Silent Screen

Impacts of Social Media on Mood & Eating Disorder

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"It is health that is real wealth and not pieces of gold and silver…"
-Mahatma Ghandi

Social media function as a convenient conduit of obtaining and sharing information from throughout and beyond a user's network. However, not all information communicated to us through social media is a true representation of the world. Social media users often not showcase the entire reality of a situation. Additionally, selective content on social media platforms are promoted based on what the platform algorithm deems important for each user. Social media has impacted individuals with mental health issues as information is not adequately represented regarding health concern, which could potentially lead individuals to not getting proper care or assistance for their illness. Social media's selective representation impacts the amount of awareness users and audience have of mental health concerns. Silent Screen is a research project that analyzes, demonstrates, and discusses some of effects of social media on mood and eating disorders as well as possible solutions and optimal treatment for these individuals. Silent Screen is intended to be viewed as an information resource regarding social media usage within the context of eating and mood disorder, so media consumers are conscious of their own actions as well as actions of other users on social media platforms. By providing an analysis from the perspective of mental health and media studies, informed individuals are conscious of the signs of deteriorating mental health. The hopes for this project are to bring awareness to an otherwise often silent condition by providing information about mental health as well as the affiliation of media to aid in the treatment of mental health.

Section I: Mental Health

Introduction to Mental Health & Illness

According to Abraham Maslow, a social psychologist, and his Hierarchy of Needs theory, there are five tiers of needs that people aim to achieve: physiological, safety, love and belonging, esteem and self-actualization (Maslow, 1943). By satisfying these needs it could be said that an individual is achieving a "satisfied" and "healthy" life. Being healthy entails "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," (WHO, 2014). This implies that being "healthy" is not limited to physical fitness, but as well as mental and social wellness.

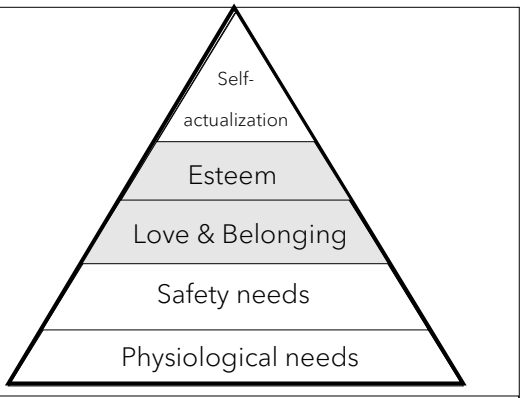


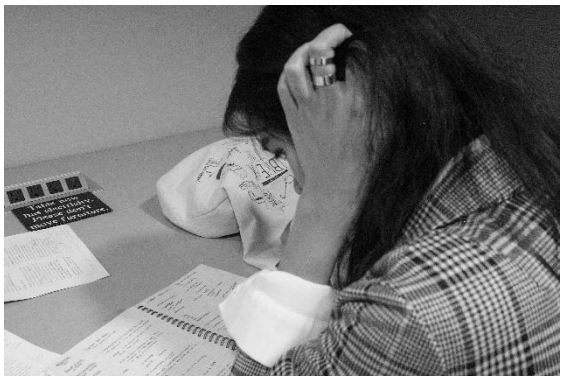
Figure 1: Maslow's Hierarchy of Needs

According to World Psychiatry journal regarding the definition of mental health, mental health is defined as the ability to balance self-actualization while coping with other life stressors. Additionally, not only is mental health defined by the ability to cope with oneself and life stressors, it also is defined by the ability to contribute oneself productively in society or the community (Galderisi et. al, 2015).

Proper management of one's mental health can help prevent the development of ***mental health disorders***, if not already genetically diagnosed with a ***mental disorder***.

There are approximately 300 mental disorders listed in the Diagnostic and Statistical Manual of Mental Disorders, also known as DSM-5 (American Psychiatric Association, 2013). The DSM-5 is a manual created to primarily help clinic professionals and doctors to diagnose the type of mental illness an individual is diagnosed with based on their current symptoms. The mental illnesses are categorized based on the severity and effects that it has on the individual. Currently, there are seven DSM-5 categories of mental disorders: **mood, anxiety, personality, psychotic, eating, trauma-related** and **substance abuse disorders**. These categorizations of mental health disorders highlight common symptoms and struggles yet do not reflect complex situations and struggles that an individual may face. However, the categories help to narrow down the abundant list of disorders.

