleton Abeles and Smith, 2016). For example, online blogs, support groups, forums and chat rooms were reported to be supportive environments (Prescott, Hanley and Gomez, 2019) The benefits reported from interacting with peers online include anonymity, accessibility and stigma avoidance (Chan *et al*, 2016). Therefore it appears that it is not social media *per se* which is less accepting of discourse around mental health – rather it is the discussion of mental health issues in a public forum which elicits criticism.

It might be argued that this phenomenon simply reflects attitudes to mental health disclosure offline; where disclosures tend to be made to family and close friends and / or to supportive strangers (therapists, counsellors and support groups (Prescott, Hanley and Gomez, 2019)). Blair and Abdullah's (2018) paper gives an alternative perspective into this negative reaction to mental health disclosure on social media. They identify a phenomenon referred to as "interaction mirroring", by which a positive/optimistic post about oneself will receive overwhelmingly positive comments and a self-deprecating post will receive few comments, with a high proportion of comments likely to be negative. Blair and Abdullah (2018) found the negative comments were not necessarily aimed at the original poster but rather at the responder themselves, perhaps indicating a shared experience as an attempt at social support. However, Blair and Abdullah's (2018) research highlights that often the negativity can be perceived as being focused towards the poster and can therefore potentially

negatively impact them, leading to a withdrawal from sharing or choosing to share elsewhere. They suggest understanding these behavioural patterns may help to establish a more supportive environment online. Further exploration of these issues would be worthwhile.

Interestingly, the women in this study adapted their social media use and chose to vary the nature of their disclosure according to the social media platform and their audience. As a result they found social media to be beneficial in offering mental health support and felt that the stigma around mental ill-health had decreased.

The power of a 'like'

This study supported previous findings showing that women viewed receiving a like to a post as positive feedback that would boost their self-esteem (Burrow and Rainone, 2017: Sherman *et al*, 2016). It also supported research indicating that individuals place a high level of value on receiving likes, and reported adapting their feeds to increase their chances of gaining more likes (Chua and Chang, 2016). This also fits with findings that young women report feeling under pressure to get a certain amount of likes on social media (Girlguiding, 2019). This may also assist in understanding the dilemma faced by young people: if they unfriend acquaintances on social media (as many of the young women recommended – for example in order to reduce their own comparison behaviour and / or to reduce perceived criticism from others) then their number of likes will be impacted and potentially also their self-esteem. In order to reduce this pressure and the competition for likes, Instagram has introduced a pilot program which hides likes counts on others' posts; only the user who posts a comment or picture is be able to view how many likes it has received. As yet we do not know the outcome of this pilot (Martin, 2019). However it is a logical intervention as a means of reducing competitive behaviour and increasing deeper engagement by encouraging more comments. Given the perceptions explored in this study, the outcome can be

expected to demonstrate that competitive comparison behaviour is more complicated and is unlikely to be addressed by simply hiding 'likes'. For example, it may reduce competitive behaviour towards others (due to users being unable to view the "likes" count of others and therefore being unable to directly compare their number of likes to the number of likes of others). However, the young women in this study clearly described an intrinsic value to the likes they received, irrespective of the number that others received. Receiving each like boosted their self-esteem, therefore a self-competitive component will remain as long as the like count remains for the user. In addition it may be anticipated that the pilot will not prompt a deeper engagement via comments as Instagram hopes (Martin, 2019). Rather, in the absence of a like, users will likely find an alternative quick response, for example swapping 'like' for a smiley face in the comments section.

Scissors, Burke and Wengrovitz, (2016) found that individuals with lower levels of self-esteem are more likely to place importance on receiving likes and more likely to be negatively impacted if they do not receive "enough" likes. The self-esteem of women in this study was not measured, although considering their recent experiences of mental health difficulties one might argue that they were vulnerable women who were likely to have a reduced level of self-esteem. In any event, for these women the absence of a like was perceived as negative feedback, which in turn negatively affected their self-esteem. Previous research by Bell (2019) suggested that a social media 'like' may not actually reflect peer approval. A significant finding of this study was that, despite the value placed on receiving likes, conversely the women placed little or no value in actually giving likes. They stated that they would like anything they read irrespective of whether they actually liked it or not. This disparity in the value of likes given and received would benefit from future investigation.

Unwanted access to harmful images

The narratives presented by the women in this study corroborate earlier research suggesting that social media can have many beneficial influences on mental health, including decreasing social isolation (Ko and Ko, 2009), enhancing social connections (Hynan, Murray and Goldbart, 2014), and enabling users to gain support from others experiencing similar mental health conditions (Naslund *et al*, 2016). It is not uncommon for those suffering with mental health issues to seek to normalise their difficulties and to share their experiences (Singleton Abeles and Smith, 2016). This realisation that they are not unique in their difficulties can be a powerful aid and can give hope of improvement and recovery (Jacob, 2015; Davidson *et al,* 1999).

However, for many women in this study, the act of seeking others experiencing similar mental health difficulties led to them viewing harmful material such as images of self-harm, suicide and anorexia. This issue was previously identified in research into unsupervised online forums or chat rooms (Prescott, Hanley and Gomez, 2019; Ging and Garvey, 2017) and blogs or pages created by an individual user (Ziebland and Wkye, 2012; Gavin, Rodham and Poyer, 2008). The women in the current study reported some of these sites/blogs/pages to contain visual images of self-harm, anorexia and suicide. The exposure to these images can elicit a triggering effect, which may lead to an increase in self-harm behaviours and increased levels of suicidality (Arendt, Scherr and Romer, 2019; Arendt, 2019; Baker and Lewis, 2013; Brown *et al*, 2018; Romer, Jamieson and Jamieson, 2006; Stack, 2005). Women in this study reported that these images did provide the support they were looking for by normalising their mental health difficulties, but in addition normalised the unhealthy behaviours attached to their difficulties. Initially grateful to find they were not unique, these women continued to access such images until they became aware that this content was not providing hope of improvement and recovery, but instead was "fuelling" or "exacerbating" their mental health difficulties significantly. This finding

supports Ziebland and Wyke's (2012) study which discusses the risks of young people ruminating about their mental health difficulties and thereby intensifying them. Most of these women reported that once they became aware of the negative impact of the content they were viewing, they were able to change it; seeking instead 'positivity sites' - for example, mental health support pages with messages of hope and recovery.

However the length of time it took them to become aware of the negative impact and the seriousness of the 'negative impact' was unclear and this is an important area to focus on in future research. It might be speculated that the experience of receiving professional support for their mental health difficulties is likely to have increased their awareness over the varying influences on their moods and therefore increased their awareness over the negative impact of the content they were viewing. This is an important role for therapists working with young people; to engage in conversations about how they use social media and to discuss what impacts them in helpful and harmful ways.

An important factor when viewing material on social media are the algorithms used to deliver content to the user. Algorithms work to personalise the content users are shown based on their interests, and are calculated through users' past activity and interactions on the social media platform (Hopperhg, 2018). These algorithms reduce irrelevant material shown and create a more personalised social media experience, and are a marketing tool to drive sales or internet traffic (Hausman, 2012). Previous research indicates that exposure to potentially harmful content such as images relating to self-harm, eating disorder and suicide often occurs accidentally (i.e. without the user intending to view it) on social media platforms such as Instagram (Moreno et al, 2016; Madeleine, 2019). This study corroborates this research with most of the women in this study stating they had not been seeking such images, but rather were exposed to them when searching for others who felt like them. A recent study shows that young

people exposed to such images on social media (either intentionally or by accident) are at higher risk of self-harm or suicide (Arendt, Scherr and Romer, 2019). Further, research suggests that young people who are already vulnerable and experiencing mental health difficulties may have stronger reactions to being exposed to material relating to self-harm or suicide, especially if those posts are seen as promoting those behaviours (Odgers, 2018; George and Odgers, 2015). Again this study corroborates this research with many of the women identifying that unwanted images had "triggered" their own harmful behaviour. More research is required to understand the algorithms behind exposure to such harmful material.

The women in the study who were aware of how social media algorithms work to influence their viewing material expressed more agency and control over their social media experience. Agency and control have been shown to improve self-esteem and positively influence mental health (Sorel, 2012). Therefore education for young people into how algorithms operate may be an effective intervention to explore for future research.

