



Kent Academic Repository

Khan, Nagina (2026) *Social media use and mental health: core risks and clinical implications*. Clinics in Integrated Care, 36 . ISSN 2666-8696.

Downloaded from

<https://kar.kent.ac.uk/115570/> The University of Kent's Academic Repository KAR

The version of record is available from

<https://doi.org/10.1016/j.intcar.2026.100317>

This document version

Author's Accepted Manuscript

DOI for this version

Licence for this version

CC BY (Attribution)

Additional information

Versions of research works

Versions of Record

If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

Author Accepted Manuscripts

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) 'Title of article'. To be published in **Title of Journal** , Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries

If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our [Take Down policy](https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies) (available from <https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies>).

Social Media Use and Mental Health: Core Risks and Clinical Implications

Nagina Khan, PhD, SFHEA, PGCert, BHSc, RMN^{1 2 3}

Correspondence: Dr Nagina Khan ^{1 2 3}

Affiliations:

- ¹Centre for Health Services Studies (CHSS), School of Social Sciences, University of Kent, Canterbury, UK.
- ²The National Institute of Health and Care Research (NIHR), Applied Research Collaborative Kent (ARC KSS), Research Inclusion, Kent, Surrey, Sussex, UK.
- ³NIHR INSIGHT, MSc Applied Health and Care Research Programme, Canterbury, Kent, UK.

Abstract

Social media use is now embedded in everyday life and plays a significant role in shaping psychological experience, social interaction and identity formation. While these platforms offer opportunities for connection and support, they also introduce clinically relevant risks that can impact mental health across the lifespan. This article examines key digital phenomena associated with adverse psychological outcomes, including cyberbullying, social comparison, fear of missing out (FoMO), and compulsive engagement. These behaviours are explored through both psychological and sociological frameworks, recognising the interaction between individual vulnerability and structural influences such as platform design and digital inequalities.

Evidence indicates that these patterns are associated with increased anxiety, depressive symptoms, sleep disruption and functional impairment. From a clinical perspective, structured digital history-taking and assessment of behavioural patterns, emotional responses and functional impact are essential. The article outlines practical, evidence-informed approaches to assessment and intervention, including psychoeducation, cognitive behavioural strategies and digital boundary-setting. A balanced approach is emphasised, enabling clinicians to identify clinically significant distress while avoiding the over-pathologisation of normative digital behaviour.

Keywords

Social media; mental health; cyberbullying; social comparison; fear of missing out; behavioural addiction; digital health; psychological wellbeing; online behaviour

Introduction

Over the past two decades, social media has evolved from a set of communication tools into a pervasive socio-technical environment shaping how individuals interact, construct identity, and engage with the world. Platforms such as Facebook, Instagram, TikTok, and X (formerly Twitter) are now embedded in everyday routines, influencing social norms, expectations, and patterns of behaviour across age groups.^{1,2} This transformation reflects not only increased access to digital technologies but also the emergence of platform architectures designed to capture and sustain user attention through algorithmic curation, social feedback mechanisms, and continuous content delivery.³

From a clinical perspective, these developments have important implications. Digital behaviours are increasingly reflected in patient presentations, contributing to difficulties in mood regulation, sleep, attention, and interpersonal functioning.⁴ The integration of social media into daily life means that experiences such as peer interaction, social comparison and exposure to stressors now occur within digitally mediated environments that may intensify their psychological impact. Unlike traditional offline interactions, online experiences can be persistent, highly visible and difficult to disengage from, creating new pathways for both support and harm.