Mood and **eating disorders** are the main groups of mental disorders that will be the focus of the research analysis. The reason for these choices is due to their influence on one another.



Understanding Mood Disorder

Mood disorders are "conditions that disturb our mood to the point where it becomes difficult to function," (Health Direct, 2018). Some indicators that suggest an individual suffering from a type of mood disorder include being withdrawn from social contact or being closed-off from those close to them. Though these can be seen as signs, definitive diagnosis of mood disorders should be consulted with a trained clinical physician. Symptoms of mood disorders have lasting effects for long periods of time. The two common types of mood disorder are depression and bipolar disorder.

Depression is a disorder being characterized by an individual being beyond the feeling of "the blues" or "having a bad day". Individual diagnosed with depression not only are "sad" for long periods of time but "lack energy or no longer enjoy," (Health Direct, 2018) activities that they did enjoy. Depression is typically described as a feeling of numbness as opposed to a saddening emotion. There are many factors that can contribute to the development of this disorder. These include but are not limited to personal life stressors, traumatic experiences, family medical history and/or substance abuse. Depending the severity of disorder as well as the variation of depression, treatment methods vary. Depression can be emotionally as well as physically taxing on the distressed.

Bipolar disorder is a disorder in which individuals "experience extreme moods," (Health Direct, 2018). Individuals diagnosed with bipolar disorder experience extreme polar episodes between extreme lows (depression) or extreme highs (mania). Contrary to popular belief, bipolar individuals do not experience "simple mood swings", but rather experience moods for indefinite periods of time. Following the DSM-5, there are two main types of bipolar disorder: *bipolar disorder I* and *bipolar disorder II*. Bipolar disorder I refers to individuals who endure episodes of extreme moods and is considered more extreme. Contrary to the previous type, bipolar disorder II are shorter and less severe episodes of extreme moods.

Both depression and bipolar disorder raise health concerns. Those suffering with long-term severe effects of these disorders are potentially at risk including life-threatening danger.

Understanding Eating Disorder

Eating disorders are another mental health concern that can impact individuals on physical and emotional levels. Eating disorders are found commonly among young adults and adolescents. Although it is more common to see such disorders affect women, men are also susceptible to the dangers of eating disorders. The four common types of eating disorder, defined in DSM-5, are anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified feeding and eating disorder (OSFED).

Anorexia nervosa is a disorder in which the individual has an "obsessive fear of gaining weight," (Health Direct, 2018). Individuals diagnosed with anorexia nervosa place themselves on restrictive and harsh diets in attempts to achieve an unrealistic body image standard of extreme low weight. This obsession of low weight could be a surrogate for controlling other issues occurring in the individual's life or emotions. However, by participating in restrictive and harsh conditions, these individuals are at risk of life-threatening concerns such as malnutrition and other serious health issues.

Bulimia nervosa is a disorder which is defined as including binge eating as well as extreme behaviors to avoid gaining weight from the binge eating. These extreme behaviors can include self-induced vomiting, abusing the use of laxatives or stimulants, or even exercising for long periods of time. Similar to anorexia nervosa, individuals diagnosed with bulimia nervosa often believe that they are overweight and are obsessed with a thin body image. A couple of signs of bulimia nervosa are going to the bathroom immediately after eating or even to avoid eating out in public all together.

Binge eating disorder is a type of eating disorder in which the individuals are constantly eating in excessive amount, even though the individual is aware of the issue and ashamed about it. People with binge eating disorder might eat as a way of coping with low self-esteem or other stresses of life. This type of disorder is similar to bulimia nervosa in which the individual overindulges beyond recommended intake. However, both differ in that an individual with binge eating disorder does not obsess with achieving thin body standards and does not attempt dangerous behavior to avoid gaining weight. Binge eating can lead to obesity and issues with being overweight. Binge eating disorder "has also been associated with anxiety, depression and drug and alcohol use," (Health Direct, 2018).

Being diagnosed by any of the listed disorders could influence the chances of hospitalization or life-threatening issues if left untreated. Mental illnesses can be influenced from biological basis, psychological basis, social norms and expectations. With the convenience of social media, users can be susceptible to impacts of social norms which could influence the development of mood and eating disorders.