The edited image

Social media platforms are increasingly image based (Stahl and Kaihovirta, 2019) and psychologists have long recognised the picture superiority effect (whereby pictures are more likely to be remembered than words (Asch and Ebenholtz, 1962). The women in this study voiced that repeatedly viewing their own idealised self, others' highlights reels, edited images and harmful images of self-harm or suicide can negatively impact their mental health. This is a view supported by other research (Kleemans et al, 2018). The women also illustrate that social media has provided a shift in how they and others are able to view themselves. They indicate that by viewing themselves on social media they are now also projecting the same critical, and in some cases unforgiving eye, to themselves, their friends and their acquaintances that previously they only applied to

celebrities in magazines, or other forms of media. These women have attempted to change their own behaviour by being more selective over their friends on social media and often engage in critical thinking to reduce comparisons. However they felt this was not sufficient and appealed for interventions to assist them in identifying images which do not reflect reality. Several suggested having labels on any images which have been photo-shopped.

Some countries have taken steps towards this. In Israel and France it is now mandatory to label 'retouched photo' alongside any photo used for commercial purposes when the appearance of a model has been digitally retouched (Basire and Le Goffic, 2018). Note however, that such labelling is restricted to images used for commercial purposes and therefore has no effect on images added to social media profiles. In any event, recent research shows that labelling images as photoshopped is not effective in reducing body image concerns (Fardouly and Holland, 2018; Tiggemann, Brown, and Anderberg, 2019; Bury, Tiggemann and Slater, 2017) and in some cases exposure to the labels increased body dissatisfaction (Paraskeva *et al,* 2017).

Several of the women in this study also advocated the removal of the ability to photoshopped images altogether. Interestingly in Israel and France, "governments have passed body image laws that require models to have a minimum body mass index or be of a healthy weight, and if an image was modified to make the model appear thinner, it must have a warning" (Bromberg *et al,* 2019, p183). Further research has suggested that incorporating more realistically sized fashion models in the media (including social media) may improve health outcomes, including less body dissatisfaction (Clayton, Ridgway and Hendrickse, 2017; Converino et al, 2016). Strategies currently in place are not adequate to address such a complex issue (Bromberg *et al,* 2019).

What is key here is not necessarily the specific interventions suggested by these young women, but their request for assistance from authorities to help them to have a positive social media user experience without it negatively impacting on their mental health.

Context reduces comparison

The idea that people evaluate their abilities and qualities in relation to others is not a new theory (Festinger, 1954; Baumeister,1982). Social comparison theory describes comparison being experienced offline in three different ways; an upward social comparison (comparing oneself with someone considered to be better than oneself), a downward social comparison (comparing oneself with someone considered not as good as oneself) and a lateral social comparison (comparing oneself with another who is thought of as equal) (Krayer, Ingledew and Iphofen, 2008). Considerable research has demonstrated comparison behaviour on some social media platforms (Charoensukmongkol, 2018; Chou and Edge 2012; Mehdizadeh, 2010; Krasnova *et al*, 2013), and the young women in this study describing their own comparison behaviour on social media supports this.

The women in this study described comparing themselves to others on social media. They identified that when they do so, they underestimated their peers' negative experiences, and overestimated their peers' positive experiences, consistent with previous research (Jordan *et al,* 2011). The women also felt that their comparison behaviour had a negative effect on their mental health by believing that others' lives were happier and better than their own often causing feelings of envy. This is a finding supported by Tandoc, Ferrucci and Duffy (2015) and Chou and Edge's (2012) research.

This study highlighted two new significant findings. Firstly, although previous studies identified under/over estimation of others when engaging in comparison behaviour, few

have identified the acknowledgment of the individuals of this estimation (Bell, 2019). The women in this study voiced their awareness of their own inaccurate estimation (over estimating the positive and under estimating the negative experiences) of their peers' experiences. They recognised that this comparison was damaging their self-esteem by internalising the comparisons and believing that they themselves were not as good as others. They described consciously engaging in critical thinking as a coping mechanism to reduce their comparison behaviour. However, most found this to be ineffective, or at least only partially effective.

Secondly, the women considered that their estimation of their peers' experiences was more accurate with friends than with acquaintances. Furthermore, a significant aspect reported by many women in this study was a reduction in the negative impact of these comparisons when viewing friends' information (as opposed to comparisons with acquaintances or celebrities). They felt that although with friends they perceived a limited impact on their mental health, when comparing themselves with acquaintances they reported a heightened belief that others' lives were happier and better than their own. The women in this study felt that knowledge of the context of the comparator was important. In particular, they identified that they were more likely to compare themselves unfavourably when they only had partial information about the life of the comparator. They noted that because they were aware of the wider context of their friends' lives, the unfavourable comparisons were reduced. This contextual awareness enabled them to undercut the idealised persona presented online and to limit the negative effects of any comparison. However, with acquaintances, celebrities and models (where their only context were the highlights reels created by their social media profiles) comparison was perceived to be more prevalent and its effects more negative. This finding seems to contradict previous research which found that young women compared themselves more with friends than with celebrities, and which suggested that this may be due to the lifestyles of their friends being more attainable (Fardouly, Pinkus

and Vartanian, 2017). It is argued here that the classification between friends and acquaintances is vital here, as young people use the term 'friends' on social media to include both close friends *and* acquaintances and this distinction was not highlighted or explored in Fardouly et al's (2017) study. This may represent a worthwhile area for future research; exploring whether the attainability of acquaintances without the full context of their individual situations may indicate higher levels of comparison behaviour and negative impact on mental health than comparisons with celebrities or friends.

Once aware of their trend to heightened comparison with people of whom they held less contextual information (such as acquaintances), the women in this study became more selective over who they retained as 'friends' on their social media platforms, choosing to 'unfriend' or 'hide' people they did not consider to be close friends. The women in this study also voiced that this social media comparison can be viewed as an exaggerated version of offline comparisons due to users being able to view others' profiles for prolonged periods of time. This corroborates previous research by Singleton, Abeles and Smith (2016), which demonstrated how young people viewed others' pictures and personal information for prolonged periods of time. They found this encouraged an exaggerated version of the offline social comparison processes by enabling young people to pay close attention to others' appearance and activities without breaching the usual face-to-face social rules.

Further research into young women's comparison behaviour could be important, especially with a particular focus on the relationship division between 'friends' and 'acquaintances'. In addition, exploring the user's experiences in relation to social comparison theory could provide useful insight.

Advice for others

There is limited evidenced-based advice on how to use social media in a way which retains the benefits while reducing any potential negative impact on mental health (BBC, 2018). Arguably this evidence is best sourced from the young people themselves (Kossinets and Watts, 2006).

The women in this study did not appear to be naive young women unconsciously navigating social media; instead they presented as insightful individuals, aware of how their social media use influenced their mental health. They were reflective as to how their social media use had changed over time and were keen to provide advice to other (specifically younger) users that may assist them in achieving a positive social media experience without the hindrance of the negative factors they felt that they had had to navigate themselves.

The key themes which emerged through the advice included the following:

(i) emotional awareness - they identify the need for users to understand whether social media content or activity is supporting or hindering them, and advise any young person to be conscious of how their social media experience makes them feel. They advocate users consciously adapt their use to view only those things which make them feel good and to eliminate their interaction with those elements which make them feel bad. Whilst we might recognise this to be sound advice, it might be considered that such awareness requires a certain level of maturity and experience. Further research into interventions for new social media users would be helpful. It is important for professionals supporting young people with mental health difficulties to explore their use of social media, and their perception of its emotional impact.

(ii) be more selective over the people one connects with, i.e. have fewer acquaintances and more close friends. The young women were aware of the increased comparison and increased judgement of acquaintances. Therefore, they perceived that choosing to have a smaller group of friends on public social media platforms would enrich their experience.

(iii) be more selective over the material one views. Focusing on content with hope and recovery messages was felt to be important. Given the experience of a large number of these young women in viewing harmful material which was felt to worsen their mental health difficulties, they felt that viewing positive material was important to maintaining positive wellbeing.

(iv) control - participants identified varying degrees of understanding over their ability to control their social media experience (i.e. by setting up friends lists, privacy controls, blocking certain types of images etc). However all felt that a clearer understanding and increased education was key. They suggested being taught about how each social media platforms works, the norms associated with it and how to use it to best match personal requirements. Several studies have explored educating young people in media literacy. This aims to increase young people's critical thinking and scepticism around social media, with an aim to reduce its credibility and influence (McLean *et al,* 2016). Research to-date indicates that education on media literacy is potentially useful for reducing risk within the social media environment around eating disorders (McLean *et al*, 2017), and upward appearance comparison (McLean *et al,* 2016). Further research into media literacy, as well as other interventions aimed at reducing the potential harmful aspects of some features of social media would be beneficial.

