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The Effect on Mood of Social Media Posting Among People with Mental Illnesses

A Thesis Presented in Partial Fulfillment of the Requirements for the Degree
of Master of Arts in Forensic Psychology
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Abstract

There are studies that have examined how the use of social media affects people who have been diagnosed with a mental illness. However, studies that focus specifically on changes in mood after posting on social media among people with mental illnesses is absent from the literature. The present study sought to fill that gap in research by surveying 250 participants who have been diagnosed with a mental illness and testing whether there was a change in mood after posting on social media. The results concluded that there was a significant improvement in overall negative mood. There was no significant effect on overall positive mood. These findings suggest that social media posting has the potential to be used as an intervention for mental illness and might be utilized for counseling sessions, to aid in diagnosis, and to predict future behavior. This study also examined the reasons why people with mental illnesses post on social media and the type of content they post. Results indicate that the highest rated reason participants posted on social media was to express themselves and the type of post most frequently reported was an original photo taken by the participant.

The Effect on Mood of Social Media Posting Among People with Mental Illnesses

Introduction

Studies have been conducted regarding the effects of social media use on people with a mental illness. However, they have not focused specifically on the effects that the act of posting has on mood. This study sought to fill that gap in research by measuring mood in people with mental illnesses before and after posting on social media to measure if mood changed. This study also surveyed participants on their motivations for posting on social media and the type of post they made. It was thought that if mood changes after making a post, social media posting might be useful for intervention with people who have been diagnosed with a mental illness.

People with mental illnesses form a significant portion of the overall population in the United States. There is a need to assist people with mental illnesses and support them in reaching their full potential and becoming more productive members of society. Therefore, it is imperative to develop and improve treatments for those with a mental illness diagnosis to help them lead fulfilling lives.

Importance of Social Interaction

Having social connections is essential for human happiness (Bartolini et al., 2013). Individuals with a mental illness sometimes lack the skills (Fulford et al., 2021) or the opportunities (Baxter et al., 2022) to create and maintain friendships. It can be difficult for an individual with a mental illness to make friends or maintain friendships, in part, because of the stigma of having a diagnosis (Rusch et al., 2013). Also, if a person with a mental illness has positive symptoms of schizophrenia, for example, such as hallucinations or delusions, relationships may become strained and those symptoms might drive potential friends away (Harley et al., 2012). Research has shown that supporting social activities among the mentally ill

population has a positive impact on their social functioning, social isolation, and loneliness (Sheridan et al., 2015).

In some instances, mental illness can be debilitating (Ajinkya et al., 2015). Often, people in our society expect undesirable behaviors or negative outcomes from those who have a mental illness diagnosis (Phelan et al., 2000). In part because of these low expectations, people with mental illnesses are less likely to be hired for jobs and less likely to be approved for housing (Hocking, 2003). It is common for individuals to conceal their mental health status out of concern that disclosure might lead to rejection (Rusch et al., 2013).

Social Media Statistics and Usership

The first social media site was developed in the late 1990's (The History of Social Media, 2018) and has seen exceptional growth since then. There are over two billion active monthly users on Facebook, over one billion active monthly users on Instagram, and over 400 million active monthly users on Twitter (Chaffey, 2022). These are examples of websites on which people share information with one another. The internet and social media have created a new multi-use tool that the world is continually exploring for its far-reaching benefits. Baek et al. (2017) suggest that the sharing of information is valuable in and of itself. With the number of people who have access to the internet, it provides what could be an effective way to assist populations that may be in need of intervention. For example, groups have been created on social media sites specifically for individuals with a mental illness. The group administrator has control over and decides who can access the social media page. Only the accepted users can see and interact with what is posted on the page. These groups can be safe spaces for individuals to share information, stories, and advice more securely.

Social media platforms rely on individuals sharing information. Among the reasons people post on social media are to gain attention and to maintain friendships (Hollenbaugh & Ferris, 2013). If people didn't have the need to share, these social media sites would not be necessary. Humans have a demonstrated need to share their experiences and related feelings with others (Nils & Rime, 2012). Although social media use has become more prevalent, current research notes that there is still a debate regarding the benefits and detriments of social media use for an individual's overall well-being (Yu et al., 2018).

