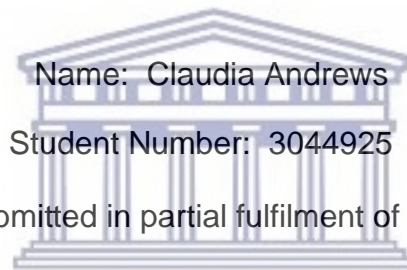**UNIVERSITY OF THE WESTERN CAPE**

Faculty of Community and Health Sciences

MASTER'S RESEARCH THESIS

MENTAL HEALTH CARE USERS' PERCEPTIONS AND

EXPERIENCES OF THE

USE OF SOCIAL NETWORKING SITES

Name: Claudia Andrews

Student Number: 3044925

A full research thesis submitted in partial fulfilment of the requirements for the

degree Master of Science in Occupational Therapy

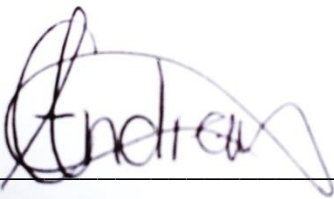Department: Occupational Therapy Department

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Date: December 2022

Declaration

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

12 December 2022

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Abstract

Introduction

The emergence of Social Networking Sites (SNS) has changed the way people communicate and connect with their world and has become a large part of our daily lives. While this is a global phenomenon, South Africa has amongst the highest rates of SNS usage worldwide. Coupled to this and with modern life becoming more demanding, there has been an alarming increase in mental health diagnoses. However, there is limited occupational therapy research that has explored the influence of SNS on mental health care users in South Africa

Methodology

In this study, a qualitative research approach was used with a descriptive, exploratory design. One semi- structured interview was conducted with each of the nine participants, and thematic analysis was used to synthesis the data.

Findings

The following themes and categories emerged: Theme 1, Why I use it (SNS), with the following categories, (1) What I engage in? (2) Interests, hobbies and work-related activities; and (3) Sense of belonging. Theme 2, Virtual Support System, with the following categories, (1) It (SNS) changes the way we communicate; (2) I want to be connected but I don't want to be connected; (3) Social support system; and (4) Connected but not alone. Finally, Theme 3, The dark side of using SNS, with the following categories, (1) "It takes the joy out of life"; (2) Failure to launch; (3) Addicted to the drama; and (4) "I can't stop".

Conclusion

There was a paradox for the use of SNS amongst the participating mental health care – although SNS played a perceived positive role in the participants lives they dark side

of this occupation had a much great influence on their mental health SNS was found to be a meaningful occupation although it could also have a negative influence on mental health. The study provided insight regarding the occupation of social networking and the use of SNS for mental health care users. Furthermore occupational therapists should consider integrating educational programmes about the risk of SNS into life skills programmes.

Keywords: experiences, mental health, mental health care users, occupation, occupational therapy, perceptions, roles, social networking sites, model of human occupation

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To both of my supervisors, Thank you! We have walked a very long road together. Thank you for shaping me into the researcher and occupational therapist I am today. Thank you for your support, understanding and guidance.

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Abbreviations

ADL - Activities of daily living

BP - Bipolar disorder

COVID-19 - Coronavirus disease

DARPA - Defence Advanced Research Projects Agency

DSM-IV - Diagnostic and Statistical Manual IV

FAD - Facebook Addiction Disorder

FB - Facebook

FIFA - Fédération Internationale de Football Association

FM - Facebook messenger

FOMO - Fear of missing out

GG - Google

IG - Instagram

MHCU - Mental Healthcare Users

MIT - Massachusetts Institute of Technology

MOHO - Model of Human Occupation

PT - Pinterest

SA - South Africa

SC - Snapchat

SNS - Social Networking Sites

TI - Tinder

TW - Twitter

UCLA - University of California, Los Angeles

USSR - The union of Soviet Socialist Republic

WA - WhatsApp

WHO - World Health Organisation

Definition of Terms

Experiences - the fact or state of having been affected by or gained knowledge through direct observation or participation (Merriam-Webster, 2016).

Social Networking Sites (SNS) – web-based services that allow individuals to (1) construct a public or semi-public profile within a bounded system, (2) articulate a list of other users with whom they share a connection, and (3) view and traverse their list of connections and those made by others within the system (Boyd & Ellison, 2008). These sites include Facebook, Twitter and Instagram. For the current study this includes the occupation of social networking online.

Mental health care user – a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of a user (Mental Health Care Act 17 of 2002).

Occupation - chunks of culturally and personally meaningful activity in which humans engage that can be named in the lexicon of culture (Clark et al., 1991).

Occupational therapy - is a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life (World Federation of Occupational Therapy, 2012).

Perceptions – the way one thinks about or understands someone or something (Merriam-Webster, 2016).

Mental health – is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community (World Health Organization, 2016).

MOHO - a model that shows the dynamic open cycle system of human actions and how humans create and alter their jobs in connection with the environment. (Kielhofner, 1980)

Roles – the Occupational Therapy Domain and Process Framework defines roles as sets of behaviours expected by society and shaped by culture (American Occupational Therapy Association, 2015).

CHAPTER ONE

STUDY INTRODUCTION

1.1. Introduction

This chapter outlines the researcher's reflexivity statement, which explains who the researcher is and the lens through which she examined the research. The background of the study is then presented, providing a brief overview of mental health care users' experiences and perceptions of the use of social networking sites. The statement of the problem is presented as well as the research question, research aims, and objectives, followed by the significance of this study. A definition of key terms is provided, and an overview of chapters in this thesis is presented.

1.2. Reflexivity Statement

The following section is an introduction to the researcher as well as her reflexivity statement. Reflexivity was used by the researcher to ensure trustworthiness within the study. In this section the researcher identifies potential biases that could have occurred within the research. (Curtin & Fossey, 2007). According to Steier (1991), reflexivity is defined as the assumption that the researcher is as much part of the research as the person being researched. In the following statement the researcher discusses her own thoughts and feelings surrounding the research and reflect on how this may have influenced the interpretation of the data and the presentation of the findings.

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1.2.1. Introducing the researcher

My name is Claudia Andrews. I am a Caucasian, female from a middle-class upbringing currently residing in Cape Town, South Africa. I grew up in a small urban town in Gauteng, South Africa. I am a daughter of a teacher and a swimming instructor, and this shaped who I am today as I was raised to always question and find out about the world that I live in and how I fit into this world. More importantly my parents taught me to ask the questions "how can I help make a difference?" and "how can I change the world?". This foundation and value system has helped shape me into the occupational therapist and researcher I am today.

I am married with a daughter of my own. I fell pregnant shortly after starting the current research and this life role has changed and shaped how I see the world and especially mental health. This research project has grown with my daughter, and I often see it as my second child as both the role of mother and researcher have their parallel thought processes.

Firstly, ensuring that I was doing the best from my clients and participants. Making the right decisions to ensure the health and safety of my participant but also taking into consideration that I am also in the role of therapist, friend and confidant to people in a vulnerable time in their lives weighed heavily on me at times during the research project.

Secondly, another factor that I found myself constantly reflecting on during this process is 'how to walk' a very thin line between being a new mom, wife, occupational therapist and a researcher. This gave me a different insight to what my clients and participants were experiencing as at various points of the research I found myself having difficulty balancing all the expectations as defined to me by the roles I had undertaken in my life. It was a challenge balancing my own mental health versus

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supporting the mental health of the participants in the study, as well as my family needs.

1.2.2. My Interaction with Social Networking Sites (SNS)

I was introduced to the internet in early adolescence. I found the whole concept exciting and fascinating. I clearly remember how excited I was to be able to spend a half an hour once a week on the internet (in those days there was less choice and the speeds were slower, but it was still a new and fascinating world). At that stage the internet was so slow and expensive to use that I was only able to open one page in that time, but this interaction made the world feel smaller and more within my reach. I joined Facebook for the first time in 2016 when it was suggested by my boyfriend, who is now my husband, because it was the only way to "let people know you are in a relationship". Reflecting on my own early interactions on SNS, I was eager to share what was happening in my life and my experiences. I noticed how more and more of my friends and family were joining and the world felt smaller and more connected.

Over time I moved into clinical practice as an occupational therapist and was working within a private psychiatric clinic. During this time, I happened to complete a session on communication and when I walked out of the group I was taken aback by the silence in the common area. It was strange to me as the group had just been lively and animated and fully engaged with each other. I then looked around and realised all the group members were absorbed in their phones. On my drive home I started wondering how that engagement with their phones had altered the way they thought and felt. I started inquiring about this interaction during my groups and this is how the research topic developed. This was the start of my journey into exploring how engagement with social networking sites influences mental health.

1.2.3. The role of clinician and researcher

During the research process I found it challenging to engage with the information from an unbiased perspective, but with the assistance of my supervisor and peers within the field of mental health, I was able to view the data I was gathering from a more holistic perspective, and not be swayed by any bias.

During the data collection phase I found that the more I engaged with the topic with the participants, not only from a research perspective but also a therapeutic one, I sometimes questioned if my role as therapist was influencing my role as researcher. This was evident to me when talking to the participant that I needed to take into consideration my role as both the researcher and the clinician. I often needed to balance where the participant was within their own therapeutic process and the influence the research would have on the participant. I relied on the guidance of the participants' mental health support team to support both the participant and myself to ensure that I remained neutral without compromising the therapeutic relationship.

1.2.4. Final reflections

As a researcher and occupational therapist, I have found that this topic has not only influenced my interaction with my clients but also within my own family and friends' circles and wider community. This is because I found myself discussing this topic within social contexts as I found that people are becoming more aware of their own relationships with SNS and the role it plays within their own lives. Over the past few years of engaging with this research I have found that society has become more aware that SNS usage is shaping their engagement with their mental health.

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1.3. Background to the Study

The modern world is in constant flux and in many ways, it is becoming smaller (with people being more contactable than ever before) with the invention of the internet and new technologies that created social networking sites (SNS), making society more connected and communicable (Dahlman, 2006). With this increase in communication however, studies have found that these SNS have had a significant effect on the mental health of its users (Scott et al., 2020). This will be discussed further in Chapter Two, the review of literature chapter.

The following sections will examine these concepts in more detail to give a better understanding into the background of the study:

1.3.1. How the Internet Started Globally

In 1962 The Defence Advanced Research Projects Agency (DARPA) and Massachusetts Institute of Technology (MIT) Researcher, J.C.R Licklider conceptualised a system called "Galactic Network", a "globally interconnected set of computers through which everyone could quickly access data and programs from any site" (Leiner et.al. 1997, p. 102). Fuelled by the Cold War between America and the Union of Soviet Socialist Republics (USSR), the development of a distributed network for military research was sought (Keefer & Baiget, 2001). An initial trial of this network took place between computers at University of California, Los Angeles (UCLA) and the Stanford Research Institute took place in 1969 (Keefer & Baiget, 2001). By the end of that same year, computers at the University of California Santa Barbara and the University of Utah also were connected to this pioneering venture, named ARPAnet. A year later there were ten nodes spanning the country. The first public demonstration of ARPAnet took place in October 1972 at an international conference on computer communications. As local area networks expanded in the 1970's and 80's more and

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more communities became connected, they were all able to communicate amongst themselves, thus effectively creating the network of networks that was to receive the name "Internet". The lid was finally blown off the relatively complacent evolution of the Internet when, in the mid-1990s, the World Wide Web became accessible to millions, thanks to the development of user-friendly web browsers which in turn became the SNS we use today (Zittrain, 2006).

1.3.2. *How the Internet Started in South Africa*

The first known use of the internet in South Africa (SA) occurred in 1988 when the first link to the internet occurred at Rhodes University in Grahamstown (Lawrie, 1997; Buys, 2000). This connection was made during a time period in SA history known as Apartheid. This led to governmental censorship and restrictions placed on communication and international relations, isolating South African citizens from the rest of the world. Due to the implementation of these strict censorship policies on information sharing SA fell behind with technological and communications advancement, essentially delaying the technological revolution within the country. Once the embargo was lifted in 1992 the development of the internet started to speed up (Lawrie, 1997).

Towards the end of 1992, the internet became available for private and business use allowing the internet to become accessible to the everyday person (Venktess, 2016). Initially, the internet in SA was accessible for the upper socio-economic classes and the growth and use were slow among most of the rest of the population for two reasons, the price and the limited infrastructure. When SA was granted the opportunity to host the 2010 FIFA World Cup, the internet infrastructure within SA was revamped and upgraded and this truly opened the access of the internet to the mass population

of SA (Steinbrink et al., 2011). Figure 1-1 below shows the growth of some of the largest SNS in South Africa over a mere seven-year period since 2010.
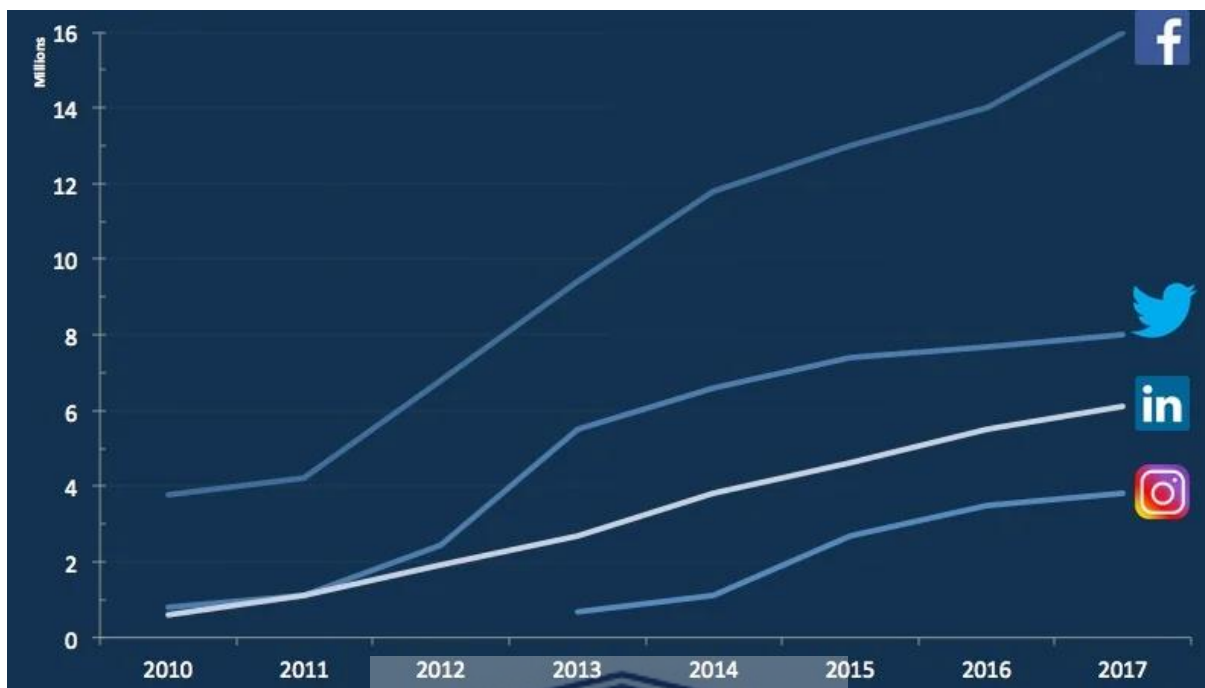
Figure 1-1: Growth of Facebook, Twitter, LinkedIn, and Instagram in South Africa since 2010 (Vermeulen, 2017)

From this growth rate and with the influence of the COVID-19 pandemic, it can be assumed that SA is still in the infancy of its exposure to the internet and the influences on the population are yet to be determined as limited research exists surrounding this specific topic in South Africa.

1.3.3. Social Networking Sites (SNS)

The following section creates a theoretical understanding of the development of the internet and SNS, from its inception globally, and within SA. This section will show that within SA, due to the political sanctions, that SA was over 20 years behind the rest of the world when it came to the use of the internet, and that SA quickly caught up and was exposed to the same internet and SNS exposure as the rest of the world.

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1.3.3.1. Social Networking Site Global Statistics

In January 2021, research conducted by wearesocial.com (2021) found that the world's population consisted of 7,83 billion people with 56.4% of the population living in urban areas. Of the world's population, it was found that 5.22 billion people are smartphone users and a further 4.66 billion people use the internet. It was further found that 4.20 billion (more than half the world's population) are active on social networking sites. In addition, 53.6% of the world's population is said to use social networking sites, with an average daily usage of 2 hours and 24 minutes per user estimated (Chaffey, 2021). These statistics are further highlighted in Figure 1-2.
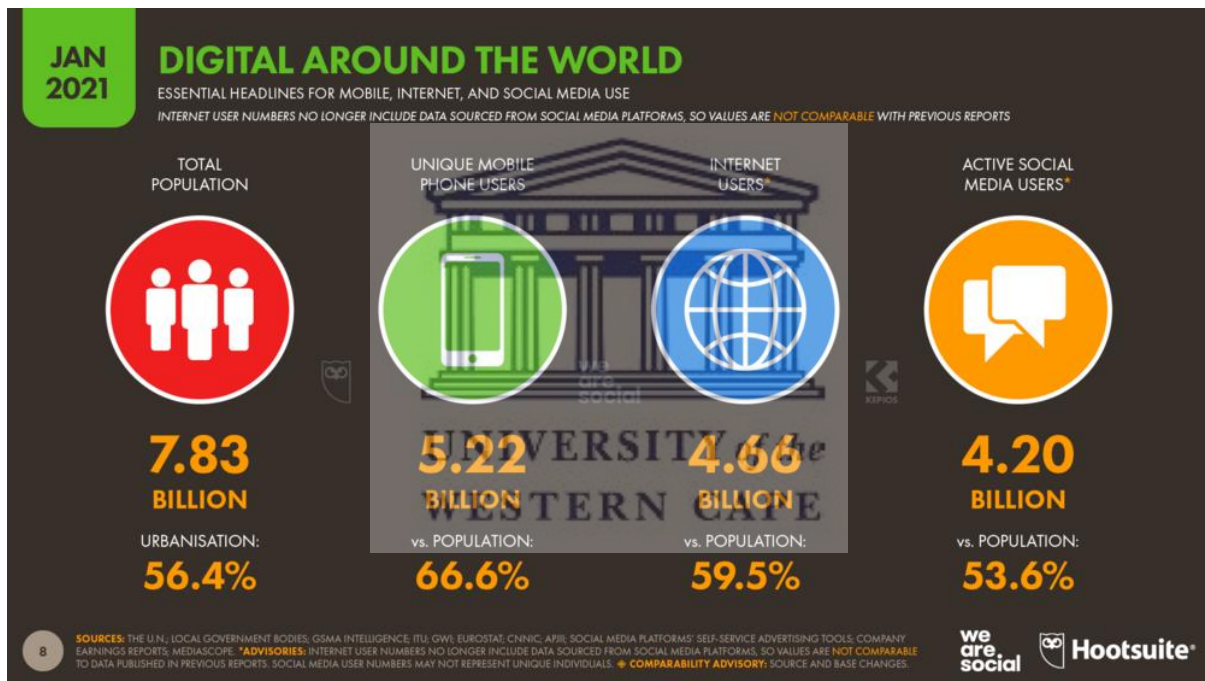
Figure 1-2: Digital global statistics (Chaffey, 2021)

1.3.3.2. Social Networking Site Statistics in South Africa

Social networking sites have essentially started taking over our daily lives and interactions, becoming commonplace in all we do from our community interactions, personal lives right through to our work and educational engagements. In January 2015, it was reported that 24.6 million people in South Africa were using the internet

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with 11.8 million people actively using social media (Shezi, 2015). These statistics differ slightly from those of Statista Research Department (2021), which tracked the number of SNS users in South Africa from 2017 to 2021 and forecast the statistics to 2026 (see Figure 1-3).

Notably, can be seen the large uptake of SNS users between 2020 and 2021, moving from 22.89 to 30.01 million users, and this can most likely be attributed to the COVID-19 Pandemic and the fact that with the national shutdown this was most people only avenue to engage socially.
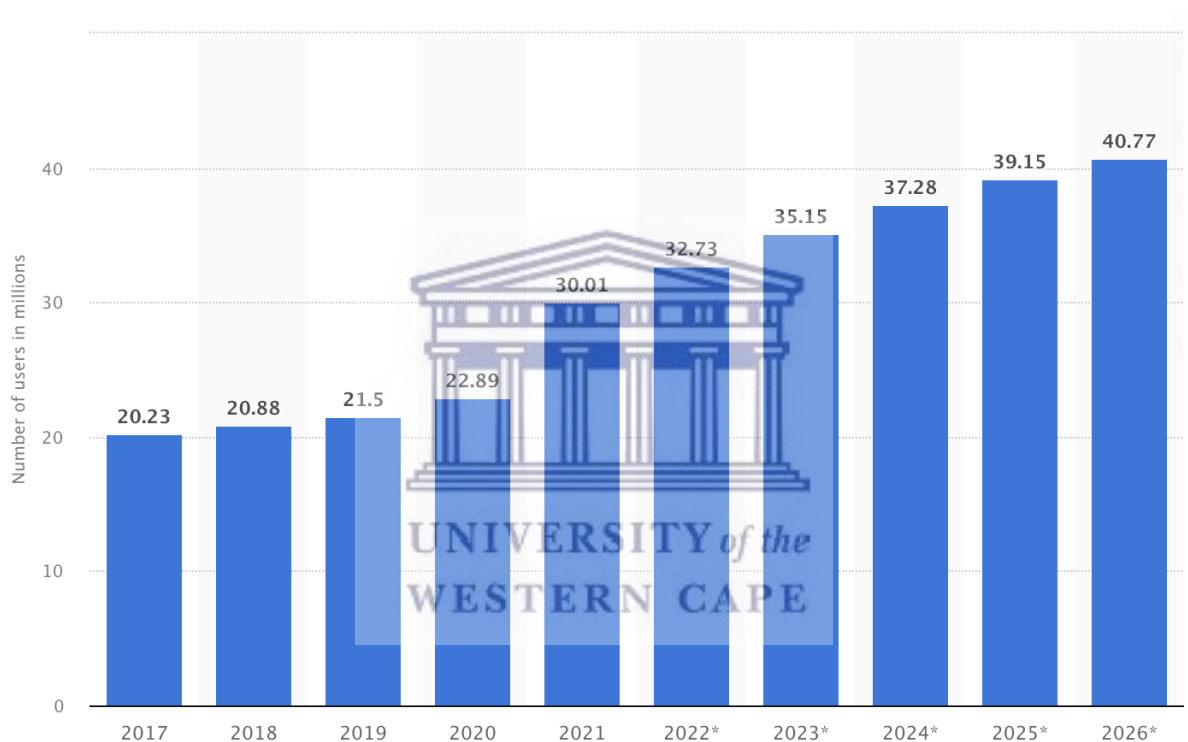
Figure 1-3: Growth in South African SNS users 2017 - 2026 (Statista Research Department, 2021).

