OXFORD JOURNAL
OF STUDENT
SCHOLARSHIP

The Conceptual Misapplication of Addiction Theory to Social Media Use

Chae-Eun Jung
chaeeun96749674@gmail.com

ABSTRACT

With the increasing integration of social media platforms into adolescents' daily routines, debates have intensified regarding whether excessive social media use constitutes a behavioral addiction or merely reflects habitual engagement. This study evaluates the claim that social media use should be conceptualized as an addiction by examining evidence from clinical psychology, cognitive science, and neuroscience. Utilizing empirical research, the analysis compares problematic social media use with the defining characteristics of addiction, such as impaired control, withdrawal symptoms, and neurobiological adaptation. The findings indicate that, although certain patterns of excessive use resemble addictive behavior, current evidence does not support classifying social media use as a clinical addiction. Many behaviors attributed to "social media addiction" overlap with general psychological distress rather than constituting a distinct disorder. Additionally, cognitive and neurobiological studies demonstrate that heavy social media users typically retain normal decision-making abilities and executive control. Instead of exhibiting the hallmarks of addiction, social media use more closely aligns with habitual or context-dependent behavior. These findings indicate that the concept of "social media addiction" may represent an overextension of addiction theory. Future research should prioritize identifying contextual and individual factors that contribute to maladaptive patterns of social media engagement.

OVERVIEW

The rapid expansion of social media platforms has fundamentally altered patterns of communication and daily life. Over the past decade, global social media users have increased from approximately 2.08 billion in 2015 to more than 5.6 billion projected in 2026 (Backlinko, 2025). Usage rates among adolescents are especially high, with approximately 91% reporting regular engagement with social media platforms (Duarte, 2026). As daily screen time rises, concerns have intensified regarding the psychological and behavioral consequences associated with excessive social media use.

These concerns have prompted scholars and media commentators to characterize heavy social media engagement as "social media addiction." This concept is frequently compared to substance-use disorders and behavioral addictions such as gambling disorders. According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), addictions are defined by impaired behavioral control, withdrawal symptoms, tolerance, and persistent engagement despite adverse consequences (American Psychiatric Association, 2013).

However, recent research challenges the conceptualization of excessive social media use within an addiction framework. Empirical studies indicate that many frequent social media users do not display the clinical symptoms necessary for an addiction diagnosis. For example, only a small proportion of users meet clinical addiction criteria, even though many individuals perceive themselves as "addicted" to social media. Instead, frequent engagement is more accurately attributed to habit formation rather than pathological dependence.

Given this ongoing debate, it is necessary to assess whether problematic social media use aligns with the defining characteristics of addiction. This paper reviews evidence from clinical psychology, cognitive science, and neuroscience. By comparing patterns of problematic social media use with established hallmarks of addiction, the analysis contends that excessive engagement is more accurately conceptualized as habitual or context-dependent behavior rather than a clinically defined addictive disorder.

CLINICAL CHARACTERISTICS

Addiction is widely defined as a chronically relapsing disorder characterized by compulsive engagement in rewarding stimuli despite harmful consequences. Neurobiological research shows that addictive disorders are associated with alterations in brain circuits responsible for reward processing, stress regulation, and behavioral control (Grant & Chamberlain, 2016; Volkow, Koob, & McLellan, 2016). These changes are reflected in hallmark symptoms such as impaired control over behavior, persistent use despite negative consequences, tolerance, and withdrawal during abstinence.

This section evaluates whether problematic social media use meets these clinical criteria. In particular, it examines whether individuals who engage heavily with social media demonstrate loss of autonomy, clinically meaningful withdrawal symptoms, and a clear distinction between high engagement and pathological dependence. These criteria are essential for determining whether excessive social media use constitutes a clinical disorder or a habitual behavioral pattern.

Clinical Addiction Involves Functional Impairment And Loss Of Autonomy.

A central feature of addiction is impaired control over rewarding behaviors, such as substance use or gambling. According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013), addictive disorders are characterized by persistent cravings, tolerance, withdrawal symptoms, and continued engagement despite severe negative consequences. Behavioral addictions, such as gambling disorder, exhibit similar patterns of loss of control and functional impairment.

However, empirical evidence suggests that problematic social media use does not consistently demonstrate these clinical characteristics. Instead, many symptoms attributed to "social media addiction" appear to reflect broader psychological distress rather than a distinct pathological condition.

