Why people are becoming addicted to social media: A qualitative study

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Abstract:

BACKGROUND: Social media addiction (SMA) led to the formation of health-threatening behaviors that can have a negative impact on the quality of life and well-being. Many factors can develop an exaggerated tendency to use social media (SM), which can be prevented in most cases. This study aimed to explore the reasons for SMA.

MATERIALS AND METHODS: This qualitative study was conducted using content analysis. A total of 18 SM addicted subjects were included through purposive sampling. Data were collected through semi-structured interviews and analyzed using the Lundman and Graneheim qualitative content analysis method.

RESULTS: The main category of “weakness in acquiring life skills” was extracted with three themes: “problems in socializing” (including communicating and escaping loneliness), “problems in resiliency” (including devastation in harsh conditions and inability to recover oneself and “lack of problem-solving skills” (including weaknesses in analysis and decision making and disorganization in planning).

CONCLUSIONS: Weakness in life skills plays an important role in individuals’ addiction to SM and formation of the health-threatening behaviors. Since SMA can affect behavioral health, policymakers must adopt educational and preventive programs to increase the knowledge and skills of individuals in different societies in the modern world.

Keywords: Addiction, Iran, qualitative study, social media

Introduction

Today, social media (SM) (e.g., WhatsApp, Instagram, Facebook, etc.) have enjoyed such rapidly-growing popularity[1] that around 2.67 billion users of social networks have been estimated worldwide.[2] After China, India, and Indonesia, Iran ranks fourth in terms of using SM, having approximately 40 million active online social network users over the past decade, these networks have become part of daily lives,[3] in a way that people can use them to meet any kind of their daily needs.[4] Despite their benefits, social networks act as a double-edged sword and can lead to behavioral addiction and irreparable negative effects if their users are unaware and if they are used improperly and purposelessly.[5] In recent years, excessive and compulsory use of SM has been considered as a behavioral addiction.[6,7] This type of behavioral addiction leads to the formation of health-threatening behaviors and serious harm to physical and mental health.[8] These health threats include: Dysfunction,[9,10] psychological and well-being disorders,[11,12] loss of positive emotions,[13] loneliness, and decreased social communications,[14] which may reduce the life quality of users and even their families.

Given the extent and significance of the damages caused by SM addiction (SMA), it is essential to identify experienced reasons.
Chegeni, et al.: Why people are becoming addict to social media

and conditions for dependency to prevent possible complications and promote healthy behaviors. On the other hand, trying to change the behavior of others without understanding their underlying causes is doomed to fail.

Thus, investigating the experiences of SM addicts can open a new horizon for policymakers. On the other hand, so far, no study has examined these factors in Iranian culture as well as in the general population of all groups in society. Therefore, based on the views and experiences of people having an addiction to SM, this study aimed to explore factors which increase the likelihood of individuals to indulge in social networks. The results of this study can help develop effective prevention programs.

Materials and Methods

Design and participants
This study is a qualitative research which builds on conventional content analysis. To gain a deeper understanding of SMA, researchers have immersed themselves in data by gaining direct information from participants.

Using purposive sampling, 18 participants were selected from several prominent psychiatric clinics in Kerman, a city in the South Eastern of Iran. These participants had been diagnosed with an addiction to SM and had experienced its related negative effects. It was attempted to consider the maximum diversity in terms of age, sex, duration of addiction, marital status, education, and family support. The general characteristics of participants in the study are presented in Table 1.