It was estimated in an article written by Malinga (2022) in 2022 that 30 million South Africans are currently active on SNS. Malinga (2022) further reported that in the SA Social Media Landscape 2022 study that it has been identified that with half the South African population using SNS a new approach is needed "staying connected while staying apart", this statement highlights the need for in depth research and the

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added need for the current study. With the vast majority of the world's population engaging in the use of SNS it would be important to examine the influence that this engagement has on the user and their mental health.

It is important to note when looking at the most recent statistics of SNS usage, especially the concept of "staying connected while staying apart, is largely related to the outbreak of the Novel Coronavirus (COVID-2019) pandemic and the implications of the global restrictions.

1.3.4. The COVID-2019 Pandemic and Social Networking Site usage

The outbreak of novel coronavirus 2019 (COVID-19) was first reported in Wuhan, Hubei Province, China in December 2019 and the disease quickly spread globally. With an incubation period of 12 days or more after exposure, COVID-19 quickly started spreading internationally (Zhu, et al., 2020).

The COVID-19 pandemic, due to the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has caused a worldwide sudden and substantial increase in hospitalizations for pneumonia with multiorgan disease (Wiersinga et al., 2020). South Africa reported its first COVID-19 cases on February 29, 2020. By March 5, 2020, the President of the Republic of South Africa declared a national state of disaster to mitigate the potential impact of the COVID-19 pandemic. With increasing COVID-19 cases and no vaccine at the time, the South African authorities and health system implemented drastic measures to stop the spread of the disease. These measures included scaling up the testing process, a national total lockdown, travelling restrictions internally and local (inter-provincial) except workers providing essential services, bans on large gatherings as well as on the sale of alcohol and cigarettes, started campaigns for physical distancing, practising good hygiene, implementation of

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a general curfew, and most importantly for this study, the implementation of stay/work from home as mandated by the lockdown (Mbunge, 2020). This led to an increase in SNS usage and an overall increase in online usage as can be seen in Figure 1-4 below.
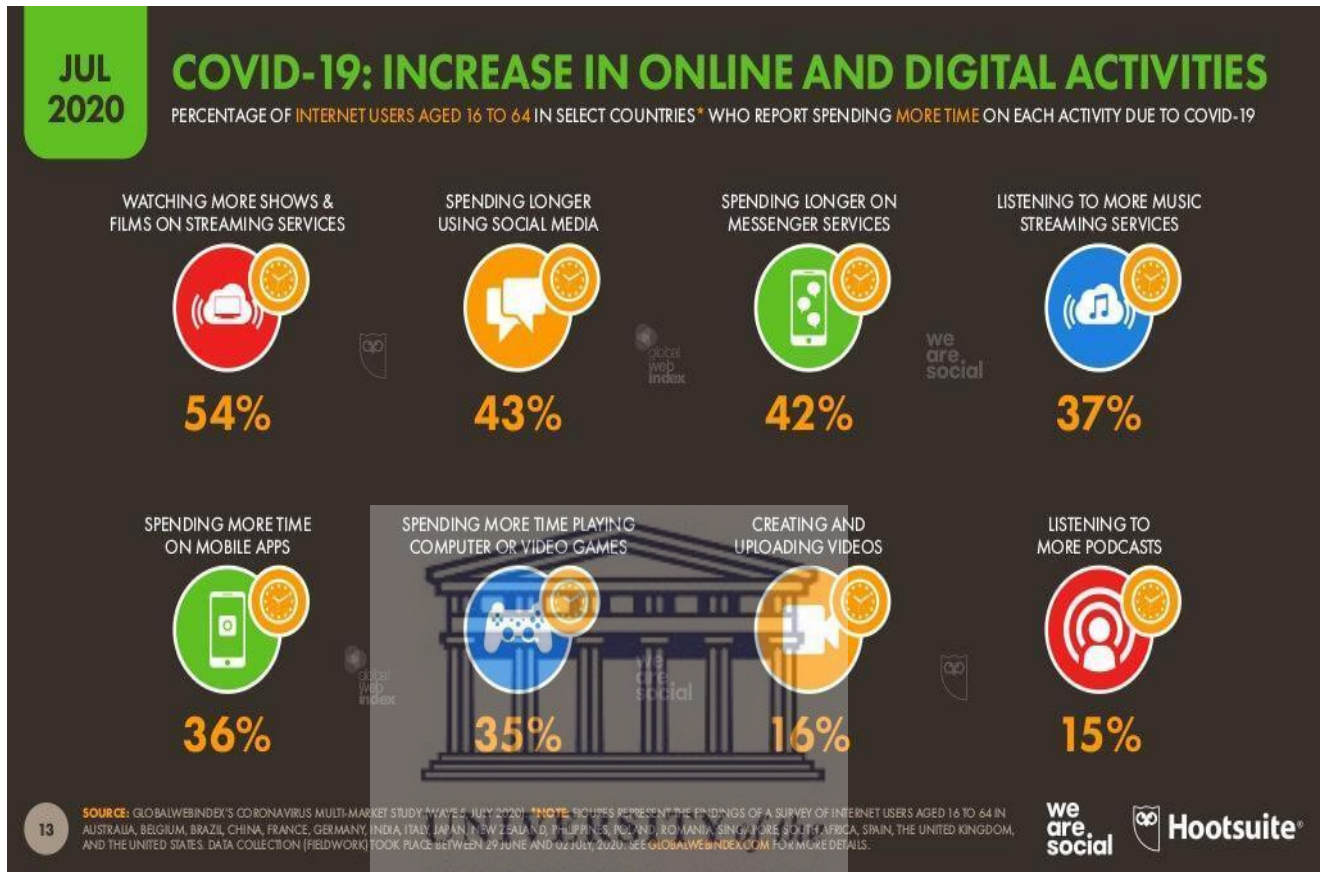
Figure 1-4: Increase seen in online and SNS usage as a result of the COVID-19 pandemic (Chaffey, 2021)

Considering the increase in SNS usage during this pandemic time and reduced social interaction, questions about how this may impact the mental health of people arise.

1.3.5. Mental Health

The WHO (2021) identified that mental illness is the second leading cause of disability worldwide. In a recent study conducted in early 2021 by Walsh (2022), it was

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estimated that 13% of the global population was affected by some form of mental illness. With the current world situation that has developed from COVID-19 and the resulting lockdowns and mandatory self-isolations, it could be estimated that this number is now significantly higher and, as found by Clemente-Suárez et al. (2021), not all of the population seek diagnosis and treatment for mental illness. To substantiate this, the WHO estimates that between 76% and 85% of people with mental illness will not access treatment for their diagnosis (Wang et al., 2007). Furthermore, it was found by Wang et al. (2007) that women are more likely to be impacted by mental illness than men, but again these findings might not be a true reflection of the world state, as Wilhelm (2014) found that women are more likely to seek treatment for mental illness than men.

1.3.5.1. Mental Health Terminology and Confusion

When researching and defining terminology within the field of mental health there is a distinct grey area with regards to the naming of mental health terminology. Some researchers use the term "mental health" (Galderis et al., 2015) which is often used interchangeably with "mental illness" (Walker, 2006; McCann, 2016; Bueno-Gómez, 2017); others use the term "mental health diagnosis" (American Psychiatric Association, 2013; Legg, 2018); which can lead to individuals being classified with a "mental health disorder" (Hyman et al., 2006); and then there is an emerging field that deviates from this terminology and refers to a person with a mental health disability (McCann, 2016).

The following section aims to conceptualise and define the meaning of mental health/illness; mental health diagnosis; and mental disorder as it pertains to the current study. It is important to clarify the meaning of these terms as there is often confusion within society which can lead to further misinterpretation of these individuals. While

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there have been endeavours by psychologists to homogenize language classification and diagnostic systems across cultures to make the diagnostic criteria universal, confusion still exists (Marsella & Yamada, 2010).

a) Mental Health/Mental Illness

Following the research of Galderis et al. (2015), who followed the World Health Organization (WHO) definition of mental health, mental health is defined as a state of well-being in which individuals realize their abilities, can cope with the normal stresses of life, can work productively and effectively, and can contribute to their communities. This definition can be further expanded using the work done by the US Department of Health and Human Services (1999) where mental health is defined as "a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and an ability to adapt to change and to cope with adversity".

Mental health is an indivisible part of public health and significantly affects countries and their human, social and economic capital (WHO, 2011). Mental health is not merely the absence of mental disorders or symptoms but also a resource supporting overall well-being and productivity (WHO, 2011). According to the WHO (2011), certain determinants will affect a population's mental health (Table 1-1). From this table, it can be seen how numerous protective (positive) and/or risk (negative) factors can affect mental health.

Table 1-1: Determinants of population mental health (WHO, 2011).

Protective factors	Risk factors
Social capital and welfare protection	Poverty, poor education, deprivation, high debt
Healthy prenatal and childhood environment	Poor prenatal nutrition, abuse, harsh upbringing, poor relationship to parents, intergenerational transmission of mental health problems
Healthy workplace and living	Unemployment, job insecurity, job stress
Healthy lifestyles	Alcohol and/or drug use

In terms of mental illness, the field of psychology employs the scientific method which uses medical discourses that designate disease and deficit categories this suggests that humans are like machines and can be "assessed", "diagnosed" and "treated" (Walker, 2006). Furthermore, McCann (2016) highlighted in his research that the medical field has become too focused on the symptoms that the person is experiencing as opposed to how the person is experiencing the symptoms of the illness. Bueno-Gómez (2017) expanded upon this and defines mental illness as a disruption to bodily, psychological and sociocultural dimensions. Bueno-Gómez (2017) continues to further highlight that numerous researchers have found that a person's culture shapes responses to illness and what constitutes illness (Helman, 1990; Olafsidottir & Pescosoldio, 2011; Prior et al., 2000).

Following these two definitions of mental health and mental illness, it is understandable why these two terms are often used interchangeably in research. For

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this study, mental health will denote a state of relative wellbeing, whilst mental illness will denote having a diagnosis that impacts occupational performance.

b) Mental Health Diagnosis and Mental Disorders

The DSM-5 (American Psychiatric Association, 2013) guides mental health professionals in diagnosing mental illnesses. This is what the term mental health diagnosis means, a mental health diagnosis by a professional, typically a psychologist (Legg, 2018). Once a mental health diagnosis is made, a person can be classified as having a mental health disorder. With regards to the current study, three major diagnoses were found amongst the participants, namely: bipolar disorder, anxiety disorder and major depressive disorder. The following section will give a brief overview of each of these diagnoses as categorised by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

i) *Bipolar Disorder*

Bipolar disorders are described by the American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a group of brain disorders that cause extreme fluctuation in a person's mood, energy, and ability to function. Bipolar disorder is a category that includes three different conditions, bipolar I; bipolar II; and cyclothymic disorder.

- Bipolar I disorder is a manic-depressive disorder that can exist both with and without psychotic episodes.

- Bipolar II disorder comprises of depressive and manic episodes which alternate and are typically less severe and do not inhibit function.

- Cyclothymic disorder is a cyclic disorder that causes brief episodes of hypomania and depression.

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People who live with bipolar disorder experience periods of great excitement, overactivity, delusions, and euphoria (known as mania) and other periods of feeling sad and hopeless (known as depression). As such, the use of the word bipolar reflects this fluctuation between extreme highs and extreme lows (Truschel, 2021).

ii)   Anxiety Disorder

Anxiety disorders as described by the American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Disorders (DSM-5) include disorders that share features of excessive fear and anxiety and related behavioural disturbances. Fear is the emotional response to a real or perceived imminent threat, whereas anxiety is the anticipation of a future threat.

Anxiety disorders differ from developmentally normative fear or anxiety by being excessive or persisting beyond developmentally appropriate periods. They differ from transient fear or anxiety, often stress-induced, and by being persistent. Since individuals with anxiety disorders typically overestimate the danger in situations they fear or avoid, the primary determinant of whether the fear or anxiety is excessive or out of proportion is made by the clinician, taking cultural contextual factors into account. Many anxiety disorders develop in childhood and tend to persist if not treated. Most occur more frequently in females than in males (approximately 2:1 ratio). Each anxiety disorder is diagnosed only when the symptoms are not attributable to the physiological effects of a substance/medication or another medical condition or are not better explained by another mental disorder (American Psychiatric Association, 2013).

iii)   Major Depression Disorder (MDD)

As outlined by the American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the essential feature of persistent

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depressive disorder (dysthymia) is a depressed mood that occurs for most of the day, for more days than not, for at least two years, or at least one year for children and adolescents. This disorder represents a consolidation of DSM-IV-defined chronic major depressive disorder and dysthymic disorder; however, the major depressive disorder may precede persistent depressive disorder, and major depressive episodes may occur during persistent depressive disorder. Individuals whose symptoms meet major depressive disorder criteria for two years should be given a diagnosis of persistent depressive disorder as well as major depressive disorder.

1.4.   Statement of the Problem

In the last two decades, social networking through the use of SNS has become a predominant way for individuals to communicate and socialise, often daily. This has significantly increased in the last three years (2020 to 2022) with the COVID-19 pandemic (Chaffey, 2021). However, as highlighted in a study by Shepard et al. (2015), there is a need for more research to establish the potential benefits and negatives surrounding the use of SNS for mental health service users.

There are currently two schools of thought about the use of SNS; cyber optimism (Soriano, 2013), which argues that SNS has benefits for mental health care users, as it keeps them connected with their loved ones, friends and the world, thereby assisting them in the therapeutic process; and cyber pessimism (Soriano, 2013), which argues that SNS has negative effects on mental health care users, as this often leads them to not engage in the therapeutic process as they are preoccupied with what is happening in the cyber world as opposed to the real world. A third school of though, which examines the dark side of occupation, it can be proposed when looking at the influence of SNS on the mental health care user and their ability to cope with both their

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SNS usage and their mental health diagnosis. Furthermore, SNS can potentially lead to depression, low self-esteem and many other mental health disorders, especially amongst mental health care users. This has been discussed in more detail in the review of literature in Chapter Two.

The researcher's clinical experience working as an occupational therapist in a private psychiatric hospital is that mental health care users have access to SNS while in the treatment setting. With the limited research on the specific influence of SNS on the mental health of mental health care users (MHCU), the researcher questioned the influence of having access to SNS on MHCUs recovery. Furthermore, from an occupational therapy perspective, there was scant research regarding the occupation of social networking and the use of SNS.

1.5. Research Question

What are mental health care users' perceptions and experiences of social networking and the use of social networking sites?

1.6. Aim of the Study

The study aimed to explore and describe mental health care users' experiences and perceptions of social networking and the use of social networking sites.

1.7. Objectives of the Study

. To explore and describe mental health care users' experiences of social networking and the use of social networking sites.

. To explore and describe mental health care users' perceptions of social networking and the use of social networking sites.

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. To explore and describe how social networking and social networking sites influence mental health care users' ability to cope with their mental health diagnosis.

1.8. Significance of the Study

The field of psychiatry has started exploring the influence of SNS on the mental health and wellbeing of an individual from a theoretical standpoint; however, there continues to be a scarcity of research by occupational therapists on this topic in the African, and specifically the South African, context. An important question to ask is can SNS be a meaningful occupation for mental health care users and does engaging in SNS influence their mental health diagnosis? Furthermore, with the clients so engaged with SNS, how does this influence their engagement in other occupations?

These are important questions to the profession of occupational therapy because engagement in SNS is becoming an activity of daily living (ADL), especially with regards to social participation and the virtual context. Within in certain respects – it is becoming how people predominantly communicate and interact with others. How does one create a "healthy" use of SNS – as occupational therapists have to advocate a balanced and healthy lifestyle for their clients; and to understand what meaning social networking has for mental health care users? As SNS usage is becoming an integral part of a person's ADL's, this daily interaction needs to be considered within the practice of occupational therapy.

This study, therefore, contributes to improving the knowledge base of occupational therapy and occupational science by providing research into this new and emerging field, and informs the development of more effective and relevant interventions for mental health care users.

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1.9.   Summary of the Research Methodology

A more comprehensive explanation of the research methodology is presented in Chapter Three. A brief description of the research methodology will be given in the following section, to provide an overview of the relationship between the purpose of this study and the research approach and methods adopted.

An explorative and descriptive qualitative approach was used in the current study and was considered to be the most appropriate approach as it allowed for the exploration of the mental health care users' experiences and perceptions of the use of social networking sites. Data was collected by the researcher using in-depth semi-structured interviews with in-patients from a private non-acute Psychiatric Clinic located in the Northern Suburbs, Cape Town, Western Cape.

Data analyses followed the data collection, and themes were developed using the study's applied theoretical framework, the Model of Human Occupation (MOHO) (Keller & Forsyth, 2004). The MOHO was used to guide the themes that emerged in this study and is discussed further in the next chapter.
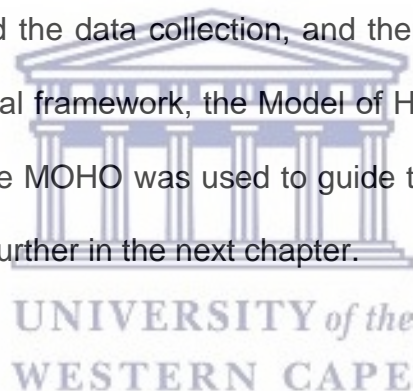
1.10.   Overview of the Chapters

This thesis is presented in the following structure:

Chapter One outlines the researcher's reflexivity statement before discussing the background of the study, providing a brief overview of how the internet started globally and within South Africa. This is followed by an overview of social networking sites (SNS), looking at global statistics and within South Africa. This is followed by a brief examination of the novel coronavirus 2019 (COVID-2019) pandemic and ends with a review of mental health. The problem statement is presented as well as the research

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question, research aims and objectives, followed by the significance of this study. The chapter ends with an overview of chapters in this thesis.

Chapter Two presents a review of literature, defining important concepts for this study. Thereafter, a review of literature regarding mental health care users' experiences and perceptions of the use of social networking sites follows. Literature was extensively interrogated and fully presented within this chapter. Lastly, this study's theoretical framework was described, the Model of Human Occupation (MOHO) was used as the theoretical lens through which to view mental health care users' experiences and perceptions of the use of social networking sites.

Chapter Three describes the research methods used in the current study. This study was qualitative in its design, and the data collection and data analyses techniques are presented. The research sample was described as well as the research setting, describing the in-patients from a private Psychiatric Clinic located in the Northern Suburbs, Cape Town, Western Cape. Procedures to ensure trustworthiness are presented followed by the ethics procedures used in the study.

Chapter Four details the presentation and description of the findings of the study. Each finding was categorized into themes with associated categories, with supporting quotes.

Chapter Five provides the detailed discussion using the literature as well as the theoretical framework of the MOHO to contextualise themes and give interpretations

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for findings that emerged from the current study and ends with the limitations of the study.

Chapter Six offers' recommendations for future research as well as recommendations for occupational therapy practice and ends with a conclusion to the thesis.

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CHAPTER TWO

REVIEW OF LITERATURE

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2.1   Introduction

The following chapter presents a review of literature regarding the existing research to gain knowledge and contextualise the research topic from a research and theoretical standpoint.

In the review of literature, the researcher examined and reviewed the existing literature and research pertaining to mental health and social networking sites. The researcher also explored mental health within the South African context. Furthermore, the researcher examined current knowledge that existed with regards to SNS and mental health as well as the current understanding of occupational therapy, mental health and the role of SNS within the profession.
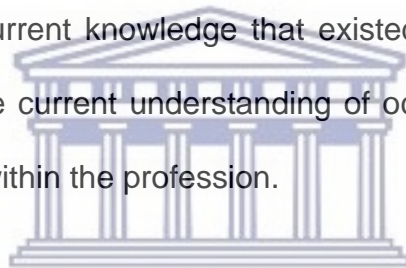
2.2.   Methodology of the review of literature

The literature reviewed for this chapter was obtained by searching databases such as ResearchGate, EBSCOHost, ScienceDirect, Google Scholar, Aosis, and Elsevier. The researcher used various search engines to find research articles based on the defined keywords of the study.