For example, Tullett-Prado et al. (2023) examined whether symptoms associated with problematic social media use form a distinct clinical syndrome. Using symptom-level network analysis and latent structure modeling, they found that these symptoms overlapped substantially with indicators of general psychological distress, including anxiety and depressive symptoms. If social media addiction were a distinct disorder, these symptoms would cluster separately. Instead, the findings suggest that current definitions lack clinical specificity.

Similarly, Cheng et al. (2022) applied latent profile analysis to identify subgroups of social media users based on addiction-related criteria. Their results indicated that frequent users did not meet the clinical thresholds of medical harm and loss of autonomy required for addiction. Instead, many reported symptoms overlapped with broader indicators of distress.

Further support comes from Yang et al. (2025), who used network analysis to examine relationships between problematic social media use and mental health symptoms. Their findings showed that core distress symptoms, such as anxiety and panic, occupied central positions in the network, while social media-related behaviors played a secondary, bridging role. This suggests that so-called "addictive" behaviors may reflect underlying psychological distress rather than a distinct loss-of-control disorder.

Taken together, these findings indicate that problematic social media use does not consistently satisfy the clinical criteria required to classify it as an addictive disorder.

Core Addiction Components Do Not Consistently Distinguish Pathological Use From High Engagement.

For excessive social media use to qualify as addiction, it must be possible to distinguish clearly between high engagement and pathological use. However, current research suggests that addiction-based criteria do not reliably differentiate these patterns.

This challenge arises in part because there is no universal threshold for excessive social media use. Screen time varies depending on work, communication needs, and personal preferences. Unlike gambling disorder, where pathological users exhibit clear functional impairment, many heavy social media users maintain normal psychological and social functioning (Andreassen, 2014).

Empirical findings support this distinction. Peng and Liao (2023) used latent profile and network analysis to evaluate addiction-based criteria for problematic social media use. Their results showed that addiction-related symptoms were not consistently associated with functional impairment. Some highly engaged users endorsed multiple addiction-like symptoms while maintaining normal functioning,

suggesting that these criteria reflect engagement rather than pathology.

Further evidence comes from research on the six-component addiction model (Griffiths, 2005), which includes salience, mood modification, tolerance, withdrawal, conflict, and relapse. Although widely used to assess behavioral addictions, Fournier et al. (2023) found that these components did not form a unified construct when applied to social media use. Several components were not linked to psychopathology, indicating that they may represent peripheral features rather than core indicators of addiction.

A similar conclusion is drawn from Marengo et al. (2024), who proposed a bi-dimensional model separating high engagement from problematic symptoms. Their study of Instagram users found that high engagement was associated with positive motivations such as social interaction and self-expression, whereas problematic symptoms were associated with depression, loneliness, and fear of missing out (FOMO). This suggests that high engagement and pathological use represent distinct psychological processes.

Overall, these findings indicate that addiction-based criteria do not reliably distinguish pathological social media use from high but non-problematic engagement.

Social Media Does Not Produce Clinically Meaningful Withdrawal Symptoms.

Withdrawal symptoms are a defining feature of addiction. In substance-use disorders, individuals typically experience intense cravings, emotional instability, and physiological discomfort during abstinence (Volkow, Koob, & McLellan, 2016).

However, research suggests that social media abstinence does not produce comparable withdrawal effects. Instead, the psychological responses to reduced use appear mild and short-lived. Stieger and Lewetz (2018) examined real-time changes in mood, cravings, and daily functioning during periods of reduced social media use. Participants reported mild boredom and occasional urges to check social media, but they did not experience clinically significant withdrawal symptoms. These effects also declined over time rather than intensifying.

Similarly, Wadsley and Ihssen (2023) found no reliable increase in cravings or motivational desire among users who reduced their social media use for one week. Although minor mood changes were observed, participants did not exhibit the withdrawal patterns typically associated with addictive disorders.

Experimental studies of short-term abstinence further support this conclusion. Lemahieu et al. (2025) found no consistent increases in anxiety, stress, or negative mood following social media deprivation. In contrast to substance withdrawal, which produces predictable and significant distress, social media abstinence often results in neutral or minimal psychological effects.

These findings suggest that problematic social media use does not produce the clinically meaningful withdrawal symptoms required to classify it as an addictive disorder. Social media platforms have become integral to contemporary communication, information sharing, and social interaction. Over the past decade, global social media use has increased substantially, rising from approximately 2.08 billion users in 2015 to an estimated 5.6 billion by 2026 (Statista, 2024). Adolescents are particularly frequent users, with over 90% reporting regular engagement with social media platforms (Pew Research Center, 2023). This widespread adoption has prompted growing concern among parents, educators, and researchers regarding the potential psychological and behavioral effects of extensive online activity.