Table 1: Demographic characteristics of the study participants

| Number | Gender | Age | Occupation      | Marital status | Addiction period/ per year | Rate of usage/ per hour a day |
|--------|--------|-----|-----------------|----------------|-----------------------------|------------------------------|
| 1      | Female | 30  | Unemployed      | Single         | 1.5                         | 12                           |
| 2      | Female | 24  | University Student | Single     | 2                           | 9                            |
| 3      | Female | 20  | University Student | Single     | 2                           | 5                            |
| 4      | Female | 26  | Housewife       | Married       | 4                           | 6                            |
| 5      | Female | 41  | Housewife       | Married       | 1.5                         | 10                           |
| 6      | Female | 32  | Housewife       | Married       | 2                           | 10                           |
| 7      | Female | 20  | University Student | Single     | 1                           | 8                            |
| 8      | Male   | 17  | High School Student | Single     | 4                           | 10–12                        |
| 9      | Male   | 16  | High School Student | Single     | 3                           | 8                            |
| 10     | Male   | 27  | University Student | Single     | 7                           | 10                           |
| 11     | Female | 32  | University Student | Single     | 5                           | 9                            |
| 12     | Male   | 18  | High School Student | Single     | 1                           | 7                            |
| 13     | Male   | 23  | Self-Employment | Single       | 1                           | 6–7                          |
| 14     | Female | 24  | University Student | Single     | 3                           | 12                           |
| 15     | Male   | 30  | Employed        | Married       | 5                           | 8                            |
| 16     | Male   | 37  | Self-Employed   | Single       | 5                           | 7                            |
| 17     | Male   | 22  | Unemployed      | Single       | 5                           | 8                            |
| 18     | Male   | 25  | Self-Employed   | Single       | 2                           | 9                            |
The Guba and Lincoln criteria were used to ensure the accuracy and strength of the data. The researchers’ interpretations of the participants’ responses were shared with them during the interviews to ensure their accuracy as well as to increase data credibility. Further, to evaluate the reliability of the collected data, some parts of the interviews alongside the developed codes were returned to the participants to check the consistency of the ideas extracted by the researchers and the participants. The categories and subcategories extracted from the data were also sent to some experts in the field of qualitative studies to be revised, if required, and agreed upon.

Ethics
This study was approved by the relevant Ethics Committee (IR.KMU.REC.1397.338). The participants were assured that their information would remain confidential and that, if not further interested, they could leave the interview and refuse to collaborate any longer. After obtaining the written consents, the interviews were conducted individually and at a convenient time and place for the participants.

Results
The 18 participants recruited for the study included, half of whom were women. Their ages ranged between 16 and 41 years. Most of them were single and educated. The results of the data analysis showed one main theme entitled Weakness in Life Skills, from which three themes were extracted: (1) Problems in socializing including the subthemes of problems in communicating and escaping loneliness; (2) Problems in Resiliency including the subthemes of devastation in harsh conditions and inability to recover oneself (inner distress); and (3) Weakness in Problem-Solving Skills, including the two subthemes of weakness in analysis and decision-making and disorganization in planning [Table 3]. Furthermore, predisposing factors in family and society and attractions of SM extracted of interviews was shown in Figure 1.

Problems in socializing
For many participants, weakness in social interactions is a factor that leads them to use SM. Two forms of problems in communicating and escaping loneliness were extracted using this approach.

Problems in communicating
According to the participants’ experiences, one of the reasons for their addictive tendency to SM is their inability to communicate properly. They have trouble even in establishing a simple relationship, avoid face-to-face communication, and often fail to gain experience in social activities. Thus, harmful social behaviors and beliefs replace learning useful social behaviors and beliefs. In order to make up for the lack of real-world effective and useful relationships, they become more inclined to SM and indulge themselves in unreasonable tendencies and hence suffer a great deal of damages. A participant said:

We were a large family and I did not get enough attention. I have very limited social relations. I have an introverted personality and I find SM interesting, because I do not see the other person and I can easily talk (P1).