Keywords that were searched for this study were: mental health, mental illness, psychiatry, Social Networking Sites, social media, internet, depression, anxiety, internet, Occupational Therapy, Psychology, South Africa, Model of Human Occupation. The researcher used the keywords in various combinations such as "mental health and social networking sites" and "occupational therapy, mental health

and social media/social networking sites" and articles were then selected based on the relevance of the study and emerging knowledge with regards to the study. This assisted the researcher to identify areas of research that currently exist as well as identifying gaps in current knowledge with regards to the topic. A narrative review of the relevant articles was conducted. Narrative reviews are common within the clinical practice (Baethge et al., 2019). The aim of the review of literature was for the researcher to examine the existing knowledge with regards to the identified topic and identify areas in which more research was needed (Snyders, 2019), thus forming the rationale for conducting the study.

In the following section the researcher examined the existing research with regards to all possible aspects related to SNS usage and the influence on mental health.

2.3.   Mental Health

The following section contextualised the current research focusing on mental health.

2.3.1. Mental Health Disability

The diagnosis of a mental health disability initially appears relatively straightforward, patients present with symptoms or visible signs of a mental illness; health professionals make diagnoses based primarily on these symptoms and signs; and they prescribe medication, psychotherapy, or both, accordingly. This diagnosis influences a person's quality of life (Clark et al., 2017). As highlighted by Jans et al. (2004), mental health disability occurs when the mental health diagnosis interferes with the performance of one or more major life activities, such as the ability to live independently, work, attend school, or manage basic activities of daily living.

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Furthermore, mental health disability is the term used to describe a broad range of mental and emotional conditions, mental impairment, organic brain damage, learning disabilities and drug dependence (Mji et al., 2009; WHO, 2015).

Within the South African context disability is defined as "the alteration of the capability to meet the personal, social or occupational demands due to an impairment" (Mokokaet al., 2012) and this term was used within the workplace environment to reduce the stigma attached to the labelling of a mental health disability. Furthermore, when looking at the legal definitions and legislative policies on mental health, it was important to investigate how they contextualise and define mental health disabilities. According to the South African Employment Equity Act 55/18 (1998) "employment of people with disabilities defines persons with disabilities more specifically as those who have a physical or mental impairment which is long term (at least 12 months) or recurring and which substantially limits their prospects of entry into, or advancement in, employment" (p.10). The Act further defines a mental impairment as a clinically recognised condition or illness that affects a person's thought processes, judgement or emotions (p.3).
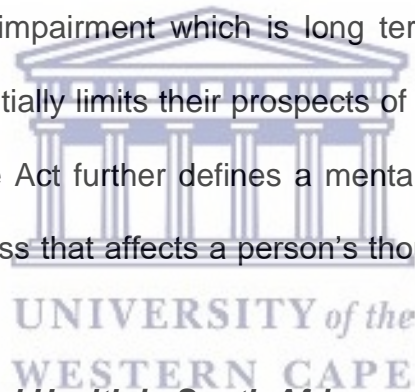
2.3.2. The Burden of Mental Health in South Africa

Within the South African context, mental health diagnoses are identified through clusters of symptoms, or illness experiences. When these symptoms, or experiences, are associated with significant distress and impairment in one or more domains of human functioning (such as learning, working or family relationships), they are defined as clinically significant mental disorders (Department of Health, 2013). It has also been identified by Saxena et al., (2007) that due to fewer resources within the African context in terms of mental health professionals, hospital-based mental health services,

and community-based mental health care, there is a relatively higher number of untreated persons living with mental illness in Africa than the rest of the world.

This was substantiated in a study by Herman et al. (2009), who looked at South Africa (SA) specifically and found that SA had a relatively high 12-month prevalence of anxiety and mood disorders when compared with the other countries in the World Health Organization's World Mental Health (WMH) Survey Initiative. Only Belgium, France, Germany, New Zealand, The Netherlands, Colombia, Lebanon and the United States of America have higher rates of anxiety disorders, and Belgium, Lebanon, Colombia, The Netherlands, France, Ukraine, Israel, New Zealand and the USA have higher rates of mood disorders, with 26% of DSM-IV disorders in South Africa being considered severe, with only Belgium, Israel and the Netherlands having higher rates of severe DSM-IV disorders (Herman et al., 2009). This shows the severity of mental health disorders in South Africa. These findings were substantiated further by the study by Stein (2014) who found that there is clear awareness that mental health has been neglected and that the transition to democracy requires more attention. These findings are backed by research by Pillay (2019), who looked at the South Africa Human Rights Commission's report on the status of mental health services on 28 March 2019. From this report, Pillay (2019) found some alarming statistics – one in six South Africans suffer from anxiety, depression, or substance-use disorders; 40% of South Africans with HIV suffer from a mental disorder; 41% of pregnant women are depressed; if motor vehicle crashes and crime are considered, about 60% of South Africans could be suffering from post-traumatic stress; and that only 27% of South Africans with severe mental disorders receive treatment.

Research by Docrat et al. (2019) found that SA's public mental health expenditure for the 2016/17 financial year was estimated to be 5.0% of the total public

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health budget. Inpatient care represented 86% of mental healthcare expenditure, with nearly half of total mental health spending occurring at the psychiatric hospital level. They further found that almost one-quarter of mental health inpatients were readmitted to a hospital within three months of a previous discharge. This research is further corroborated by Nguse and Wagenaar (2021), who found numerous examples of the magnitude and severity of the state of mental health care in SA. In their article Nguse and Wagenaar (2021) examined the need from the profession of psychology to be included within the multidisciplinary approach in order to negate the ramifications of the COVID-19 pandemic especially with regards to mental health services in South Africa. Furthermore, their study highlighted the under resourced mental healthcare system as only 5 % of the national health budget has been allocated to mental health services and only 50% of the public hospitals offering mental health service have a psychiatrist on staff (Nguse & Wagenaar, 2021). These budgetary cuts have contributed to a new phenomenon known as the revolving door syndrome and this adds to the already over-tasked health care system.

2.3.3. Revolving Door Syndrome in South Africa

Deinstitutionalization is the movement that advocates the transfer of long-term mental health care users from public or private institutions, such as psychiatric hospitals, back to their families or into community-based homes (Primeau et al., 2013). This deinstitutionalization in South Africa has led to a dramatic reduction of inpatient beds and a subsequent increase in pressure on available beds. Another consequence of deinstitutionalization has been the phenomenon of the revolving door patient, meaning high-frequency users admitted to hospital repeatedly, and remaining well for only short periods (Botha et al., 2010).

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In a retrospective analysis conducted by Tomita and Moodley (2016), the researchers looked at this revolving door syndrome during one year at a rural hospital in the KwaZulu-Natal Province of South Africa. In their study, they found a significant association of re-hospitalization and highlighted the need for further health systems to strengthen and assist in preventing the revolving door syndrome. These findings are further echoed by those of Godwin (2019) who looked at admittance at a Kimberley Hospital Complex in the Northern Cape Province of South Africa. In their one-year retrospective study, the hospital records of 1142 patients were looked at and it was found that 49% of all cases were readmittance. Godwin's (2019) retrospective study concluded that the revolving door syndrome is as much a problem in the Northern Cape Province of South Africa as it is across the rest of the world.

While no studies were found that are specifically related to Cape Town, where the current study took place, it can be postulated that the same trends exist within the rest of South Africa and the world.

2.3.4. Mental Health Disorders of South Africa

Within South Africa and the Western Cape specifically, three mental health disorders are most prevalent. These are bipolar; anxiety; and major depression (Jacob & Coetzee, 2018). With the revolving door syndrome that is experienced within in the South African context it is important to explore the prevalence of the specific diagnosis and the challenges presented by the diagnosis on the health care system.

a) Bipolar

Bipolar disorders present many diagnostic and therapeutic challenges for busy clinicians (Bobo, 2017). These therapeutic challenges create a challenge for healthcare professionals treating this disorder due to the combination of manic,

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hypomanic and depressive episodes (Jain & Petra, 2022) This would further exacerbate the burden of care on the mental health practitioners. The lifetime suicide risk is estimated at 15 times higher than in the general population and bipolar disorder may account for a quarter of all completed suicides (Outhoff, 2019). This increase in suicidal ideation and risk increases the probability of multiple hospitalisation due to the depressive symptoms' (McIntyre & Calabrese, 2019) leads to frequent hospitalisations and within the South African context may mean that clients with Bipolar disorder may potentially go untreated due to the diagnostic and therapeutic challenges.

b) Anxiety

Anxiety is the other common mental health disorder amongst adults (WHO, 2011). Anxiety disorders form the most common type of mental illness.

According to the South African Stress and Health Study (Herman et al., 2009), the prevalence of anxiety disorders was estimated to be 16% in the total population and 19% in the Western Cape. The large scale, population based study further highlighted that the prevalence of anxiety disorders in individuals 50 years and older was 11.3%. As this study was conducted in 2009 and limited current research existed, it can be estimated that this percentage has drastically increased based on the recent global pandemic from COVID-19. This can be validated by a publication released by the Human Sciences Research Council (2020), which reported that 33% of South Africans were depressed, while 45% were fearful, and 29% were experiencing loneliness during the first COVID-19 lockdown period (Nguse & Wassenaar, 2021). With the increase of stress and fear due to the COVID-19 pandemic it can be estimated that this had an influence on the functioning of people living with anxiety and this will be explored later in the chapter.

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c) Major Depression

Depression is one of the most common mental health disorders amongst adults (WHO, 2011). It is a debilitating disease that negatively influences all aspects of an individual's life, from family and personal relationships, work, sleeping and eating habits. It has further implications as it affects chronic health conditions such as cardiovascular disease, cancer, diabetes and obesity (De Choudhury et al., 2013). Depression has been ranked by the World Health Organization (WHO) as one of the most burdensome diseases in the world (Marcus et al., 2012).

People suffering from depression often withdraw from social situations and activities (De Chounhury et al., 2013). In a recent study by Salari et al. (2020) looking at the effect that the current global crisis has inflicted due to COVID-19, they found that the coronavirus has severely impacted the mental health of people in different communities. If this is the case, are people with depression withdrawing into the world of SNS and could this potentially be improving or aggravating the symptoms of depression? Furthermore, as clients can access social media from their cell phones while in treatment does this interaction negate the therapeutic process by allowing an outlet or escape from painful thoughts and experiences? These questions further highlight that it is essential to preserve the mental health of individuals and to develop psychological interventions that can improve the mental health of vulnerable groups especially during times of difficulty like the COVID-19 pandemic.

In the Western Cape, it is estimated that mental health disorders are the second leading contributor to the burden of disease (Corrigall et al., 2007), with depression, Generalized Anxiety Disorder, Substance Disorder, Post-Traumatic Stress Disorder and Childhood Behavioural Disorder being the most common psychiatric disorders (Kleintjie et al., 2006). In a review conducted by Jacob and Coetzee (2018), who

specifically looked at the burden of mental health in the Western Cape, they found that although mental health was ranked third highest contributor to disability-adjusted life-years in SA and with high morbidity, this mental health issue is still often overlooked on the public health agenda. In their study, Jacob and Coetzee (2018) reviewed the evidence on the burden of mental illness in the Western Cape Province of SA, as well as current provincial interventions to decrease the burden of mental illness. They found that evidence supports the need for improved integration of mental health services in primary healthcare and strengthening of community services. Further, they found that challenges included a lack of capacity due to staff shortages and inadequate availability and allocation of resources.

These mental health disorders have been exacerbated by the emergence of COVID-19 (Pillay & Barnes, 2020). This will be examined in the following section.

2.3.5. Mental Health Crises and COVID-19

The COVID-19 pandemic has been a major health crisis that has changed the lives of millions globally (Al Dhaheri et al., 2021). The mental health impact of COVID-19 has also been a global crisis. The mental health and socioeconomic ramifications may be longer lasting than the overall physiological impact of the infection for the average person (Nguse & Wassenaar, 2021). Dong and Bouey (2020) highlighted this by showing China's response to COVID-19; China established nationwide mental health response measures and services. These strategies by the Chinese government and the National Health Commission of China highlight the impact of COVID-19 on mental health. This is further supported by WHO (2020), who conducted a survey of 130 countries, examining the devastating impact COVID-19 has had on the access to mental health services. In results of the survey showed that the United States (US) has had a coordinated nationwide mental health response because of the COVID-19

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pandemic but that this response, as in all other unequal societies, has had a relatively greater adverse mental health impact on disenfranchised and marginalised population groups. From this unequalled response in the US, Novacek et al. (2020) argued that governments must implement responsive measures aimed at addressing the mental health effects of the COVID-19 pandemic on these marginalised population groups. If this is what is happening globally and in first world countries, it is also important to see what happened in the developing world, and South Africa specifically.

Within South Africa, COVID-19 had a significant impact on mental health (Pillay & Barnes, 2020). In their recent longitudinal study on the mental health impact of COVID-19 on South Africans living in Soweto, Kim et al., (2020) found that adults who had experienced childhood trauma and other related adversities were at higher risk of developing depressive symptoms precipitated by the perceived risk of contracting COVID-19. This corresponds with the results survey study conducted by the Human Sciences Research Council (2020) who reported that 33% of South Africans were depressed, while 45% were fearful, and 29% were experiencing loneliness during the first lockdown period in South Africa. While the provision of, and access to, essential services, including mental health care, was permitted during the lockdown period, as gazetted by Government (Disaster Management Act 2002, No.:398, March 2020), some mental health care users were unable to access services due to limitations and risks presented by physical contact and in-person consultations (Pillay & Barnes, 2020). This is backed by the research of Govender (2020) who reported a decrease in mental health visits during the lockdown period in one of their facilities in Tshwane. Furthermore, as reported by Nguse and Wassenaar (2021), patients who attended their psychotherapy sessions reported secondary impacts of COVID-19, such as sleep disturbance, anxiety, depressive symptoms, unemployment, food insecurity,

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substance withdrawal symptoms, and intensified abuse in their homes. Although there was no recorded data on patient incidents among patients in state/provincial long-term care facilities during the lockdown period, observations by Nguse and Wassenaar (2021) during clinical practice suggested that there was an increase in patient incident reports for various reasons, including irritability resulting from the inability to access tobacco due to the lockdown regulations, discontinuation of patient visits and leaves of absence, and psychological distress. The above suggests that there has been significant suffering by many South Africans during the lockdown period, considering also that much goes unreported and undetected.

2.3.6. National Mental Health Policy Framework and Strategic Plan 2013-2020

Mental illness remains underreported and underdiagnosed, particularly in low- and middle-income countries, including South Africa. People with mental health conditions often face neglect in the health system as well as stigma and discrimination. The South African National Mental Health Policy Framework and Strategic Plan 2013–2020 (Department of Health, 2013) aimed to integrate mental health into the health system to provide quality mental health services that are accessible, equitable and comprehensive, particularly for community-based mental health (Meyer et al., 2019).

According to the National Mental Health Framework and Strategic Plan 2013-2020 "neuropsychiatric disorders are ranked third in their contribution to the overall burden of disease in South Africa, after HIV and AIDS and other infectious diseases" (Department of Health, 2013, p. 11). Kim et al. (2021), highlighted that although the latest statistics for mental health in SA are yet to be published, it was found that in countries such as India and Georgia that there is approximately a 20% increase in mental health cases in those countries due to the outbreak of the COVID-19 pandemic (Kim et al., 2021). It can be estimated that in South Africa this percentage could be

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significantly higher based on the social and economic barriers experienced by the population.

While the National Mental Health Policy Framework and Strategic Plan 2013 – 2020 (Department of Health, 2013) was a great attempt to move South African in the right direction it is important to note that this policy lapsed more than two years ago. As highlighted in the previous sections it should be noted that it would be essential and critical for policy makers to consider the influence that the Covid-19 pandemic has had on mental health and the further strain on an already burdened mental healthcare system. It is also important to note that currently within the South African context no policies exist with regards to the management of SNS usage and the implications of this engagement on the MHCUs in South Africa.

2.3.7. Occupational Therapy and Mental Health

Occupational therapy has its origins in mental health care, especially in the treatment of hospitalised mental health care users (Patterson, 2008). The role of the occupational therapist in a psychiatric setting includes individual and group assessment and intervention, discharge planning and community reintegration. However, there was a lack of understanding around specific types of assessment and interventions commonly used in this psychiatric setting. Furthermore, there is a distinct lack of research into understanding of the occupational therapy process in the acute psychiatric context (Syed, 2020).

Group work therapy, that was used at the psychiatric clinic where the study took place, is one of the core elements of occupational therapy interventions in mental health, and researchers have emphasised the need for further research in this area (Rebeiro & Allen, 1998; Cowls & Hale, 2005, Haertl-Katz et al., 2009; Gutman &

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Raphael-Greenfield, 2014), as there was limited current research to show evidence for practice (Patterson, 2008).

When examining the existing body of literature that explores the interaction between occupational therapy and mental health it has been seen that occupational therapy interventions reduce mental health disorders and reduce relapses (Sánchez-Guarnido et al., 2021). This aligns with research by Engelbrecht (2015), who conducted research in the Western Cape, South Africa and found that an occupational therapy-led, day-treatment centre is effective in reducing the use of in-patient services. In addition, providing a range of opportunities for meaningful participation may be more important than the intensity of treatment when promoting recovery.

The COVID-19 pandemic has brought about changes in mental health occupational therapy, mainly linked to the forced social isolation from the mandatory global lockdowns (Sánchez-Guarnido et al., 2021). These changes have forced people online, to seek social interactions, using SNS and further highlighted the need for the current research. In the following section more information about SNS will be examined as well as the various aspects of SNS usage and its influence on the person and their occupations.

2.4. Social Networking Sites (SNS)

2.4.1. Social Networking Sites and Daily Life

Social media is the common terminology used when referring to Social Networking Sites (SNS). SNSs are considered an ideal tool for fulfilling the "desire to stay continually connected with what others are doing" (Przybylski et al., 2013). The current research will use the term Social Networking Sites or SNS.

Previous researchers have shown that for adult SNS users, there are seven main motivations for its use, namely business-oriented, creating, socializing, entertainment, status-seeking, communication, and information seeking (Bulut & Doğan, 2017). In research conducted by Stockdale and Coyne (2020) on how SNS are used by users to alleviate boredom, it was found that SNS usage was the common variable to alleviate boredom. These SNS that have developed to alleviate boredom have become a billion-dollar global industry. SNSs such as Instagram and Facebook are now being used worldwide daily by millions of people, sparking growing scientific interest has emerged towards psycho-social factors driving high SNS engagement (Fioravanti et al., 2021). SNS allows users to engage with people within their social circles. "The backbone of SNSs consists of visible profiles that display an articulated list of friends who are also users of the system" (Boyd & Ellison, 2008). According to Squicciarini and Griffin (2012), SNS users are given the freedom to create complex digital identities and enrich themselves with truthful or even fake personal information allowing the user control of the image that they portray on SNS.

The essence of the establishment of SNS was to fulfil the human need for connection. Maslow's hierarchy of needs states social interaction is essential to satisfy various basic human needs such as that of being loved and the need to belong (Maslow, 1954). SNSs fulfil this need for connection. However, it has been debated by numerous authors that Maslow's hierarchy of needs has become an outdated framework as it improperly contextualises modern society; others argue that human beings can survive and thrive without all their basic needs being met (Rutledge, 2011).

When looking at a person's basic needs it can also be brought within the "Context of Occupational Therapy" as Wilcox (1993) explained in her examination of *A Theory of the Human Need for Occupation*. Occupations were created to satisfy the three

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basic needs such as the need to provide for immediate bodily needs of sustenance, self-care and shelter; the need to develop skills, social structures and technology aimed at safety and superiority over predators; and to exercise personal capacities to enable maintenance and development of the organism (Wilcox, 1993).

Within the current study it was important to examine occupational therapy within the context of occupation. Clark et al., (1991), defined occupation as "chunks of culturally and personally meaningful activity in which humans engage that can be named in the lexicon of culture" (p.301).

When looking at this definition it is important to ask the question can social media use be considered an occupation? Boyt Schell et al. (2014), defined occupation as "the things that people do that occupy their time and attention; meaningful, purposeful activity; the personal activities that individuals choose or need to engage in and the ways in which each individual actually experiences them". Furthermore, the Occupational Therapy Practice Framework (OTPF) examines the virtual context which refers to interactions that occur in simulated, real-time, or near-time situations with an absence of physical contact (American Association of Occupational Therapy, 2020). The virtual context is becoming increasingly important for clients as well as occupational therapy practitioners and other health care providers (American Association of Occupational Therapy, 2008). The American Association of Occupational Therapy (2008) continues to explain that clients may require access to and the ability to use technology such as smartphones, computers or tablets, and video game consoles to carry out their daily routines and occupations, thus it can be said the SNS can be viewed as an occupation.

Further, according to Reilly (1963), the profession of occupational therapy is rooted in the belief that "man, through the use of his hands as energized by mind and will, can influence the state of his health".

2.4.3. Social Networking Sites and Mental Health

Smith (2017) wrote that "not long ago, using electronic technology was optional. Today, we depend on it". He continued by saying, "communicating with others would be so hampered without technology. We could no longer perform our major life functions". While the increased interconnectedness that technology and social media provide has had many positive impacts on society, there is also growing evidence of the negative influences of social media use on our physical and mental health (Ho et al., 2016). The following Table is a summary of a sample of literature pertaining to the negative influence of SNS. As it can be seen from the table there is a large and growing body of literature emerging that examines the negative influences that SNS plays on mental health. It can also be seen that the majority of the research exists within the United States of America further highlighting the need for research within the South African context. Table 2-1: Summary of research conducted focusing on the negative influence of SNS on mental health.