These concerns have led some experts and media outlets to characterize heavy social media use as a form of "addiction" (Andreassen, 2015). This conceptualization is frequently compared to substance use disorders or behavioral addictions such as gambling, as certain patterns, such as compulsive checking or difficulty reducing use, appear similar. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), addictions are defined by loss of control, continued use despite negative consequences, withdrawal symptoms, and increasing tolerance over time (American Psychiatric Association, 2013).

However, recent research indicates that labeling social media use as an "addiction" may be inaccurate. Although many individuals report feeling compelled to use social media, empirical studies demonstrate that only a small proportion of users meet the clinical criteria for addiction (Billieux et al., 2015; Montag et al., 2021). While self-reported feelings of being "addicted" are common, most users do not exhibit the clinical symptoms required for a formal diagnosis. For the majority, frequent social media use reflects habitual behavior and established routines rather than genuine dependence.

This paper critically examines whether problematic social media use aligns with the established definition of addiction. The analysis focuses on three key domains: clinical characteristics, cognitive processes, and neurobiological mechanisms. By comparing these aspects with recognized hallmarks of addiction, the paper contends that so-called "social media addiction" is more accurately conceptualized as a habitual behavior rather than a clinical disorder (Starcevic, 2022).

COGNITIVE CHARACTERISTICS

A substantial body of research suggests that addictive disorders are associated with measurable changes in cognition, particularly in attention, decision-making, and behavioral control. These cognitive impairments play a critical role in sustaining addictive behaviors, as they influence how individuals process information, evaluate risks, and respond to rewards (Volkow, Koob, & McLellan, 2016).

This section evaluates whether individuals who engage in problematic social media use exhibit cognitive impairments similar to those found in addictive disorders. Specifically, it examines attentional bias, compulsivity, and value-based decision-making, which are key cognitive features commonly associated with substance use and behavioral addictions.

Social Media Does Not Consistently Elicit Attentional Bias Comparable To Addiction-Related Cues.

A defining feature of addiction is attentional bias, in which addiction-related cues automatically capture an individual's attention due to conditioned associations with reward (Field & Cox, 2008). In substance-use disorders, such cues can trigger rapid and automatic responses, reflecting heightened sensitivity to reward-related stimuli.

However, current evidence indicates that social media stimuli do not consistently elicit this form of attentional bias.

For example, Thomson et al. (2021) conducted an experimental study measuring attentional bias toward social media stimuli using reaction-time tasks. Their findings showed that participants did not respond faster to social media-related images compared to neutral stimuli, regardless of their level of problematic use. This contrasts with findings from substance and gambling addictions, where attentional bias toward addiction-related cues is typically strong and automatic.

Further research using visual search paradigms also failed to find consistent evidence of attentional bias toward social media stimuli (Thomson et al., 2021). Even when stimuli were embedded within realistic social media interfaces, attention was not disproportionately captured by social media-related content.

One possible explanation for these findings is that social media stimuli are visually complex rather than inherently attention-grabbing. However, Koessmeier and Büttner (2024) tested this hypothesis and found that social media cues did not attract more attention than equally complex neutral stimuli. Additionally, individual differences such as impulsivity, self-control, and fear of missing out (FOMO) did not reliably influence attentional bias.

These findings indicate that, unlike addictive substances, social media does not consistently produce automatic attentional capture. Instead, attention to social media stimuli appears to be more context-dependent and subject to voluntary control.

Social Media Is Flexible And Goal-Directed, Not Compulsive.

Another defining feature of addiction is compulsivity, in which individuals continue a behavior despite awareness of its negative consequences. In substance-use and gambling disorders, individuals often experience an uncontrollable urge to continue the behavior, even when it leads to significant harm.

In contrast, evidence indicates that social media use is generally flexible and goal-directed rather than compulsive. Wilmer and Chein (2016) investigated whether social media use persists under increased cognitive demands. Their findings showed that social media engagement decreased when participants were required to perform cognitively demanding tasks. This suggests that users are able to regulate their behavior based on situational demands, indicating preserved cognitive control.

Further support comes from diary-based research tracking adolescents' daily social media use and goal fulfillment (Van de Casteele et al.). The study found that social media use often served instrumental purposes, such as maintaining social connections or meeting emotional needs. On days when usage aligned with personal goals, participants reported increased satisfaction and positive outcomes.