Social Media Use by People with Mental Illnesses

Individuals with a diagnosed mental illness tend to turn to social media for social engagements (Berry et al., 2018). In 2016, 94% of National Alliance on Mental Illness (NAMI) surveyed participants were using social media sites (Gowen et al., 2012). While there is insufficient data as to how many social media users have a mental illness, one study reported that as many as 47% of participants with schizophrenia were using these platforms (Miller et al., 2014). Another study, which included 265 participants with schizophrenia, found that 139 (52.5%) used social media in the past week, while fifty-six (21.1%) used more than one social media site in the past week (Rekhi et al., 2019 p. 1).

Bae et al. (2021) found that people with schizophrenia post on social media in a distinctive way. Their findings illustrate that people with mental illnesses make different kinds of posts than the rest of the population and use different words when posting on social media. People who use social media and have been diagnosed with schizophrenia use more third person plural pronouns than others. For example, when referring to themselves in their posts they might use the word "they" instead of "I". These findings indicate that people with schizophrenia might be posting with "externalizing bias, paranoid thinking, and persecutory delusions associated with

schizophrenia” (p. 13). They also indicate that social media can be useful as an intervention for people with mental illnesses by studying the individuals’ posts and using them to aid in diagnosis.

Social Media as an Intervention for People with Mental Illnesses

Torous and Keshavan (2016) suggest that social media can be used as an intervention for mental illness. Given that many people with mental illnesses are already using social media, their social media posts could be studied to investigate evidence of symptoms, which may help with treatment and recovery. Valamaki et al. (2016) found that people with serious mental illnesses use social media in order to reveal information about themselves. Disclosing traumatic experiences can be an effective way to help treat mental illness and sharing trauma has benefits for the immune system (Ellis & Cromby, 2012). Smyth (1998) found that the benefits of disclosure included reduced visits to medical centers as well as psychological benefits such as improved affect. There has been research which suggests that computer mediation might be useful when collecting an individual’s sensitive information (Erdman et al., 1983). Joinson (2001) found that patients were more honest using computer mediated communication and were more likely to report feelings of suicide when contacted by email rather than when contacted by phone. Rekhi et al. (2019) looked specifically at the social media use of participants with schizophrenia and found that posting on social media provides the user with a “non-threatening and less anxiety provoking” place to share (p. 2). Their study also suggested that social media therefore could and should be used in therapeutic settings for people with mental illnesses like schizophrenia (Rekhi et al., 2019).

There is not a great deal of research on the benefits of social media for people with mental illnesses. There is, however, agreement in the field that social media use by those with mental

illness diagnoses may be beneficial for treatment and should be investigated further (Valimaki et al., 2016).

There is a gap in research focusing specifically on the change in mood of people with a mental illness when they post on social media. There has been research that has studied why people with mental illnesses use social media and there have been studies that investigated the effects that social media use has, or has the potential to have, on people with a mental illness. Studying changes in mood after posting is important because if the mood of an individual changes after posting, it is evidence that the post meant something to the person who posted it. If the post has meaning to the individual, it can be an opportunity for a counselor to examine why with their patient.

Berry et al. (2018) reported that certain types of posts predicted lower mood and self-esteem and higher paranoia than other posts in people who do and do not experience psychosis. This finding was part of a study that looked at the overall relationship between social media use and mood, self-esteem, and paranoia in people with a psychosis diagnosis. Their study measured mood and other parameters multiple times a day over six days by sending text messages to participants at random times throughout the day and asking them to report social media use, including posts, and their current mood. Their data pointed to changes in mood, among other things, but many events may have occurred between the times they were contacted that could have affected mood. The present study sought to decrease the likelihood of such events having an effect on mood.

Purpose of Present Study

The main question this study sought to answer was if the act of social media posting affects mood in people with a mental illness. The hypothesis of the current study was that

posting on social media will affect the mood of those with mental illness diagnoses. It was expected that a change in the mood of the participants would occur from before creating their post to after they made their post. It was anticipated that the change could be negative or positive. A secondary goal of the study was to obtain more information about the motivations for posting on social media by people with mental illnesses.