Reflection on methods and limitations of the study

Due to the sensitive nature of the topic and the age of the participants, it was felt that interview based qualitative analysis was the most reliable method of data collection. The use of semi-structured interviews enabled the researcher to explore the women's accounts of their experiences and views in-depth without projecting the assumptions of the researcher.

The relatively small sample was self-selecting. Participants were all female between the ages of 18 and 20 years old and had personal experience of mental health difficulties for which they had sought help. Most participants were British (all were European) although not all spoke English as a first language. This provided an unrepresentative sample of the general population. Whilst the results cannot be generalised (Braun and Clarke, 2013) the choice of this methodology and the use of interviews gave an in-depth and rich account of those experiences.

Several aspects potentially influenced the data and shaped the results of the study. Firstly, the researcher was older than the participants and less experienced with social media. This may have influenced how the participants talked about the different social media platforms. For example the researcher needed more clarity about how Tumblr worked, which may then have affected details of use, compared with Instagram in which the researcher was able to match the language of use. Secondly, all the participants considered themselves to have experienced mental health difficulties and had received support for these. Current mental health support operates primarily within a medicalised model of diagnosis and this may have affected how the participants viewed their own and others' mental health difficulties (Dowrick and Frances, 2013). This also may have affected the language they used, especially when talking to the interviewer. Finally, the participants' experiences of seeking support for their mental health difficulties may have played a role in their awareness levels of how social media

influences their mental health. Future research could explore the insights and experiences of the same age group who have not as yet received professional support for their mental health difficulties.

Implications for the practice of counselling psychologists and other professions

It is clear that social media is here to stay and we may anticipate that young people will likely continue to be heavy users of such technology. Advocating abstinence is unlikely to be effective, and therefore a harm-reduction approach may be appropriate to support young people in using social media healthily. A harm reduction approach, as with drug education (HM Government, 2017), would educate about the pros and cons of using social media and what young people can do to minimise risk and harm.

Furthermore, it is important to recognise that young people will use social media to seek support for their mental health difficulties and to seek others experiencing similar issues. Indeed social media may be the first avenue of information they turn to for support. In addition, a number of participants noted that they were able to maintain interaction on social media when their mental health difficulties would have prevented them from offline interaction. Professional agencies may wish to consider creating official safe sites for young people to access easily, to find like-minded people, and to receive the support they need. Any such space would need to be monitored and moderated by the relevant agency. This would require therapists and other professionals to engage in social media support more readily and to be suitably social media literate.

Practitioners understanding of social media as a fundamental platform for young women's relationships with others is vital. How these relationships form and are managed will be of interest. Understanding new clients' social media use may be a fruitful approach in initial assessment, formulation and for exploration during therapy

sessions. This understanding is likely to bring insight into relationship patterns, as well as potential triggers and support systems for the young person.

Future research

This research illustrates the complexities and significance of social media on young women's mental health. As this was a relatively small study, further qualitative research across this age group is warranted. Additional research into other age groups may be beneficial in order to understand their experiences of social media, especially as the young women in this study viewed their use as changing as they got older. Research into social media and the mental health of young men is also called for as they are considered to be another vulnerable group (NHS Digital, 2018). Further research is also needed around the methods young people implement to protect their mental health when engaging with social media. Finally, it would be useful for a longitudinal study to be conducted following a group of young people for a period of time prior to social media use, into their mid-late twenties to explore the changes in use across the age-span. Any changes in use may provide future information on appropriate interventions and support for other young people.

Conclusion

This study contributed valuable in-depth qualitative research into social media use from young women's perspective. Research which offers voice into social media users is currently limited; therefore this research adds important insight into the research area.

This study emphasises the nuances of social media use and highlights that an individual's social media experience will depend on the social media platform being used, how an individual uses it, who they connect with and the content they view.

This study also offers significant new insights into social media use from the perspective of some young women. (i) It highlights that disclosure of mental health issues may be viewed as largely unacceptable on public social media platforms. However, disclosures on other social media platforms, such as closed groups or from anonymous accounts are more likely to receive positive responses. (ii) These young women perceived that some social media platforms have a comparative environment which, for some women, foster negative comparisons with their offline selves. This can influence negatively on their self-esteem and over time can affect their mental health. (iii) This study highlights that for these women the extent of their comparative behaviour depended on the amount of background information they held on the individual. Therefore they compared themselves more with acquaintances than with close friends. (iv) A hypocritical description of the value of the 'like' was indicated. The young women's self-esteem was boosted and posting behaviour influenced by the amount of likes received, meaning that any received likes were given high value. However, they gave little value to giving a like. (v) The young women considered their coping strategies around safer social media use and discussed their desire to be protected from harmful imagery; they indicated a desire for support from the government and social media companies to help them achieve this.

The purpose of social media is to enhance relationships, and each of the women in this study felt that social media enabled this in a variety of different ways. All the women used social media slightly differently in order to enrich their relationships and demonstrated how offline social rules were being extended onto social media. They also attempted to avoid the harmful aspects. Within this context it is important that social media use be addressed in therapy with individuals, especially with young people given the nuanced nature of the variety of platforms, audiences and content they might be accessing. Working within both a relational and systemic framework to assist understanding into the influencing factors for young women offers a challenge to professionals working in this area. The women in this study were not naive, it is important that health professionals and researchers acknowledge that young people are already good navigators of social media. It is important to support these young people and to empower them to use social media in a way that benefits them. These women demonstrated that they know how to use social media in a way which has a positive influence on their wellbeing. Future research and professionals working with young people should support them to achieve this. Further research into education, training and interventions for young people and their social media use within a harm reduction approach would be beneficial for users, parents and psychologists alike.

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Journal Article

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"U OK hun?"

A qualitative exploration of how young women with experience of mental health difficulties engage with social media.

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Abstract

Aim: This study examines young women's accounts of their engagement with social media, with a specific focus on the influence of social media on their mental health.

Method: Semi-structured interviews were carried out with fourteen young women who had received professional support for mental health difficulties in relation to their views of social media and mental health.

Findings: Inductive Thematic Analysis suggested the young women perceived the impact of social media to be nuanced: as having both a positive and a negative influence on their mental health. Their observations indicated that wellbeing is not affected by **whether** one uses social media, but rather by **how** one uses it, **who** one connects with and by **what** content one looks at.

This research indicates that disclosures of mental health difficulties may be more acceptable in some social media environments than in others. It also explores the young women's propensity to compare themselves with others' social media profiles and identifies that such behaviour may be greater with acquaintances because users have less contextual information about their comparator.

Conclusions and implications: This study provides a valuable addition to existing research by giving voice to the experiences of these young women and illustrating the complexities of their social media use in relation to their mental health. Future qualitative research should focus on the nuances of young people's experiences in order to increase awareness and understanding of the influence social media may have on mental health.

1. Introduction

Instances of mental health difficulties in young people are rising, with young women aged 16-24 years considered a high risk group (McManus *et al*, 2019). As many as one in four young women report mental health concerns such as depression, anxiety, bipolar disorders, and post-traumatic stress (McManus *et al*, 2019).

Research demonstrates a relationship between social media exposure and mental health difficulties for some people including; mental distress in women (Derbyshire *et al*, 2013), low self-esteem (Muller *et al,* 2016), anxiety (Shensa *et al*, 2018), depression (Singleton, Abeles and Smith, 2016), self-harming (Daine *et al*, 2013), low body confidence (Girlguiding, 2019; Tiggemann and Miller, 2010; Tiggemann and Slater, 2013; Tiggemann and Slater, 2014; Holland and Tiggemann, 2016), feelings of inadequacy (Derbyshire *et al*, 2013), and suicidal ideation (Singleton, Abeles and Smith, 2016). However, most of the cited research is correlational in design, and therefore is unable to establish if social media use increases the likelihood of experiencing a mental health issue or. conversely, if having a mental health issue increases social media use. However, it has been shown that young people who are already experiencing mental health difficulties may find that negative social media encounters can exacerbate their mental health symptoms (Madeleine, 2019). Research also suggests that all adolescents are not equally affected by online content (Odgers, 2018).