Similarly, Ozimek et al. (2022) examined how goal activation influences social media use. Their findings showed that individuals were more likely to engage with platforms such as Facebook when it served a specific psychological purpose, rather than due to an uncontrollable impulse. This suggests that social media use is typically intentional and context-dependent.

Taken together, these findings indicate that social media use does not exhibit the rigid, compulsive patterns characteristic of addictive disorders. Instead, social media-related behavior appears adaptable and responsive to situational and psychological factors.

Problematic Social Media Use Does Not Distort Value-Based Decision Making, Unlike Addiction.

Impaired decision-making is another hallmark of addiction. Individuals with addictive disorders often display distorted reward evaluation, favoring immediate gratification over long-term outcomes (Bechara, 2005). This impairment is commonly observed in tasks such as the Iowa Gambling Task, where addicted individuals struggle to shift away from disadvantageous choices.

However, research indicates that problematic social media users do not exhibit comparable impairments in decision-making. Turel et al. (2014) examined decision-making performance among heavy and light Facebook users using the Iowa Gambling Task. Their findings showed that both groups demonstrated learning over time, increasingly selecting advantageous options and avoiding disadvantageous ones. Heavy users did not show impaired performance compared to light users, indicating intact decision-making processes.

Similar findings were reported by Ye et al. (2025), who found no significant differences between excessive and non-excessive social media users in decision-making under ambiguity. Both groups demonstrated comparable ability to evaluate risks and adjust behavior accordingly.

Further evidence comes from Müller et al. (2021), who examined value-based decision-making under conditions requiring evaluation of risks and rewards. Their study found no significant differences between problematic and non-problematic users, suggesting that general decision-making abilities remain intact even among heavy users.

These findings contrast with patterns observed in substance-use disorders, where individuals often display persistent risk-seeking behavior and reduced sensitivity to negative outcomes. In the context of social media use, decision-making appears to remain largely unaffected.

Overall, current evidence indicates that problematic social media use is not associated with the cognitive impairments typically observed in addictive disorders. Specifically, users do not demonstrate consistent

attentional bias, compulsive behavior, or impaired decision-making. Instead, social media use appears to remain largely controlled, flexible, and goal-directed. These findings further support the argument that problematic social media engagement is better conceptualized as habitual or context-dependent behavior rather than a clinical addiction.

NEUROBIOLOGICAL CHARACTERISTICS

A substantial body of research shows that addictive disorders are associated with measurable changes in brain structure and function, particularly in systems related to reward processing, impulse control, and executive functioning. These neurobiological changes are central to addiction, as they contribute to compulsive behavior, impaired decision-making, and reduced behavioral control (Volkow, Koob, & McLellan, 2016).

This section evaluates whether problematic social media use is associated with neurobiological alterations similar to those observed in substance and behavioral addictions. Specifically, it reviews evidence concerning executive control functioning, tolerance-related neuroadaptation, and structural brain changes.

The Executive Control Network Remains Intact In Problematic Social Media Users.

The executive control network plays a critical role in regulating goal-directed behavior, cognitive flexibility, and impulse control. In substance-use disorders, dysfunction in this network, particularly in the prefrontal cortex, is associated with impaired self-regulation and compulsive behavior (Goldstein & Volkow, 2011).

Current evidence indicates that the executive control network remains largely intact in individuals who engage in problematic social media use. For example, Turel et al. (2014) used functional magnetic resonance imaging (fMRI) to examine neural activity during tasks requiring cognitive control in Facebook users. Their findings showed no significant differences in prefrontal activation between social media-related stimuli and neutral conditions. This suggests that heavy users do not exhibit reduced executive control. Similarly, Orkun Aydın et al. (2020) assessed cognitive flexibility using the Wisconsin Card Sorting Test (WCST), a standard measure of executive functioning. Their findings indicated that problematic social media users performed comparably to non-problematic users, suggesting that core executive functions remain intact.

Although some studies report associations between high social media use and executive dysfunction (Golding et al., 2025), these findings are inconsistent and often lack clear differentiation between high usage and problematic use. Additionally, such studies frequently rely on specific populations, such as college students, limiting generalizability.

In summary, available evidence does not strongly support the assertion that problematic social media use impairs executive control in a manner comparable to addictive disorders.

There Is No Evidence Of Tolerance-Related Neuroadaptation.

Tolerance is a defining feature of addiction, referring to the need for increasing levels of a substance or behavior to achieve the same effect. This process is associated with neuroadaptation, in which repeated exposure alters neural responses to reward (Koob & Volkow, 2016).

