

Active versus Passive Use Does Not Moderate the Association between Social Media Use and Depressive Symptoms

BACKGROUND

- Higher social media use has been linked to more depress al., 2016)
- How an individual uses social media may influence its effects on mental health outcomes (Aalbers et al., 2019)
 - Active social media use: creating content and interacting with other users via posting, commenting or direct messaging
 - **Passive** social media use: scrolling through social media to view others' content (Escobar-Viera et al., 2018)
- Passive use is associated with more symptoms of depressed mood than active use in adolescence (Escobar-Viera et al., 2018)
- Much less is known regarding whether these findings can be extended to an adult lifespan sample.

AIMS

Aim 1: to examine whether frequency of social media use was associated with depressive symptoms.

Aim 2: to determine whether active vs. passive use moderates the association between social media use and depressive symptoms

METHODS

Participants

Data were collected from an internet panel of adults in the United States using Amazon's Mechanical Turk (n = 577). (see Table 1)

Depressed Mood:

Depressive Symptoms: 8 items from the Center for Epidemiologic Studies Depression Scale. (Radloff, 1977)

Social Media Use

Frequency: 9 items from the Media and Technology Usage and Attitudes Scale. (Rosen et al., 2013)

Active versus Passive Use

- Single-item measuring whether an individual:
 - Mostly viewed (**passive** use) or
 - Mostly commented/posted or equally commented/posted and viewed (active use)

Covariates

age, gender, education, self-rated health, social network size, frequency of contact with social network members

Statistical Analyses

• Multiple linear regression models were conducted to assess the effects of social media use frequency, active vs. passive use, and their interaction on depressive symptoms

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- Aim 1: Higher social media use was associated with more depressive symptoms (see Figure 2).
- Aim 2: Active vs. passive use did not significantly predict depressive symptoms or moderate the effect of social media use on depressive symptoms (see Figure 1).

Table 1. Participant Characteristics

Age (19-81 years)

Gender (% women)

Education (response categories 1-12)

Self-rated Health (1-7)

Total Network Size (sum of children,

friends)

Average Contact Frequency (family,

(response categories 1-8)

Depressive Symptoms (8-32)

Social Media Usage Pattern (% active)

RESULTS



DISCUSSION & CONCLUSIONS

Mean (SD) or %	
	50.79 (15.84)
	58.8
)	8.26 (2.05)
	4.76 (1.48)
family,	8.69 (9.31)
friends)	5.6 (1.62)

14.52 (5.89)

24.6

consistent with prior research. (Kelly et al., 2018)

- use and depressive symptoms.
- samples.

Strengths, Limitations, and Future Directions

- on depressive symptoms. (Twenge et al., 2018)
- al., 2019)

For questions, please contact Alexa Martino at alexamar@umich.edu

• Higher social media use was associated with more depressive symptoms,

• The current study found that adults who reported active vs. passive use did not differ in terms of depressive symptoms or the link between social media

• Previous recommendations to promote more active social media use in order to reduce its detrimental mental health effects may not extend to adult

• Strengths include diverse age-heterogeneous sample and accounting for offline social resources that may contribute to the impact of social media use

• Limitations include cross-sectional design and self-reported data; studies utilizing computer monitoring software suggest significant differences between self-reported and actual social media use (Junco, 2013)

• The association between social media use and depressive symptoms may be bidirectional. Individuals may use social media to alleviate depressed mood, but may inadvertently increase depressive symptoms in doing so. (Aalbers et

• Future research should investigate other potentially moderating factors, such as motivation (i.e., social, entertainment) and social capital (Yoo et al., 2017) or mediating factors such as social comparison (Steer et al., 2014)