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Research Paper

Is Sleep Loss Due to Social Media Addiction Associated with Mental Health Conditions?

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ABSTRACT

Since it's advent, social networking sites (SNS) have engulfed the world's internet usage with an estimated 39% of the world's population being users. SNS have addictive properties that result in morphological and hormonal cerebral changes. Continued use of SNS results in changes to grey matter volume within the amygdala and midcingulate cortex that result in a greater drive towards impulsive behaviours. Morphological change does not occur within the reward centres of the brain; however, they do increase in activity when shown a simple "like" on a SNS post. In conjunction with this, continued SNS use results in cerebral hormonal changes. Dopamine pathways within the brain are built to activate not only when they receive reward, but also in anticipation of reward. As dopamine spikes occur when an individual sees positive "likes or comments" on their SNS, the brain eagerly anticipates this feedback and those dopamine pathways stay active. These changes result in SNS addiction. SNS can only be accessed digitally, typically through blue light emitting screens. Artificial blue light has a more potent effect on dysregulation of circadian rhythm compared to natural light through the suppression of melatonin release. SNS addiction leads to an increased exposure to blue light, particularly around bedtime. Leading to a decrease in sleep opportunity. Additionally, notifications due to SNS throughout the night result in disrupted sleep. Sleep patterns are abnormal in the majority of psychiatric conditions, and while disrupted sleep may not be the cause of these conditions, it is certainly a contributing factor. There exist two main categories of sleep, REM and non-REM sleep. REM sleep is associated with processing emotional event through the amygdala. Sleep studies have shown increased amygdala activity in response to negative images in sleep deprived individuals over those who are not sleep deprived. Therefore sleep deprivation resulting in a lack of REM sleep leads to the loss of cerebral ability to deal with negative emotional events. Poor sleep also results in a decreased production of serotonin within the brain, a hormone that plays a crucial role in overall happiness. In conclusion, it is possible for one to become morphologically and hormonally addicted to social media. Resulting in a poor sleep hygiene and sleep deprivation that ultimately contributes to the development of mental health conditions.

Keywords: *Sleep Loss, Social Media, Mental Health*

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The first social media platform was Six Degrees, introduced in 1997 (Dhingra & Mudgal, 2019). Since then, social media has boomed allowing people to communicate with each other constantly in a new, hyper-social, environment. It is estimated that 39% of the world's population use some form of social media and in the UK over 58% of people use a social networking site (Digital Communications, n.d.; Social Media Usage in the United Kingdom (UK) - Statistics & Facts | Statista, n.d.). Social media platforms are only accessible through phones, tablets and computers, leading to increased exposure to digital screens. This essay will explore how people can become addicted to social media, which increases their exposure to digital screens, resulting in sleep loss and a consequent negating impact on mental health (How Does Blue Light Affect Children's Sleep?, n.d.).

Addiction to Social Media

A study carried out in 2017 explored morphological changes in the brain due to social networking site (SNS) addiction. Three different brain regions associated with addiction were looked at: the nucleus accumbens, the amygdala and the midcingulate cortex. The nucleus accumbens processes rewards that motivate behavior, the amygdala is associated with negative reinforcement and the midcingulate cortex is involved in self-control and inhibition of impulses (He, Turel, Brevers, et al., 2017). Addiction occurs when there is increased activity of the neurological structures that drive impulsive behaviors combined with simultaneous hypoactivity of inhibition systems (He, Turel, & Bechara, 2017).

The key morphological change associated with substance addiction is a decrease in grey matter volume. This particularly occurs in regions of the brain involved in impulse control, decision making and conscious desires. Poor cognitive function of a region of the brain is linked to a reduction in grey matter volume meaning substance addiction leads to a decreased ability to control impulses (Connolly et al., 2013). The same changes in grey matter are seen in behavioral addiction too (Weng et al., 2013). Given the same loss in grey matter volume seen in both substance abuse and behavioral addictions, one can assume that the same morphological changes occur in SNS addiction (Yuan et al., 2011).