If social media use were addictive, repeated engagement would be expected to produce diminished neural responsiveness to reward, leading individuals to seek greater stimulation over time.

Current evidence does not support this pattern. Politte-Corn et al. (2024) examined neural responses to reward-related stimuli in adolescents with varying levels of social media use. Their findings showed no evidence that increased social media use led to reduced neural sensitivity to reward over time. Instead, individual differences in reward sensitivity appeared to play a greater role. Similarly, Ciudad-Fernández et al. (2025) investigated whether tolerance-related patterns were associated with problematic social media use. Their findings showed no consistent relationship between heavy usage and tolerance-related symptoms. Unlike substance-use disorders, increased engagement did not lead to progressively intensified use driven by diminished reward effects.

Additional evidence comes from large-scale experimental research on social media abstinence. Allcott et al. (2020) conducted a randomized study in which participants deactivated Facebook for several weeks. The results showed that participants adapted quickly to reduced usage, engaged more in offline activities, and reported improved well-being. Importantly, they did not exhibit signs of tolerance-related distress or increased dependence.

These findings indicate that social media use does not produce the neuroadaptive tolerance mechanisms characteristic of addictive disorders.

Problematic Social Media Use Does Not Cause Structural Brain Changes, Unlike Addiction.

Chronic substance use is associated with structural changes in brain regions involved in reward processing and executive control, particularly in the prefrontal cortex (Volkow et al., 2016). These structural alterations contribute to long-term impairments in decision-making and behavioral regulation.

By contrast, evidence linking social media use to structural brain changes is limited and inconsistent. He et al. (2017) examined gray matter volume in individuals with varying levels of social media use. While some region-specific correlations were observed, these findings were inconsistent and did not indicate widespread structural changes comparable to those found in substance-use disorders.

Longitudinal research provides further support for this conclusion. Achterberg et al. (2022) tracked brain development in adolescents over time and examined its relationship with social media use. Although minor differences were initially observed, these associations did not remain significant after correcting for multiple comparisons. The study concluded that there is insufficient evidence to support a causal link between social media use and structural brain changes. Similarly, Turel et al. (2019) found correlations

between social media use and gray matter volume in regions associated with social cognition. However, the correlational nature of the study prevents causal interpretation. It remains unclear whether social media use leads to structural changes or whether pre-existing differences influence usage patterns. Collectively, these findings indicate that problematic social media use does not produce the structural brain alterations typically observed in addictive disorders.

Overall, current evidence indicates that problematic social media use is not associated with the neurobiological changes characteristic of addiction. The executive control network remains largely intact, there is no consistent evidence of tolerance-related neuroadaptation, and structural brain changes are minimal or inconclusive. These findings further support the argument that problematic social media use does not meet the criteria for a clinically defined addictive disorder.

WHY SOCIAL MEDIA IS OFTEN CONSIDERED ADDICTIVE

Although consistent clinical, cognitive, and neurobiological evidence supporting the classification of social media use as an addiction is lacking, the term "social media addiction" remains prevalent in both academic and public discourse. Multiple factors contribute to the frequent characterization of social media use in addictive terms.

Social media platforms are intentionally designed to maximize user engagement. Features including infinite scrolling, personalized content algorithms, notifications, and social feedback systems such as likes and comments create continuous reinforcement cycles. These design elements activate reward-related processes analogous to those involved in reinforcement learning, thereby encouraging repeated use over time. Consequently, social media can promote habitual checking behaviors that resemble certain aspects of addictive patterns (Montag et al., 2019).

Some researchers argue that social media should be classified as a behavioral addiction due to its activation of dopamine-related reward pathways and its potential to produce compulsive engagement patterns (Montag et al., 2019). However, while these mechanisms resemble reinforcement processes observed in addiction, they do not consistently result in impaired executive control, persistent withdrawal symptoms, or functional impairment. Therefore, these similarities appear superficial rather than diagnostically meaningful.

Social media use is frequently associated with psychological processes that overlap with features observed in addiction. For instance, individuals may experience strong urges to check notifications, difficulty disengaging from platforms, or anxiety when unable to access social media. These experiences can resemble craving or withdrawal-like states, even if they do not meet clinical thresholds (Andreassen, 2014).

Excessive social media use has been linked to negative outcomes, including sleep disruption, reduced academic performance, emotional distress, and increased feelings of loneliness or social comparison. These consequences may mirror the functional impairments observed in addictive disorders, thereby

reinforcing the perception that social media use is inherently addictive.