Escaping loneliness
Another important reason for most participants was feeling loneliness. Being the only child of a family, being the last child of a family, immigrating, divorcing, and...
Table 3: Themes and subthemes extracted from data of participants’ experiences

| Themes                          | Subthemes                                      |
|--------------------------------|-----------------------------------------------|
| Problems in socializing        | Problems in communicating                      |
| Problems in resiliency         | Escaping loneliness                            |
| Lack of problem-solving skills | Devastation in harsh conditions                |
|                                | Inability to recover oneself (inner distress)  |
|                                | Weaknesses in analysis and decision making     |
|                                | Disorganization in planning                    |

so on were among the factors for their feeling lonely. They were looking for an easy and convenient solution to save themselves from loneliness. Since SM was easily accessible and did not require any specific planning, it was the best available way for them to escape loneliness. A participant said:

*I’m living alone and have no siblings. The age difference between my parents and I is too much. So I prefer to go to social networks to fill my time. SM have become part of my life (P10).*

**Problems in resiliency**

Based on the experiences of the participants, problems in resiliency was another major reason for addiction to tending towards SM and getting addicted to it. The bulk of the problems and the lack of proper support, on the one hand, and the ease of access to SM, on the other hand, have made SM a haven of safety to escape from the crises and to continue their activities there. The use of this reason is examined in two forms: Devastation in harsh conditions and inability to recover oneself.

**Devastation in harsh conditions**

Participants’ experiences showed that because they lacked self-management skills, they were vulnerable to adverse conditions and get devastated quickly. Most of these participants cannot properly manage their problems and do not succeed in maintaining their bio-psychological balance. Hence, they commit more mistakes in escaping the crises. A participant said:

*The love failure that I went through in the SM was unbearable. Just to see if I could forget the previous one, I entered another relationship and hence this vicious cycle was repeated (P7).*

**Inability to recover oneself (inner distress)**

Most SM addicts have failed in dealing properly with their life problems. They could not recover from those difficulties and could not heal themselves. Such failure has prevented them from successfully going through adverse events and attaining social, educational, and occupational achievements. Most of them have not been able to properly recover from their lives’ adverse events and heal their wounds. Hence, they have succumbed to social harms and may undergo serious hurts such as poor health behaviors. A participant said:

*I fell in love with a girl on Instagram. But we broke up after a while. I was seriously hurt. Although I loved football, I didn’t go to work out anymore and I wasn’t selected in talent competitions anymore. I got used to smoking and drinking. Although I’m only 17 years old, I’ve committed suicide twice (P8).*

**Lack of problem-solving skills**

According to participants’ experiences, lack of problem-solving skills has been one of the key factors in individuals’ addiction to SM. These individuals could not easily solve their problems and consequently suffered from other problems such as depression, lack of concentration and attention, anxiety, and the like. These problems made them more likely to become addicted to SM. The use of this reason is examined in two forms: Weaknesses in analysis and disorganization in planning.

**Weaknesses in analysis and decision making**

Based on the experiences of the participants, they seemed to lack mature defense mechanisms to defend themselves against life crises. As they were unable to analyze them and find logical solutions, they preferred to choose the easiest way to forget and solve their problems. That is why they went into SM. However, the easiest way is not always the best. As being already vulnerable, they were easily hurt by their wrong decisions. A participant said:

*My husband had betrayed me, so I got terribly upset. Instead of finding a wise way, I decided to retaliate. I met a guy in the online SM and got addicted to him. So I was always online. Through these networks, this gentleman came into my life. But he suddenly went away and devastated me. I became inflected with depression and so I had to see psychiatrist and take medication (P5).*

**Disorganization in planning**

Based on the experiences of the participants, disorganization in life has been one of their major reasons for addiction to SM. Most of them stated that not only have they been purposeless in their lives, but they have been unable to plan properly and rescue themselves from their problems. Hence, they prefer to go aimlessly into OSM. This has caused them to not only lag behind their daily lives but also to undergo numerous negative effects. A participant said:

*I do not have any plan for my future, so I do not see a need for it, why should I work? Why should I study? Having fun is the best plan for me. Many guys are like me; they go online without any purpose, and I spend my time with them (P12).*

**Discussion**

The findings showed that one of the main reasons for SMA was a lack of life skills. According to the experiences
of the participants, the three most important skills were problems in socialization, problems in resiliency, and lack of problem-solving skills.