Section II: Social Media

Introduction to Social Media Concerns & Issues

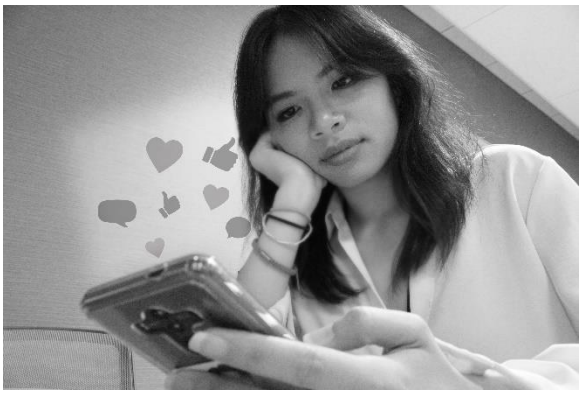
Facebook, Instagram, Twitter, Tumblr and even LinkedIn allow individuals to connect and share beyond the physical space. Users utilize these spaces to express their thoughts and opinions in a creative outlet. Additionally, social media platforms are used to educate oneself of current events that are occurring in other parts of the world as well as influencing the need for change.

However, despite the glamour of the benefits that social media platforms have enjoyed initially, there are an increasing amount of concerns and issues that arise from using these platforms. Similar to advertisements found on broadcasting media, advertisements on social media are being used to illustrate and reaffirm societal standards. This can include beauty and body standards. In addition to sponsored advertisements, individual social media influencers can contribute to propagate these standards.

Exposure to posts and advertisements that encourage conformity to societal standards can lead to not only to a decline in body satisfaction, but also a loss of self-esteem. Historically, women in particular have experienced this. Women experience this social comparison of their bodies to models found in magazines. Body dissatisfaction in women often begin at a young age, for example associated with the popularity of Disney Princesses and their unrealistic body shapes (Johnson, 2015).

With the growth of the Digital Age, beauty influencers on social media have contributed to the body dissatisfaction perceived by women. Infatuation of achieving the "ideal" thin body type and perfectionism can send them to a feedback loop of social comparison. Women with low self-esteem "gravitate to appearance-focused social media content, seeking particular gratifications, such as reassurance and validation," (Perloff, 2014). However, seeking out instant gratification from social media can lead to users to spending majority of their time on social media.

In attempts to gain more validation from others, "these young women selectively expose themselves to social media yet again, peruse pictures of attractive and less attractive others on a host of social networking sites, engage in upward and downward comparisons, ruminate about parts of their bodies that make them look bad, and in some cases end up feeling unhappy about their bodies once again," (Perloff, 2014). The endless feedback loop of low self-esteem then seeking validation on social media only to continue to compare themselves to other "more attractive" users, lowering their self-esteem even more. As the female users continue to browse social media, they are reaffirming their belief that they are not as "attractive".



Concerns of body satisfaction and self-esteem are not limited to the female media consumers. In a study conducted at the University of Central Florida, male college students were exposed to advertisements demonstrating ideal male body image. As a result, "95% of college-age men expressed dissatisfaction with some part of their bodies and 70% experienced discrepancy between their current and ideal body shapes," (Agliata and Tantleff-Dunn, 2004).

Similar to women, these men and other male users on social media are comparing their body image to that of successful individuals and find faults with their own self as of result. Social media allows the users to socially compare oneself to other "successful" users which they could not encounter locally. This allows the user, both male and female, to become susceptible to developing obsessive behavior in order to achieve the society's standard as to what is perfect. This obsession can lead to development of mood or eating disorders.

Impact on Mood Disorder

Social media creates a virtual space where users come together to showcase and share their content and life. When posting on social media, i.e. Instagram, users are often posting the best photo out of a multitude of versions. Beauty

influencers participate in this social media culture of perfecting their image and presence online. However, the idea of showcasing the ideal lifestyles and beauty standards open opportunities for mood disorders, specifically depressive disorders, to develop.

As social media users consume the content produced in media, users are unconsciously comparing their own live to other users on the platform. "Studies have shown that frequent use of social media may be associated with declines in subjective well-being and life satisfaction," (Robinson et al., 2019). The decline of one's own life satisfaction is a reflection of dissatisfaction with one's own achievements and life when put in comparison with popular social media users, who showcase lavish and "perfect" lifestyles. The same can be stated in regards to the beauty standards reinforced on social media and in society.