Emerging evidence highlights a range of digital phenomena associated with adverse mental health outcomes, including cyberbullying, social comparison processes, fear of missing out (FoMO), and patterns of compulsive or problematic use.⁵⁻⁷ These phenomena do not operate in isolation but are shaped by the interaction between individual vulnerability and structural features of digital platforms, including algorithmic amplification and engagement-driven design. Sociological perspectives further emphasise the role of cultural expectations, digital inequalities, and processes of medicalisation in shaping how these behaviours are experienced and interpreted.⁸

For clinicians, there is an increasing need to move beyond viewing social media as a peripheral influence and instead recognise it as a core component of contemporary psychosocial environments. This requires the integration of digital awareness into routine assessment, including structured exploration of online behaviours, emotional responses to digital interactions, and the functional impact on daily life. Such an approach enables practitioners to differentiate between normative engagement and clinically significant patterns that contribute to distress or impairment. Emerging developments in digital mental health, including the integration of artificial intelligence and data-driven approaches, further emphasise the need for personalised and adaptive models of care that respond to individual patterns of digital engagement.⁹

This article examines key digital phenomena relevant to clinical practice, focusing on cyberbullying, social comparison and compulsive engagement. Drawing on both psychological and sociological frameworks, it aims to provide a clinically applicable

foundation for understanding how digital environments shape mental health outcomes and to support evidence-informed assessment and intervention in an increasingly digital world.

Cyberbullying, Harassment and Online Aggression

Cyberbullying refers to intentional and repeated aggressive behaviour conducted through digital communication channels, often targeting individuals who are unable to easily defend themselves.¹⁰ Unlike traditional bullying, online aggression can occur continuously, reach large audiences, and be amplified through anonymity and permanence. The asynchronous nature of digital communication means that harmful content can be disseminated rapidly, revisited repeatedly and remain accessible indefinitely, intensifying its psychological impact.

Cyberbullying encompasses a broad spectrum of behaviours, including direct harassment through messages, public shaming, exclusion from online groups, impersonation, dissemination of private information, and coordinated attacks. The emergence of trolling and pile-on harassment, where multiple individuals target a single user, further compounds the severity of online aggression. These behaviours are often facilitated by reduced accountability in digital environments, where perceived anonymity lowers inhibitions and increases hostile interactions.¹¹

Prevalence estimates vary widely, with studies suggesting that between 14% and 50% of adolescents experience cyberbullying.¹¹ Notably, this phenomenon is not confined to younger populations; adults and professionals are also affected, particularly in environments where social or organisational hierarchies are replicated online.¹² Workplace-related cyber harassment, academic cyberbullying and gender-based online abuse are increasingly recognised, highlighting that digital aggression extends across the lifespan and into professional domains.

The psychological impact is substantial. Exposure to cyberbullying has been associated with increased anxiety, depression, low self-esteem and social withdrawal.¹³ Victims frequently report feelings of humiliation, helplessness and chronic stress, often exacerbated by the public and persistent nature of online abuse. Neurobiological research indicates that experiences of online exclusion and rejection activate neural pathways associated with social pain, suggesting that digital interactions can produce effects comparable to in-person interpersonal harm.¹⁴

A meta-analysis found that individuals exposed to cyberbullying are significantly more likely to report self-harm behaviours and suicidal ideation.¹⁵ The risk appears to increase with the frequency, intensity and duration of exposure, as well as the perceived severity of the content. Protective factors such as social support, digital literacy and coping strategies may mitigate these outcomes but are often unevenly distributed across populations.

Certain groups are disproportionately vulnerable. Adolescents undergoing identity formation are particularly sensitive to peer evaluation and social status, making them more susceptible

to the effects of online ridicule and exclusion. Individuals from marginalised backgrounds may experience targeted harassment related to ethnicity, gender, sexuality, or disability, compounding existing inequalities. Additionally, individuals with pre-existing mental health conditions may be more vulnerable to the adverse effects of online aggression.

From a clinical perspective, key indicators include emotional distress linked to online interactions, avoidance of digital platforms, sleep disturbance, heightened vigilance and changes in behaviour such as withdrawal from social or educational activities. Patients may also present with somatic symptoms, irritability, or difficulties with concentration. It is not uncommon for individuals to minimise or initially withhold disclosure of online harassment, particularly when feelings of shame or fear of escalation are present.