Author	Country of origin	Topic of research	Type of research conducted	Results
LeBourgeois et al., (2017).	Unknown	Digital Media and Sleep in Childhood and Adolescence	Systematic review on 67 research articles	SNS usage affects children and adolescents 'sleep patterns and identified that more research needs to be

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				conducted in this area.
Primack et al., (2017).	United States	Social Media Use and Perceived Social Isolation Among Young Adults in the U.S	A sample of 1787 U.S. adults aged 19–32 years.	Young adults with high SNS usage seem to feel more socially isolated than their counterparts with lower SNS usage.
Lin et al., (2016).	United States	Association between Social Media Use and Depression among U.S. Young Adults	1,787 adults were surveyed between the ages 19 to 32 about SNS usage and depression	SNS usage was significantly associated with increased depressive symptoms
Uhls et al., (2017).	United States	Benefits and Costs of social media in Adolescence		SNS usage negatively affects health and development. SNS usage negatively influences self-esteem and self-concept. SNS usage creates unrealistic expectations. SNS usage played both a

				positive and negative role.
Shensa et al., (2018)	United States	Social Media Use and Depression and Anxiety Symptoms: A Cluster Analysis	A sample of 1730 US adults ages 19 to 32 completed an online survey	Found the increase of SNS usage led to an increase in mental health diagnosis symptoms

As seen from the above table, previous research has identified that SNS has played a negative role on a person's sleep, self-concept and self-esteem and has an aggravating influence on a person's mental health diagnosis. It was further noted, in the research, that in the modern world, SNSs are commonly used by adults. Moreover, little is known about how social factors may affect this association and ultimately the user's mental health (Scott et al., 2020). According to Karim et al. (2020), SNSs are responsible for aggravating mental health problems. This is aligned with research by Chen and Kim (2013), who found that in a small percentage of users, the use of SNS can become problematic or pathological, interfering with daily functioning, social relationships, and academic or work performance. This, interestingly, differs markedly from the research by Ridout and Campbell (2018) who found that SNS–based interventions are highly usable, engaging, and supportive for young people who engage in it; furthermore, that SNS were valid tools to engage in knowledge seeking and peer-to-peer support; and finally, that SNS–based mental health interventions provided an opportunity to address some of the barriers people face in accessing

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qualified mental health support and information. This was echoed by Stockdale and Coyne (2020) who could not find a significant relationship between SNS use and mental health problems, and suggested that rather, mental health problems were likely mediated by other variables and not SNS use. These contrasting findings and results, again show the need for more research on this topic.

Within the South African context, the television programme Carte Blanche (2016) reported 82% of South Africans expressed their emotions more openly on social networking sites. This aligns with Ridout and Campbell (2018) and adds to SNSs breaking the barriers that people often erect allowing for a better picture of their true mental health. In the research conducted by Moreno et al. (2011), it was found that college students were more likely to disclose mental health concerns via their Facebook "status updates". Their research suggested that this disclosure might be able to facilitate identification or referral for mental health concerns. Further, the study found that participants with depression were more likely to disclose their depressive symptoms via Facebook than participants without Facebook. This could have both positives and negatives for the mental health care users, as they can receive support from friends and family who are seeing the status. The opposite could also be occurring, that mental health care users are essentially using SNS as a cry for help and this is being missed due to the larger population having access to this information.

It is also important to recognize that the majority of current research focuses on the influence of SNS on adolescents, with limited and contrasting research existing on the influence of SNS on adults specifically. This, therefore, highlights the importance of the current study.

When looking at the influence of SNS on occupational performance, it is important to identify in which area of occupation SNS would fall. This is because SNS

could be used for productivity as well as leisure and plays a role in peoples' personal and professional lives (Mthembu et al., 2013).

The dark side of social networking site usage

A potential third paradigm for SNS usage could be explored within the realms of SNS addiction that lies within the field of occupational therapy. It is important to note that SNS addiction is not classified as a diagnosable disorder within the DSM but is rather classified as a behaviour addiction (Yellowlees & Marks, 2007). Within the current existing body of research a debate is emerging between researchers with regards to SNS addiction as there is a confusion within the defining and naming of this phenomenon. Nikolaidou et al.,(2019) conducted a mixed methods study, consisting of questionnaires and the Visual Dot-Probe Task (a computer based assessment that tracks eye movement that provides a direct measure of attention) , and referred to the concept of problematic internet usage or PIU. PIU was found to have the same mechanisms of addiction namely craving and preoccupation. Kuss and Griffith (2017) used the term SNS addiction to conceptualise the concept of continuing SNS usage despite the negative consequences. When looking at SNS usage and as addiction it is important to recognise that with the word addiction comes the idea of something being illegal/harmful and taboo. With SNS being so widely and openly used it is understandable why researchers are hesitant to actually brand it as an addiction.

From the research it can be seen that although the terminology differs the concepts of SNS addiction or misuse remain the same. In their research on the dark side of occupation Twinley and Hocking (2019) identified this discomfort with labelling something as negative or addictive as it may lead to stigmatization. In their research they proposed that occupations have a "dark side" which is not necessarily a negative

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but rather a discomfort within the person's own perception of occupations they engage in and for this reason it would be important to explore SNS usage within the realm and scope of occupational therapy and mental health.

2.4.5. Occupational Therapy and Social Networking Sites

Technological advances and the emergence of SNSs have transformed how individuals participate in roles, habits, and routines. The use of social media for professional practice is an emerging trend for healthcare professionals; however, limited literature exists on the phenomenon (Naidoo et. al, 2018). Naidoo et al., (2018) conducted a quantitative cross-sectional survey where they examined the SNS usage of occupational therapy students at the University of Kwa-Zulu Natal, South Africa. The researchers found that WhatsApp and YouTube were the most commonly used SNS applications and were used for both personal and professional purposes. In the study, Naidoo et al. (2018), highlighted the need for more qualitative research to be conducted within the field of occupational therapy as well as highlighting the students' poor insight into the ethical usage of SNS. The study conducted by Naidoo (2018) was one of the few studies examining SNS within the field of occupational therapy and shows a gap in the current knowledge base within occupational therapy. In a web-based survey conducted by Bantjes et al. (2019), it was found that 20 percent of students in South Africa needed support for their mental health. Furthermore, in the results they found "rates of major depressive disorder were about 15.4 percent, generalised anxiety disorder about 10.9 percent, panic disorder at 7.2 percent and bipolar spectrum disorder at 1.8 percent. The 30-day prevalence of other mental health problems were attention difficulties (21 percent), drug abuse (5.1 percent), alcohol dependence (2.5 percent) and post-traumatic stress disorder (PTSD), (21 percent)." (Bantjes et al., 2019). Bantjes et al. (2019) also identified that psychological distress

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amongst university students was starting to reach its peak in 2017, long before the outbreak of the COVID-19 pandemic. As the current study was conducted in 2017 and had young adults and students as part of the participants, it can be estimated that similar results will be seen.

Given the high incidence of SNS use and the current evidence demonstrating both the benefits and consequences of using social media, it is clear that occupational therapy should be consistently addressing social media use among clients across the life span. Occupational therapy can be involved in supporting social media use throughout the occupational therapy process, beginning with the evaluation process, continuing during the intervention phase, and concluding with recommendations to support participants after the discontinuation of services. As a profession, we can play a variety of important roles in addressing social media use with clients including, but not limited to, supporting clients of varying abilities in accessing social media, helping clients and families set appropriate limits surrounding screen time, helping clients gain self-advocacy skills for handling and responding to messages on social media, increasing clients' self-worth and self-confidence, and promoting positive social participation and general health and wellness (Zylstra et al., 2020). Although the data collection for the current study was conducted in 2016/2017, there is still limited research in the field of occupational therapy which explores the role of SNS, occupational therapy and Mental Health and this shows that there is still a gap in the current understanding of this topic within clinical practice.

2.6. Theoretical Framework

The theoretical framework underpinning this study is the Model of Human Occupation (MOHO) (Kielhofner, 1992). A living system cannot exist without interaction with the environment. The system both changes and is changed by the

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environment; each shapes the other (Park, 2017). As the system changes through the lifespan, it must be continually reorganized to guide responses to the changing expectations and demands of the social group for occupational behaviour or performance. The MOHO is an occupation-based model used to guide occupational therapy practice (Kielhofner, 2009). MOHO provides a broad and integrative view of occupation and attempts to explain how human occupation is motivated, patterned, and performed (Kielhofner, 2002). Thus, a model serves as a type of analogy that imparts a clearer and more distinct understanding of the phenomena (Kielhofner, 2009). This model, shown in the figure below, specifies relationships among conceptual entities and describes and explains a spectrum of human behaviour (occupation) that is critical to the identity and practice of occupational therapy (Park, 2017).

When looking at the MOHO it can be seen how the model organizes those aspects of motivation, behaviour, cognition, and so on that are relevant to understanding occupation. While the physical or biological components of occupation are acknowledged in the model, it focuses on the psychosocial and cultural aspects of occupation (Kielhofner, 2009).

This model is, therefore, best for the current research because MOHO outlines the relationship between a person's motives for occupation, habits and roles, and physical and cognitive performance capacities in the context of their environment (Birken et al., 2018). Furthermore, the MOHO guides occupational therapists in understanding the challenges and distress individuals experience during a situation, as well as strategies to support well-being (Lin & Fischer, 2020). As the current study examines the influence of SNS usage on a person with a mental health diagnosis, the MOHO allows for the contextualisation and examination of the phenomenon. As the

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current research was a qualitative study, the MOHO allowed for the exploration of thoughts and emotions that both maintained behaviour and also emerged from it. According to Harel-Katz and Carmeli (2019), the MOHO aims to explain the factors that influence human occupation. The core concepts of the MOHO are volition, habituation, and performance capacity (Keller & Forsyth, 2004). In other words, "volition, habituation, performance capacity, and the environment always resonate together, creating conditions out of which our thoughts, feelings, and doing emerge" (Kielhofner, 2002: 39). These concepts are discussed below:

2.6.1. Volition

Volition is defined as how a person chooses and is motivated to perform activities and occupations that fill their life (Harel-Katz & Carmeli, 2019).

2.6.2. Habituation

Habituation involves the organization of actions into patterns and routines that are governed by habits and roles and shaped by context and the environment (Park, 2017).

2.6.3 Performance Capacity

According to Keller and Forsyth (2004), performance capacity addresses not only physical and mental capabilities but the subjective experience of ourselves within the world.

The interaction between the sub-systems of volition, habituation and performance, with input, throughput, output and feedback, comprise the human open system. In order to understand the value of the MOHO in the current research study it is important to understand that the input occurs when an individual receives information that is of importance or interest within the person's environment. Then, the

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throughput is viewed as the process of converting the received information and internalising it. During this process the information is then sorted to evaluate what is meaningful and relevant to the person. Finally, the output occurs when the person acts upon this information. As the person continues interacting with their environment, a person receives feedback (input) which creates adaptations that change over time. This creates an ongoing cycle which allows for the process of self-maintenance and change (Forsyth & Kielhofner, 2006).

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METHODOLOGY

3.1. Introduction

This chapter will discuss the methodology for the current study. The aim of the chapter is to conceptualise the research paradigm and approach followed for the current study, as well as provide an in-depth description of the research design and the data collection methods, analysis and verification, as well as ethical considerations.

3.2. Research Paradigm

For the current research a social constructivism paradigm was used. According to Kukla (2002), social constructivists believe that reality is shaped through human interaction and activity. Social constructivism emphasizes the importance of culture and context in understanding what occurs in society and constructing knowledge based on this understanding (Derry, 1999; McMahon, 1997). This perspective is closely associated with many contemporary theories, most notably the developmental theories of Vygotsky, and Bruner, and Bandura's social cognitive theory (Shunk, 2000). For this reason, it was important for the researcher to explore the influence of SNS usage on mental health through the lens of social constructivism, as without human interaction SNS would not have an influence on mental health. In addition, through the use of social constructivism, the researcher uses broad open-ended

questions that allow for the participants' own meaning within their personal experiences to emerge.

3.3.   Research Approach

The current study was conducted using a qualitative approach. According to Creswell (2009) the qualitative research approach employs different philosophical assumptions, strategies of inquiry, and methods of data collection, analysis and interpretation. Qualitative research is multimethod in focus, involving an interpretative, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Creswell, 2009). Furthermore, according to the work of Rahman (2017), the benefits of using qualitative research approaches and methods are that:

1. It produces the thick (detailed) description of participants' feelings, opinions, and experiences; and interprets the meanings of their actions.

2. It allows the researcher to holistically understand the human experience in specific settings; and

3. It allows the researcher to discover the participants' inner experience, and to figure out how meanings are shaped through and in their culture.

With all this in mind, by using the qualitative research approach, it allowed the researcher to collect the data at the site where the participants experienced the issue or problem under study (Creswell, 2009). The qualitative research approach allowed the researcher to immerse herself within the participants' environment and culture. This allowed the researcher to gain a better perspective and insight from the participants and to gain an understanding on the research topic through the use of interviews with them.

3.4. Research Design

The study followed an exploratory, descriptive research design. Exploratory research is conducted to gain new insights, discover new ideas, and obtain increased knowledge of the phenomenon (Burns & Grove, 2001). At the time the study was started in 2016, not much was known about the influence of SNS on mental health in MHCUs, so the explorative design assisted researchers to explore participants' perceptions and experiences. The main aim of descriptive research is to provide an accurate and valid representation of the factors or variables that pertain/are relevant to the research question (Van Wyk, 2012). Furthermore, descriptive qualitative research is particularly useful in research situations where the data is collected directly from those experiencing the phenomenon under investigation and where time and resources are limited (Bradshaw et al., 2017). This method was found effective in the current study due to the short duration of admission of the participants and limited availability of participants. Sandelowski (2000) stated that through conducting a descriptive qualitative study the researcher aims to seek descriptive validity or an accurate account of events that most people (including researchers and participants) observing the same event would agree is accurate, and interpretive validity or an accurate account of the meanings participants attribute to those events that those participants will agree is accurate.

3.5. Research Setting

The study was conducted with in-patients from a private Psychiatric Clinic located in the Northern Suburbs, Cape Town, Western Cape. The clinic was a non-acute mental health treatment facility registered as a 34-bed unit offering specialist

treatment programmes. The clinic treats patients with numerous mental health diagnoses including:

- Adjustment disorder

- Anxiety Disorder

- Dementia (a specialised unit to which clients were directly referred)-

- Mood Disorder such as depression and Bipolar Affective Disorder

- Obsessive Compulsive Disorder

- Panic Disorder

- Post-Traumatic Stress Disorder

- Psychotic conditions including Schizophrenia and Psychotic Mood Disorder.

The clinic offers a multidisciplinary treatment approach by nurses, psychologists, psychiatrists, social workers and occupational therapists.

The occupational therapy programme is run daily, by two occupational therapists, and comprises groups such as:

- Life skills, which is a skills-based programme which aims to improve the patients' coping skills for example - time and stress management, balanced lifestyle, emotional regulation, mental health insight and communication and inter/intrapersonal relationships.

- Creative crafts groups.

- Mindfulness and relaxation skills therapy groups which include various relaxation techniques as well as drumming.

The average length of admission ranges from a few days to 21 days depending on the needs of the clients and their reason for admission. The majority of the clients admitted are medical aid or privately funded and range from middle to upper socio-economic status. While basic demographic data (percentages of males versus

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females, age groups and basic diagnosis) was sought from the hospital, the hospital was reluctant to release these figures due to privacy concerns and the Protection of Personal Information Act (Gov.za, 2022).

3.6. Participant Recruitment and Selection

Purposive sampling is the deliberate selection of participants due to the qualities the participants possess (Etikan et al., 2016). Rubin and Babbie (1997) stated that purposive sampling allows the researcher to study a small subset of a larger population who possess rich information that the researcher desires for the particular study.

In the current study, the population consisted of MHCUs that were admitted to the non-acute private psychiatric clinic in the period from May 2017 to October 2017. Participants were selected from the population of MHCUs that attended the Occupational Therapy ward programme. The following inclusion criteria were used for participant selection:

- Male or Female;
- Eighteen years or older;
- Must classify themselves as regular or frequent users of SNS i.e., daily SNS usage;
- Be an inpatient at the psychiatric clinic i.e., a mental health care user during the study period;
- Have a mental health diagnosis;
- Attending the Occupational Therapy Ward Programme including the life skills programme;
- Show an interest in participating in the research.

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Participants were excluded from participating in the study for the following reasons:

- Currently psychotic or within a manic phase as the Psychiatrist recommended waiting until the clients had settled into a new medication regime. The potential participants may also have struggled to provide the researcher an accurate description of their experiences and perceptions.

- A history or suspected diagnosis of dementia and/or Alzheimer's disease. This client population was excluded as the researcher felt that they would have found it challenging to participate in the research due to the possible altered state of reality.

The above-mentioned inclusion criteria were selected in order to obtain the specific data required to meet the objectives of the study. This allowed for a richness of data to be obtained while still maintaining the participants integrity and mental well-being. The exclusion criteria were implemented to ensure that the participants were suitable for the study and within a stable mental mindset as well as having an understanding of the current research topic.

Once the selection process had been completed a total of nine participants were selected into the study including seven females and two males whose ages ranged from 22 years to 66 years. The reason for the small sample size was due to limited availability of suitable and interested potential participants. As the research was an exploratory descriptive study, the sample size was deemed sufficient; in line with Creswell (1998) who stated that qualitative, phemonological studies can have a sample size between five to twenty five. Further information about the participants is given in Chapter Four.

3.7. Data Gathering Method

Semi-structured interviews are designed in such a way that it allows the researcher to gain the necessary information within one interview (Creswell, 2009). In the current study, data was gathered using one 45 to 60-minute semi-structured interview with each of the nine participants. According to Cohen and Crabtree (2008), during a semi structured interview the researcher and participant engage in a conversation where the researcher uses an interview guide. The interview guide gave the researcher a framework of questions that need to be answered during the duration of the interview whilst allowing the researcher to prompt the participant and follow up on pertinent ideas. Semi-structured question guides have been identified as one of the most suitable methods of data collection because they attempt to elicit discussion from the participants (Liamputtong, 2011; Mack et al., 2005). As the current research was an exploratory, descriptive study, the researcher developed the interview guide through a process of discussion with her supervisors and integrating her clinical reasoning and experience in order to obtain the participants' experiences and perceptions. A total of 13 patients who met the inclusion criteria were approached by the researcher and invited to participate in the study. Four participants chose to withdraw before the interviews could take place due to various reasons such as the discharge date had changed or low mood and motivation. One of the participants that withdrew verbalised that the topic made them uncomfortable, and they did not want to discuss their SNS usage. In accordance with the ethics procedure, the researcher respected the participants' decisions and continued with the final nine participants, who chose to voluntarily participate in the study.

In this study, a semi-structured question guide with open-ended questions enabled meaningful discussions of explanatory nature, about the use of SNS (Mack

et al., 2005; Nagle & Williams, 2011). The semi-structured question guide is found below (Table 3-1).

3.7.1. Interviews with participants

As the participants were admitted for a limited duration of time, this method allowed the researcher to gain the information before the client was discharged.

Data collection took place over a period of six months, from May 2017 to October 2017. As part of the life skills programme, a theme of communication took place. The researcher used this opportunity for participant recruitment. Participants verbalised in the group setting that they had experiences engaging with SNS.

The researcher conducted one semi-structured interview with each of the participants, therefore, a total of nine (9) interviews were conducted. The interviews ranged from 45 minutes to 60 minutes and took place prior to the participant being discharged. The semi-structured interviews were audio recorded using a voice recorder – a password protected iPhone as well as a Dictaphone was used to record the interviews to eliminate the possibility of technical difficulty. The audio recordings were then transcribed verbatim. As the data collection process took place over the span of 6 month this allowed for the researcher to analyse the interviews after they occurred. This was discussed with her supervisors to establish that no new information was being obtained from the interviews. It was found that towards the end of this process, data saturation occurred as no new themes or categories were emerging from the participant data. According to Guetterman (2015), saturation occurs when the researcher is no longer able to see new information relating to the developing themes and codes.

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Table 3-1: Semi-structured Interview Guide

1. What SNSs do you use?

2. What is the purpose/ what do you do on the sites?

3. Walk me through an average day – what does your SNS usage look like?

4. What role does SNSs play in your life currently?

5. Do you feel that engaging in SNSs has an influence on your mental health? Can you give me an example of why you say that?

6. What about your engagement in SNS do you find meaningful?

7. How do you feel when you engage in these sites?

8. How do you feel after engaging in these sites?

9. What role does engaging in these sites play in your life?

10. Do you find yourself thinking about SNS when you are doing other things?

11. What sort of support do you get from using SNS?

12. How do your friends and family or work colleagues react/respond to your SNS use?

13. Describe the things you enjoy the most about being on SNS?

14. Describe the things you think you like the least about being on SNS?

15. In which ways do you think social media influences your mental health?

16. Do you feel that you have a healthy or unhealthy relationship with SNS?

17. What role do you think SNSs are going to play in your life in future?

3.8. Data analysis

Thematic analysis has been identified as the most widely used qualitative approach to analysing qualitative data (Jugder, 2016). According to Braun and Clarke (2006), "Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data". This method was useful as it enabled the researcher to extract the meanings and ideas from the data collected and organise and describe the data set in detail (Javadi & Zarea, 2016).

Once the data was collected, the researcher conducted a thematic analysis using an inductive approach (Creswell, 2009). Inductive reasoning is a method of drawing conclusions by going from the specific to the general (Creswell, 2009). It is usually contrasted with deductive reasoning, where one proceeds from general information to specific conclusions. For the current study, the researcher adopted an inductive, exploratory, open approach to data analysis whilst avoiding preconceived ideas and assumptions about the findings. To do this, the researcher used ATLAS.ti (version 8) for the analysis and management of the data. Each participant's interview was analysed individually, and codes and categories were created. Thereafter, a cross-analysis of all nine interviews was conducted to further develop categories and obtain overarching themes.