Research shows that those with a strong addiction to social media have decreased grey matter volume in their amygdala's (He, Turel, & Bechara, 2017). The amygdala plays a critical role in somatic decision making therefore a reduced function would present as increased impulsivity (Gupta et al., 2011). However, unlike other addictions, the grey matter volume of the midcingulate process was shown to increase in social media addiction (He, Turel, & Bechara, 2017). This could be an adaptation to the amygdala defects that occur in SNS addiction. As the mid-cingulate cortex is involved in the inhibition of impulsive behavior, it seems that the brain is trying to regulate the increased impulsivity caused by the decreased grey matter volume in the amygdala. All patients in this study had no clinical impairments to their cognitive function upon assessment using the DSM-IV, which is a potential reason why their brains adapted to the morphological changes. The nucleus accumbens remained the same throughout, with little to no structural changes visible (He, Turel, & Bechara, 2017).

However, there is evidence to suggest that a greater impulsive need is associated with increased grey matter volume in the mid-cingulate process (Cho et al., 2013). Therefore, SNS addiction provides a new morphological change to the brain that is not seen in other behavioral or substance addictions. A combination of a decrease in grey matter of the amygdala and an increase in grey matter of the mid-cingulate cortex leads to a greater drive

towards impulsive behaviors and excessive SNS use. The reward centres (striatum, thalamus, ventral tegmental area and brainstem) of the brain have been shown to increase in activity when shown a "like" on a photo that they have posted despite the lack of morphological change in these centres (Sherman et al., 2016). This demonstrates how we feel more validated by a simple "like" on a social media platform.

Aside from the morphological changes associated with an SNS addiction and the increased activity of reward centers; there are also hormonal changes that occur in the brain. Dopamine is a neurotransmitter that is associated with reward-motivated behavior in the brain. Dopamine plays a role in the function of motor control, motivation, arousal and reward (The Role of Dopamine as a Neurotransmitter in the Human Brain - Enzo, n.d.). One of the major roles of dopamine is reward for perceived beneficial behaviors, encouraging us to repeat them. The brain contains four major dopamine pathways: the mesocortical, mesolimbic, nigrostriatal and tuberoinfundibular pathways. All of these pathways, excluding the tuberoinfundibular pathway, are reward pathways and function differently in addiction. These three pathways become active when the brain is anticipating rewarding events to occur. Positive social interactions stimulate these pathways and therefore increase the dopaminergic reward associated with them. Social media platforms provide a hypersocial online environment, where approval by another human can be assessed simply with a 'like' on Instagram or Facebook etc. This positive stimulus generates a dopamine influx. If humans perceive a reward to be delivered at random and if checking to see if that reward has been received comes at little cost, then one will check habitually in a subconscious attempt to stimulate the dopaminergic reward pathway. This is how gambling addiction occurs and the same principle applies to social media addiction. Checking an electrical device for messages or likes becomes so routine that one checks their phone repeatedly when they are not otherwise engaged.

How does blue light affect the sleep-wake cycle?

There are physiological changes that occur due to social media usage showing that it is a form of behavioral addiction. Globally the average time spent on social media throughout the day amounts to 143 minutes as of 2024 (Global Daily Social Media Usage 2024| Statista, n.d.). The most active periods, on Facebook, were found to be 11am, 3pm and 8pm (When Are Facebook Users Most Active? [STUDY] | Mashable, n.d.). Statistics show that worldwide people spend an average of 6 hours and 40 minutes looking at screens (Revealing Average Screen Time Statistics for 2025, n.d.). This includes social media usage, watching television and browsing the internet. This societal addiction to social media has led to an increase in exposure to blue light emitted from LED screens.

The electromagnetic spectrum of visible light consists of a range of wavelengths that humans are able to perceive. The wavelengths can be broken down into colours: violet, indigo, blue, green, yellow, orange and red. Blue light is the third shortest wavelength; shorter wavelengths are associated with greater energy production. Digital screens use LED back-light technology and emit blue light at a higher concentration than that of visible light. The body uses visible light emitted by the Sun to help regulate the sleep-wake cycle. However, artificial blue light from screens has a more potent effect on the dysregulation of this cycle than natural visible light. It directly affects the production of melatonin, the hormone involved in inducing drowsiness (Blue Light Has a Dark Side - Harvard Health, n.d.).