Assessment should therefore include sensitive and routine enquiry into digital experiences. Clinicians are encouraged to incorporate questions about online interactions, perceived safety in digital environments and emotional responses to social media use. Understanding the context, including the platform used, the nature of the interactions and the patient's coping mechanisms, is essential for accurate risk formulation.

Early identification and intervention are critical to reducing escalation and long-term harm. Clinical responses should combine validation of the individual's experience with practical strategies, including digital safety planning, psychoeducation and therapeutic support. Where appropriate, collaboration with schools, workplaces, or safeguarding services may be necessary to address ongoing risk and provide systemic support.

Social Comparison and Fear of Missing Out (FoMO)

Social media environments are inherently comparative, shaping how individuals evaluate themselves, their achievements and their social standing. Social Comparison Theory posits that individuals determine their own worth based on comparisons with others, particularly in the absence of objective standards. In digital contexts, this process is intensified by highly curated, filtered and selectively positive content, which can distort perceptions of reality and amplify upward comparisons.^{16,17} Empirical research demonstrates that exposure to idealised images on platforms such as Instagram is associated with increased body dissatisfaction, negative mood and reduced self-esteem, particularly among adolescents and young adults.¹⁷

Fear of Missing Out (FoMO) is closely intertwined with social comparison processes and is defined as a pervasive apprehension that others might be having rewarding experiences from which one is absent.¹⁸ FoMO has been conceptualised as both a cognitive and emotional construct, characterised by persistent concern, social monitoring and a strong desire to remain continually connected with others. Individuals experiencing FoMO often engage in repetitive checking behaviours, including frequent monitoring of notifications, social feeds and messaging platforms, in an attempt to maintain social inclusion and reduce uncertainty.^{18,19}

Clinically, these processes are associated with a range of adverse psychological outcomes. Higher levels of social comparison and FoMO have been linked to increased anxiety, depressive symptoms, loneliness, and diminished life satisfaction (Dhir et al., 2018; Hunt et al., 2018).^{19,20} Individuals may present with compulsive checking behaviours, distress when unable to access digital platforms and persistent rumination following online interactions. This can create a self-reinforcing feedback loop: heightened distress leads to increased social media engagement in an attempt to alleviate negative emotions, which in turn exacerbates comparison and FoMO-related anxiety.

Neurocognitive and behavioural research suggests that intermittent reinforcement mechanisms, such as unpredictable notifications and social rewards (likes, comments), further strengthen compulsive engagement patterns.³ These platform design features contribute to habitual checking behaviours and difficulty disengaging, particularly in individuals with underlying vulnerabilities such as low self-esteem or social anxiety.

From an assessment perspective, clinicians should explore the subjective experience of social comparison and FoMO as part of routine digital history-taking, See Table 1. For key areas of inquiry.

Table 1. Key areas of enquiry

Key areas of enquiry include:
• emotional responses to viewing others' content (for example envy, inadequacy, inspiration) • perceived pressure to present an idealised online identity • frequency and urgency of checking behaviours • distress or anxiety when disconnected from platforms • impact on sleep, concentration, and daily functioning

Validated measures, such as the FoMO Scale developed by Przybylski et al. (2013),¹⁸ provide structured ways to quantify these experiences and monitor change over time. Integrating these tools with clinical interviewing allows for a nuanced understanding of how digital environments contribute to emotional distress.

From a sociocultural perspective, it is important to recognise that these phenomena are not solely individual vulnerabilities but are shaped by broader digital ecosystems. Algorithm-driven content prioritisation amplifies socially salient and emotionally engaging material, reinforcing comparison and validation-seeking behaviours.³ Consequently, clinicians should contextualise patient experiences within these structural dynamics, avoiding over-pathologisation while still addressing clinically significant impairment.

Social comparison and FoMO represent interlinked mechanisms through which social media can influence mental health. Their clinical relevance lies in their capacity to drive compulsive engagement, reinforce negative self-evaluations and contribute to anxiety and depressive

symptomatology. Early identification, combined with psychoeducation and cognitive behavioural strategies can support individuals in developing healthier patterns of digital engagement.