The researcher used the steps outlined by Braun and Clarke (2006) below:

a) Familiarising oneself with the data – The researcher, personally and through the use of a transcriber, transcribed the audio recordings of the participants verbatim. When the transcripts were transcribed by someone other than the researcher, the researcher re-listened to the recording and verified that the data had been transcribed correctly. This step allowed the researcher to become familiar with the data. The researcher practiced the tool of

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"immersion" (Braun & Clarke, 2006) where repeated reading and listening of the data occurred. This allowed the researcher to become immersed in the data and gain an in-depth understanding of the participants' experiences and perceptions on SNS usage.

b) Generating initial codes – Once the researcher had familiarised herself with the data a list of initial codes were generated. Following the steps outlined by Tuckett (2005), the researcher organised the data into meaningful groups. The transcribed word documents were then input into the ATLAS.ti programme by the researcher. Each participant's transcripts were coded individually, and a report was generated by ATLAS.ti. A total of 237 codes were allocated by the researcher.

c) Searching for themes – In this stage the researcher collated codes into potential themes and categories. Once the researcher assigned codes to all the transcriptions, through the use of ATLAS.it, a research report was generated, and the researcher then studied the information to establish recurring patterns/grouping of data.

d) Reviewing themes – This phase involved refinement of the themes and categories. Once the various codes were grouped and assigned to a specific grouping the researcher looked for key defining terms, and this was allocated to a theme. The theme consisted of categories that were aligned with the research objectives.

e) Defining and naming themes – In this phase the researcher continued refining the themes and categories and developed names for each theme. The researcher then wrote a detailed analysis of each theme. The themes

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and categories for the current study will be discussed within the following chapter.

f) Producing the report – This was the final stage of the thematic analysis. The researcher completed a final analysis of the collected data and related the analysis back to the research question as well as the aims and objectives of the study. The researcher then compiles a report, which is this thesis.

As part of the report, ATLAS.ti produced a word cloud which gave the researcher a visual representation of the words most frequently used by the participants, and this assisted the researcher in finding commonalities within the data. The word cloud will be presented in the findings chapter.

3.9. Rigour and trustworthiness

The purpose of qualitative research is to express and elucidate a clear description of the personal experiences of participants of the study (Patton, 2015). Data collected in qualitative research should undergo a rigorous process, which is used as a way for establishing the accuracy and integrity of the qualitative research process (Robson & McCartan, 2016). This is completed to ensure that the quality of research performed is trustworthy, thus ensuring reliability.

For the purpose of this study, the researcher made use of four strategies that included:

a)   **Peer review or debriefing**: This strategy involves an examination of the data by someone familiar with the research topic under investigation (Creswell & Miller, 2000). For this study, another researcher and her supervisors, who were familiar with the phenomenon under investigation, assisted the researcher

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as peer reviewers. This allowed for peer reviewers to challenge the researcher by asking questions and exploring the interpretations of the researcher (Creswell & Miller, 2000). Through this, the researcher was able to express her perceptions and thoughts about the research study. Any instances of bias by the researcher were identified by the peer reviewers. This then helped the researcher avoid any preconceived ideas and assumptions about her findings.

b) **Member checks**: The aim of this strategy is to provide the participants with a conclusion of the findings. This is done to ensure that the data are correctly interpreted according to the participants' perspectives (Creswell & Miller, 2000). Once all the data was transcribed, the researcher made descriptions, findings and interpretations available to the participants so that they could determine if the researcher had accurately translated the participants' interpretations into data. Unstructured one-on-one discussions were held with four of the nine participants once the data had been analysed and themes and categories established in order to conduct the member checking. This then helped the researcher present the most accurate and true version of her findings. The participants that participated in the member check assisted with validating and clarifying the researcher's analysis of the interviews. The participants were able to identify any misinterpretations of what they had said and were able to clarify their meaning and intention, this was especially evident with the influence of SNS on their mental health as the participants verbalised their surprise on how SNS had affected them. This also allowed the researcher to clarify that she had interpreted their experiences and perceptions in an unbiased way.

c) **Prolonged engagement:** The researcher remained in the research setting for a prolonged period to build trust with the participants. Being the Occupational Therapist at the clinic, the researcher had become very familiar with the topic. Furthermore, the researcher spent daily sessions with each participant leading up to data collection in the research setting, which assisted all in developing an 'in-depth understanding of the phenomenon under study (Creswell, 2009). This strategy provided the researcher with information that was not easily accessible and improved her perspective and understanding of the participants' views and circumstances (Creswell & Miller, 2000).

d) **Reflexivity:** is a further method used to ensure trustworthiness. Trustworthiness through reflexivity was established by the researcher keeping a field journal in which she could identify and reflect on her experiences during the research and this assisted her in identifying any potential biases that may have occurred. Curtin and Fossey (2007) explained that by the researcher being explicit about their personal biases they improve their reflexivity, through the researchers reflexivity statement, she identified these potential biases, and this is found at the start of the research document. According to Steier (1991), reflexivity is defined as the assumption that the researcher is as much part of the research as the person being researched. For this reason, the researcher needed to examine and assess her thoughts and feelings surrounding the research and reflect on how this may have impacted the analysis of the data and the presentation of the findings. To do this, the researcher kept a daily journal that she often reflected upon, and which she used within her analysis and discussion of findings. Furthermore, a summary of the researcher's reflexivity statement can be reviewed in Chapter One.

e) Triangulation of data sources – According to Shenton (2004) the process of triangulation involves the use of multiple data sources to ensure trustworthiness within qualitative research. Hadi (2016) states that triangulation assists in ensuring trustworthiness as it uses two or more sources to reduces the chances of the researchers bias influencing the data. Triangulation of data sources was achieved through the use of the nine participants as the researcher was able to observe similar or repeating patterns within each participants' interview and analysis.

f) Audit trail - According to Carcary (2009) the audit trail stems from the concept of "audit," which allows for the verification of findings and decision-making through the use of concrete evidence. This was established through numerous emails between the researcher and her supervisors, as well as numerous drafts of all the chapters in progress. The researcher's journal was also used as part of the audit trail.
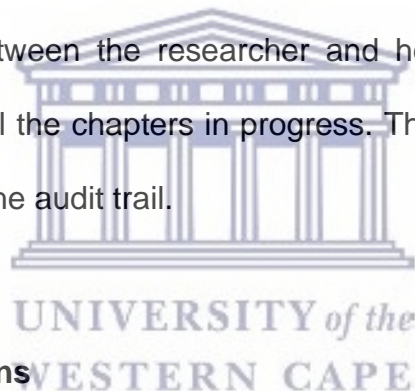
3.10. Ethics Considerations

Approval to conduct the study was obtained from the University of the Western Cape's Biomedical Research Ethics Committee (BMREC) (#BM17/1/21) and Faculty of Community and Health Sciences Higher Degrees Committee before the commencement of the research (Appendix A1). Furthermore, permission from the Chief Operations Officer of the psychiatric hospital was also sought and obtained (Appendix A2).

Thereafter participants were invited to be part of the study. All aspects of the research project were explained to the participants in an information letter (Appendix

A3) and verbally by the researcher, in order for the individuals to fully understand the concept of the research project. Signed voluntary consent by the participants was obtained prior to any data collection (Appendix A4).

All information obtained was kept confidential by making use of a private assessment room for the interviews, and by using pseudonyms instead of the participant's name. All information obtained in this research will not be used for any other purpose except research, and if published, the participant's anonymity and the name of the clinic will be maintained. All information regarding this research is being stored on the researcher's computer in a password-protected file with access available to the researcher and supervisor only. All participant information will be destroyed after a period of five years of completion of the study.

This research carried some risks; however, such risks were minimized at all times and the researcher was prepared to act promptly to assist any participant who experienced any discomfort, psychological or otherwise, during the process of participation in the current study by referring him/her to the psychiatrist or psychologist at the clinic. Thankfully, this was not required during the current study. The researcher covered all the costs of the research process, and under no circumstances were the participants liable for any costs. The participant had the option of withdrawing from the study at any point for any reason with no negative repercussions, although none of them did withdraw.

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FINDINGS

4.1 Introduction

In this chapter, the researcher presents a description of the participants and the findings of the analysis of the data collected during the one-on-one interviews, supported with additional data from the researcher's reflective journal. This was done to present the fullest, richest data possible.

According to the requirements for descriptive qualitative research, the findings have been presented from the participants' point of view by exploring their experiences and perceptions concerning SNS usage. The chapter explores the true role that SNS plays within the participants' lives and how this ultimately influences their mental well-being and mental health.

4.2 The Participants

During the data collection process, a total of nine participants were interviewed. Each participant was allocated a pseudonym to ensure their privacy and anonymity. The sample consisted of seven (7) females and two (2) males, with their ages ranging between 22 and 66 years old. The majority of the participants' primary diagnosis was Bipolar Mood Disorder (n = 7), two of whom also had anxiety disorder, and two of the participants had the diagnosis of Major Depression. All the participants except one were employed. The participants' demographic information as well as the type of SNS platform they engaged in daily is presented in Table 4-1.

Table 4-1: Participant Demographics

Pseudonym	Gender	Age	Duration of admission	Diagnosis	Occupation	SNS used
Sibi	Female	36	16 Days	Bipolar Mood Disorder	Librarian	FB; WA
Ed	Male	66	4 Days	Major Depression	Pensioner – part-time consultant	FB; TW; FB; IG; WA; LI
Ann	Female	49	14 Days	Bipolar Mood Disorder	Unemployed	FB; WA; GG
Emily	Female	54	10 Days	Bipolar Mood Disorder	Language consultant	FB; TI; WA; TW
Lilly	Female	26	16 Days	Bipolar Mood Disorder	Operational manager	FB; IG; WA;
Lauren	Female	28	14 Days	Bipolar Mood Disorder; Anxiety	Accounts supervisor	FB; FM; IG; WA
Jill	Female	45	10 Days	Bipolar Mood Disorder	Geographic infosystems specialist	FB; WA; TW; TI
Amy	Female	22	15 Days	Bipolar Mood Disorder, Anxiety	Financial consultant	FB; IG; WA; TW; SC
Pete	Male	24	9 Days	Major Depression	Hairdresser	FB; FM; IG; WA; PT

Key: Facebook (FB); Facebook Messenger (FM); WhatsApp (WA); Google (GG); Twitter (TW); SnapChat (SC); Pinterest (PT); Instagram (IG); Linkedin (LI); Tinder (TI)

4.3 Themes

The following section will describe the various themes and categories identified during the data analysis. The following table (Table 4-1) gives an outline of the themes and categories that will be presented.

Table 4-1: Outline of the themes and categories

Theme	Categories
Theme 1 *Why I use it (SNS)*	1. What I engage in? 2. Interests, hobbies and work-related activities 3. Sense of belonging
Theme 2 *Virtual Support System*	1. It (SNS) changes the way we communicate 2. I want to be connected but I don't want to be connected. 3. Social support system 4. Connected but not alone
Theme 3 *The dark side of SNS affects my mood*	1. "It takes the joy out of life" 2. Failure to launch 3. Addicted to the drama. 4. "I can't stop"

In the themes and categories, the researcher explored and described the role SNS plays in the participants' daily lives ("Why I use it"); the influence SNS has on the participants' relationships and support system (Virtual Support System); and finally,

the researcher explores the influence that engagement in SNS has on the participants and their mental health (It (SNS) affects my mood).

Each theme is further broken up into categories to conceptualise the participants' experience and perceptions of SNS and the influence it has on their mental health. Finally, the findings will speak to how SNS usage influenced the participants' coping skills with regards to their mental health diagnosis*.*

Theme 1: Why I use it (SNS)

This theme explores the participants' reasons for using SNS as well as the type of SNS the participants engage in. The section will continue by examining the role that SNS plays in the participants' lives.

The categories are as follows

Theme 1	1. What I engage in?
Why I use it (SNS)	2. Interests, hobbies and work-related activities
	3. Sense of belonging

Category 1: What I engage in?

> *"Facebook is an interesting source of information." (Emily)*

The following category explored the types of SNS the participants' engaged with daily. Furthermore, it also explored how the participants engaged with the different platforms available as well as described how each platform has its unique purpose within the participants' daily lives and interactions.

The most discussed form of SNS usage among all nine participants was daily engagement and interaction with Facebook (FB) and WhatsApp (WA). The findings showed that FB and WA was part of their daily routine and lives. The habitual use of

this platform shaped the participants' daily interactions and activities as their day would often be determined by their first interaction.

> *"When I usually wake up in the mornings, I'll see I have WhatsApp and I'll respond to my WhatsApp's. Sometimes WhatsApp upsets me. Can I say that? It upsets me and sometimes it affects my day." (Lilly)*

FB was primarily used by the participants to gain information about the virtual communities in which the participants had involved themselves. The participants also used FB to have a window into the lives of their contacts. The contacts ranged from friends and family to school friends and allowed the participants to share moments and special occasions with other users of the platforms. This interaction was particularly meaningful to Pete who would primarily use SNS to connect with his family all around the world.

> *"You get to see main events in people's lives. Like if something huge is happening, if you've missed something then at least it's there." (Pete*)

WhatsApp (WA) was another platform that was commonly used by all the participants daily. According to the results, the participants used WA more for one-on-one personal interactions. A key commonality among all the participants was how distracting WA engagement was during their day and this largely influenced their engagement in productive activities and interactions with others. The researcher found that the participants would prioritize their SNS usage over their daily roles and responsibilities and they would interact with SNS before they would interact with their physical environment.

> *"First thing in the morning I've got a routine with my phone which I think my wife gets very irritated by." (Ed)*

The researcher found that all participants verbalised that they had far more

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engagement with WA than the other SNS platforms as it was used as a primary source of communication and connection.

> *"WhatsApp takes a lot of my time because usually the first thing I do in the morning is go through my WhatsApp's. So, I don't take time to just hold and stop and say let me get done and I'll attend to that. It's like it's controlling my life." (Lilly)*

As the interactions on WA were on a one-on-one basis, participants found it easier to self-disclose their emotional status, as well as discuss their mental health symptoms on WA.

> *"because in Facebook you are posting public things. Everyone can see and most of the time people are careful of what they say but on WhatsApp its more private so you can say whatever you want." (Lauren)*

This perceived safety of personal interaction allowed participants to seek support from friends and family members. Furthermore, this disclosure of mental health symptoms had its positive and negative aspects and will be explored in more detail further on in the chapter.

The researcher found Twitter (TW) was also a distraction for the participants who used it, as they would constantly be checking for new notifications or posts.

> *"I wanna get notifications when they post and the same with Twitter, some users I wanna get notifications when they post umm so when there is specific notifications I will go and have a look, and very often when I go to the loo, you know I just have the couple of these free minutes." (Jill)*

It was found that the older participants, those over the age of 30 years, highlighted that they enjoyed using TW as it allowed them a platform where they could be anonymous and thus gave them the perceived freedom that they could openly

broadcast their thoughts and opinions without fear of consequences. Although this was not discussed during the interview process, the researcher would have informal discussion with the participants during their time of admission. It was reflected within the researcher's journal that one participant thought it was very entertaining that they had been blocked on Twitter by a controversial celebrity due to their abuse. This is a quote from the researcher's reflective journal:

"During the discussion I was shocked at how entertaining the participant found it that he had been blocked on Twitter for sending his abusive opinions to Trump". (The Researcher)

The use, or in this case abuse, of SNS would be a recurrent discussion during the therapeutic life skills groups that took place with all the participants. These interactions were then found to build a false sense of confidence, but this phenomenon will be discussed later in the chapter.

It was found that FB and WA were the two SNS applications primarily engaged in by all the participants. The researcher found that some of the participants intermittently used other platforms such as SnapChat, and Instagram. At the time of the research being conducted Instagram was an emerging form of SNS.

"Because you can't really, one or two or three (SNS) is more than enough to talk to everybody." (Pete)

An interesting aspect discovered by the researcher was that the participants would use SNS as a way to improve their mood or make themselves feel better. They would actively look at engaging with positive content on the various SNS platforms.

"Because I experience most of those things as positive it usually perks me up. Mainly because I choose things to focus on that perks me up." (Lee)

This would become a digital hobby and finding the funny side in life was a

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motivating factor to continue using SNS. The findings showed how SNS improved the participants' ability to see the humour and lightness in life. It was found that through the use of SNS a reduction in symptoms such as loneliness, isolation and despondency was experienced.

> *"that kinda thing which is fun, then there's this fun thing, so there is like many different types of pages and depending on who had highlights and who had fees I think that would depend on how my feeling would be afterwards. Umm, if it was mostly that, not quite right in the head, I would be giggling for like the next hour and a start to feel better." (Jill)*

This use of the "funny things" gave the participants some hope during their day that things can get better and this, ultimately, helped them feel better.

> *"If I had seen a funny picture I could have a good giggle, but there's this one page I go to, 'not quite right in the head', [laugh] it's the group's name [laugh] the stuff that comes out there is hysterical. Umm so a good giggle is always good". (Jill)*

Each variety of SNS would play a different role in the participants' lives, whether it is positive or negative and would shape the person's interaction with others and their environment. In the section "It (SNS) affects my mood" the researcher will explore in depth the role SNS plays internally and how that influences the participants' interactions with their external environment.

Category 2: Interest, hobbies and work-related activities

The following section looks at the use of SNS as an occupation. Within the participants' lived experience SNS fulfilled numerous roles within their lives such as a way to pursue an interest and engage in hobbies and work-related activities. Through

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the engagement in SNS it was found that particularly the female participants were able to find meaning and value through the engagement in interests, hobbies and work-related activities.

> *"What I love about social media is that there are a lot of pages like creative pages, fashion pages, makeup pages, makeup artists, creative artists, art people everything that is what draws me to it actually. Going and seeing stuff that people made and I can do it at home, do it yourself. That kind of stuff, photography, that's the positive for me."* *(Lilly)*

The researcher saw how SNS was frequently used to pursue interests and hobbies. When synthesising the data, it was found that through the use of SNS the participants were able to gain confidence concerning their skills and interests as SNS allowed them to explore and engage at their own pace. This engagement in activities gave the participants a sense of purpose and meaning and highlighted that the engagement in SNS sparked creativity and interest in the world around them allowing for a sense of connection and purpose.

> *"Cause, like, it's kind of a motivation for me. If I feel like I don't have ideas of what to do with my children at the library, then when I look at the other libraries page then I will find something that is interesting and try and implement it in my work."* *(Sibi)*

For some of the participants, especially Sibi, the use of SNS allowed her to engage in work-based activities and in some cases, connect with clients or gain information to improve or expand her work-based knowledge. This interaction was deeply meaningful to her and would motivate her. This engagement on SNS would allow her to feel empowered and connected to other like-minded professionals and she would use this as a support system to manage her diagnosis.

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"yes, so I like those things cause you get involved, even if you are not part of that programme, just by going onto Facebook, then I will know so and so was at the Center library talking about her book, even the the programme, so I find it very interesting using facebook." (Sibi)

The use of SNS for work-related purposes was further highlighted by Pete, who used the SNS site to make appointments with clients and find ideas and products for his salon.

"I work with a lot of clients and then Facebook, Instagram being the least and Pinterest is more of a fun type of looking at pictures and that type of thing. Researcher: And what is the purpose? What do you do on these sites? WhatsApp is for talking to personal people and making bookings for clients." *(Pete)*

The researcher found that for the participants, the use of SNS featured within every facet of their lives and assisted them to engage in tasks more efficiently as well as connecting them to their physical and virtual environment. This would create a supportive factor as it connected the participant with their support system and would give them a sense of purpose. This will be explored in the following category.

Many of the participants spoke in detail that this pursuit of hobbies and interests assisted them in feeling more connected in their day-to-day interactions. This engagement in these activities was of interest to the participants and was used as motivation to improve the participants' mood and mental state and would provide a supportive and protective factor for their mental health.

Category 3: Sense of belonging

This category explores the role that SNS plays in creating a support system for

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the participant

> *"So, I belong to quite a few music groups because all the groups I belong to are usually the same people because music is extremely important to me." (Emily)*

Another category that developed within the participants' experiences and perceptions was that SNS gave the participants a sense of belonging as they were able to connect with people from various backgrounds through engagement in similar interests or fields.

> *"I support the shelter - the animal shelter - in Kraaifontein, and they've got a, umm, a Facebook page and all of the feedback there on their page is like very, it makes me feel involved in the situation." (Jill)*

Some of the participants, especially the women, expressed that SNS allowed them to interact with celebrities such as actors, singers and comedians on a one-on-one basis, which "ordinary people" (according to the participants) would not be able to do. The participants reported that these interactions would at times improve their mood and self-worth and, in a sense, validate them as SNS users and women. This was especially true if it was a well-known celebrity or SNS influencer. This simple interaction, such as a "like" or a "Heart" would have a major influence and gave the participants the perception of "being seen" or being important to someone who does not interact in personal one-on-one interaction.

> *"Yes, he posted a video where he recorded, he wanted some of his fans to say they like it or they don't like it. Then I replied I really like it definitely and I gave him a few points. It sounds really good with you in it, maybe it would sound a little bit better if you had a female voice in there somewhere and then he was like 'wow I have never really thought of that thank you so much." (Lauren)*

The researcher found that this use of SNS improved the participants' mood and

had a positive influence on their mental health diagnosis. A key aspect that was reflected in the results was that the participants would use their mental health diagnosis and emotional state as a tool to motivate and encourage others in a similar position. This interaction had an indirect therapeutic interaction as the participants would often "broadcast" the message to others that they needed to validate their own experience, and this had a direct influence on their mental well-being.