It was thought that this information could facilitate counseling strategies that might help focus counselors and patients on the most important issues early on in therapeutic sessions through an examination of social media posts.

Methods

Participants

Participants were recruited through the recruitment site Prolific.co. Participants were required to have noted on their Prolific.co profile that they have a diagnosed mental illness and that they have an existing Facebook, Instagram, or Twitter account. The participants in this study (n=250) were all at least 18 years of age. The first 250 people who signed up and met the criteria were accepted. There were no quotas for age, sex, or specific mental illness in this study. Each participant received \$1.75 for their participation.

After collecting data, participants (4) who took two minutes or less to complete the surveys were omitted and their data was removed from the study. Table 1 presents findings on the demographics of the sample. As can be seen in Table 1, the overall sample (n=246) was mostly white (177; 72%). The majority of participants were female (155; 63%). The psychological disorder self-reported the most was anxiety (108; 43.9%). Depression was the next most represented disorder (78; 31.7%). Anxiety and depression were the most reported disorders with 76% (186 out of 246) choosing one of these diagnoses. Nineteen participants reported a

diagnosis of bipolar with one individual reporting a diagnosis of schizophrenia. Most individuals who chose “Other” (35; 14.2%) for type of mental illness stated that they had been diagnosed with at least both depression and anxiety (16; 6.5%). Another noteworthy diagnosis reported under “Other” was ADHD, with 10 participants (4%) reporting it as at least one of their diagnoses. Five participants chose not to disclose their type of mental illness. A majority of participants (206; 83.7%) were daily users of social media. The age range most noted by participants was 26-35 (101; 41.1%). The most frequently disclosed highest level of education noted by participants was an undergraduate college degree (90; 36.6%).

Measures

Demographic information, including age, sex, education, race/ethnicity, and diagnosed mental illness, was collected at the end of the survey.

The current study employed three separate measures: the Positive and Negative Affect Schedule (PANAS), the Purposes of Online Memory Sharing Scale (POMSS) and the Post Type survey. The Post Type survey was created specifically for this study.

The PANAS (Merz et al., 2013) was used to measure changes in mood. For the purposes of this study, mood was defined as the state of a person’s emotions. The PANAS incorporates a positive affect scale and a negative affect scale. It is a self-reported measure of affect that has been used in community and clinical settings (Merz et al., 2013). Participants self-report their in-the-moment feelings and respond using a 20-item questionnaire with words that describe emotions (Watson et al., 1988). There are ten positive and ten negative items (Watson et al., 1988). The PANAS utilizes a five-point scale to self-identify current feelings using the following options: Very Slightly or Not at All, A Little, Moderately, Quite A Bit, and Extremely (Watson et al., 1988). The final score for each scale (positive/negative) is added up. The positive affect

score is obtained by summing up the scores on items 1, 3, 5, 9, 10, 12, 14, 16, 17 & 19. The negative affect score is obtained by summing up the scores on items 2, 4, 6, 7, 8, 11, 13, 15, 18 & 20 (Riopel, 2021). There is a range of scores from 10-50 on the positive affect scale and a range of scores from 10-50 on the negative affect scale (Riopel, 2021). Crawford and Henry (2004) conducted a study on the efficacy of the PANAS and found that it is an acceptable measure to utilize when testing a large sample of adults in the general population and that it has adequate validity and reliability. The results for this survey were determined to have excellent internal consistency. For the first administration of the PANAS, Cronbach's Alpha was $\alpha=.92$ for the positive items and $\alpha=.91$ for the negative items. For the second administration of the PANAS, Cronbach's Alpha was $\alpha=.93$ for the positive items and $\alpha=.92$ for the negative items

The POMSS (Wang, 2020) was used to obtain an understanding of participants' motivations for posting on social media. It utilizes a five-point scale that consists of four subscales: self (five items), social (six items), therapeutic (five items) and directive (four items) for a total of 20 items (Wang, 2020). The measure includes the two following choices: "Not at All" or "Exactly My Reasons". Examples of items include: To Express Myself, To Stay in Touch with Family and Friends, To Gain Insight Into my Problems (Wang, 2020). For the purposes of this study, the POMSS was used only to collect data on motivations for posting on social media. This study did not analyze or utilize the subscales. The results for this survey also exhibited excellent internal consistency, as Cronbach's Alpha was $\alpha=.90$.