Compulsive Engagement and Problematic Use

Problematic social media use has been conceptualised within behavioural addiction frameworks, drawing parallels with established models of behavioural dependence. Although not formally classified as a disorder in major diagnostic systems, excessive or dysregulated use can demonstrate core addiction-like features including salience (preoccupation with use), mood modification, tolerance, withdrawal symptoms, conflict and relapse.⁵ These components suggest that for some individuals, social media engagement may shift from voluntary use to compulsive behavioural patterns that are difficult to control despite negative consequences.

From a neurobehavioural perspective, these patterns are reinforced through reward-based learning mechanisms. Intermittent reinforcement schedules, where rewards such as likes, comments, or new content appear unpredictably, strengthen habitual checking behaviours. This mechanism is similar to that observed in other behavioural addictions, where uncertainty of reward increases engagement and persistence of use.³ Individuals may develop automatic checking routines, often occurring outside conscious awareness.

Compulsive engagement is further reinforced by platform architecture. Design features such as notifications, infinite scrolling, personalised algorithmic feeds, and autoplay functions are intentionally engineered to maximise user retention. These mechanisms reduce natural stopping cues, increasing the likelihood of prolonged and repetitive use. Research in digital behaviour suggests that such features contribute significantly to problematic use patterns by lowering self-regulatory control and increasing attentional capture.^{3,21} See Box 1. Clinically relevant indicators of problematic use.

Box 1. Clinically relevant indicators of problematic use

Clinically relevant indicators of problematic use include:
• compulsive checking of devices and applications • inability to reduce or control usage despite attempts • disruption of sleep patterns and circadian rhythms • impaired academic, occupational, or social functioning • interpersonal conflict arising from perceived overuse or neglect of responsibilities

These behaviours are frequently accompanied by emotional dysregulation, including irritability when access is restricted, anxiety when disconnected and low mood associated with perceived loss of online engagement. In some cases, individuals may use social media as an avoidant coping strategy, temporarily relieving distress but reinforcing longer-term maladaptive patterns.

Evidence suggests that problematic social media use is associated with attentional difficulties, reduced cognitive control and impaired task switching. Excessive engagement may fragment attention, increase cognitive load and reduce sustained concentration, particularly in environments requiring prolonged focus.²² These cognitive effects can contribute to reduced productivity and functional impairment across academic and occupational domains.

From a clinical assessment perspective, it is important to distinguish between high-frequency use and functionally impairing use. Not all heavy users experience dysfunction; however, when usage becomes compulsive, distressing, or disruptive, it may indicate clinically significant behavioural dysregulation. Structured assessment should explore frequency of use, perceived control, emotional triggers and functional consequences.

Importantly, these behaviours should also be understood within a sociotechnical context. Digital platforms are designed to maximise engagement, meaning that problematic use is not solely an individual vulnerability but also a product of environmental reinforcement. This aligns with contemporary sociological perspectives on digital behaviour, which emphasise the interaction between individual agency and technological design in shaping behavioural outcomes.

Compulsive engagement and problematic social media use reflect complex interactions between psychological vulnerability, reinforcement learning and platform design. Clinically, these patterns are relevant due to their associations with emotional distress, cognitive impairment and functional disruption. Early identification and intervention, including behavioural strategies and psychoeducation are essential to reduce escalation and support healthier digital habits.

Clinical Implications

Understanding digital phenomena in clinical practice requires a dual theoretical perspective that integrates both psychological and sociological frameworks. From a psychological standpoint, behaviours such as compulsive checking, social comparison, Fear of Missing Out (FoMO), and problematic engagement can be conceptualised as maladaptive coping strategies. These behaviours often function as short-term emotion regulation mechanisms, temporarily reducing distress or uncertainty, but ultimately reinforcing longer-term patterns of avoidance, dependence and dysregulation.^{19,21} Advances in digital health and artificial intelligence are increasingly shaping personalised approaches to psychotherapy, enabling more responsive and continuous models of assessment and intervention.⁹