The suprachiasmatic nucleus of the brain generates a circadian rhythm. The rhythm causes wakefulness in the morning due to cortisol. Then a period of declined energy occurs between 1 and 3pm, followed by another spike in energy and finally drowsiness as it gets dark. The pineal gland releases melatonin as a result of stimulation by the suprachiasmatic nucleus. The regulation of this melatonin is crucial in the maintenance of the sleep-wake cycle (Benarroch, 2008).

Blue light affects the circadian rhythm of the body. Low light is detected by the retina, which sends signals to the suprachiasmatic nucleus of the hypothalamus. This in turn stimulates the pineal gland to secrete melatonin, which promotes sleep. Artificial light, particularly blue light, can distort this endogenous body clock. Blue light in particular affects this system much more than other waveforms. A study exposed two different groups of people to 6.5 hours of blue and green light independently (Blue Light Has a Dark Side - Harvard Health, n.d.). Green light has a longer wavelength than blue light and thus has less of a penetrating effect as shorter wavelengths of light are not as well absorbed and so penetrate deeper (Light in the Ocean | Manoa.Hawaii.Edu/ExploringOurFluidEarth, n.d.). Those with blue light exposure had double the reduction in melatonin secretion than the green light group. The blue light also shifted the circadian rhythm of the participants by twice as much compared to green light. This portrays the potent effects of blue light to repress sleep (Blue Light Has a Dark Side - Harvard Health, n.d.).

Physiological addiction to social media has resulted in increased exposure to blue light. This is consequently impacting upon sleep. One of the times Facebook is commonly used is 8pm (When Are Facebook Users Most Active? [STUDY] | Mashable, n.d.). The National Sleep Foundation recommends going to sleep between 8pm and midnight (Best Time to Sleep for Different Age Groups: Benefits and Side Effects, n.d.). Total recommended number of hours of sleep each night varies with age; adults (24-64 years of age) need 7 to 9 hours of sleep per night. This is not the amount of sleep opportunity one gives themselves, for example going to bed at 11pm and waking up at 6am does not correlate to 7 hours of sleep as it is impossible to fall asleep immediately. Not providing oneself with adequate sleep opportunity means an individual will not receive all the necessary sleep cycles their body requires (Hirshkowitz et al., 2015).

Social media usage before sleeping is affecting sleep quality and quantity. A study compared people who rarely check their social media before bed to those that do; those that checked social media before bed were 1.5 times more likely to have disturbed sleep (Sidani et al., 2016). A different study with 268 young adults found that 37% believed they were losing sleep due to social media usage (Espinoza & Juvonen, 2011). 25% of adolescents report that they have disturbed sleep due to incoming notifications from social media applications (Van Den Bulck, 2003). 86% of young people sleep with their phone in their bedroom, in their hand or under a pillow (Teens and Mobile Phones | Pew Research Center, n.d.). It is evident that it is not only blue light emission from devices that is disrupting sleep, but also notifications and messages throughout the night from SNS.

Poor mental health as a result of social media usage and lack of sleep

Social media affects mental health in numerous ways. A study in America with 1765 young adults (aged 19 to 32) showed that those who spent the most time on social media had 2.55 times the risk of obtaining eating and body dysmorphic disorders compared to those who rarely used social media. Another study demonstrated that increased social media usage correlated with increased odds of developing depression (Sidani et al., 2016).

"There is no major psychiatric condition in which sleep is normal. This is true of depression, anxiety, post-traumatic stress disorder, schizophrenia and bipolar disorder" (Walker, 2017). The longstanding belief was that problems with sleep are a symptom of psychiatric disorders such as depression (Al-Abri, 2015). However studies have shown that brain activity similar to that of different psychiatric illnesses can be replicated in healthy individuals by inducing lack of sleep (Walker, 2017). This shows how sleep loss is positively correlated with mental health disorders and can even precede psychiatric illness. A study of 1000 adults, between the ages of 21 and 30, showed that those who initially presented with insomnia were four times more likely to develop depression three years later. Another study showed how problems with sleep preceded anxiety and depression, 27% and 69% of the time respectively (Sleep and Mental Health - Harvard Health Publishing - Harvard Health, n.d.). It is now believed that the relationship between mental health disorders and sleep loss is bi-directional, meaning each can cause the other (Al-Abri, 2015). It would be naïve to believe that sleep loss is the only cause, or even the main cause, of mental health issues as there is not yet enough evidence. However it is a contributing factor. There are two categories of sleep, REM and non-REM sleep. Dreaming occurs during REM sleep and is strongly associated with one's ability to process and deal with emotions.