> *"I like posting inspirational quotes, especially when I've gone through difficult*
> *times. I try to turn it into a positive." (Lauren)*

Lily and Amy, especially, used SNS to gain motivation and support from their virtual communities and were actively engaged with the content. Amy, in particular, was one of the participants that would immerse herself in the SNS experience. This could be attributed to her age and generation as she was one of the younger participants in the sample. There was a sense that her identity was largely shaped by her engagement in SNS. This, as stated, could largely be attributed to her age as she is the youngest participant in the sample and the most active on SNS.

> *"When it comes to Instagram I'm known for my curly hair so I look at other*
> *people with curly hair. Now they may have curly and super bodies and I'm*
> *thinking to myself, I want to be like that. I want to be the South African version*
> *of that." (Amy)*

Another aspect of SNS engagement that emerged was the participants' engagement to achieve some form of validation of experiences. That they could "see" and were "seen" but for others, this had a detrimental effect too. The participants found that at times this engagement and interaction had a positive outcome on their mental health.

> *"And I know it takes like five seconds to like type happy birthday, but just the*

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fact that people still went to the trouble of doing that is uplifting as sometimes I

feel I don't have friends and a lot of them are just Facebook friends, but still,

that person took like a minute of their time to like type something up that's nice

for me and also like when I do post about events and people comment on me

it's nice, it just feels nice when the likes start coming through you know, like

when I got my new car, loads of reactions to that which is nice." (Jill)

This need for validation would have both a positive and negative influence on the participants' experiences and perceptions. The researcher found that the participants would use SNS to find validation from both their virtual and physical support system. Although the reciprocity of this action would not play out as they would have expected and would highlight the duality of the role SNS plays in the participants' lives.

"there's like this one thing that makes you feel like crap, you know, where did I

go wrong or you post and they don't like like my post as much as I thought they

would." (Jill)

This would lead the participants to seek a support system of their own through the use of SNS. The use of SMS as a virtual support system is described in the following section.

Theme 2: Virtual Support System

The following theme examines the perceived benefits or positives the participants gained from engaging in SNS and the supportive factors this engagement had on their mental health.

"Sometimes it's like message after message. But I have got friends that are

Christians, they will send me nice messages…messages and God, a scripture

from the Bible. Then I don't mind those kinds of things because they uplift my

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spirit." (Sibi)

The categories for this theme are as follows:

Theme 2: Virtual Support System	1. It (SNS) changes the way we communicate 2. I want to be connected but I don't want to be connected 3. Social support System 4. Connected but not alone

Category 1. It (SNS) changes the way we communicate

> *"I find it easier and quicker; people respond quicker on social media than what they respond to on a normal message or telephone call, whatever." (Pete)*

This category examines how the use of SNS has changed the way people communicate with each other. The common theme among the participants is that SNS allowed them to engage in faster, cheaper and more effective communication, as they were constantly connected to their various support systems. SNS allowed the participants to be directly connected to their friends, family and relatives. One of the primary functions SNS played in the participants' life was the ability to coordinate roles and tasks with various members within their network in a fast and efficient way allowing them control over their daily lives and routines.

> *"WhatsApp messenger I usually speak to my mom or my dad or if I need them to go pick up my two boys at school. If I don't have transport for them, you know like family arrangements, transport arrangements and catching up with friends and family. Just a quick text. I also use it for work. Let's say, for instance, my boss is in a meeting, and I urgently need her to approve something. I just send*

a text so that she can maybe just give me the go-ahead." (Lauren)

The researcher found that all participants highlighted the fact that using SNS improved their ability to communicate and connect with their support system. This was made easier as this was of little financial cost to them and allowed them to connect with family and friends easier than face-to-face communication. Some of the participants even spoke about favouring SNS communication over face-to-face communication as it saved them time and money.

"It's cost effective to use social media instead of using something else." (Pete)

The majority of participants also highlighted how SNS allowed them to communicate through the use of SNS faster than any other form of communication, especially with friends and family. This allowed them to feel connected within their support systems and this would have a supportive factor on their mental health. This connection also allowed them to feel like part of a larger network of people who are important to them.

"For example, we have a family group on WhatsApp which is really nice, all the cousins, aunts and uncles are in that group, so any family news gets shared there which is really nice, you don't have to tell everyone something you can just put it on the family group and everyone sees it". (Jill)

This faster way of communicating allowed the participants to feel more in control of their environment and interaction. They were able to manage daily tasks and roles through the use of their cell phones. Their cell phones have become an essential tool in planning and structuring their lives and have become a necessity as the participant used them as a calendar, camera, email system and a source of gathering knowledge. With the advantage of faster communication, it allowed the participants to "check in" with various people in their lives with minimal disruption to their daily routine.

Furthermore, they often felt safer engaging in this faster communication as they were able to express themselves with minimal fear or anxiety.

"I like communicating with WhatsApp, I feel safe because I don't have to worry about the face to face things that make me anxious." (Jill)

Despite the benefits of SNS, the researcher found an interesting contradiction between the participants and their views on using SNS as a form of communication. The concept of being constantly connected had unseen consequences as all the participants verbalised how this constant connection influences their day-to-day activities as their daily interactions would be shaped by their interaction on any SNS platform.

Category 2: I want to be connected but I don't want to be connected

The researcher found the concept of constantly being connected created a fear that they would "miss out" on something by not being constantly connected to their devices. This was particularly evident with the younger participants. This would also influence the person's mental health as this fear or "FOMO" (fear of missing out) would often increase their feelings of anxiety and fear and this would have a detrimental influence on the participant's mental health diagnosis.

"Yes, I feel like if I am not engaging myself on Facebook, I feel like I might be missing out, so it is very important for me to check it at least when I get the chance." (Sibi)

Another aspect of how SNS has changed the way people communicate is in the way the participants would have difficulty interpreting messages. Participants would tend to misinterpret and over analyse a message, and this would lead to miscommunication, thus further having a negative influence on their mental health. This was especially seen with the interpretation of emojis (picture-based

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communication symbols), the visual picture and with the wording of the message would be open for misinterpretation of the message. It was found that participants had difficulty interpreting these emotions behind the message and often tended to over analyse the simplest message.

> *"With WhatsApp, you don't see someone's facial expression when they are saying something. They might say something and you take it completely the wrong way and it's not what they meant by it." (Lauren)*

The inability to see the "sender's" intention behind the message would have an aggravating influence on all the participants, especially the participants with anxiety disorder as they would become triggered by the inability to understand what they perceived as the true intention of the message. This would lead to the participants over interpreting the message and adding their own preconceived biases to the messages. This constant internal battle would have a detrimental effect on their mental health. The researcher found that there would be an internalisation of the simplest of messages, usually gravitating towards the participant viewing the message negatively.

> *"...you know when you see someone has read your WhatsApp but they have not responded, I always wonder like, what the hell did I do now? Did I do something wrong [laugh]? As that's my nature and you know I always think that I have done something wrong. So, if somebody's like, when you see the little blue tick, they have read my message but I am not getting any response, then I am like, did I say something wrong or you know…What's, what's going on here?" (Jill)*

SNS usage also changed the way the participants engaged and communicated with people as it allowed them the perceived freedom to say whatever they wanted without physically experiencing the consequences of their actions. SNS usage created

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a sense of bravery and self-importance which would allow the participants to fearlessly broadcast their thoughts, feelings and emotions without fear of consequences. Through this interaction on SNS, the findings showed that the participants would lose their "social filter" and would speak their minds where normally this interaction would not occur within the physical environment as the other person would be sharing the same physical space as the person.

> *"Frankly, I don't care. I have no problem in telling someone to get the fuck off my page, it's my page." (Emily)*

This had supportive factors for the participants' mental health at times as they perceived this as a boundary setting whereas within the therapeutic process this interaction would have serious implications on the person's relationships and communication skills.

> *"It is because I've actually thought this compared to face-to-face conversation, you wouldn't say such things to someone to their face as would say on WhatsApp. Like, let's say you are really irritated with someone on WhatsApp then the swearing comes. You wouldn't do that face to face because you might just get smacked." (Lauren)*

This also showed that the participants had limited insight into their SNS usage as they would be using the platform as a cry for help but struggled to see the impact that this interaction would have on the relationship. This would lead to a deeper feeling of isolation and abandonment of the participant by their support system and would lead to a chronic cycle of mental and emotional dysfunction.

> *"I actually spoke to my psychologist about it and she said 'no that's what's pushing you into the slump because you are more focused on other people's lives' and it's draining me because I feel rejected and I feel lonely and so it's*

not necessary to go and check up on my friends' walls every now and then.."

(Lauren)

The researcher viewed this phenomenon of contradiction ("I want to be connected but I don't want to be connected") as being constantly encountered throughout the data and the participants showed various levels of duality within their engagement in SNS. This phenomenon will be explored in various aspects throughout the following themes and categories.

Category 3: Social Support System

A recurring category that was highlighted within the data was that SNS allowed the participants to reconnect and re-establish relationships and social connections. This was especially the case when reconnecting with connections from their past such as school and university friends. As well as the reconnection, SNS also allowed the participants to "check in" and keep up with what is happening in friends' and family's lives without the human (face-to-face) connection.

> *"If I used to have a friend, way back, then I am not in contact with whoever the friend is, then I will just search name and surname and if I find I will use that and check her out, how is she doing and then make friends again. So, for me personally, it helps to connect with old friends." (Sibi)*

The researcher found that this interaction with SNS allowed the participants to reconnect with lost acquaintances and family and this had both a positive and negative influence on their mental health. For participants like Sibi, Ed and Jill this connection was a supportive factor on their mental health as they would be able to connect with people that supported and improved their mood, and this would have a protective factor on their mental health.

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"…. family stuff, you almost feel like you are more involved in the family you have, like before we have a big family so we could never have individual contact with everyone but now it's like all nicely together so that is a very positive experience cause you get to share with your family and they share back." (Jill)

For Ed, it allowed him to connect with his friends and family worldwide and helped him feel connected as he found that the support from his family encouraged his continued use of the platform as well as contributed to a sense of his wellness and mental health.

"I think it has a positive effect with for instance your family or friends. I've got a sister in Polokwane and my other sister is in Australia with her kids. So, if there's news from them or if there's interaction from them then it's very positive." (Ed)

The analysis highlighted that SNS also allowed them to connect with friends and family and how SNS would make the world smaller and connect family and friends that lived in various parts of South Africa and the world. This interaction would play a significant role within the participant's lives, whether it be a positive or negative influence on their mental health diagnosis.

"I am because it's a good thing man, it's a good thing to, to, to communicate, I think connection is one of the things that are good. Cause if there are no social networks, I am thinking about how life is going to be. Because if there was no Facebook, no WhatsApp. Imagine my sister wants to know how I am doing, I am in the hospital and she doesn't know how am I doing because I don't have any social networks. So social networks bring people together. Ja, so I salute the social networks." (Sibi)

The researcher found that many of the participants would use SNS to express themselves without having to physically come into physical contact with another

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person, for some this was a positive experience and for others a negative one. This constant duality, as expressed earlier, was seen throughout the results.

With the power of being able to say what they wanted when they wanted, the participants showed limited insight into how this interaction would have greater consequences on both their relationship and mental health. The following categories will explore this experience and the dynamics of these interactions in further detail.

Category 4: Connected but not alone

This category examines the positive ways in which participants have utilised SNS. In this category the researcher explores the perceived validation that participants received through their engagement in SNS.

> *"I keep coming back to my car thing, that was a big thing for me, umm it was my first grown up car like ever, you know, and just to see everybody was like saying [on SNS] like well done, you deserve it, I am so glad for you, I am so happy for you, umm, that was pretty cool." (Jill)*

A further development that was found from the participants' experiences was that they used SNS to lift their mood and improve their symptoms. The participants' verbalised that they drew strength from the motivational and inspirational aspects of SNS usage. This would, at times, be counterbalanced by the negative experience and lead them to engage in SNS to improve their symptoms.

> *"Emotional support, positive, emotional support in times of need". (Sibi)*

It was found that the participants would use their mental health diagnosis and emotional state as a tool to motivate and encourage others in a similar position. This interaction had an indirect therapeutic interaction as the participants would often "broadcast" the message to others that they needed to validate their own experience,

and this had a direct influence on their mental well-being.

"I don't normally post things about what I am going through or my life on Facebook. Because that's not a platform for me to do that. I would rather put encouraging messages or sometimes the way that I am feeling – sad stuff, sad messages. But I won't type out what I am going through. It will always be something that I share." (Ann)

Although they would not openly discuss their mental health diagnosis on SNS for fear of being stigmatised and judged, when the researcher explored this phenomenon with the participants, they revealed that they used SNS to reach out to others but feared that someone would make a connection to their mental health diagnosis. There was a fear of being exposed and made vulnerable in the eyes of others and the participants did not want to be perceived as weak or damaged. The greatest fear of the participants was that people would "feel sorry for them".

"If I am not feeling fine, I need support more than anything else. So, if I am going to put something on Facebook that I am not feeling well, most of the friends that I have on Facebook will feel sorry for me, do I need that? I don't need that, because if they will comment and say, "what's wrong my friend?" "What can we do?" I feel like they feel sorry, too sorry for me. I don't like that I become very stressed if they sympathise with me. I just need the moral support from them." (Sibi)

It was also found that although the participants did not share their experiences of mental health on SNS they would use it to educate themselves and draw connections through passive engagement on these pages such as reading articles or reading about others' experiences of their mental health diagnosis. The participants found that they drew motivation from observing others including public figures and this

assisted them in managing their symptoms on a day-to-day basis. Participants discussed how the engagement and disclosure of celebrities and high-profile people about their struggles with mental health became a form of normalisation for the participants and their lived experiences. It also showed that this absorbing of information became a form of support for the participants.

> *"I do belong to quite a few mental health support pages, but I don't actively interact there in chats, but I appreciate the information posted because it's really interesting articles and helpful." (Emily)*

There was also a general hesitation from the participants to engage in the sites related to their mental health diagnosis and there was a fear that they would be exposed as having the same issues as the people on the sites. In one of her research journals the researcher reflected on the data and used the term *"look through the window but don't knock on the door"*. The statement described the phenomenon that she was seeing her data. Furthermore, she described it as *"as a passive observer effect where they would absorb the information and support without actively immersing themselves in it for fear of being stigmatised"* and this can be substantiated by the following quote.

> *"If somebody puts something on general mental illness and supports those with mental illness, I would like it for example, if it's like a nice piece that they wrote up or something, I would like it or umm, but I am not gonna post something myself about my mental illness". (Jill)*

This ambiguity between looking but not sharing had both a supportive and triggering influence on the participants' mental health. It was positive as it allowed the participants to access information and education with regards to their mental health diagnosis. This was also a limiting factor for their mental health diagnosis as they

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would often be missing an opportunity to connect with someone who could truly understand and empathise with their situation, thus, having a greater influence on their mental health diagnosis. This interaction will be examined in the following theme.

Theme 3: The dark side of SNS affects my mood

"I am very sensitive, I come across very harsh and open and aggressive, but I actually struggle inside for acceptance. So, if I would post something on Facebook which I thought was quite an event in my life, and I didn't get any likes, I would feel very depressed, which is a silly thing but it's kinda like you people aren't really interested in my life". (Jill)

The following theme examines the consequences and implications of the participants engaging in the SNS and the role this interaction plays on their mental health. Furthermore, the researcher will explore the participants' perceptions of the dangers of engaging in SNS. In this theme the researcher will also examine in further details the participant's views on SNS addiction and the implications thereof. The categories for this theme are as follows:

Theme 3:	
The dark side of SNS affects my mood	"It takes the joy out of life"
	Failure to launch
	Addicted to the drama
	"I can't stop"

Category 1: "It takes the joy out of life"

This theme explores the perceived losses that occurred when the participants engaged in SNS. An occupation that was supposed to be pleasurable, improve their mood and help them connect with the physical and social environment, was taking the joy out of their lives and influencing their mental and emotional health.

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"It broke me down. So, I wasn't living my life, I was living in the shadow of everybody else's." (Amy)

Towards the end of the interview process, the participants started delving deeper into their SNS usage and the influence it has on their mental health. Some of the participants were able to identify that their SNS engagement was a high-risk trigger for their mental health diagnosis.

"Let's say today I posted a picture of myself, a selfie, I did my makeup. Now a hundred people like it tomorrow only five like it, but now I'm like what was wrong with me in this picture? Because yesterday, and then you start looking at yourself and judging yourself. Is there something wrong with me? Is there something wrong with what I said? If you post it now let's, say you post something positive but now you think, did I offend someone?" (Lilly)

Others struggled to internalise the influence their engagement had on their mental health.

"And do you find it affects your mood at all? So, you wake up in the morning and it's a good day and you go on Facebook and the feelings of depression start creeping in a little bit. Do you find that happens or not really?" (Researcher)

"Uhm, I don't know, I don't think I do. Even if it's sad news I process it". (Ed)

As the participants explored the topic with the researcher the findings showed there was a deeper realisation of the actual role SNS played in affecting their mental health. And for some, the illusion that it was positive started to change and the burden of SNS on their mental health came to light.

"But definitely it does make me pretty depressed if I post something that I think is quite like an event in my life and there's no reaction to it. So, it makes me a bit depressed." (Jill)

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One specific aspect that was highlighted by the findings was how SNS engagement would increase their fear and anxiety. The majority of participants spoke about not wanting to disclose their mental health status on SNS due to their worry of being shunned by the people they are connecting with on SNS.

"Umm, if I could do it anonymously, I would. Umm, that's not something that I would umm, I don't wanna say advertise, but I won't [talk about] myself, you know." (Jill)

This again would show a duality in the findings as the participants would give hints that they are battling their mental health symptoms in hopes someone would notice their post. This was perceived as a "silent cry for help" as the participants would want someone to see that they are struggling but on the other hand, they did not want sympathy. The results showed that the participants drew support from SNS by observing others and their interaction with SNS pages that focus on mental health and psychology.

"I didn't want to feel like people are saying, 'she is the crazy girl', not that people say that, but I don't know maybe they do, I don't care. I didn't want that; I do care I didn't want them to have that image of me. Even if it was me, you don't want people to see." (Lilly)

This was particularly evident when describing when they started using SNS compared with their present usage. The majority of the participants spoke about how, initially when they started using SNS, they would actively post about events and social engagements that were happening in their lives, and, how over time their usage has changed to share less about themselves but become more observant of other people's lives and interests.

"At the beginning, I would put everything on [FB] and then at one point I was

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thinking that people shouldn't be so open about stuff, people don't really need

to know all this stuff about me." (Jill)

But over time and with various interactions the participants' usage changed, their usage became more about looking into other people's lives and feeling connected through these interactions.

"But it is umm ja one of the reasons I stopped posting personal stuff cause

people just didn't seem to care." (Jill)

The limiting of information had both a supportive and an aggravating influence on the participants' mental health as in some regards, they were protecting themselves but in others, by limiting the information they shared, they would not receive the validation they were seeking, and this would have a further detrimental influence on their mental health. This ambivalent relationship with SNS would be seen frequently in the findings, further creating a duality within the participants' lived experiences of social networking.
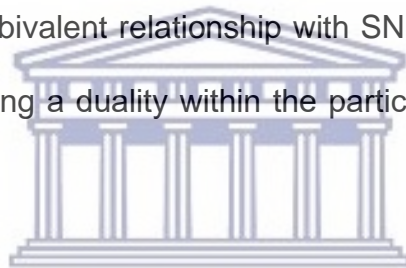
Category 2: Failure to launch.

The category "Failure to launch" examines how SNS would become a hidden trigger to the participants' mental health diagnosis as it would form a visual representation of how their mental health diagnosis has influenced their ability to achieve the perceived "perfect life".

"And then I always go on Facebook, and I'll go through, now all my peers are

getting married, having children, having kitchen teas, baby showers, getting

engaged. That is my age group now. That gives me a lot of anxiety because it

feels like I'm not there. Why am I not there? That affects my anxiety a lot." (Lilly)

The category examines the perception of how the participants believe that the

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picture that they are seeing on SNS is the reality and that this distorted image of life would play a pivotal role in triggering their mental health diagnosis.

"The reason, part of the reason was because I was more focused on other people's lives and that's part of the reason I'm here because, for example, I check the WhatsApp statuses. So, for example, when it comes to WhatsApp, I regularly check my friend's statuses. One maybe went hiking, it's another one's birthday I'm not included in any of those. So, I immediately feel bad and rejected and I think so why didn't they invite me? " Am I not important?" (Amy)

Most of the participants spoke about how engaging in SNS was a reminder to them of their lack of achievement in life and that the difference in their life in comparison to others often weighed greatly on their emotional well-being.

"It does, especially when my old school friends start posting about their children, umm or you see them buying a new house, and then I am thinking I am divorced, I am 45, I basically have like a car on my name, I don't have a husband, I don't have kids, if I die now what am I leaving behind as these people have all these grownup things – houses, gardens and cars, where I am like staying in a room in my mother's house, and I have got a car." (Jill)

There was a sense of loneliness and hopelessness from the participants as they struggled to grapple with the fact that they perceived their lives to be "unlived" in a sense. This limited insight and understanding would lead the participants into a downward spiral as they would see how other people are living their lives and compare it to how they believed their lives should be.

"Yes, it has already because I would see here's a whole lot of people I was in high school with. They're married already, they are travelling the world but I'm like I'm over here. What have I done to move forward? I'm still stuck at square

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number one. So, it does have a bit of a negative impact and that is also what

causes me to go into a depressive state." (Lauren)

The participants showed an inability to filter the information that they were consuming to understand that the picture that they were seeing on a screen may not be the reality of the contact's life but rather the life they wanted to portray on SNS. This limited insight would have a detrimental influence on the participant's mental health diagnosis.