From a sociological perspective, these same behaviours are shaped and maintained by broader structural and environmental factors. Platform design features such as algorithmic content delivery, infinite scroll and variable reward schedules actively encourage prolonged engagement. Additionally, cultural expectations of constant availability, social validation through online metrics and increased digital connectivity contribute to normative pressures

that reinforce frequent use. Digital inequalities, such as differences in access, literacy and support, further influence how individuals experience and manage online environments.^{3,23}

Clinically, this dual perspective is essential to avoid over-pathologising everyday digital behaviour while still identifying clinically significant patterns of distress or impairment. High-frequency social media use alone is not indicative of disorder; rather, clinical concern arises when use becomes rigid, distressing, compulsive, or functionally impairing across social, occupational, academic or psychological domains. Box 2. Provides what assessment should incorporate.

Box 2. Assessments

Assessment should incorporate:
• Structured digital history-taking, including platform use, frequency, and context • Identification of behavioural patterns, triggers, and reinforcement cycles • Evaluation of emotional responses (e.g. anxiety, shame, irritability) linked to use • Assessment of functional impact on sleep, concentration, relationships and daily routines

Validated screening tools may be used alongside clinical interviewing to support structured assessment and monitoring over time.²⁴ Importantly, digital behaviours should be understood in relation to developmental stage, cultural context and environmental exposure rather than in isolation.

Interventions may include psychoeducation to enhance awareness of digital habits, cognitive behavioural approaches targeting maladaptive beliefs (for example, social comparison distortions), and behavioural strategies aimed at promoting balanced and intentional use of digital platforms. Additional approaches may include digital boundary-setting, sleep hygiene interventions and graded reduction strategies to restore control over usage patterns.

A key clinical principle is the need for balance: clinicians should avoid pathologising normative or culturally embedded digital behaviours while remaining attentive to patterns that indicate clinically significant distress, functional impairment, or loss of behavioural control. This approach supports ethical, contextually informed care and ensures that intervention is proportionate to the level of risk and impairment observed.

Intervention Framework

Assessment and intervention in digital mental health presentations benefit from a structured approach that links behavioural indicators to targeted clinical strategies. Key domains include cyberbullying, social comparison, Fear of Missing Out (FoMO), compulsive use and sleep and attentional disruption. Across these areas, evidence-based interventions commonly involve psychoeducation, cognitive behavioural strategies, behavioural regulation

and digital boundary setting.^{5,18} Table 2 provides an overview of key domains, indicators, and intervention approaches to support clinical decision-making in routine practice.

Table 2. overview of key domains, indicators and intervention approaches to support clinical decision-making

Domain	Key Indicator	Core Intervention
Cyberbullying	Distress, avoidance, hypervigilance	Safety planning, trauma-informed CBT ^{7,13}
Social comparison	Low mood, rumination	Cognitive restructuring, behavioural activation ^{4,25}
FoMO	Compulsive checking	Digital reduction strategies, mindfulness ^{18,19}
Compulsive use	Loss of control	CBT, habit reversal, structured limits ⁵
Sleep/cognition	Fatigue, poor concentration	Sleep hygiene, digital curfews ²⁶
Attention and cognitive overload	Reduced concentration, multitasking, cognitive fatigue	Digital distraction reduction; mindfulness training; structured work intervals; notification management strategies ^{22,27}

Taken together, these domains highlight the need for clinicians to integrate digital awareness into routine assessment and intervention, recognising that online behaviours are now embedded within broader patterns of psychological functioning.

Conclusion

Digital environments are now central to social life and psychological experience. While they offer opportunities for connection, identity formation and support, they also introduce risks that can significantly impact mental health.

Cyberbullying, social comparison processes and compulsive digital engagement are key phenomena that clinicians must be able to recognise and address within contemporary practice. These behaviours are not solely individual pathologies but are shaped by broader sociotechnical and cultural environments.

Effective clinical practice therefore requires the integration of digital awareness into routine assessment and intervention. A contextually informed approach enables practitioners to identify clinically significant risk while avoiding the over-pathologisation of normative digital behaviour.