The creation of the POMSS was studied by Wang (2020) who found that it had "excellent internal consistency" (p. 6) and that it was a valid scale. The study concluded that the POMSS can be useful when researching memory expression and communication.

The Post Type survey was created for the purpose of this study and was used to identify the type of post made to social media. The Post Type survey was developed after receiving input from a group of graduate students who are social media users. Responses include: Song from YouTube or another Video Platform, News Article, Photo Taken by You, Photo Found Online, Quotation, Something Original Written by You, Movie Scene from YouTube or another Video Platform, Live Video, Announcement, Meme, Tik-Tok Reel, LinkedIn Post, Emoji, GIF, Repost from Another Page, Infographic, Screenshot, Check-In, and Q&A. Participants identified the type of post they made.

Procedure

Prior to choosing to participate, potential participants were given a brief description of the study on Prolific.co. Screening for eligibility included: 1) Having an existing Facebook, Instagram, or Twitter account. 2) Having a mental illness diagnosis. 3) Being at least 18 years of age. All three measures (initial administration of PANAS, Post Type, POMSS, final administration of PANAS) were administered through Qualtrics.com.

Through Qualtrics.com, participants were first asked to read and sign a consent form explaining the study. They were then surveyed regarding their current mood using the PANAS. Participants were then asked to make a post on one of their own social media pages (Facebook, Instagram, or Twitter). After they posted, participants were surveyed regarding the type of post they made using the Post Type survey. Participants then rated their general motivations for posting using the POMSS. A second administration of the PANAS was then administered. They were then asked to answer a few voluntary demographic questions.

Statistical Analysis

IBM SPSS Software version 28.0 was utilized to perform the statistical analysis of the current study which focuses on how social media posting affects mood in people with a mental illness diagnosis. All data collected through Qualtrics.com from the three surveys (PANAS, POMSS, Post Type) are included in the statistical analysis, unless the participant finished the survey too quickly.

To test the hypotheses that posting on social media affects mood, a repeated measures ANOVA was applied to measure the change in mood from the first time filling out the PANAS to the second time filling out the PANAS.

Results

The Post Type survey results are in Table 2. The type of post that the participants chose to share on their social media page the most was “Photo Taken by You” (69; 28%) followed by “Something Original Written by You” (47; 19.1%). These original content posts dominated the sample with 116 out of the 246 (47%) total responses. Responses varied after the top two. “Meme” (38; 15.4%) and “Repost from Another Page” (28; 11.4%) were the third and fourth most reported posts, the other 15 types were scattered with no one type reported more than 12 times.

The POMMS results are shown in Table 3. As can be seen in Table 3, the five highest rated reasons for posting on social media as reported by the participants were 1) To express myself (3.52); 2) To stay in touch with friends and family (3.36); 3) To communicate about a special interest or issues that I care about (3.20); 4) To document my personal experiences (3.19); 5) To communicate to many people at once rather than one at a time (3.12).

The hypothesis for this research stated that a change would occur in the mood of participants between completing the initial PANAS and completing the subsequent PANAS. Data showed that participants had a less negative mood the second time filling out the PANAS mood survey. A significant ($F = 12.73, p < .001, df = 1, \text{partial eta squared} = .049, M = -.66, SD = 2.89$) reduction was noted in overall negative mood. Overall positive mood ($F = .03, p = .871$) did not change significantly. The greatest change in mood was in the item Distress with significantly more participants ($F = 25.17, p < .001$) reporting a lower level of this negative mood the second time filling out the PANAS than the first time filling out the PANAS.

The 5 moods that changed the most included 1) Distress (-.2114), which was the only negative emotion in the top 5; 2) Interested, which significantly decreased (-.1911) ($F = 13.58, p < .001$); 3) Proud, which significantly increased (.1789) ($F = 20.49, p < .001$); 4) Alert, which significantly decreased (-.1707) ($F = 7.29, p = .007$); and 5) Inspired, which significantly increased (.1626) ($F = 12.50, p < .001$).