Therefore a lack of REM sleep will result in a reduced ability to deal with previous or new emotional events (Walker, 2017). The amygdala is important in emotional control and is strongly associated with the frontal cortex. The two work together to regulate emotion (Banks et al., 2007). A study kept participants awake for 35 hours, and then assessed their responses to negative images. The amygdala's of those who were sleep deprived showed greater responses to negative images than those who were not sleep deprived. There were also fewer links in the brain between the amygdala and the frontal cortex, demonstrating that sleep deprived participants were less able to control their emotions (Why a Lack of Sleep Makes Us Depressed … and What We Can Do about It, n.d.). Restless REM sleep is seen in many individuals with psychiatric disorders and is associated with a reduced plasticity of the amygdala. A lack of REM sleep disallows the amygdala to adapt and results in continued amygdala reactivity. Poor REM sleep is seen in insomnia, depression and anxiety (Wassing et al., 2019).

Globally Depression is the second most common mental illness with 280 million patients diagnosed with it as of 2023 (Depressive Disorder (Depression), n.d.). It is believed that reduced activity of serotonergic pathways plays a role in the pathophysiology of depression (Cowen & Browning, 2015). Serotonin is a neurotransmitter of the brain associated with wellbeing and overall happiness (Cowen & Browning, 2015). The hippocampus receives a lot of innervation by serotonergic neurons and so is heavily involved in emotional processing (Dale et al., 2015). Sleep deprivation causes a decline in serotonin levels of the hippocampus and the frontal cortex (Bjorvatn et al., 2002). As established earlier the frontal cortex is linked to the amygdala in mood control. Therefore the reduced production of serotonin due to lack of sleep is a contributing factor towards depression as it dysregulates the hippocampus and frontal cortex.

CONCLUSION

Social media usage has been linked with poor mental health. This essay has reviewed one of the many reasons as to why social media can cause mental health problems, a lack of sleep. Individuals can develop physiological addictions to social networking sites. Decreased grey matter in the amygdala and increased grey matter in the mid-cingulate cortex show how the brain adapts to social media and the hyper-social environment it presents. Social media leads

to the brain losing its ability to inhibit impulsive decisions, in a way that has not been documented before in behavioral or substance addictions. It has also been shown how social media usage leads to addictive behavior via a neurotransmitter route. There is an increase in dopaminergic reward by seeing a "like" on a photo, which is associated with an increase in activity of reward regions of the brain.

It is possible to become physiologically addicted to social media as a result of morphological changes in the brain. This causes individuals to spend many hours on social media every day. This increased exposure to blue light from digital screens leads to a disruption of our natural circadian rhythm that regulates our sleep-wake pattern. This disrupted rhythm, which is partly caused by social media, leads to many people going to sleep later and therefore reducing their quantity of time spent sleeping. The quality of sleep is also ruined by social media due to disruption during the night from notifications and messages.

Sleep loss is strongly linked to poor mental health and psychiatric disorders in particular depression. Lack of REM sleep leads to a reduced ability to process emotions. The link between sleep loss and psychiatric disorders is a relatively new area of study, with the leading theory of the cause being that we lose links to the amygdala from the frontal cortex. This, alongside a decreased grey matter volume, decreases function of the amygdala, demonstrating how SNS addiction and sleep loss is a destructive combination.

In conclusion it is clear that one can become physiologically addicted to social media and lose sleep as a result of it. A lack of sleep is strongly associated with mental illness and it is now believed that there is a bi-directional relationship between the two. I believe that sleep loss as a result of SNS is a contributing factor to the psychiatric disorders that are associated with social media.

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Conflict of Interest

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