To conclude, a nuanced understanding that considers both individual vulnerability and structural influences allows clinicians to deliver ethical, proportionate and evidence-informed care in an increasingly digital world.

Author Biography

Dr Nagina Khan is a registered mental health nurse and academic focusing on social determinants in mental health, culturally appropriate care, crises pathways, patient perspectives and the impact of social media use. She works in primary care and mental health research, and is the director of the MSc Applied Health and Care Research Programme in higher education, with a focus on integrating, sociological and psychological frameworks into contemporary assessment and research.

References

1. Kaplan AM, Haenlein M. Users of the world, unite! The challenges and opportunities of Social Media. *Bus Horiz.* 2010 Jan 1;53(1):59–68. doi:10.1016/J.BUSHOR.2009.09.003
2. Boyd Danah. It's Complicated The Social Lives of Networked Teens. 2020.
3. Montag C, Yang H, Elhai JD. On the Psychology of TikTok Use: A First Glimpse From Empirical Findings. *Front Public Health.* 2021 Mar 16;9:641673. doi:10.3389/FPUBH.2021.641673/TEXT PubMed PMID: 33816425.
4. Orben A, Przybylski AK. Screens, Teens, and Psychological Well-Being: Evidence From Three Time-Use-Diary Studies. *Psychol Sci.* 2019;30(5):682–96. doi:10.1177/0956797619830329 PubMed PMID: 30939250.
5. Andreassen CS, Pallesen S, Griffiths MD. The relationship between addictive use of social media, narcissism, and self-esteem: Findings from a large national survey. *Addictive Behaviors.* 2017 Jan 1;64:287–93. doi:10.1016/j.addbeh.2016.03.006 PubMed PMID: 27072491.
6. Przybylski AK, Murayama K, Dehaan CR, Gladwell V. Motivational, emotional, and behavioral correlates of fear of missing out. *Comput Human Behav.* 2013;29(4):1841–8. doi:10.1016/j.chb.2013.02.014
7. Ray G, McDermott CD, Nicho M. Cyberbullying on Social Media: Definitions, Prevalence, and Impact Challenges. *J Cybersecur.* 2024 Jan 2;10(1):26. doi:10.1093/CYBSEC/TYAE026
8. Conrad P, Barker KK. The social construction of illness: key insights and policy implications. *J Health Soc Behav.* 2010 Mar 1;51 Suppl(1_suppl):S67–79. doi:10.1177/0022146510383495 PubMed PMID: 20943584.

9. Khan N. Bridging Science and Subjectivity: Evolving Evidence, Emerging Technologies and the Call for Personalised Psychotherapy: Créer une passerelle entre la science et la subjectivité : Évolution des données probantes, arrivée de nouvelles technologies et appe.... Can J Psychiatry. 2026. doi:10.1177/07067437261425840 PubMed PMID: 41784075.
10. Ray G, McDermott CD, Nicho M. Cyberbullying on Social Media: Definitions, Prevalence, and Impact Challenges. J Cybersecur. 2024 Jan 2;10(1). doi:10.1093/CYBSEC/TYAE026
11. Tennakoon H, Betts L, Saridakis G, Hand C, Chandrakumara A. Exploring the effects of personal and situational factors on cyber aggression. Cyberpsychology: Journal of Psychosocial Research on Cyberspace. 2024 Jun 24;18(3). doi:10.5817/CP2024-3-7
12. Bussu A, Pulina M, Ashton SA, Mangiarulo M. Cyberbullying and cyberstalking in higher education: policies and practices for supporting students and university staff. Social Psychology of Education 2024 28:1. 2025 Jan 22;28(1):34-. doi:10.1007/S11218-024-09989-X
13. Ye Z, Wu D, He X, Ma Q, Peng J, Mao G, et al. Meta-analysis of the relationship between bullying and depressive symptoms in children and adolescents. BMC Psychiatry 2023 23:1. 2023 Mar 30;23(1):215-. doi:10.1186/S12888-023-04681-4 PubMed PMID: 36997959.
14. Mills L, Driver C, McLoughlin LT, Anijärv TE, Mitchell J, Lagopoulos J, et al. A Systematic Review and Meta-analysis of Electrophysiological Studies of Online Social Exclusion: Evidence for the Neurobiological Impacts of Cyberbullying. Adolesc Res Rev. 2024;9(1):135–63. doi:10.1007/s40894-023-00212-0
15. Mills L, Driver C, McLoughlin LT, Anijärv TE, Mitchell J, Lagopoulos J, et al. A Systematic Review and Meta-analysis of Electrophysiological Studies of Online Social Exclusion: Evidence for the Neurobiological Impacts of Cyberbullying. Adolescent Research Review 2023 9:1. 2023 May 22;9(1):135–63. doi:10.1007/S40894-023-00212-0
16. Festinger L. A Theory of Social Comparison Processes. Human Relations. 1954;7(2):117–40. doi:10.1177/001872675400700202
17. Fardouly J, Diedrichs PC, Vartanian LR, Halliwell E. Social comparisons on social media: The impact of Facebook on young women’s body image concerns and mood. Body Image. 2015 Mar 1;13:38–45. doi:10.1016/J.BODYIM.2014.12.002 PubMed PMID: 25615425.
18. Przybylski AK, Murayama K, Dehaan CR, Gladwell V. Motivational, emotional, and behavioral correlates of fear of missing out. Comput Human Behav. 2013 Jul 1;29(4):1841–8. doi:10.1016/J.CHB.2013.02.014