Analysis was conducted to determine whether specific post type or specific type of mental illness had more of an effect on mood than others. There was no significant difference among types of mental illness or types of post and their effect on mood.

Discussion

The main purpose of this research was to study the change in mood after posting on social media by people with mental illnesses. Participant surveys focusing on positive moods and negative moods before and after posting on social media were analyzed. Data on the type of post that participants reported for this study and their motivations for posting in general were also collected.

The measured decrease in negative mood found in this study indicates that there was relief after posting on social media among participants in the study. Although overall positive mood did not change significantly, an improvement in mood can be inferred when negative mood decreases.

The greatest change in mood following a post on social media was a decrease in Distress. These findings indicate that there is a relief effect to posting, or “sharing”, on social media. Individuals may be able to use social media posts to improve overall mood if they are struggling emotionally. Participants likely felt relieved after they posted in this study because their stress level was reduced. When a post is made on social media, the person doing the posting is communicating with other people, as most people who have social media accounts have at least some friends or followers. Every post made is a piece of information from and about the person who is sharing. A decrease in distress after posting on social media indicates that the person doing the posting is relieved by the act of sharing something about themselves with others. The mere act of having contact with others might be a reason for a decrease in distress, and social media gives an individual an audience, as users may be interacting with many people at once. It may also be that distress declined because the participant was anxious about having to choose a subject to post about and about what that might reveal about themselves and were relieved after having made that choice.

The mood Alert decreased significantly, which might be interpreted as meaning that participants found it more difficult to pay attention after they posted. This effect could be attributed to the draining of energy due to the experience of posting. The thought and the worry regarding posting on social media may be overwhelming and leave the individual in a state of fatigue.

The mood Interested also significantly decreased between the time of the initial survey and subsequent survey. It is possible that participants had a heightened level of interest in anticipation of posting and lost that level of interest after posting. Also, the act of posting gave the poster a feeling of relief by taking away stress. When excitement peaks for an event, people may feel a sense of relief and be less interested afterwards.

The mood Inspired significantly increased after participants posted on social media. Participants likely felt a sense of satisfaction and were encouraged by their creativity. Sharing a self-chosen post may be a person's only outlet to express that aspect of their personality in an original manner.

Proud was a mood that also significantly increased after posting. Participants likely felt a sense of satisfaction and accomplishment regarding what they chose to post. The act of completing a required task is often gratifying, adding to feelings of self-worth.

When a person posts on social media, they are at the very least connecting with friends and family, with the potential to be sharing with the entire internet-using world if the individual has a public profile. Although the thought posted on social media might not be rational and might create an issue for the individual later, it creates relief for that individual at the moment they post because it is likely a bottled-up emotion or thought they felt they had to share.

As mentioned in the literature review (Bartolini et al., 2013) humans are social, and social media gives users the opportunity for an audience. The potential audience size, whether large or small, can be controlled by the user. It can be a handful of close acquaintances on Facebook, hundreds of millions of possible audience members if the individual posting has a public profile on Twitter, or just the people you allow to follow and view your Instagram page. Conversely, it also can be an audience of just one, if an individual posts with the "Only Me"

option on Facebook: In this case, Facebook can be used as a private diary. Posting with the “Only Me” option, although limiting the audience, could also affect the mood of an individual.

The social media account holder has complete control of their page. They decide who can interact with them. Only the post the user makes themselves or allows from others can be a part of the page. People are sharing their experiences on something they have control over and have created themselves, which can be a powerful feeling. This feeling of authority might be a factor which leads to a change in mood after posting.

If a person posts a song on social media there is a reason why, of all the songs they have listened to, they have chosen to share that particular one. Everything that a person posts on their social media accounts means something, even if it is posted for only the individual poster to see. A change in mood after posting indicates that the post meant something to the person who shared it.

There may also be feelings of anxiety and anticipation individuals have when posting on social media in part because the individual sharing does not know who will see their post. The individual doing the posting might be thinking about whether or not the post will receive any likes or comments. However, once the post is made, there is less worry. It can be viewed and there is relief because the process and excitement of posting is over.

