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Negative Experiences on Facebook and Depressive Symptoms Among Young Adults



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A B S T R A C T

Purpose: To examine whether negative Facebook (FB) experiences were independently associated with depressive symptoms among young adults in a longitudinal family cohort.

Methods: Negative FB experiences were measured by type (e.g., bullying or meanness, unwanted contact, misunderstandings, or any), recency, number of experiences, and severity of upset. Depressive symptoms were assessed using the 10-item Center for Epidemiologic Studies Depression Scale. Generalized estimating equations were used to account for sibling correlation; adjusted models were constructed for each negative FB experience measure accounting for sex, race/ethnicity, social support, adolescent depressive symptoms, parental psychological distress, average monthly income, educational attainment, and employment.

Results: In a sample of 264 young adults, all negative FB experience measures were significantly associated with depressive symptoms.

Conclusions: There is a clear association between negative FB experience and depressive symptoms. Future work should examine: (1) whether negative FB experiences cause incident depression or exacerbate preexisting depression; and (2) who is most prone to being upset by negative FB experiences. With further research, recommendations for limiting or altering FB use among high-risk subpopulations could be useful in reducing depressive symptoms.

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IMPLICATIONS AND CONTRIBUTION

Negative Facebook experiences were associated with depressive symptoms. Experiences of bullying or meanness were uniquely linked to depressive symptoms; having as few as one to three negative lifetime experiences was associated with depressive symptoms. With further research, recommendations for altering Facebook use among high-risk subpopulations could be useful in reducing depressive symptoms.

In the past decade, Internet use has grown rapidly, particularly the use of social media (SM) such as Facebook (FB), which are virtual gathering places. FB has three times as many subscribers as there are U.S. citizens [1]. In a recent report, 95% of adults aged 18–33 years reported use of the Internet, the highest

proportion among any age group, 83% of whom reported SM use [1]. Research on SM use has focused on adolescents and college students; to our knowledge, there have been no studies among young adults older than college age. Yet the transition from adolescence to early adulthood is a vulnerable developmental stage in which an individual's support system (including online social supports) can influence psychopathology and risk behaviors [2–5].

The increasing use of SM, particularly during vulnerable developmental stages, has triggered interest in how its use is related to psychological and emotional states. SM can likely have

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both positive and negative effects on mental health. For example, researchers found that online social connectedness may act as an additional social medium from which a range of positive psychological outcomes can be derived [6]. However, another study found that, although FB can help college students obtain online social support, there was little effect on well-being [7]. A study conducted by FB employees found that emotions expressed by others on FB—whether positive or negative—can influence an individual's own emotions [8]. For the purposes of this research, we will be focusing specifically on negative Facebook experiences (NFEs).

Media outlets and researchers have suggested that experiences on FB may increase the risk of depression, referred to as “Facebook depression” which some believe to be triggered by spending a great deal of time using SM. In particular, there is concern that addictive SM use, cyberbullying, and the evocation of jealousy due to the constant exposure to others' personal information may lead to depression [4,9–11]. Chen and Lee [9] found evidence that both communication overload and reduced self-esteem are mechanisms by which FB interaction can influence psychological distress. Yet, Jelenchick et al. [11] found no relationship between frequency of social networking site use and depression in a college sample. Despite mixed results and media attention, there is limited research examining the relationship between SM use and mental health.

It has been suggested that negative experiences online are a common source of risk for young people. For example, in a national cross-sectional online survey of 1,588 young people ages 10–17, 33% reported online harassment in the last year; 9% reported an incident on an SM site specifically [12]. Prior research has also demonstrated the negative effects of bullying on well-being, including depression; however, limited research has been conducted on the specific nature and effects of negative SM experiences [13–15].

All studies of SM use to date have focused on characteristics of use such as comments in postings, behaviors posted in pictures, and frequency of overall use. In this study (and to our knowledge for the first time), we examined the subjective effect of SM experiences; specifically, how negative interactions with others on SM may be related to depression. Measuring the occurrence of negative interactions (rather than frequency of use or general interactions more broadly) on SM is more relevant to our theory—that negative SM experiences can lead to or exacerbate depressive symptoms. Current gaps in knowledge suggest that information is needed to confirm or refute whether a relationship exists between SM experience and depressive symptoms. We studied a cohort previously assessed during adolescence (mean age of 14), before the advent of SM, and then again when the cohort was 21–30 years old. Thus, we had a unique opportunity to use a longitudinal cohort to determine whether negative SM experiences were independently associated with depressive symptoms among young adults, accounting for adolescent depressive symptoms and parental psychological distress occurring prior to SM use.

Methods

Participants and sample

The New England Family Study (NEFS) third-generation cohort represents the third generation of participants in the NEFS, an intergenerational cohort established to follow-up the

adult offspring born to women enrolled during pregnancy as part of the U.S. Collaborative Perinatal Project from 1959 to 1966 [16]. During the Collaborative Perinatal Project, women were studied extensively during pregnancy (G1), and their offspring's (G2) development was studied through age 7 years. The NEFS was established between 2001 and 2004 to recruit a subset of the second-generation adult cohort to investigate the intergenerational transmission of tobacco use and nicotine dependence; of this group 1,674 were enrolled (74%). Information was elicited from the G2s by interviewer-administered and self-administered instruments [17]. In many cases, the G2 spouse or coparent was unavailable for interview in which case the primary G2 provided proxy information for the spouse for key psychopathology measures. More details on sampling and recruitment have been described previously [17]. This phase also entailed enrolling a sample of the third-generation adolescent, biological offspring of Collaborative Perinatal Project participants who were age eligible (e.g., between 12 and 17 years), including siblings, who had parental consent, and were living within 100 miles of study sites in Providence or Boston ($n = 564$); a baseline interview was conducted at mean age of 14 years.

Design and data collection

In 2013–2014, follow-up data collection was initiated with the third-generation cohort members who completed the adolescent baseline interview. All prior third-generation cohort members who consented to be contacted for future studies at the baseline assessment were eligible for recruitment ($n = 564$). Participants were located via contact information collected previously, as well as FB and other frequently used location services. Participants were then contacted to participate in a study about SM use. A brief explanation of study participation was given, and verbal and web-based consent were elicited for participation in a 15- to 20-minute web-based survey. Web-based data collection was performed using Illume, a product of DatStat, Inc. (Seattle, WA). Participants were compensated \$25 electronic gift certificate for their participation in this study. Among those successfully contacted ($n = 334$, 59%), there was an 80% response rate ($n = 266$). This yielded an overall response rate of 47%. All those who reported ever using FB were eligible for inclusion in the analytic sample ($n = 264$). Given the overall response rate, the eligible sample was significantly more female and white, non-Hispanic than the total third-generation cohort ($n = 564$), yet not significantly different by adolescent depressive symptoms, parental household income, parental education, or parental psychological distress. The final analytic sample included 197 families with 53 sibling pairs and seven sibling triplets. Despite this relatively small sample size, we have used a cohort to leverage the opportunity to account for parental psychological distress and prior adolescent depressive symptoms. This study protocol was approved by the university institutional review board.

Measures

Primary outcome. Depressive symptoms, as measured by the Center for Epidemiologic Studies Short Depression Scale (CES-D 10), were the primary outcome. The CES-D is a screening tool commonly used to identify depressive symptoms among the general population. The scale's validity and reliability to detect clinical and nonclinical depressive symptoms have been

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