One specific experience that has been identified is the negative comparison of oneself with others on social media and the potential consequent risks for the user's mental health (Charoensukmongkol, 2018). Research shows that when individuals compare themselves they tend to underestimate friends' negative experiences and overestimate friends' positive experiences (Jordan *et al*, 2011). For most social media users there is a tendency to only post information which is seen as socially desirable (Mehdizadeh,

2010), but which does not completely reflect the reality of the user who has shared it (Charoensukmongkol, 2018). This behaviour can lead users to perceive that the friend who is posting is more attractive, happier or has more favourable life experiences than they actually do (Chou and Edge 2012). Subsequently, such comparisons can cause emotional distress, impacting mental wellbeing by triggering negative feelings, and leading to feelings of envy (Krasnova *et al*, 2013; Tandoc, Ferrucci and Duffy, 2015).

Some research suggests that appearance comparison with peers can have stronger associations with body image concerns than comparisons to models or celebrities (Carey, Donaghue and Broderick, 2014). It has been suggested that this is because the appearance of peers may be viewed as more attainable than the appearance of celebrities. However, these assertions have not been consistent in the literature (Leahey and Crowther, 2008; Ridolfi *et al,* 2011; Schutz, Paxton and Wertheim, 2002). Research by Fardouly and Vartanian (2015) found a variation in appearance comparisons between distant peers and models or celebrities, to close peers and family members. They suggest that this is due to lack of personal contact making it difficult for people to accurately gauge how realistic the images presented on social media are. The implication being the more offline contact one has with an individual the more contextual information one has to assess how realistic the online presentation may be.

Notwithstanding the potential negative impacts of social media use on one's mental wellbeing discussed above, other research indicates that social media use can be beneficial. Primarily social media has a vital role in maintaining or enhancing social relationships (Hynan, Murray and Goldbart, 2014). Research has shown that social media increases social contact (Spies, Shapiro and Margolin, 2013; Lloyd, 2014), enhances social connections (Hynan *et al*, 2014), and decreases isolation and enhances wellbeing (Ko and Ko, 2009).

Young people with mental health illnesses are turning to social media (Naslund *et al,* 2014) because it offers a place to talk about their own experiences, seek advice, learn from and gain support from others with similar mental health conditions (Naslund *et al*, 2014; Miller *et al*, 2015). Studies have shown that knowing others are facing similar concerns, frustrations and illness symptoms can be reassuring and create a sense of connectedness (Naslund *et al,* 2014). Singleton, Abeles and Smith (2016) found that social media helped to normalise emotional experiences for young people which supported them to feel validated, worthwhile and better able to manage distress.

There is a recognised stigma attached to mental ill health (Rossler, 2016) and seeking peer support for mental health difficulties can feel risky, due to a perception of disapproval, rejection or negative attitudes and stigma (Link *et al,* 1997). As a way to reduce this risk many young people create anonymous accounts enabling them to seek support and present a more "honest" version of themselves, whilst maintaining their personal accounts with a carefully portrayed public version of themselves (Singleton, Abeles and Smith, 2016).

1.1.   Research rationale

Limited qualitative research has been conducted into the perceptions of social media use. Existing research and government reports have called for further qualitative investigation to be carried out into the effects of social media on young people's mental health (Royal Society for Public Health, (RSPH), 2017; McManus *et al*, 2016) and for research to be carried out with young people who have had experience of mental health difficulties (Lloyd, 2014).

1.2.   Research aim

This study aims to bridge a research gap, adding valuable insight by providing

qualitative accounts and exploring how young women with experience of personal

mental health difficulties perceive their engagement with social media, with a specific

focus on their views of how of social media has influenced their mental health.

2. Method

2.1   Participants

2.1.1   Recruitment strategy

Participants were recruited from University of West of England (UWE). Inclusion

criteria were:

- female;

- aged 18-21 years;

- self-identified as having experienced mental health difficulties; and

- had previously sought professional support for their mental health difficulty.

2.1.2 Recruited participants

Sixteen participants were initially recruited. Two had not experienced mental health

difficulties and were excluded from the study leaving fourteen participants that were

ultimately included. Table 1 lists the demographic characteristics of the participants.

2.2.   Design and materials

A qualitative approach was chosen due to the explorative nature of the research (Braun

and Clarke, 2013; Willig, 2013). The research was conducted within a critical realist

paradigm and data was analysed using Inductive Thematic Analysis.

Semi-structured interviews were considered a suitable and flexible method to gather

rich data about participants' experiences (Patton, 2002; Braun and Clarke, 2013).

Given the potential vulnerability of participants with mental health difficulties, it was

considered more ethical to offer the interviews face-to-face (British Psychological

Society (BPS), 2009). The potentially sensitive nature of the topic meant non-verbal

cues and direct observation of emotion offered by face-to-face interviews were

important (Bjerke, 2010; McCoyd and Kerson, 2006).

Table 1: Characteristics of participants and their social media usage.

Pseudonym	Age	Self-disclosed mental health issue(s)	Self-reported social media use (time)
Amy	20	Depression, anxiety and self-harm	Daily: Twitter (1hr), Facebook (3hr), Instagram (2hr), Snapchat (2hr) and Skype (4hr) Weekly: WhatsApp (2hr) and Tumblr (5 mins).
Bee	20	Depression, anxiety and an eating disorder	Daily: Facebook (1hr), Instagram (15 mins), Snapchat (10mins) and WhatsApp (30 mins) Weekly: Pinterest (5mins)
Darcy	20	Anxiety and Stress	Daily: Facebook (3hrs), Instagram (1hr), Snapchat (1hr), WhatsApp (3hr). Weekly: Google+ (2hrs)
Fabia	19	Depression, anxiety and borderline personality disorder.	Daily: Twitter (1hr), Facebook (2 hrs), Instagram (1hr), Snapchat (40 mins) Monthly: Pinterest (1hr)
Gwen	20	Depression, self-harm, and suicidal ideation	Daily: Facebook (1hr), Instagram (30 mins), Snapchat (30mins) and WhatsApp (1hr) Weekly: Twitter (20 mins) Monthly: Pinterest (10 mins), Tumblr (10 mins)
Hayley	19	Depression, anxiety and post traumatic stress disorder	Daily: Facebook (1hr 30 mins), Instagram (2hr), Tumblr (2hr), Snapchat (30mins) Weekly: WhatsApp (20 mins) Monthly: Pinterest (10 mins),
Izzy	20	Anxiety and mood swings	Daily: Twitter (10 mins) Facebook (20 mins), Instagram (1hr), YouTube (2hrs) Monthly: Tumblr (10 mins)
Jasmine	20	Depression, anxiety and panic disorder	Daily: Twitter (1hr), Facebook (1hr and 30 mins), Instagram (1hr), Snapchat (40mins), WhatsApp (30 mins) Monthly: Tumblr (10 mins)
Kelly	19	Borderline Personality Disorder and recovering alcoholic	Daily: Facebook (4hr), Tumblr (30 mins) Snapchat (3 hrs), WhatsApp (14 hrs) Weekly: Twitter (30 mins), Instagram (30 mins), Monthly: Pinterest (1hr)
Lucy	20	Depression and anxiety	Daily: Instagram (2hrs, WhatsApp (1hr), YouTube (3hrs Weekly: Snapchat (10 mins) Monthly: Vine (5mins)
Megan	19	Depression	Daily: Facebook (2hrs) Weekly: Instagram (15 mins) Monthly: Twitter (5 mins)
Nina	18	Depression	Daily: Facebook (30 mins), Instagram (30 mins), Snapchat (30 mins) Weekly: WhatsApp (30 mins) Monthly: Twitter (30 mins)
Orla	19	Anxiety and agoraphobia	Daily: Facebook (4hr), Instagram (5hrs), Snapchat (6 hrs), WhatsApp (7hrs). Monthly: Pinterest (20 mins)
Paige	19	Social anxiety, depression, suicide ideation and a history of suicide attempts	Daily: Twitter (5 mins). Weekly: Facebook (1hr, Snapchat (1hr), WhatsApp (1hr).

2.3   Procedure

Following ethics approval, participants were recruited through the UWE website. Prospective participants could opt in by booking an interview slot. Initial contact was then made which allowed participants the opportunity to ask questions. Each participant was supplied with a Participant Information Sheet containing information about the study. Participants were made aware of their ability to opt out of the study at any time. Interviews were recorded on a digital voice recorder, and deleted once transcribed. Interviews lasted up to 90 minutes and were held at the university campus. Written consent was obtained from the participants prior to the interviews and they were provided with a debrief sheet following the interview. To maintain anonymity and confidentiality each participant was given a pseudonym. Data was stored securely in a locked cabinet and saved in a password protected folder on a private computer (BPS, 2009).