19. Dhir A, Yossatorn Y, Kaur P, Chen S. Online social media fatigue and psychological wellbeing—A study of compulsive use, fear of missing out, fatigue, anxiety and depression. *Int J Inf Manage*. 2018 Jun 1;40:141–52. doi:10.1016/J.IJINFOMGT.2018.01.012
20. Hunt MG, Marx R, Lipson C, Young J. No More FOMO: Limiting Social Media Decreases Loneliness and Depression. <https://doi.org/10.1521/jscp20183710751>. 2018 Dec 5;37(10):751–68. doi:10.1521/JSCP.2018.37.10.751
21. Elhai JD, Levine JC, Dvorak RD, Hall BJ. Fear of missing out, need for touch, anxiety and depression are related to problematic smartphone use. *Comput Human Behav*. 2016 Oct 1;63:509–16. doi:10.1016/J.CHB.2016.05.079
22. Wilmer HH, Sherman LE, Chein JM. Smartphones and cognition: A review of research exploring the links between mobile technology habits and cognitive functioning. *Front Psychol*. 2017 Apr 25;8(APR):251723. doi:10.3389/FPSYG.2017.00605/FULL
23. Livingstone S, Helsper E. Gradations in digital inclusion: Children, young people and the digital divide. *New Media Soc*. 2007 Aug;9(4):671–96. doi:10.1177/1461444807080335
24. Van Den Eijnden RJM, Lemmens JS, Valkenburg PM. The Social Media Disorder Scale. *Comput Human Behav*. 2016 Aug 1;61:478–87. doi:10.1016/J.CHB.2016.03.038
25. Fardouly J, Diedrichs PC, Vartanian LR, Halliwell E, Jasmine Fardouly, Philippa C. Diedrichs, et al. Social comparisons on social media: THE impact of Facebook on young women’s body image concerns and mood. *Body Image*. 2015;13:38–45. doi:10.1016/j.bodyim.2014.12.002 PubMed PMID: 25615425.
26. Exelmans L, Van den Bulck J. Bedtime mobile phone use and sleep in adults. *Soc Sci Med*. 2016 Jan 1;148:93–101. doi:10.1016/J.SOCSCIMED.2015.11.037 PubMed PMID: 26688552.
27. Rosen LD, Mark Carrier L, Cheever NA. Facebook and texting made me do it: Media-induced task-switching while studying. *Comput Human Behav*. 2013 May 1;29(3):948–58. doi:10.1016/J.CHB.2012.12.001