In the study conducted at Texas State University, researchers surveyed "Millennials", typically defined as individuals born between 1981 and 1996 (Serafino, 2018), who actively use popular social media platforms in attempts to analyze online behavior that contribute to development of depressive symptoms. The findings of the research demonstrated that social media addiction suggest "a negative spiral in which individuals with a greater number of depressive symptoms may turn to social media platforms for support (Primack et al., 2017), which may results in an increased need to use social media," (Robinson et al., 2019). The need for validation from others derives from depressive symptoms which leads to reliance on online validation from others.

Researchers also conclude that "promoting more positive social interactions through social media may help alleviate some of the symptoms," (Robinsons et al., 2019). By providing support via the social media platforms, depressive symptoms can be reduced.

Impact on Eating Disorder

As previously discussed, eating disorders develop from the obsession of the "ideal perfect" body standards emerging as norms within society. Social media not only being used as a method of informing the societal standards are, but house a filter bubble environment, selectively choosing and omitting content based on user's specific interest.

Media consumers experience pressures of upholding societal standards "to be thin from media, followed by peers, and finally, family," (Irving, 2019). Social media, as it is a form of interaction and networking within society, places higher standings above family and friends, given that it satisfies the need for belonging among community.

In the study conducted at the University of Kansas, researcher Lori M. Irving discusses and analyzes the relation between media effects, beauty standards and bulimic symptoms. Irving states that "Increasing level of bulimic symptoms was related to sharper drops in satisfaction with body parts," (Irving, 2019). This can suggest that the dissatisfaction of an individual's own body can influence the increase in eating disorder symptoms.

Similar to the effects of social media on mood disorder, the relationship between eating disorders and social media constitutes an endless feedback loop, out of need for belonging to the community. Through exposure of "ideal body standards", social media users seek out social media to reaffirm their beliefs as to what is deemed as "perfect". In order to conform and gain the gratification of belonging, users attempt dangerous behaviors in order to achieve "perfection". This obsession with "perfection" lies at the root of the development of eating disorders, or even life-threatening situations.

Intersectionality of Social Media, Mood, and Eating Disorders

Not only does social media impact mood and eating disorder individually, mood disorders and eating disorders can have direct impact on one another.

Users seek out social media as way of achieving the sense of belonging, as mentioned in Maslow's Hierarchy of Needs. Media consumers turn to social media as a way of reaffirming their belonging in society. However, user compares themselves with other users in the community and feel as though they are lacking, be it in beauty or ability. This development can lead to depressive symptoms. Out of depression, the user continues to seek out validation from the community and attempts to re-conform to the standards placed on social media.

With the obsession of achieving the "perfect" self, users partake in dangerous behaviors, such as restricting their diet, in attempts to gain validation from their peers. Without the gratification of approval from their peers, the user can go into depressive state and continue to participate in dangerous eating behaviors until they achieve the "perfect" self that is social accepted in their own perception.

Section III: Treatment, Care & Intervention

Mental Health Care

The best course of action is to speak to a doctor if signs of mental health issues arise in oneself or in a loved one. (Mayo Clinic, 2019). Taking initiative of the situation allows the distressed to get treatment or care as soon as possible. At the University of Iceland, School of Health Sciences, a study was conducted to gain insight on healthcare services provided for families who are in need of psychiatric treatment. In the study, researchers collected data from a sample of 68 families with children who suffer a form of mental disorder. From the data, researchers concluded that "Parents need help and professional guidance to meet the needs of their ill children and maintain their own health…When parents become involved in their

child's care, the risk of relapse for the child is reduced," (Svavarsdottir et al., 2018). Clinical treatments rely on participation and support from family and loved ones in order to make progress in the recovery treatment of the distressed.

Reaching Out: Community Intervention

Families and communities are encouraged to take initiative in contributing towards the recovery process. "Family and significant other provide essential psychosocial support to mental health consumers," (Foster et al., 2018). Support from close family and peers can impact the recovery process for the mental health consumers. Clinicians address the importance that family-focused practice can not only benefit the recovery process of the distressed, but as well as "reduce subjective and objective burden for family members," (Foster et al., 2018). The emphasis of family-focused practice allows for positive development in the recovery process of the mental health consumer.

Family support aids in the process of recovery. A clinical practice conducted at the Australian College of Mental Health Nurses has introduced a practice that focuses on family support and relations. This practice is named EASE, to represent the steps of the practice: ***Engage, Assess, Support*** and ***Educate.*** EASE is a family-focused practice that focuses on the roles and responsibilities of the families in their involvement in the recovery and rehabilitation process (Foster et al., 2018).This practice opens communications between family members and mental health consumers by discussing vulnerabilities and support needed. Although EASE practice is a tool used by clinicians to build relationships with patients and their families or loved ones, these practices can be implemented at home as well.