2.4   Data analysis

Interviews were analysed using an Inductive Thematic Analysis. The in-depth semi-structured interviews were transcribed verbatim using a transcript convention (Braun and Clarke, 2006). This includes pauses and interruptions, as these may play an important role in the interaction with a sensitive topic (Smith, Harre and Lanenhove, 1995). For a detailed inductive thematic analysis Braun and Clarke's (2006) six phase thematic analysis guidelines were followed.

2.5.   Reflexivity: The role of the researcher in the research process

The researcher's interest in social media and mental health developed over the 10 years preceding the research. She was aware of a disconnect between the negative focus of research into social media, and the positive personal experiences recounted by the younger clients she was seeing though the local IAPT (Improving Access to Psychological Therapies) service. Clients often voiced the beneficial aspects of social

media on their mental health; citing reduced isolation and increased access to support. These accounts prompted the researcher to enter into the research with an assumption that social media was likely to have both positive and negative impacts on users. Awareness of this assumption enabled the researcher to bracket these thoughts in order to minimise its impact on the research process. For example by using neutral questions during the interview process and ensuring balance by asking about both positive and negative effects. In addition, adherence to Braun and Clarke's (2006) guidelines during the analysis process minimised the impact of any preconceptions on the identification or prioritisation of themes.

The researcher was aware of a range of personal characteristics which could potentially impact on the research process by providing her with either 'insider' or 'outsider' status (Dwyer and Buckle, 2009). She is white, heterosexual, middle-class, and middle-aged. The researcher was aware that her age placed her as an 'outsider' in terms of her not being a digital native, and this might have influenced how the participants talked to her in relation to their social media use.

The researcher was aware of her background potentially influencing the research. Firstly, as an experienced therapist, the researcher was skilled at eliciting information in relation to mental health and it is possible that participants would not have disclosed so much sensitive information to a researcher without this therapeutic background. Secondly, as an experienced therapist with a background in the field of addictions, the researcher is aware that her use of language has been influenced by the medical model. It is possible that participants, consciously or unconsciously, identified this language (potentially from their own therapeutic experiences) and adapted their language in response. It is possible that another researcher, for example with a less medicalised background, might have elicited different responses.

Having previously suffered with mental health difficulties of her own, the researcher is aware that her experiences will have influenced how she related to and understood the participant's accounts of their own mental health difficulties. Viewing mental health difficulties through the prism of her own experiences may have affected the interpretation of the research material both during the interviews and in analysis.

All characteristics, experience and values will no doubt have influenced the research process by the questions asked during the semi-structured interviews (different researchers will inevitably ask different questions), in how the material was interpreted and in making decisions about what should and should not be included (Denzin and Lincoln, 2005). By being reflective throughout this process the researcher considers that she has recognised the impact of her own values and assumptions in the research. The process of reflection will have helped to reduce the impact of these on the research process. However as with any qualitative research, this interpretation is just one version of reality.

3. Findings

Thematic analysis identified two main themes: "'U OK Hun?' – Discussing mental health on social media", and "Compare and despair". The first theme reveals that disclosures of mental health difficulties may be more acceptable in some social media environments than in others. The second theme observes a greater tendency for users to compare themselves with acquaintances (as opposed to friends) because users have less contextual information about their comparator.

3.1. *"U OK hun?" – Discussing mental health on social media*

Despite a significant amount of research showing that social media can be an aid to mental health difficulties (Naslund *et al,* 2014), the participants were clear in describing *public* social media as an unacceptable forum in which to discuss mental health difficulties:

> Fabia: "*I wouldn't post about my mental health on Facebook, just because….I wouldn't wanna just put it all out there for all these people to see that I don't really like that much*"

> Izzy: "*I wouldn't post my feelings on social media: a) it's not going to help b) it's my personal stuff and c) no one wants to see that stuff.*"

> Emily: *"I wouldn't talk about my personal mental health experience on social media, it's too personal to me and social media has other people other than just close friends, so I wouldn't want everyone to know, but I would tell my close friends."*

These quotes illustrate that the personal nature of their mental health difficulties means they do not consider it appropriate to disclose on public social media (although they

were comfortable to do so with close friends, both online and 'in real life'). Emily and Fabia explain that public social media platforms tend to contain their acquaintances: people they would not consider to be friends and indeed may even include people they do not like. They choose not to share personal information with this wider group of people.

3.1.1   Fear of appearing to be an "attention seeker"

The reluctance of these young women to disclose mental health difficulties on social media was, at least in part, explained by the fact that they were attuned to the perceived risks of doing so. In the extracts below, they discuss a fear of being seen as an attention seeker:

> Bee: "*It could be seen as looking for attention, kind of looking for sympathy… I don't like to put anything on Facebook that could be seen as looking for attention.*"

> Darcy: "*If I did post it, it would seem like I wanted sympathy from other people which is something that I don't*".

> Megan: "*I definitely wouldn't post on social media because it's just everyone is going to call you an attention seeker and no one is going to help you.*"

These quotes illustrate an understanding that public posting of mental health difficulties is, if not unacceptable, then certainly something for which they would anticipate censure from the community. Moreover, as Megan notes, if the aim is to elicit support, then public disclosure is unlikely to be beneficial; not only because of the criticism but also because "no one is going to help you."

In describing their reasons for not posting publically, Bee, Darcy and Megan illustrate their understanding of the existence of social conventions on social media platforms. They have seen the reaction to the postings of others and recognise the potentially damaging consequences. This understanding mirrors the experiences described by those participants who have previously made public disclosures about their mental health difficulties. Amy and Fabia discussed their motivations for posting about their mental health on social media when they were younger and the responses they received for it. These were:

> Amy: "S*ocial media is a gateway to say that I'm feeling like this and I'm asking for reinforcements as to whether I should get help or not… People just thought I was attention seeking, so now I don't post how I feel… People were like 'stop telling me that', I would say that I was kind of told off for saying how I felt - I don't post how I feel because I just get major negative reaction and no support*".

> Fabia: "*I was like… I don't know if this is an issue or not. It was so difficult to gauge what's actually going on from people's reactions… people can be like 'oh you're overreacting' or 'oh you're faking it'… If you're having a bad day people are like 'get over it', and it doesn't help with how you're feeling, because it makes you think maybe I shouldn't be feeling like this*."

As described, both Amy and Fabia were unsure whether their feelings were normal and turned to social media as a platform to ask whether they should seek professional help. They were looking for support and reassurance from their peers as to an appropriate course of action. The dismissive and confusing responses prompted them to consciously adapt their public level of emotional disclosure on social media.

3.1.2 Talking about mental health with strangers

Notwithstanding the negativity around public disclosure of mental health issues described above, participants perceived a reduction in mental health stigma on social media.

> Fabia: "*That's another thing that's good with social media; everyone is a lot more open about talking about mental health issues.*"

> Amy: "*A lot more people are exposing their mental health, because they know it's more okay to say that they've got it.*"

Fabia implies that people are more open on social media than in real life and Amy suggests that this openness is received without judgement. These accounts are particularly interesting coming from these two women who, as described above, did not receive acceptance and empathy when they disclosed their mental health difficulties. Their perception is of a more tolerant environment than the reality they faced.

One reason that Amy and Fabia are able to hold their belief that mental health stigma has reduced on social media despite their contrasting experience may be because they have been able to adapt their social media use to match what they perceive to be the 'social rules'. Crucially, as their extracts below highlight, they both now use alternative anonymous social media platforms to voice their mental health difficulties and receive support for doing so, suggesting perhaps that some social media platforms are more appropriate environments than others in which to disclose personal information.

> Amy: "*I've now found a website which is like an online journal, so I can get my thoughts out of my head and not get the criticism*".

Fabia: "I've got a public and a private twitter account where only a few close friends follow me and I can talk about how I'm feeling on that one."

These quotes show how they find social media a useful forum in which to discuss their mental health difficulties. By publishing in what they feel is a safe environment, they are able to benefit both from the act of writing itself, and also from positive feedback and support in a way which would not be possible with a traditional diary.

These quotes highlight how both women have adapted their social media use to realise benefits for their mental health. This more nuanced approach to disclosing personal mental health issues was echoed by other women. In contrast to the strong and clear reluctance to share mental health issues with acquaintances described in Section 3.1 in the extracts below the young women make clear a willingness to disclose issues to strangers:

Jasmine: "*I have my own blog and I write loads about my mental health… It's accessible to everyone, although I won't share it on Facebook or anywhere where real life people who know me will see it. It's more for people who don't know me.*"

Gwen: "*I created an anonymous account when I was going through a tough time. Just having somebody to tell things to, was… a real positive because I didn't have to tell people in real life. I didn't have to tell people who actually knew me, because they, like… won't judge you really.*"

Paige: "I have a separate Twitter [account] and I don't have, like, people who know me in real life. I won't let them follow me. I follow people who feel like

me, and if I'm feeling bad or something I can put it on there because I know that

the people don't really know me, so it doesn't matter what I say."