A recurring topic that was identified was the participants' need for validation of their lived experience. Jill verbalised that she used SNS to validate a milestone in her life whereas the opposite was described by Lilly who explained that when she did attempt to receive validation, from her friends and followers, and did not receive it this lack of feedback was internalised as a failure and this interaction, or lack thereof, would influence her mental health.

"But definitely, especially when they start talking about their kids and stuff. Like

you see people going on holiday, faraway places as if it's nothing like we were

in Europe again, I've never been outside the country other than Namibia, and

that does make me feel a bit left behind and almost." (Jill)

The findings showed this cycle of dysfunction would play a role in the person's sense of identity and self-esteem. It was further highlighted that there was a need for acceptance and validation and without it the person is worthless. This would have a further aggravating result on their mental health leading them to seek more attention and validation through SNS.

"I'm very hard on myself and with my anxiety disorder a lot of times my therapist

or doctor has told me not to compare myself, but social media creates that

because it's constantly there. It creates that image for me like I have to have

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that image and I'm not accomplishing." (Lilly)

This need for validation led the participants to become more focused on the lives of the people they engage with on SNS. And this focus and comparison had a great influence on their general mood and eventually their mental health, aggravating a further downward spiral.

"I definitely think so, I am very sensitive, I come across very harsh and open and aggressive, but I actually struggle for acceptance. So, if I would post something on Facebook which I thought was quite an event in my life, and I didn't get any likes, I would feel very depressed, which is a silly thing but it's kinda like you people aren't really interested in my life. So, with those concerns sometimes it's one of the reasons I also stopped posting personal [stuff]." (Jill)

In a sense, the participants' SNS pages acted like a journal, creating a record for comparison within their own lives and this would cause a strong trigger for their mental health as they were comparing themselves with their premorbid state.

"Seeing older pictures, the 'on this day' seeing things I've posted way back thinking wow did I post that? I feel so bad today compared to one year ago. That is how I was feeling." (Lauren)

The participants spoke about how engaging in SNS was a reminder to them of their lack of achievement in life and that the difference in their life in comparison to others often weighed greatly on their emotional well-being. There was a sense of loneliness and hopelessness from the participants as they struggled to grapple with the fact that they perceived their lives to be "unlived" in a sense.

"It (SNS) broke me down. So, I wasn't living my life, I was living in the shadow of everybody else's." (Amy)

Although some participants were aware that this was occurring, they would

continue using SNS, further creating a dysfunctional cycle within their lives and causing a greater influence on their mental health. The following category will explore the compulsion to continue using SNS and that interplay with their mental health.

Category 3: Addicted to the drama

An interesting category that emerged during the research process highlighted an aspect of the participants' SNS usage that was both a surprise and a concern to the researcher. While speaking about their SNS usage all the participants spoke about their inability to stop using SNS – even when it had a perceived negative influence on their mental health as well as their occupations.

> *"So, it would always be an issue with me constantly being on my phone. When I'm done with work, I have my earphones in while going through videos, YouTube is another thing that I'm addicted to. So, I would always push my life aside for things I need to get done, and focus on social networks." (Amy)*

The researcher found that the majority of the participants constantly spoke of a sense of loss of control over their actions and behaviours while engaging in SNS. In addition, they also experienced an inability to control or curb their usage even when actively trying to reduce the time they would spend on SNS.

> *"Because you can't go without it. I cannot go without Facebook and I've tried and I just can't do it because it fascinates me. Okay it doesn't really fascinate me; it can annoy me; it can make me upset and everything. The emotion that's behind the statuses or what they have posted is what keeps you on Facebook." (Pete)*

One of the participants, Amy, especially found SNS problematic within her own life and spoke about how her entire life would be structured and dependent on her

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SNS usage on her phone and how this would play out and influence her relationships. A feeling of loss was expressed if she was not able to engage with SNS and her day-to-day activities would be determined by her engagement in SNS.

> *"…and I would find myself doing something like cleaning the kitchen and then all of a sudden, I'm on my phone. Now my battery is about to die so I plug it into the charger and I sit on the charger with my phone constantly and I don't give it time to charge." (Amy)*

As all the participants spoke of the same experience an interesting trend was observed by the researcher. The participants used different terminology to explain their SNS usage, with the younger participants appearing to be more comfortable with the word "addiction", while the older participants would refer to their usage as a "habit", that they struggled with and would influence their daily activities.

> *"Cause it does become a habit. It's like every opportunity you get it's just like you just want to go onto Facebook to see what is going on and what happens and that's a habit. It's not that I, it's not like I put something in there and I am waiting for an answer or, it's a habit. And it's a habit for a lot of people. It's become a habit in society. That people sit around a table and they don't even have conversations anymore cause people are just on their phones all the time. Even with the youngsters, they are on SnapChat and all these things that I don't know how to do. They don't have decent conversations cause everybody is just on their phones." (Ann)*

When the researcher would challenge their perceptions of their usage, the participants that referred to it as a "habit" would in a sense become avoidant of the topic. As the researcher was also in a therapeutic relationship with the participants this topic could not be explored in depth as she would have preferred - from a research

point of view; as this would have affected the therapeutic alliance. The researcher, within the study, was also providing therapeutic intervention, in the form of a life skills program, to the participants. The researcher reflected within her journal that *"by pushing the participants too hard to be able to get the answers I want for my study may have a negative influence on their hospital admission. This could ultimately complicate their treatment further by adding another "label" - addict".* In order for the researcher to maintain the role of therapist and researcher this was left to the participants to internalise the information in their own way.

> *"Yes, it is a bit of a habit because if I do have a break in between things I'm doing at work or at home. It's as if, involuntarily, you have to go and check Facebook. What notification do I have? Even if there's nothing it's like going to check your fridge every ten minutes if there's something new."* (Lauren)

Although all participants varied between the uses of the word "addiction" in comparison to "habit" the behaviour remained the same. The participants all spoke of a process of obsession and preoccupation as well as withdrawal when they could not use SNS. Two of the participants described their social networking usage as an "involuntary movement" or something that they had limited or no control over.

> *"I think it's more like an involuntary movement to go on Facebook every time."*
> *(Lauren)*

Furthermore, even when they tried to not consciously use their phones, they would find themselves picking them up during their day. This will be explored further in the following section.

Category 4: "I can't stop"

Finally, the researcher explored the consequences related to the participants'

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inability to stop using SNS. The researcher examined the influence SNS addiction had on their roles, relationships and occupations.

> *"Yeah, and the thing with me is, you don't know all my history but I have an addictive personality. Like hugely addicted, I get addicted to crafts and it goes to extreme levels. So, it is definitely a component of addiction." (Lilly)*

The researcher found that a recurring category amongst some of the participants was how addictive their SNS usage had become over time and how it would disrupt their roles and occupations.

> *"I was addicted to it in a sense I checked Facebook every morning before I got out of bed." (Ed)*

The participants that were able to identify that they were addicted to SNS, spoke of "a sense of loss of control" over their actions and behaviours. One of the hallmark traits of addiction is the inability to stop or reduce usage; the majority of the participants spoke about how they wanted to stop but just could not.

> *"It's definitely an addiction, if I could go without it I would but I can't." (Pete)*

Within this category, the researcher noticed another component of addictive behaviour was the participants' need to control and influence their interactions on SNS. This ranged from interactions with family members to broader communities. The researcher found that if the person on the other end of the interaction would upset a participant, they would simply be deleted from the participant's SNS site. This would depersonalise the interactions taking place on SNS and have a disrupting influence on their relationships. This depersonalisation would lead the participants to believe that, because this interaction was taking place in the virtual environment, it would not have consequences with their physical environment. This virtual interaction was almost perceived as 'not real' and the consequences of the participants' actions would

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not become immediately recognised.

"Like on WhatsApp, more on WhatsApp. That I have control over. Because I can just go and block the person. And that is what I have been doing. I have been going through my lists every day of all the people that I have and I ask myself: does this person play a positive role in my life, does this person encourage me, does this person care about me, and if there was a no to those questions, I just deleted the person." (Ann)

This controlling of relationships would often lead to interpersonal conflict between the participants and their support system.

"They obviously knew that the messages and things were going through. Like my aunt, for instance, said a terrible thing that I knew wasn't true and I was so angry that I actually blocked her and then it took me about three days to, to realise that, what she said hurt me and I will get to a place where I am in a better space where I can, cause I like face to face – eye contact, where I can speak to her and tell her how it hurt me but at that time I was just very angry so I blocked her and then a couple of days later I unblocked her because she is still my aunt. She will always remain my aunt. And I will just, um, know now, um, what to share and what not to share with her." (Ann)

The researcher found another consequence of the participants' SNS addiction was the disruptive influence it had within relationships. This was especially evident with Amy who spoke about how her SNS usage would influence her relationships with her parents and that it was a source of conflict within their relationship. She explained how they would become frustrated with her as her SNS usage would take preference over her daily activities and more importantly her child.

"It would be a conflict between my parents and me. They would tell me: you are

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not spending enough time with your child and you are always on your phone."

(Amy)

This constant preoccupation with her phone would cause her to neglect her roles of mother and daughter. She also showed limited insight into the situation as she would not understand why her family was getting upset with her.

"I was always itching to do it [use SNS]. I couldn't go without my phone; I couldn't go without going on Facebook …This was before I came here. I felt I was cut off from the outside world." (Amy)

Other participants highlighted an inability to stop using SNS even though it had negative influences on their mental health. Even more concerning to the researcher was the light-hearted tone in which the participants explained their inability to control their usage. This further highlighted the participants' inability to identify the true dangers of SNS addiction on their mental health.

Researcher: "What is the longest you've been off social networking?"

*Lilly: "Four days… three days. Umm the longest was here (*at the clinic*), Monday, Tuesday yeah four days."*

Researcher: "Four days?"

Lilly: "So, you almost break up (with social media) and the next morning you get back together again."

Pete showed some developing insight into his addictive behaviour as he was able to identify that his SNS usage would be disruptive to his sleep.

"I think it does because you can't really sleep because you 'like' that one more comment or that one more picture and it does affect your sleeping, that I know for a fact. If I don't drink sleeping tablets, I'm going to be honest then I won't sleep because I will just sit there the whole time and scroll through these

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comments and pictures, 'liking' them." (Pete)

Throughout the interview process, the participants and the researcher started gaining a better understanding of the role SNS played in influencing the participants' mental health. Some of the participants had more insight than others and were aware that they may have been addicted to SNS and the implications that this had on their lives. This is explored further in the following chapter as the researcher discussed the findings in relation to relevant literature and theories.

CHAPTER FIVE

DISCUSSION AND LIMITATIONS

5.1. Introduction

In this chapter, the researcher will discuss and integrate the findings of the current study with current knowledge and research. The researcher will discuss the findings relative to the aims and objectives of the study, thus answering the research question. The aim of the study was to explore and describe mental health care users' experiences and perceptions of social networking and the use of social networking sites. This was done through one semi-structured interview with nine (9) participants within a private non-acute mental health facility. The data was then analysed and synthesised into the findings (seen in the previous chapter).

When aligning the aims and objectives of the study with the findings, in the previous chapter, it was important to note the interplay that exists between the participants' experiences of SNS usage and their perceptions of the usage of SNS. The "experience" is defined by Merriam-Webster dictionary (n.d) as "something personally encountered, undergone, or lived through"; this would be seen as the participants' interaction with SNS and how they engage with SNS on a daily basis. This experience is personally encountered as it plays a part in shaping a person and their capacities. This can also be interpreted through the viewpoint of the Model of Human Occupation (MOHO) (Kielhofner, 2002) and this would be where the "input" component of the continuum comes into play.

Secondly, "perception" is defined by the Merriam-Webster dictionary (n.d) as the "capacity for comprehension" which is seen as the understanding of what is being

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experienced. The researcher viewed "perception" as the lens through which the participants were viewing their experiences, and this can be placed on the MOHO as the "throughput" as this lens is affected by their habituation and volition. This interaction between the person's habituation and volition influences the person's "output" and for this reason it was important to synthesize the findings and discussion of the study by viewing both phenomena (experiences and perceptions) as part of a holistic system. As these concepts are closely related to the findings of the study, the researcher will highlight and discuss the core findings established from the study as follows:

1. Theoretical framework and the findings

2. Social networking as occupation.

3. The negatives of SNS usage.

4. The benefits of SNS usage.

5. The paradox of SNS usage.

6. The addiction to SNS influences ability to cope.

5.2. Theoretical framework and the findings

The theoretical framework underpinning this study is the Model of Human Occupation (MOHO) (Kielhofner, 1992). The MOHO was used as it allows occupational therapists to assess a person's view of themselves and their priorities (Lin & Fischer, 2020). As the current study was an exploratory descriptive study the framework allowed the researcher to contextualise the participants' experiences and perceptions within an occupational therapy framework. The MOHO provides a broad and integrative view of occupation and attempts to explain how human occupation is motivated, patterned, and performed (Kielhofner, 2002). The following discussion will highlight aspects of the MOHO that emerged from the findings. The findings of the

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study clearly show that this interaction between experience and perception has an influence on the participants' mental health. In order to contextualise social networking as an occupation it was important to discuss it through the theoretical lens of the MOHO to understand the findings.

From the results the participants engaged in SNS or experienced it, this then became their input according to the MOHO. The interaction action, which then develops, leads to perceptions, or how the interaction with SNS is interpreted by the participant (according to the MOHO this is seen as throughput). With these perceptions, the internalization of the information is followed by the output of the interaction this usage has on their mental health. The feedback occurs with regards to SNS addiction as it negatively influences the participant, but they continue using SNS with little regard to the consequences or the awareness of consequences. This model was best for the current research because the MOHO outlines the relationship between a person's motives for occupation, habits and roles, and physical and cognitive performance capacities in the context of their environment (Birken et al., 2018). This following section will explore the MOHO and findings in more detail.

5.2.1 Volition

Volition is defined as how a person chooses and is motivated to perform activities and occupations that fill their lives (Harel-Katz & Carmeli, 2019). This can clearly be seen in the theme "Why I use it," which explores the participants' motivations for engaging in social networking sites. With regards to volition, it is important to recognize that it consists of three components, namely, values, interest, and personal causation (Forsyth & Kielhofner, 2006). Although there was limited evidence in the findings that SNS engagement influenced the participants' values, it can clearly be seen that the

participants use SNS to engage in their hobbies, interests, and work-related activities, and this is explored in more detail in the section exploring SNS as an occupation.

5.2.2. Habituation

Habituation involves the organization of actions into patterns and routines that are governed by habits and roles and shaped by context and the environment (Park, 2017). The habituation component explores the person's roles, habit and patterns (Kielfhofner, 2008). It can be seen from the findings that SNS has both a positive and negative influence on the participants' mental health and this is explored in details in the discussion sections: the benefits of SNS, the negatives of SNS and the paradox of SNS.

5.2.3 Performance Capacity

According to Keller and Forsyth (2004), performance capacity addresses not only physical and mental capabilities but the subjective experience of ourselves within the world. Performance capacity is defined as the person's ability to do things and is dependent on the person's physical and mental components and corresponding subjective experience (Cole, 2010). It is important to recognise that the participants' performance capacity is influence by their engagement in SNS. This was especially seen in how SNS influences their mood and highlights the cycle of dysfunction as the participants engage in SNS to improve their mood, but they do not receive the acknowledgement or validation which they seek and this leads them to increase their engagement to be able to receive the validation they seek. This is explored in the sections "the negatives of SNS".

5.2.4. **Output and Feedback**

As the person continues interacting with their environment, a person receives feedback (input) which creates adaptations that change over time. This creates an ongoing cycle which allows for the process of self-maintenance and change (Forsyth & Kielhofner, 2006). It can be observed that a cycle of dysfunction occur with regards to the participants and their SNS usage, this is evident as the participants are showing very little evidence of adapting to their usage of SNS. This could be attributed to their mental health diagnosis as they may lack the relevant skills for adaptation and this is discussed in the sections "The negatives of SNS" and "addiction to SNS influences ability to cope"

As the study was an explorative descriptive study the researcher used the MOHO as a framework to contextualise the experiences and perceptions of the participants. As the study was also an emerging topic within the field of occupational therapy, the researcher drew from various other professions in which research had occurred in order to validate the findings of the study.

5.2. **Social networking as occupation**

In this section, the researcher will discuss social networking as an occupation. In the Findings chapter in the theme "Why I use it", the researcher explored the different SNS platforms the participants engaged in on a daily basis. The researcher also explored the participants' reasons for engaging in SNS. When looking at these findings the researcher identified the need to discuss SNS as an occupation. In terms of the MOHO, the theme "Why I use it" can also be viewed as the participants' input as the participants are engaging in SNS and this is the start of the cycle of occupation.

From the literature, it was identified that there was limited knowledge and research that specifically examines SNS usage as an occupation. This was an important aspect to discuss within the current study as it was important to conceptualise the role that SNS plays within the participants' lives.

When looking at the definition of occupation, Boyt Schell et al. (2014) defined it as the things that people do that occupy their time and attention; meaningful, purposeful activity; the personal activities that individuals choose or need to engage in and the ways in which each individual actually experiences them. When looking at the meaningfulness of occupations it is important to contextualise what makes an occupation meaningful. In order to answer that question the researcher used Hammell's (2004) research examining the dimensions of meaning in the occupations of daily life in which the author discusses the four dimensions of occupation. These are namely "doing, being, belonging and becoming" (Hammell, 2004). The "doing" was included by Hammell (2004) as it looks at "purposeful, goal directed activities" (p301). This can be seen within the findings as the participants' engaged in activities within SNS that they perceive as goal directed such as receiving validation for their accomplishments and sharing information with like-minded individuals. Secondly, "being" is defined by Hammell (1998a) as the "time taken to reflect, be introspective or meditative, (re)discover the self, savour the moment, appreciate nature, art or music in a contemplative manner and to enjoy being with special people". This is evident in the findings as the participants use SNS to reconnect with old connections as well as to reflect on past achievements. However, this aspect of their engagement does not always have a positive influence on their mental health and is explored in the "negatives of SNS usage". Thirdly, "belonging" is explored by Hammell (2014) as the need for social connectedness and gaining a sense of value for human interaction and

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support. It is seen from the findings that this is one of the primary reasons why the participants would engage in SNS and is discussed in detail within the section the "positives of SNS usage". The final dimension of occupation defined by Hammell (2004) is "becoming" which is described as how people view themselves in the future and what possibilities are available to them in order to achieve this version of themselves. Within the current study this was difficult to identify as the participants would use SNS as a journal of the past that would remind them of their lack of achievement in life; this was seen within the category "failure to launch" and this will be discussed within the section "negatives of SNS usage". Considering this conceptualisation of the meaning of occupation, when looking at the findings of the current study, it can be seen that SNS usage can be considered an occupation as SNS plays a key role in the participants' daily lives. Furthermore, this interaction would often take preference over real-time interactions in their physical environment.

This was particularly evident in the first theme of the study, "Why I use it". When examining the reasons why the participants use SNS it can be seen that it is used:

1. To improve mood;

2. To pursue interests, hobbies and work-related activities;

3. For faster, more effective communication.

This was supported by Bulut and Doğan (2017) who found that there were seven common motivations for use of SNS by adult SNS users. Through their research they found that adult SNS users tend to use SNS for business-oriented operations, creative stimulation, socialising, entertainment, status-seeking, communication, and information-seeking. The current study supported Bulut and Doğan (2017) as it was found that the sample of participants would use SNS for similar reasons. This is expanded on in the sections below.

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5.2.1. Work and productive activities

SNS usage allowed the participants to engage in their roles and tasks as they were able to engage in work-related activities such as structuring their appointments (as seen by Pete); or using SNS to pursue work-related activities (as seen with Sibi). This allowed them to structure and schedule their routine that would, if used correctly, assist them with role engagement and further have a supportive influence on their mental health. This was supported by Kai Hou et.al (2020) who stated that structured and regular routines can provide a buffering system to a person during times of stress exposure and improve on mental health.

5.2.1.1. Creative stimulation

SNS engagement allowed for a creative outlet as the participants used SNS to pursue hobbies and interests as well as using SNS to spark creativity. This creativity was encouraged by their SNS engagement as they were able to engage in topics of interest. This engagement in activities gave the participants a sense of purpose and meaning and highlighted that the engagement in SNS sparked creativity and interest in the world around them allowing for a sense of connection and purpose.

This phenomenon became a reality for many adults during the COVID-19 pandemic as people were forced to adopt new hobbies or re-established old ones due to social isolation and quarantine measures and shared their hobbies online (Langstedt & Hunt, 2022). The engagement allowed for the participants to feel supported and "seen" which in turn allowed them to feel validated. When looking at continuing to explore whether SNS can be viewed as an occupation, Zafran (2020) explains that creative occupation is important as it creates the opportunity to explore and play without judgement. In this regard SNS could be viewed as a "toy" that the

participants interact with, and this connects them with their inner child. Furthermore Winnicott (1971) describes "play as taking place in a transitional space between the inner and outer reality which enables creative action"; this is evident within the participants' lived experience as they use SNS to connect with what is happening internally as well as with their outside world.

5.2.1.2. Entertainment

An interesting use of SNS was that the participants would use SNS for entertainment purposes. By engaging with content that was humorous and fun it would allow the participant to feel that they were improving their symptoms and allowing them to have an emotional connection with someone else. This was seen as a positive of SNS usage and allowed the participants a momentary period of escape. This was particularly evident that the participants were attempting to escape their emotional status through finding the positives or humour on SNS. This escape was termed to be a concept of "Digital Escapism", a term explored by Subudhi et al. (2020), who suggested that SNS is used to enable a person to "escape" their physical environment through the engagement in SNS. Subudhi et al. (2020), found that this escapism was viewed as harmful to the users and was found in their research to be a hallmark of SNS addiction and this could not be viewed as a phenomenon but rather a symptom. This "digital escapism" would often lead them into a downward spiral, but this will be discussed within the negatives of SNS.