Engaging and involving yourself in the life of the distressed allows the strengthening in relationship for more open communication. By doing so, the individual as well as the concern is acknowledged. Being engaged in the individual's life is as simple as investing time and effort. This step helps to establish basic understandings of the situation and the mental health concern. The primary focus of this step is to taking initiative in helping those who struggle with mental health concerns, especially those in isolation.

Assessing the concern and situation that is the source of the issue provides an insight into the actions needing to be taken. Assessing is another way of opening communication to get a clear perspective as to the needs of the distressed. In this step, individuals are asked to obtain and establish responsibilities, goals and needs for both the caretakers and the mental health consumer. This step allows families, loved ones or caretakers to understand what steps are needing to be taken to getting the aide needed for their distressed loved ones. This can mean finding the treatment method that not only is beneficial for the individual, but as well as their families, loved ones, and caretakers.

Support implies aid beyond clinical or psychiatric treatment. This step emphasizes the need for familial support. The recovery and rehabilitation process can be deemed as a difficult progression for both the family and the diagnosed. However, the best method of improving treatment is supporting one another, emotionally and empathetically. The involvement in the individual's recovery can strengthen relationship as well as aide in the success of the treatment process.

Educating is the final step of the EASE practice. In addition to understand the needs and well-being of both the family and distressed, it is

also important to understand about the mental illness as well as to the impacts of intervention and treatment. The process of educating and informing allows for more awareness and empowerment throughout the recovery process. It's not only beneficial for adults, but for children as well. By learning about the basic understanding of mental health concerns, it "alleviate worry and distress and contribute to prevention of intergenerational mental illness," (Foster et al., 2018). By being well-informed, families are able to create a care plan and invest into the best treatment that fits their family dynamic.

Health intervention does not stop at traditional clinical treatments, such as face-to-face therapy. There is a possibility of treatment beyond the doctor's office and examination room.

Future of Online Health Treatment & E-Health

Treatment for mood and eating disorder can also have their limits regarding their effectiveness on the individual. Research is being done to study ways to utilize the Internet and social media as a possible treatment and rehabilitation method for individuals diagnosed with mood and/or eating disorder. The rise of the Digital era has opened new possibilities for innovations in digital technology-based healthcare, otherwise known as E-health.

E-health is a "technology-based intervention that facilitate public education about mental health, screening for disorders, provision of self-help strategies and machine-delivered," (Parikh and Huniewicz, 2015) mental therapy as well as disorder diagnosis. With Internet-based innovations, individuals are able to diagnose and monitor their mental health. Additionally, by providing education on mental health disorders, users can better understand their conditions as well as be cognizant of self-help treatments. Internet-based health treatments would be more accessible for individuals, especially those who are experiencing severe mental illness.

E-health is still currently undergoing investigation into the validity of its effectiveness. There is also the concern that the promotion of online treatment may also further influence the development of mental health concerns by encouraging users to continue using online platforms to obtain treatment. Contrary to these concerns, e-health can be considered as an alternative to traditional health care options such as face-to-face treatment due to "its ability to provide resources 24/7, and ability to reach difficult-to-serve populations, and finally its relatively low cost," (Parikh and Huniewicz, 2015). The ability to use internet-based health care that focuses primarily on self-management and recovery can positively benefit in addition mental health services, both users and workers. This contributes towards the support needed These advantages provide ample reasoning as to further research into the adoption of E-health.

Taking Action: Online & Offline

It is important to keep in mind that social media is a platform to connect with others beyond the physical space. Users share the best of themselves with those they have connected with and these posts should be viewed as such. Being cognizant of the pitfalls of social media, users can reduce the mental and emotional stresses that can occur from social comparison via social media. Rather than comparing oneself to the success of another user, reflect on one's own achievements and understand that social

media does not reflect reality, but sometimes severely distorts facts and societal standards.

As media consumers, users can also be aware of other users who are suffering mental disorders because of obsession with social media. Reaching out and providing support for distressed are extremely beneficial steps in the process of getting proper treatments. Treatments are not limited to seeking out professional help, but also support from community and familial relationships. Clinical treatment often forces an individual, while social media provides an opportunity for wider *community intervention* in care the family continues to fail the affected. Social media allows for friends to reach out beyond the physical space that can distance the connection.

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