The problem in socialization is one of the leading factors in SMA that impede people from receiving enough emotional support and acquiring appropriate social-communicative skills. As a result, their relationships with others decrease and to cope with their sense of loneliness and to get sufficient approval and support from others, they start looking for a place to feel calm. SM, due to their easy access and expansive and variable content, persuade these individuals to go more online. Poor communication skills are one of the most important reasons for spending too much time on social networks. These individuals due to get rid of anxiety and stress of face-to-face interactions, they prefer to use the Internet instead of offline communications to meet their interpersonal needs and relationships. In line with the results of the present study, numerous studies have also showed that there is a negative relationship between the level of interpersonal communication skills and Internet addiction and have identified shyness and quality of social communications as strong predictors of Internet addiction, in particular, SMA. In fact, individuals who have communication problems are less sociable and thus spend many hours on the Internet to communicate with others and prove themselves.

The participants of the study repeatedly stated that escaping loneliness is a major motivation for their continued presence in online social networks. They are looking for a convenient solution to feel less alone, SM provides them with such opportunity, and they do not even need to take on any commitment and responsibility. To ease their discomforts and compensate for their lack of social interactions, these individuals indulge themselves in social networks and hence lose enough social support in the real world.

A number of researchers consider resilience as one of the effective factors in preventing addiction to SM. This was clearly stated by the participants of the present study. Individuals who are less resilient to problems seem more susceptible to SMA. Because these individuals cannot easily accept and endure grieves and sufferings, they are more likely to be in SM. Hence, they use social networks as a defense mechanism for more comfortable tolerance. However, participants stated that if they had exciting entertainment facilities, exciting entertainments, and a secure and well-paid job, they could easily cope with their problems.

Numerous studies have shown that resilience is an important protective factor against Internet addiction and even drug addiction. Loneliness is one of the factors leading to addiction. However, resilient people are able to cope with it. It seems that online activities only reduce the negative emotions of escaping reality. While they do not reinforce social skills to solve relationship problems.

The study findings showed that most individuals who were dependent on SM could not solve their problems well. For this reason, they suffer from anxiety, depression, and insufficient attention and concentration. To control their problems, they resort to poor solutions such as hanging out in SM, which as stated by themselves, act as a temporary remedy. Some of these individuals do not have any plan for their futures and suffer from disorganization in solving their lives’ problems. Thus, to escape such bitter realities, they become severely addicted to SM. These participants see social networks as a safe haven to forget their problems and sufferings. While they might entangle themselves into other problems. In fact, these networks are not always safe havens. According to a study conducted by Ekinci on Turkish students, individuals who had lower levels of problem-solving skills had higher levels of problematic use of Internet. Furthermore, in a study conducted by Raiha Aftab, it was found that people who possess problem-solving and coping abilities were less likely to become addicted to Facebook. Resilient individuals have good problem-solving social skills and adopt positive and rational approaches to problems. Therefore, teaching problem-solving skills can enhance resilience in individuals.

Evidence obtained from the findings of this study shows the detail of the experiences of Iranian individuals who dependent to SM. Also, our researchers’ efforts was to select diverse groups from the general population. However, due to the limited number of participants in the study and the presence of merely Iranian individuals, it is not possible to examine all the factors affecting SMA. Thus, more expansive quantitative studies are suggested.

Conclusions

Since the present study investigated the factors leading to SMA from the experiences of those involved in these networks, its findings can be quite helpful for prevention and even treatment. It seems that improving the quality of social relationships, purposeful actions, and planning to reduce the sense of loneliness, training, and strengthening problem-solving and resiliency skills in families, schools, and universities can help prevent addiction to SM and subsequently to threatening behaviors physical and mental health.

Acknowledgements

The authors extend their appreciation to the participants for their cooperation throughout the study. They also
appreciate the assistance of Kerman University of Medical Sciences. This study was part of a Specialty Ph.D. dissertation in epidemiology.

Financial support and sponsorship
This work was funded by the Kerman University of Medical Sciences under the Research Grant 97000283.

Conflicts of interest
There are no conflicts of interest.

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