As mentioned in the literature review (Joinson, 2001), studies have shown that it is less intimidating to share with help from computer mediation. People are more likely to share when the person they are sharing with is not present to show their reaction. Human communication can be nonverbal. Collins et al. (2011) explain that “body lean, head movements, and eye contact have been shown to convey interest, intimacy, and balance of power” (p.158-159). When an individual shares with someone in person, they receive an immediate non-verbal response.

Posting on social media removes that moment of immediate judgment. Sometimes a certain reaction is expected, and an individual might get the opposite reaction. Posting on social media rather than talking in-person takes away that moment of worry about the immediate reaction of the audience.

Regarding the types of posts that participants made, findings indicated that the majority of the participants posted original photos. The second greatest number of posts was “Original Writing by You.” Participants likely posted their own content because they like to share their own thoughts, experiences, and talents. Individuals are indicating that they like what they did and want to show others, or they are proud of it. Relatedly, the POMSS results found that the highest rated reason for posting was “To Express Myself,” indicating that participants had something to say and found social media an effective tool. They might have felt that there was no other avenue by which to share what they wanted to communicate. The second highest rated reason for posting was “To Stay in Touch with Friends and Family”. Participants are posting so that they can stay in touch with the people they care about, or people they would like to communicate with more often. “To Communicate About a Special Interest or Issues That I Care About” was the third highest rated reason for posting. Participants take to social media to discuss hobbies or activities that they enjoy or issues that they believe are important. The fourth highest rated reason for posting was “To Document My Personal Experiences”, participants perhaps feeling that others are interested in what they are experiencing and are proud of what they enjoy doing in their lives. The fifth highest rated reason for posting was “To Communicate to Many People at Once Rather Than One at a Time”, indicating that participants feel that posting is a more efficient way to update their social media followers or friends regarding what is important to them.

There is an item on the POMSS that asks the degree to which participants posted “To Ease My Distress.” The mean was low for that item (2.10) which is interesting because according to the results of the PANAS, the participants overall distress did decrease. These findings indicate that people do not know the potential psychological changes that may result from posting. They do not recognize, for example, that they are easing their distress. These findings reveal that individuals are not always aware of the reasons they post and possibly aren’t conscious of the fact that their mood had changed after posting. Posting on social media is often done without regard for the consequences, positive or negative.

Posting is an action. Every human action has an internal reaction. People may post to get a physiological response, the feeling of being relaxed, even if they are not aware of that effect. This effect may be brought about because the individual has disclosed something about themselves. As mentioned in the literature review, disclosure can also lead to improved health (Smyth, 1998).

Implications

Results from this study indicate that posting on social media results in mood changes. A change in mood after posting on social media suggests that posting on social media may be useable for diagnosis, to predict future behavior, and to aid in counseling. Counselors and patients can explore whether specific posts, made either prior to or during counseling sessions, are related to the reasons the patient has sought treatment. Symptoms might be discernable by a mental health professional directly from a review of posts. Discovering these symptoms and discussing ways to approach them is a critical process for the progression of psychotherapy.

Patient posts could be evidence of trauma not previously adequately processed. If a counselor were to ask a patient to post on social media, the patient then has to make a decision

regarding the content of their post. After the patient posts, the patient and the counselor can then examine that post by exploring questions about the importance of the information shared. There is a chance that the post (song, quote, movie scene, original writing, etc.) can show evidence of trauma that might be causing their mental illness symptoms. A person who has initiated sessions with a counselor might have the issue on their mind, but they might not be able to verbalize it. They might fear sharing information with a counselor, especially at the beginning of counseling when the patient is unfamiliar with the counselor. Due to the process of creating a safe space to share, disclosure can take time, as the patient slowly starts to trust the counselor. When the patient is in some kind of crisis, social media posting can be a way to accelerate the process of opening up early on in sessions.

If a patient chooses a specific song to post, the counselor can question them as to why, of all the songs they have listened to, they chose that specific one. Given that the patient might be in crisis, the song they choose can inform the counselor of what they are feeling. This might provide clues into trauma that the patient has experienced and may have suppressed. Findings from this study suggest that social media can be useful in counseling sessions. Mood changing after a social media post provides indication that the content of that post has meaning for the sharer and could be the start of a breakthrough in counseling.