Note how all three women are empowered by the ability to control access to their content; actively following like-minded people or blocking others in order to preserve their anonymity or to remove negativity. For these young women the benefits of sharing their difficulties anonymously are two-fold: (i) a safe space marked by an absence of judgment; and (ii) the distinct separation from "real life" and the wider awareness of their mental health difficulties. They perceive that most negativity comes from acquaintances. So, by maintaining both an open and anonymous online presence, they are able to conform to the norms of social media by presenting an idealised self on one account, whilst reaping the benefits of support from close friends and empathetic strangers on another.

3.2 Compare and despair

3.2.1 The 'highlights reel'

The young women in this study consistently described holding a coherent view of their self-identity and explain how they elected to present or conceal varying parts of themselves depending on the social media platform, its audience, and social expectations. These young women consider that, for them, the main objective of their social media presence is to display the best possible version of themselves, whether in terms of their lifestyle, their personality or their physical appearance. In the following extracts the young women talk about an unspoken norm to present themselves in this way.

Amy: "*The whole point of social media is to paint a pretty picture. It feels like*

everyone is just trying to paint a pretty picture, or at least what they want to be."

Hayley: "*You've got to present… like a perfect vision of yourself, it's weird. In a sense it's just a little cycle, everyone is just trying to please everyone.*"

Megan: "*You always try to make yourself look better on social media…You post these like model sort of pictures of yourself, but in real life you wouldn't go around pouting all the time (laughing)*"

Kelly: "*People feel the need that the pictures should be this perfect portrait of themselves*".

Bee: "*It's just very much people posting only the very best on social media. No one really puts the negative things on social media.*"

Gwen: "*On Facebook you only post the good things you are doing. There are pictures of me going out with people; I never post pictures of me reading a book (laughing)*".

They recognise that the cultural expectations of social media have resulted in users (including themselves) carefully choreographing their image via the aspects of their identity or their lifestyle that they present.

They each also acknowledge that the image is just a representation, carefully constructed and created, not a reality. Their own images are deliberately selected; Megan doesn't constantly pout. Gwen doesn't post pictures of herself reading. They recognise that social media is not a mirror which reflects their life, but an edited portfolio or a highlights reel that showcases an idealised lifestyle and ultimately, an idealised self. The quotes illustrate that the young women are conscious of this

process and even though they recognise the constructed nature of the performance, they continue to conform by ensuring their posts are picture-perfect.

3.2.2   Comparison with the 'highlights reel' of others negatively impacts self esteem

The pressure to present an idealised lifestyle discussed above was described as a catalyst for the development of a culture of comparison. Several participants described comparing the reality of their own lives with the edited reality of others' social media profiles. These young women were fully aware of the constructed nature of their own profiles. They also showed an awareness of others' online profiles being equally constructed. But despite this awareness, they continued to compare themselves and their lives with the unrepresentative extracts of others. The participants voiced that this comparison was stronger on image-based platforms, such as Instagram and Facebook, rather than more text-based platforms such as Twitter. In the below extracts the young women talk of this comparison and its impact on their mental wellbeing.

> Amy: "*It affects my self-esteem... I would say not well. Because… people paint a pretty picture of themselves and then I think, "Why aren't I as pretty as them? Why aren't I going on holidays? Why isn't my boyfriend giving me all these fabulous gifts that all these other girls are getting?" And I just feel like, "is my life crap compared to theirs?" So then your self-esteem goes down*".

> Fabia: "*You compare yourself to them, and you think that you're not as good as them.*"

> Paige: "*I'm no good, I just feel… I don't know… I just feel… like not good enough. Like everyone is doing something like university or they've had children or they've got a good job then I just think, "what have I done?" It makes me think, "well what have I been doing while they've been doing that?*

What have I been doing? Nothing.'… and then I just feel that I'm not good

enough or that everyone is better than me."

Fabia: "*I'm like 'why can't I do everything, like everyone else can do'. I can't go*

out, work and go to the gym because I'll be too tired, I physically can't do it."

Darcy: "*You feel bad about yourself because you're comparing yourself to*

others, without knowing the whole context."

These quotes illustrate the impact of this comparison on the women's mental wellbeing. Amy's quote is illustrative; she describes the envy elicited by others' posts about their looks, holidays and gifts. This envy leads to a negative perception of her own life, and a subsequent impact on her self-esteem. For Fabia and Paige this comparison goes further and becomes more intrinsic. Amy's statement reflects a perception that her life experiences are not as good as others, but for Fabia and Paige this becomes a comparison of the self: "*you think that you're not as good as them*" *(Fabia)* and "*I just feel that I'm not good enough or that everyone is better than me*" *(Paige).* Note the difference in thought process between 'my life is not good enough' and 'I'm not good enough. The comparison-driven internalisation of this self-perception is damaging their self-esteem.

Darcy's comment illustrates an awareness that the reason for the negative impact on self- esteem is that the comparison is made on partial information; she knows she doesn't have the full context of the individuals with whom she compares herself. This was a common theme amongst many of the young women.

3.2.3 Context reduces comparison
The young women noted that they tended not to compare themselves with friends:

Gwen: "*But then my friends… I don't compare myself to them because I actually know them and so you know… That they're on holiday, but not studying as much as they should be… whereas with people you don't know so well it can be negative, you presume that they're perfect and they're doing everything.*"

Darcy: "*I think it's easier with friends, like if it's a friend then I know something about them and if I know for example that they don't look like that in real life it doesn't influence me that much*".

These quotes illustrate the young women's belief that the more they knew about the poster in real life the less likely they were to compare themselves with their online presence. For Gwen and Darcy, this meant being aware of the reality, or the context in which a post was created. They recognise that their friends cannot have the holidays without sacrificing work; and they can see that their photos have been edited. They felt that this knowledge was instrumental in limiting the extent to which they compared themselves with the postings of others; (and, by extension, was important in limiting the negative impact on their mental health). Without being aware of the context of a post the women accept the online profiles of others as a true representation of reality.

4. Discussion

Although the experiences of participants in this study are not representative of all young women's social media experiences, there are some significant findings. Firstly, little research has focussed on the voices of users' and the narratives they present in relation to their social media use. This study adds to this collection of research by providing rich data from the users' perspective.

Secondly, participants found that how they talked about their personal mental health varied across social media sites depending both on the perceived social rules of the platform and the audience it reached. They felt that there were acceptable and unacceptable social media environments in which to discuss their mental health. Most participants held both open and anonymous accounts in order to enjoy the benefits of support from close friends and empathetic strangers on another, without judgement from others.

Finally, participants consistently described holding a coherent view of their self-identity, choosing to present or conceal parts of themselves depending on the social media platform, and its audience. On some social media platforms they choose to present an idealised self, adjusting their multi-faceted personas to adapt to the social norms of that particular social media platform. They felt they fell into a pattern of evaluating their offline self against the online highlights reels of others. The women in this study described the comparison behaviours which they saw as being facilitated by some social media platforms as negatively impacting their self-esteem. Significantly, the women recognised that they compared themselves less to close friends because they were more aware of the context in which these friends were posting.

4.1   U OK hun?" – Discussing mental health on social media

Women in this study deemed it unacceptable to share their mental health difficulties on public social media platforms. This highlights the pressure of only posting positive experiences and feelings on public social media platforms (Edwards, 2017). Reluctance to share mental health difficulties on public platforms may mirror offline social norms. For many there remains a fear around how others will react to a disclosure of mental health difficulties (Webb and Burns, 2018; Henderson and Thornicroft, 2009). In this study the participant' key explanations for not sharing mental health difficulties on a public social media platform included: (i) mental health difficulties are viewed as personal information and therefore deemed acceptable to share only with close friends and family; (ii) such difficulties are not positive information and therefore do not match the 'positive highlights' norms on public social media platforms; and (iii) they were wary of accusations of attention seeking.