Public and media discourse has played a significant role in shaping perceptions of social media use. The term "addiction" is frequently used in popular media to describe heavy usage patterns, which may influence how individuals interpret their own behavior. Research suggests that many users identify themselves as "addicted" to social media despite not meeting clinical criteria for addiction. This overgeneralization can blur the distinction between habitual engagement and pathological dependence.

While these features may resemble aspects of addiction, they do not necessarily indicate the presence of a clinical addictive disorder. Unlike substance-use disorders, social media use does not consistently produce impaired executive control, strong attentional bias, or neurobiological changes associated with addiction. Additionally, withdrawal symptoms are typically mild and short-lived, and most users retain the ability to regulate their behavior in response to situational demands.

Although social media use shares certain superficial similarities with addictive behavior, particularly regarding reinforcement mechanisms and repetitive engagement, these similarities are insufficient to justify its classification as a clinical addiction. These patterns are more accurately understood within frameworks of habit formation, motivation, and context-dependent behavior.

KEY FINDINGS AND CONCLUSION

Problematic social media use is associated with significant negative outcomes, such as distraction, disrupted sleep, emotional dependence, and reduced productivity. While these effects may resemble certain aspects of addiction, especially in cases of repetitive or difficult-to-control usage, clinical, cognitive, and neurobiological evidence indicates that problematic social media use does not consistently align with the defining characteristics of substance-use disorders or established behavioral addictions (Shannon et al.; Maza et al.).

Clinical evidence offers limited support for core addiction features, including loss of autonomy, persistent functional impairment, and clinically significant withdrawal symptoms. Cognitive research demonstrates that social media use is generally goal-directed and flexible, with minimal evidence of strong attentional bias or impaired decision-making. Neurobiological findings further indicate that problematic social media use does not disrupt executive control, induce tolerance-related neuroadaptation, or cause structural brain changes similar to those observed in addiction.

Collectively, current evidence is insufficient to justify classifying problematic social media use as a clinical addictive disorder. This conclusion does not minimize the potential harms of excessive use, but rather highlights the conceptual limitations of the addiction framework in explaining these behaviors. Future research should prioritize identifying individual and contextual factors, such as stress, loneliness,

and coping motives, that contribute to maladaptive patterns of social media engagement. Despite substantial research progress, several critical questions remain unresolved.

OUTSTANDING ISSUES AND FUTURE RESEARCH DIRECTIONS

Distinguishing Causality from Correlation

A major unresolved issue concerns the direction of causality. It is unclear whether problematic social media use leads to psychological distress, or if individuals experiencing distress are more likely to engage heavily with social media as a coping mechanism. This ambiguity persists because much of the current research relies on correlational designs.

To address this issue, future studies should employ experimental and longitudinal methodologies. For instance, pre–post intervention studies could assess mental health outcomes before and after reductions in social media use. Randomized controlled trials that assign participants to different usage conditions would further clarify whether changes in social media behavior directly affect psychological well-being.

Differentiating High Engagement from Dysfunctional Use

Another significant challenge is distinguishing high engagement from dysfunctional use. In contemporary digital environments, elevated social media use is socially normalized and frequently encouraged, especially among adolescents. Consequently, usage intensity alone is inadequate for defining problematic behavior.

Future research should aim to identify qualitative distinctions between high engagement and dysfunctional use. Comparative studies of individuals with similar usage levels but differing psychological outcomes may clarify this boundary. Variables such as coping strategies, stress levels, and self-regulation are likely to serve as more meaningful indicators of problematic use than screen time alone. Longitudinal research is particularly valuable for examining how and when high engagement transitions into problematic behavior. Understanding this process could facilitate the identification of early risk factors and inform preventative interventions.

Contextual and Platform-Specific Influences

Social media use is a heterogeneous experience. Different platforms, features, and usage motivations can produce distinct psychological outcomes. However, current research frequently treats social media as a single category, which limits understanding of these variations.

Future studies should employ more context-sensitive approaches. For example, experimental designs could assign participants to specific platforms while controlling for overall screen time. Comparing outcomes such as mood, stress, and loneliness across platforms may reveal important differences in psychological effects.

Additionally, further research should investigate how individual factors, such as anxiety, depression, loneliness, and fear of missing out (FOMO), interact with platform design to influence usage patterns. This approach may yield a more nuanced understanding of why certain individuals are more susceptible to problematic engagement.

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