Limitations

A limitation of this study is that white individuals and women were represented at greater levels than in the general population. Also, most participants indicated that their diagnosis was either anxiety or depression. This demographic information implies that the findings of this study cannot be generalized across all ethnicities, genders, or mental health diagnoses. Another limitation is that all data was self-reported by participants.

Between filling out the PANAS the first time and second time, participants were asked to post on social media. However, there is no way to know whether the participants actually made those posts as requested. This may be mitigated by several possibilities. If they do regularly post but did not for this study, they might have been thinking about a previous post and completed the survey accordingly. If they have never posted, participants could have considered the moods they would have had if they did post. The participants went into the study knowing they would be required to make a post on social media but were not asked to prove that they actually posted.

Future Research

This study focused on how people with mental illnesses respond emotionally after posting on social media. However, most of the participants did not have serious mental illnesses such as schizophrenia or bipolar disorder. Future studies should focus on specific mental illness diagnoses, such as schizophrenia or bipolar disorder, or seek a broader sample of diagnoses. A study in which all participants must have a diagnosis of bipolar disorder or schizophrenia would be worthy of consideration, to test the effect on mood of people with serious mental illnesses by having them post on social media. Conducting the study in a controlled setting, such as an inpatient psychiatric hospital, where patients can be monitored before and after posting to ensure the post was made, would be helpful. Demographic specifics can also be focused upon to ensure a broad representation of races and genders. Future research should include posting that can be completed with a counselor present so qualitative information, including documentation of the words the participant uses to describe how they feel, can be collected along with quantitative information.

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Table 1

<i>Participant Demographics</i>		
Race	N	% Of Total
Hispanic/Latino/a	21	8.5%
Black/African American	20	8.1%
White	177	72%
Asian/Pacific Islander	9	3.7%
Other	15	6.1%
Gender		
Male	84	34.1%
Female	155	63%
Other	7	2.8%
Age		
18-25	57	23.2%
26-35	101	41.1%
36-45	62	25.2%
46-55	20	8.1%
56-65	6	2.4%
65+	0	0%
Education		
Less than High School	2	.8%
High School	28	11.4%
Some College	82	33.3%
College Graduate	90	36.6%
Masters Degree	34	13.8%
Doctoral Degree	9	3.7%
Social Media Use		
Daily	206	83.7%
Weekly	33	13.4%
Less than Weekly	7	2.8%
Type of Mental Illness		
Schizophrenia	1	.4%
Bipolar	19	7.7%
Anxiety	108	43.9%
Depression	78	31.7%
Other	35	14.2%
Prefer not to Disclose	5	2%
Total Sample	246	

TABLE 2

<i>Post Type Results</i>	
Type of Post	Frequency
Song From YouTube or Another Video	
Platform	7
News Article	12
Photo Taken by You	69
Photo Found Online	6
Quotation	6
Something Original Written by You	47
Live Video	2
Announcement	5
Meme	38
Tik-Tok Reel	8
LinkedIn Post	2
Emoji	3
GIF	2
Repost from Another Page	28
Screenshot	4
Check-In	7
Infographic	0
Q&A	0
Movie Scene from YouTube or another Video Platform	0

TABLE 3

POMSS Results

Reason for Post	Mean Rating
To Express Myself	3.52
To Stay in Touch with My Family and Friends	3.36
To Gain Insight into My Problems	1.85
To Share Useful Information, Practical Knowledge or Skills with Others	2.79
To Entertain People	3.08
To Document My Personal Experiences	3.19
To Ease My Distress	2.10
To Influence the Way Other People Think	1.83
To Network or to Meet New People	2.07
To Get Attention	2.19
To Communicate with Many at Once, Rather Than Telling Them One at a Time	3.12
To Get Feedback from Others Who Have Similar Experiences	2.58
To Motivate Other People	2.13
To Record my Thoughts and Feelings So I Can Reflect on Them	2.50
To Feel Close to Others	2.63
To Get Advice from Others	2.17
To Communicate About a Special Interest or Issue That I Care About	3.20
To Help Others	2.37
To Maintain My Social Network	2.76
To Get More Points of View	2.35