Although oversharing is referred to in some research (Radovic *et al,* 2017) it is not clear that this or the explanations above are, in themselves, sufficient to explain the negative responses to mental health disclosures online. For example, it could be argued that there are other instances of social media disclosures which are either (i) personal or (ii) negative (or both) which do not receive the same level of approbation as disclosure of mental health difficulties. In addition, as the women all noted, one of the key functions of social media is to seek attention. Further analysis of reactions to mental health disclosures in the public online space would be worthwhile. It may be that these incidents are a manifestation of the recognised and continuing discrimination and stigma around mental health issues which is seen in real life (Time to Change, 2008; Hamilton *et al*, 2016).

Through the lens of 'multiple aspects of the self' personality theory (Winnicott, 2000), this reluctance to disclose mental health difficulties openly can be understood not as a

new social norm specific to social media, but as a pattern of personality theory transposed onto social media. Both in real life and on social media, individuals choose to present a public 'social mask' which portrays them positively and minimises perceived negative aspects.

It was significant to note that the women perceived much of the negativity received in response to disclosures of mental health difficulties to come from acquaintances (as opposed to friends). When these women sought support on social media platforms away from acquaintances (i.e. on private sites with restricted access) or on an anonymous basis, the reaction was more supportive. There is a significant amount of research into the supportive nature of some social media platforms (Naslund *et al*, 2014; Miller *et al,* 2015; Singleton, Abeles, and Smith, 2016). Therefore it appears that it is not social media *per se* which is less accepting of discourse around mental health – rather it is the discussion of mental health issues in a public forum which elicits criticism. It might be argued that this phenomenon simply reflects attitudes to mental health disclosure offline, where disclosures tend to be made to family and close friends and / or to supportive strangers (therapists, counsellors and support groups (Prescott *et al*, 2019)).

Interestingly, the women in this study adapted their social media use and chose to vary the nature of their disclosure according to the social media platform and their audience. As a result they found social media to be beneficial in offering mental health support and felt that the stigma around mental ill-health had decreased.

4.2   Compare and despair

4.2.1. Social media as an extension of the self

Research conducted when social media was in its infancy suggested that it provided a new unique form of social interaction with new patterns of interaction (Plant, 1997;

Waskul and Douglass, 1997). Instead this study indicates that online communication mirrors offline communication, broadly replicating the same rules of social interaction. Social media is an integrated part of users' lives (Davies, 2011; Balick, 2014) and users view their social media presence as an extension of themselves. This presence consciously created by users choosing how much of themselves to disclose in any given social context. This view of social media as an extension of the self, corroborates the concept of personality through the theory of 'multiple aspects of the self' (Balick, 2014), the fundamental idea being that every individual had a 'social mask' that they 'wear' in interaction with others; a personality which we attempt to portray to others based on what is socially acceptable (Winnicott, 2000). The women identified their aim, on public social media sites, to present the best version of themselves based on their perception of the social expectations of their audience; an idealised version of themselves showing their best sides without disclosing their perceived flaws. This study highlights that this idealised self is a pattern of compromise; it is not a new phenomenon, rather it is a manifestation of the social mask transposed from the offline to the online world.

4.2.2. Comparison behaviour

The idea that people evaluate their abilities and qualities in relation to others fits into well-known social comparison theory (Festinger, 1954: Krayer, Ingledew and Iphofen, 2008), which has been demonstrated on some social media platforms (Charoensukmongkol, 2018: Chou and Edge 2012: Mehdizadeh, 2010: Krasnova *et al,* 2013). Participants described comparing themselves to others on social media. They identified that when doing so, they underestimated their peers' negative experiences, and overestimated their peers' positive experiences; consistent with previous research (Jordan *et al*, 2011).

4.2.3. Context reduces comparison

Significantly, participants considered their estimation of peers' experiences more accurate for friends than for acquaintances. Participants identified that knowledge of the context of the comparator was important. In particular they identified that they were more likely to compare themselves unfavourably when they only had partial information about the life of the comparator. They noted that because they were aware of the wider context of their friends' lives, the unfavourable comparisons were reduced. This contextual awareness enabled them to undercut the idealised persona presented online and to limit the negative effects of any comparison. However, with acquaintances, celebrities and models (where their only context were the highlights reels created by their social media profiles), comparison was perceived to be more prevalent, and its effects more negative.

This finding seems to contradict previous research which found that young women compared themselves more with friends than with celebrities, and which suggested that this may be due to the lifestyles of their friends being more attainable (Fardouly, Pinkus, and Vartanian, 2017). However, Fardouly and Vartanian (2017) did make the distinction between close peers and distant peers. It is argued here that this classification (reflected in the distinction between friends and acquaintances in this study) is vital in social media comparison behaviour.

5. Limitations

The relatively small sample was self-selecting. Participants were all female between the ages of 18 and 20 years old and had personal experience of mental health difficulties for which they had sought help. This provided an unrepresentative sample of the general population. Whilst the results cannot be generalised (Braun and Clarke, 2013) the choice of this methodology and the use of interviews gave an in-depth and rich account of those experiences.

The participants' experiences of seeking support for their mental health difficulties may have played a role in their awareness levels of how social media influences their mental health.

6. Future research

Future research could explore the insight and experiences of the same age group who have not as yet received professional support for their mental health difficulties. Research into social media and the mental health of young men is also warranted as they are considered to be another vulnerable group (NHS Digital, 2018). Irrespective, further research should focus on the methods and strategies young people implement to protect their mental health when engaging with social media, with a view that such information may be rolled out to others.

Additional research into other age groups is also warranted in order to seek their experience of social media, especially as the young women in this study recognised that they adapted their use as they got older. Therefore, it would be useful for a longitudinal study to be conducted following a group of young people over a period of time, from pre-social media use through to their twenties to explore the changes in use across the age-span. Any changes in use may provide future information on appropriate interventions and support for other young people.

7. Clinical implications

Social media is here to stay, and young people are likely to continue to be heavy users. Assisting young people in achieving a positive social media experience falls to: parents, carers, teachers, professionals working with young people and of course the young people themselves. A harm-reduction approach may be appropriate to support young people in using social media healthily. Such an approach, as with drug education (HM Government, 2017), would educate about the pros and cons of using social media and what young people can do to minimise risk and harm.

Furthermore, it is important to recognise that young people will use social media to seek support for their mental health difficulties and to seek others experiencing similar issues. Indeed social media may be the first avenue of information they turn to for support. In addition, a number of participants noted that they were able to maintain interaction on social media when their mental health difficulties would have prevented them from offline interaction. Professional agencies may wish to consider creating official safe sites for young people to access easily to find like-minded people and to receive the support they need. Any such space would need to be monitored and moderated by the relevant agency. This would require therapists and other professionals to engage in social media support more readily and to be suitably social media literate.

Counselling psychologists and other such professionals require a full understanding of how the young people they are working with are engaging with social media. This knowledge will assist in giving valuable insight into how social media impacts relationship patterns both on and offline, as well as potential triggers and support systems for the young person.

Working within both a relational and systemic framework to assist understanding into the influencing factors for young women offers a challenge to professionals working in this area. Further research into education, training and interventions for young people and their social media use within a harm reduction approach would be beneficial for users, parents and psychologists alike.

8. Conclusion

The young women in this study stated that is not *whether* one uses social media which is healthy or unhealthy, rather it is *how* one uses social media which impacts wellbeing. This view supports more recent research, which reports a more nuanced approach to the relationship between social media and mental health. It understands that an individual's social media experience will depend on the social media platform being used, how an individual uses it, who they connect with and the content they view.

This study also offers significant new insights into social media use from the perspective of some young women. (i) It highlights that disclosure of mental health issues may be viewed as largely unacceptable on public social media platforms. However, disclosures on other social media platforms such as closed groups or from anonymous accounts are more likely to receive positive responses. (ii) This study highlights that for these women the extent of their comparative behaviour depended on the amount of background information they had on the individual. Therefore they compared themselves more with acquaintances than with close friends.

This study contributed valuable in-depth qualitative research into social media use from the perception of young women. Research which offers voice into social media users is currently limited; therefore this analysis adds important insight into the research area.

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Appendices

Appendix 1: Interview Schedule

The questions focused on the following three areas: identity, social media experience and managing social network interactions.

1. Please tell me a bit about yourself?

2. Tell me about your use of social media?

3. What do you think about the way you use social media?

4. How do you think your social media use affects / impacts on your mental health?

5. Have you changed or adapted the way you use social media as a result of the benefits or harmful effects?

6. What tips or advice would you give someone on 'how to manage your mental health whilst using social media?'

7. Is there anything that you would like to add, that I have not asked about or that we have not yet discussed?

Appendix 2: Study advert

Study Name: Face to face: An exploration of how young women engage with social media

Brief Abstract: Do you think social media affects our self-esteem and mental wellbeing? Has social media had a significant impact on your distress and wellbeing? It might have contributed to you struggling or really helped you – either way I am interested in talking to you.

Detailed Description: There's a lot of research stating that social media impacts on people's mental health, especially young girls. There is little research which explores individual personal experiences. I am interested to understand the impact of social media and any information that may help other young women.

What will happen if I take part? If you choose to take part in this study, you will be asked to take part in an interview (basically a 'chat with a purpose'). The questions will cover things like what you like and dislike about social media. If you are interested in taking part, I will arrange an interview, which will be held at UWE, and can be arranged for a time that is convenient to you. The interview will probably last between 30-90 minutes, and will be recorded using audio equipment only (no video recorders). On the day of the interview, I will go through a consent form with you and I will ask you to read and sign it. You will also be asked to complete a short demographic questionnaire. This is for me to gain a sense of who is taking part in the research. I will talk over with you what is going to happen in the interview and you will have the chance to ask any questions that you might have. You can also ask any questions about the research at the end of the interview. That's it! If you are interested please contact Mel Maton on: Helen2.Maton@live.uwe.ac.uk

Eligibility Requirements: To have sought professional support following personal experience of mental ill-health. You do not have to been diagnosed, basically if you sought professional support for an experience of mental distress which you feel affected your wellbeing, I would love to hear from you. You also need to be female, aged between 16-20 years old.

Preparation: Simply e-mail me and then read the participant information sheet.

Appendix 3: Participant information sheet

UWE Bristol | University of the West of England

A qualitative exploration of how young women seeking support for mental health issues
engage with social media

Participant Information Sheet

You are being invited to take part in a research study. Before you decide whether to participate in this study it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

Who am I and what is the research about?

My name is Mel Maton and I am a Counselling Psychology postgraduate student from the University of the West of England. I am conducting a piece of research for my thesis on social media and mental health. I am interested in young women's views and experience of social media, especially in relation to mental health. I am interested to understand the impact of social media and any information that may help other young women. My research is supervised by Dr Niklas Serning (see below for his contact details).

Do you have to take part?

No, taking part is voluntary. It is up to you whether or not to take part. If you do decide to take part, please keep this information sheet. You are still free to withdraw up until analysis has commenced (September 2017) without giving a reason. Nobody will be upset if you decide not to take part.

What will happen if I take part?

If you choose to take part in this study, you will be asked to take part in an interview (basically a 'chat with a purpose'). The questions will cover things like what you like and dislike about social media. If you are interested in taking part, I will arrange an interview, which will be held at UWE Frenchay Campus, and can be arranged for a time that is convenient to you. The interview will probably last between 30-90 minutes, and will be recorded using audio equipment only (no video recorders). On the day of

the interview, I will go through a consent form with you and I will ask you to read and sign it. You will also be asked to complete a short demographic questionnaire. This is for me to gain a sense of who is taking part in the research. I will talk over with you what is going to happen in the interview and you will have the chance to ask any questions that you might have. You can also ask any questions about the research at the end of the interview.

That's it! If you are interested I am happy to contact you with an outline of the results of the study.

Who can participate?
You will need to meet the 3 criteria points below:
- Female aged between 16 to 20 years old,
- To have sought professional support following personal experience of mental ill-health. You do not have to been diagnosed, basically if you sought professional support for an experience of mental distress which you feel affected your wellbeing, I would love to hear from you.

If you have any questions please feel free to ask.

What next?
If you would like to take part, please contact me on:
- Mel Maton on: Helen2.Maton@live.uwe.ac.uk OR book yourself a slot on the participant pool website.

What are the disadvantages and risks of taking part?
We are always required to tell you about any risks should you agree to take part in research. Talking about your views on social media and mental health could potentially be distressing. Should you experience any distress or want to terminate the interview for any reason during the interview please just let me know, no explanation will be required. Nobody will be upset if you decide not to take part. There are some contact details at the end of this information sheet which will be given to you again at interview for support should you feel you need it at any time.

What are the benefits of taking part?
You may find it helpful to share your views around social media and mental health with me. We hope that the findings of this study will increase understanding around the topic from the viewpoint of young women and might even help other young women in the future.

Will your taking part in this study be kept confidential?

Yes. Your information and the recordings from the interview will be kept strictly confidential and will only be used for the purpose of this study.

What will happen to the findings of the research study?

The findings will be published in an article and presented at talks, but there will be no identifying information from any of the participants in the article. Any quotes that are used in the article will be quoted under a false name.

What if I change my mind and want to withdraw from the research?

If you decide you want to withdraw from the research please contact me via email [Helen2.Maton@live.uwe.ac.uk]. Please note that once the data analysis has commenced (January 2018) it will not be possible to extract individual data from the analysis and therefore it will not be possible to withdraw from the research after this point. Therefore, I strongly encourage you to contact me within a month of your interview if you wish to withdraw your data.

Contact for further information

If you have any questions about this study and what you are being asked to consider, or if you have any queries at any time in the future, please contact me at the University of the West of England, Bristol (UWE): Helen2.Maton@live.uwe.ac.uk. Alternatively you can contact my research supervisor Dr. Niklas Serning, Department of Health and Social Sciences, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY. Email: niklas.serning@uwe.ac.uk

Additional Support

If talking about this has raised any concerns or you wish to have a confidential chat will someone, then please contact:

- UWE Wellbeing Service Tel: 0)117 32 86268 or e-mail: wellbeing@uwe.ac.uk
- OTR Tel: 0808 808 9120 / Text: 07896 880011 / e-mail: confidential@otrbristol.org.uk
- Childline: Freephone 0800 1111 (24 hours) / www.childline.org.uk
- The Bristol Samaritans – 0117 983 1000 or e-mail: jo@samaritans.org
- The UK Samaritans – 0845 790 90 90(24 hrs 7 days a week) / www.samaritans.org

<u>Reply Slip</u>

Study title: A qualitative exploration of how young women seeking support for mental health issues engage with social media

I am interested in taking part in the above study.

     Name: …………………………………………………...

     Signature: …………………………………

     Email address: …………………………………

     Telephone number: ………………………

     Date: ……………..

Please return this form to the researcher, Mel Maton, at: C/O Dr Niklas Serning, Department of Health and Social Sciences, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY or you can contact Mel via email at Helen2.Maton@live.uwe.ac.uk. Alternatively you can contact my research supervisor Dr Niklas Serning by email at: niklas.serning@uwe.ac.uk

This research has been approved by the University of the West of England Faculty Research Ethics Committee (FREC - HAS).

Appendix 4: Consent form

UWE Bristol | University of the West of England

A qualitative exploration of how young women seeking support for mental health issues engage with social media

Consent Form

Thank you for agreeing to take part in this research on social media and mental health. My name is Mel Maton and I am a Counselling Psychology postgraduate student in the Department of Health and Social Sciences, University of the West of England, Bristol. I am collecting this data for my dissertation. My research is supervised by Dr Niklas Serning. He can be contacted at the Department of Health and Social Sciences, University of the West of England, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY. Tel: 07515114268. Email: niklas.serning@uwe.ac.uk if you have any queries about the research.

If you choose to take part in this study, you will be asked to take part in an interview (basically a 'chat with a purpose').   The questions will cover things like what you like and dislike about social media. If you are interested in taking part, I will arrange an interview, which will be held here at UWE, and can be arranged for a time that is convenient to you. The interview will probably last between 30-90 minutes, and will be recorded using audio equipment only (no video recorders). On the day of the interview, I will go through a consent form with you and I will ask you to read and sign it. You will also be asked to complete a short demographic questionnaire. This is for me to gain a sense of who is taking part in the research. I will talk over with you what is going to happen in the interview and you will have the chance to ask any questions that you might have. You can also ask any questions about the research at the end of the interview.

I would like to emphasise that:
- Your participation is entirely voluntary
- You are free to refuse to answer any question
- You are free to withdraw up until the data analysis has commenced (January 2018)

You are the 'expert' there are no right or wrong answers. I am interested in your perceptions and what you have to say.

Please sign this form to show that you have read the contents of this form and of the participant information sheet and you consent to participate in the research:

     Name: _____
     Signature: _____
     Date: _____
Please return the signed copy of this form to me.

This research has been approved by the Faculty Research Ethics Committee (FREC - HAS)