5.2.1.3. Status seeking

The aspect of status seeking will be explored when looking at the role SNS plays within the participants' mental health diagnosis. This will be examined within the

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section that looks at SNS and contradiction. It was found by the researcher that status-seeking had both a positive and negative influence on the participants' mental health.

5.2.1.4.   Communication

Communication will be discussed within the benefits of SNS. In the section "it changes the way we communicate" the researcher explored the way SNS changes the way the participants interact with their support system and physical environment.

5.2.1.5.   Information seeking

One of the main reasons for the participants to engage in SNS usage was to gather information about their social environment, to educate themselves about their mental health diagnosis and to reconnect with their social support system in a perceived "safe space" free of stigma and judgement. This was supported by Zhao et al. (2020), who found that SNS provided an efficient platform where people have access to information from other users. This interaction would also give them the opportunity to ask help and advice from other users, make contributions to others, receive assistance from the forum and share their experiences in the community.

Although this was one of the primary reasons for engaging in SNS this would also become a trigger to their mental health diagnosis, as seen later in this chapter. It is also important to note that although the participants felt that they were quite active on SNS, when looking at their engagement it was more a passive or absorbing experience. This can be said as the participants would not actively engage with the content but rather absorb it.

One possible explanation for this phenomenon was identified by Werneck et al., (2020) who introduced the term "mental passivity" which is an activity which has minimal demands on a person's energy. In the UK Millennium Cohort Study (MCS)

by Werneck et al. (2021), the researchers identified social networking as being a mentally passive sedentary behaviour, and found that among girls, mentally passive sedentary behaviour (e.g. SNS) at 11 years of age was associated with later depressive symptoms. It is important to recognize that the majority of the participants in the study were adults diagnosed with depression and anxiety. It has been identified that one of the symptoms of depression identified within the DSM-V is the significant loss of interest or pleasure in activities (American Psychiatric Association, 2013) this could lead to social withdrawal and a loss of energy due to the reduction of engagement (Werneck et al., 2020). Furthermore, the DSM-V identifies that one of the symptoms of anxiety is that the person becomes easily fatigued (American Psychiatric Association, 2013). This could be a possible explanation as to why the participants would choose passive engagement in SNS as opposed to actively engaging with the content presented to them.

Another possible explanation for this absorption of SNS is the "observer effect", which is used within the field of physics and proposed that even though something (SNS) is being observed it will change the situation being observed (Baclawski, 2018). Within the current study, it could be said that as the participants are experiencing SNS it alters their perceptions of situations as they are viewing it through a lens that is influenced by their mental health. This led them to view the information in a perceived positive way, but it becomes internalised negatively. This was highlighted by the researcher within the findings as participants being "passive observers" as they would observe and draw knowledge from their screens but did not want to actively engage with the content.

It can be seen that SNS plays a dynamic role within the participants' lives with each facet contributing to their experiences and perceptions with regards to their lived

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experience. The following sections will, firstly, examine the negative influence of this input and further examine the perceived positive influences from the participants' point of view as well as aligning these findings with current research.

5.3.   The negatives of Social Networking Sites usage

In this section the researcher will discuss the negative influence SNS has on the participants and their mental health. The section will relate this to the theme "It takes the joy out of life" as it will examine how this interaction influences the participants' mental health. The researcher chose to address this key concept first as it has become the central concept within research since the outbreak of the COVID-19 pandemic. This was identified by Pahayahay and Khalili-Mahani (2020) who identified that there is a "growing concern about the potential adverse effects of excessive screen time on emotional and physical health". It is important to note that the researcher was already questioning the possible threat SNS poses to mental health in 2016/2017 when the data gathering of the current study was conducted.

The first key finding when looking at how SNS negatively influenced the participants' mental health was self-concept and self-esteem as they would compare their lived experience with others through the engagement of SNS. Verdun et al. (2020) explained that social comparison is the tendency of using other people as a source of comparison to measure how they are achieving in comparison to others. This is a necessary social skill as it helps people determine how to think or behave within the social environment. When examining this within the context of the current research it can be seen that the participants do not have the relevant coping or management skills in order to correctly filter this information that they are perceiving.

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Instead of using it as a tool for motivation, SNS creates a record of failure and under achievement, and validates low self-esteem.

It was found that the participants would try to present themselves as they wish to be seen but this would often lead them to becoming "unseen" as they would not receive the validation they were seeking. This phenomenon was also seen in numerous research studies as seen in the review of literature such as the study conducted by Ulhs et al. (2017). Furthermore Uhls et al., (2017) found that SNS usage negatively affected adolescents' health and development, self-esteem and self-concept and created unrealistic expectations. Another quantitative study by Jan et al, (2017) highlighted that the more the person interacted with SNS the more they started experiencing feeling inferiority, under-privileged and ungratefulness. These negative feelings have a direct impact on the self-esteem of individuals. It is important to recognise that with the above-mentioned research the sample was generated from adolescents and young adults. It is important to note that the current study found that it was the participants over the age of 22 years that emphasised the negative relationship between themselves and SNS. This can particularly be seen with Jill, Amy, Lilly and Emily whose ages ranged between 22 years (early adulthood) and 54 years (late middle adulthood) and who highlighted the negative influence their SNS engagement has on their mental health. This is particularly seen within the "It (SNS) affects my mood" which highlights the participants' negative experiences with SNS and how this influences them.

It was found that with regards to the psychological effects specifically of SNS, currently in research two paradigms exist. In a study conducted by Selfhout et al. (2008), with high schoolers in the Netherlands, the researchers conducted a quantitative study which examined longitudinal associations of time spent on Internet

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activities for communication purposes versus time spent on Internet activities for non-communication purposes amongst individuals with depression and social anxiety, as well as the moderating role of perceived friendship quality in these associations. The first paradigm argues that the engagement in SNS negatively affects the mental health care user as it limits the person's face to face interpersonal relationships (Selfhout et al., 2008). The second paradigm will be discussed within the section on the benefits of SNS usage.

In research, it has been argued that constant stress will develop from a person being exposed to a constant flow of information (Cheik-Ammar, 2020). This phenomenon has been referred to as "technostress" as "any negative effect on human attitudes, thoughts, behaviours, and psychology that directly or indirectly results from technology" (Weil & Rosen, 1997). This phenomenon can be seen throughout much of the findings and especially in the category "I want to be connected but I don't want to be connected". This is because the participants' interaction with something that is supposed to be pleasurable and offer an escape, becomes something that psychologically harms the participant. This increase in stress would increase feelings of depression and anxiety. When looking at occupational engagement it is important to discuss how SNS has changed the way that a person communicates. The findings revealed that SNS has an influence on a person's ability to interpret the message being communicated. From the section "it changes the way we communicate" it can be seen that engaging in SNS for the purpose of communication would play a role in triggering the participants' mental diagnosis. The inability to see the "senders" intention behind the message would have an aggravating influence on all the participants, especially the participants with anxiety disorder as they would become triggered by the inability to understand what they perceived as the true intention of the message.

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Considering the fact that social media was created to improve communication, research is showing that the absence of social cues, experienced during face-to-face meetings, commonly leads to miscommunication (Kruger et al., 2005) and misperceptions of others (Epley & Kruger, 2005; Okdie et al., 2011).

The section "it affects my mood" showed that there were definite negatives with regards to SNS engagement and mental health. It is important to note that the data gathering for the current study took place in 2017, pre-COVID-19, and a majority of the recent research that has emerged surrounding the negative influence of SNS on mental health emerged out of necessity to understand how people were being influenced by the COVID-19 pandemic. The current study found that although the participants' experiences leaned heavily toward the negatives, there were also some perceived positives and benefits to SNS usage expressed by the participants, which are contrary to recent research; this is discussed in the following section.

5.4.   The benefits of SNS usage

Throughout the findings, it was found that SNS played both a positive and negative role in the participants' lived experiences. In the following section, the researcher will discuss the perceived benefits of engaging in SNS. This will be discussed further in relation to the theme "Virtual support System".

 However, when examining this section, it is important to remember the duality in the results, as every positive that was perceived by the participants would have a negative influence on the participants' mental health.

An interesting aspect discovered by the researcher was that the participants would use SNS as a way to improve their mood or make themselves feel better. They

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would actively explore engaging with positive content on the various SNS platforms. Furthermore, they often felt safer engaging in this faster communication as they were able to express themselves with minimal fear or anxiety. Buechel and Berger (2018) found positive outcomes were experienced when engaging in SNS for a person who had difficulty with verbal expression in social settings and this outlet would provide relief as they would be expressing themselves through the use of posts on social media outlets. This was validated in the current study as the participants, including those with anxiety disorder, felt empowered by using SNS to connect with their social support system. According to Krämer and Winter (2008) users of SNS have more control over their self-presentational behaviour than face to face behaviour (Krämer & Winter 2008). Through the use of social media, it allows the user to select parts of their personality that conveys the best image of themselves (Vall-Roqué et al., 2020). This could allow for a person with depression and anxiety to essentially put their 'best foot forward' free of stigma and highlighting their good qualities which would not usually be allowed for with face-to-face interaction. This was experienced by some of the participants as they would be able to control the person that they put out into the virtual world. This was particularly evident with the younger female participants who would use SNS to boost their self-esteem and confidence by posting photos of themselves in hopes of receiving the validation they felt they needed. This highlights the second paradigm "Cyber Optimism" (Soriano, 2013) which argued that engagement in SNS for people with mental health diagnoses has a positive influence as it allows for a "safe" (stigma-free) environment for building social capital (Burke et al., 2010).

When looking at the further supportive role SNS played in the participants' lived experience, it is important to note that SNS created a perceived safe space for them to engage in their roles and tasks without leaving the comfort of their own homes. This

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was supported by Krämer and Winter (2008) who found that users of SNS have more control over their self-presentational behaviour than face-to-face behaviour. From the current research, this control over self-presentational behaviour could help to reduce the participants' social anxiety as they are able to interact in a way that they feel safe.

The researcher found that another supportive factor of SNS was that it created a support system for the participants. This support system was created on numerous levels. Firstly, the engagement in SNS allowed the participants to feel connected with someone, somewhere. This allowed them to feel supported even though they were not in physical contact with the other person. The connection was not previously experienced within research as it was found that the use of SNS leads to increased loneliness and decreased social capital (Burke et al., 2010). Secondly, SNS created a platform for faster and more affordable communication allowing for improved accessibility and connectivity with the participants immediate support system.

Another important perceived benefit to using SNS was that of being validated and drawing meaning and purpose for their lived experience. This simple interaction, such as a "like '' or a "heart" would have a major influence and give the participants the perception of "being seen" or being important to someone who does not interact in personal one-on-one interaction. In research conducted by Onifade (2022) it was found that SNS usage has created a greater reliance to validate a person's identity,o assertions and self-worth. This was seen in the current study findings as the participants would use SNS to validate their experience and the more their experience was validated the more they would use it to the point that if they did not receive this validation, it would affect their mental health and wellbeing.

When looking at the current study it is crucial to bear in mind that for every positive experience perceived by the participant it would have a negative influence on

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their mental health whether they were aware of it or not. The balance between the positive experience and the negative influence highlights the duality of the current research.

This contradiction and duality will be discussed in further detail in the following section – The paradox of SNS usage as it will highlight the struggle experienced by the participants in more detail.

5.5.   The paradox of Social Networking Site usage

An interesting phenomenon that was encountered within the results of the study was the constant duality that the participants were experiencing, and this speaks to the "The dark side of SNS affects my mood" section within the findings chapter.

The researcher found that it was a love/hate relationship at times as the participants needed to be connected to SNS yet did not want to be connected to SNS. This can be seen as Stockholm Syndrome which is defined by Kackar and Juneja (2022) as a relationship where the person perceives a relationship as happy and positive, but it negatively affects their mental, physical and emotional health. This can clearly be seen even when examining the perceived positives of SNS in the previous section.

When exploring this relationship between the positives and the negatives of SNS usage, the researcher found an interesting concept that was presented by Rinuad et al. (2022). In the Rinuado et al. (2022) study a link to the phenomenon of Stockholm Syndrome and the use of SNS was made. Rinaudo et al. (2022) conducted a scoping review of 370 articles and found that this love-hate relationship that SNS users had showed traits similar to people who have been diagnosed with Stockholm Syndrome. The traits were identified as "closeness-distance" – which looks at the daily exposure of the victim with their abuser. This can be related to the current study as the

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participants' daily usage and engagement with SNS. The second trait of Stockholm Syndrome, as defined by Rinuad et al. (2022), is "kindness-hostility", which is where the victim experiences an emotional struggle because of the opposite behaviour of the abusers. This can be related to the current study as when the participants' engaged in SNS looking for a positive response or validation and they did not receive the sought validation they are searching for. Finally, the "dependence-resistance" which looks at the addictive component of the relationship of SNS and this will be explored in the section "SNS and addiction".

When exploring the complex relationship, the participants' had with SNS, it would be crucial to discuss the need for validation. This concept of validation and the use of SNS was something that came up repeatedly in the findings. SNS allowed the participants to select parts of their personality that conveyed the best image of themselves and show this off to the world. This was also seen in the research by Vall-Roqué et al. (2020) where the researchers found that during the COVID-19 lockdown in Spain, there was increased use of SNS by young women and this led to a decrease in body satisfaction and self-esteem (Vall-Roqué et al., 2020). This was substantiated in the current study, which took place in 2016/2017, as the participants would increase their SNS usage in order to receive validation but experience a decrease in self-esteem and self-concept. Participants would post the best side of themselves through selfies and likes on SNS. The problem that often arose from this, however, was that those seeing this 'best side' of SNS did not always respond positively or give the recognition that was sought, and this would then have a negative influence on the mental health of the participant posting it and further aggravate their mental health diagnosis. Something that was initially used to improve the participants' self-esteem

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and self-concept would then turn on them and lead to a disintegration of both self-esteem and self-concept.

The findings showed the cycle of dysfunction would play a role in the person's sense of identity and self-esteem. It was further highlighted that there was a need for acceptance and validation and without it the person is worthless. This would have a further aggravating result on their mental health leading them to seek more attention and validation through SNS.

The following section will focus on the addictive behaviour of SNS and the role it plays in the participants' mental health and further explore this dysfunctional relationship where participants know they should stop but cannot stop engaging in SNS.

5.6. The addiction to SNS affects ability to cope

The following section relates to the third objective of the study which was to explore and describe how social networking and social networking sites influence mental health care users' ability to cope with their mental health diagnosis. As seen in the findings the participants' engagement in SNS had an influence on their mental health. This interaction had a knock-on effect that the participants would be using SNS to improve their mood but not receiving the required response or validation. This would lead to the participants needing to engage in SNS more in order to validate their experience and improve their mental health. This addictive cycle has an influence on their ability to cope with their mental health diagnosis as it can be seen that it is more of a "trigger" than a support to their mental health diagnosis.

Behavioural addiction, which is defined as an inability to resist an impulse and an incentive to perform an action that harms the person or others, includes technological addiction types such as internet, smartphone, game, and social media addiction (Senturk, 2017). One behavioural addiction that has recently developed is Facebook Addiction Disorder (FAD) (Brailovskaia et al., 2019) and comes about from spending an excessive amount of time (i.e., spending several hours a day) on Facebook. This leads to severe negative effects on activities in life, like work, school and overall face-to-face interaction (Sevilla, 2012). Social networking as a behavioural addiction can be harder to resist compared to substance addiction such as smoking and drinking alcohol (Poh Choo Cheak et al. 2012). Furthermore, excessive use of social media tools poses various risks in terms of psychological, physical, and social aspects, in addition to causing problems in the social functionality of individuals (Aydin et al., 2021).

The current study showed similar results to those of Li et al. (2018), who examined SNS addiction and adolescents in China. While the current study was with adults, similar results between these studies were found, with Li et al. (2018), finding that addictive behaviour was rife among adolescents along with compulsive involvement in online social networking activities. Similarly, in the current study, it was found that SNS usage was addictive, described by numerous participants as an "involuntary action". This addiction was reported in the interesting category called "I can't stop", which highlighted an aspect of the participants' SNS usage that was both a surprise and a concern to the researcher. While speaking about their SNS usage all the participants spoke about their inability to stop using SNS – even when it had a perceived negative influence on their mental health as well as their occupations. When exploring the current research within the context of addiction, it is important to highlight

the concepts related to addiction namely - salience (engagement in the activity takes preference over other roles and tasks), mood modification, tolerance, withdrawal symptoms, conflict and relapse (Griffiths, 2015). Within the findings chapter, all of these concepts are described and experienced by the participants in some shape or form. Salience can be seen as for the majority of the participants their SNS usage would take preference over their normal roles and tasks and this would lead to conflict within their social environment. The engagement in SNS would also become a trigger for their mental health diagnosis thus leading to mood modification. Tolerance and withdrawal are clearly seen as the participants found themselves using SNS more frequently in an attempt to improve their mood. When this did not occur they would try to stop their usage but found that they were unable to stop as they would keep returning to get their "fix" with limited understanding of the consequences of their actions. This additive behaviour has a huge effect on the life of the participants and has further consequences to overall mental health.

5.7 Occupational Therapy and Social networking sites

When looking at the findings it is important to view the information from an occupational therapy standpoint. It is clear for the findings at the participants are experiencing occupational imbalance, which occurs when a person is either over occupied or under occupied (Wilcock, 2007). This can be seen, especially in terms of the addiction, aspect of the finding as the participants finds themselves over occupied with the use of SNS and this leads to a neglect of other roles and responsibilities within their lives. The interaction between over occupied on SNS and under occupied with important roles and task leads to occupational imbalance and further creates a triggering response to the participants' mental health diagnosis.

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It is also important to discuss the participants' apprehension to label their SNS usage as addictive or problematic. This supports Twinley and Hockling's (2019) findings with regards to the dark side of occupation and that as much as SNS has a perceived positive and supportive role within the lives of the participants there is a taboo and stigmatized aspect of their usage that they feel uncomfortable to explore and highlights the need for more research in this area.

5.8.   Limitations of the study

In the following section the researcher will discuss the limitations she encountered while completing the current study. The researcher will discuss the limitations from a professional and personal standpoint.

5.8.1. *The delay in completing the thesis.*

The researcher has had a complicated relationship with her thesis. The researcher started her position at the mental health clinic late in 2015 and decided to enrol for the master's programme early in 2016. On top of that she fell pregnant shortly after enrolling in the programme and it has been an uphill battle since then. The researcher was able to complete her data collection shortly after returning from maternity leave but the demands of being a new mother, working full time and being a student took a toll on her mental and physical health.

During the time of the study the researcher moved to a new area and changed fields within occupational therapy (working with older adults with dementia). At this point the researcher realised that she would not be able to complete her study within the allocated time. In January 2020 the researcher

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was finally able to resume her data analysis, only for life to change in March 2020 when South Africa confirmed its first case of COVID-19. The researcher then went into full lockdown and moved into the retirement home where she was working for over a month and chose to focus on her career and family during the time of the pandemic.

Early in 2021 the researcher was retrenched due to the after-effects of the COVID-19 pandemic and was diagnosed with secondary thyroid failure and mental and physical burnout. The change in routine and temporary unemployment allowed the researcher to devote herself to completing her study. In 2022 the researcher was finally able to complete the thesis.

This process has proven to the researcher how she is supported by her family, friends, colleagues and supervisors who all motivated and encouraged her to cross the finish line. The researcher is proud of her resilience to be able to present her research findings to the research community and hopes it will have a positive influence on the profession of Occupational Therapy and mental health.

5.8.2. Small sample size

In the initial research design the researcher had hoped to include a larger sample size into the study but once the data collection process took place the researcher reached saturation at nine (9) participants.

Another challenge was participant recruitment as when the researcher invited clients to participate in the study, they were apprehensive due to the researcher's role as therapist. The duration of the clients' stay was also a limiting factor as the primary mental healthcare practitioner (MHCP) would decide to discharge a potential participant before the research recruitment

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process would be completed. This was also a factor resulting in the smaller sample size.

5.8.3. *The role of therapist and researcher*

The second limitation of the study was the role that the researcher played within the study. At the time of the study the researcher was employed as an occupational therapist within the clinic where the research was conducted. Her primary role was to facilitate the life skills programme within the ward. As part of her roles and responsibilities she would focus on improving the participants' coping skills. This entailed looking at topics such as stress management skills, communication skills as well as general education with regards to mental health.

The challenge that arose while conducting the study is that the researcher took both roles (that of researcher and therapist) and this caused an unanticipated conflict for the researcher as she needed to keep her therapeutic role and provide the best service possible for her clients while trying to gather the richest possible data for the study.

This was particularly challenging when exploring the addictive component of SNS as the researcher was seeing the harm SNS was inflicting on her participants but was not able to intervene as a therapist as this would have caused harm to an already vulnerable population. To try and assist the participants in their therapeutic process the researcher chose not to highlight to the participants that they were experiencing possible SNS addiction. In order to remain ethical within the role of therapist and researcher the researcher would highlight her findings to each participant's individual MHCP, which allowed the MHCP to process this with the participant in a safe and therapeutic space.

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5.8.4. *Participants were Mental Health Care Users*

It is important to recognise that the study was conducted with mental health care users within a private psychiatric clinic and the researcher acknowledges the potential vulnerabilities when working with this population. Furthermore, there is a need to recognise that their mental health diagnoses may have influenced the data collected. An important aspect to take into consideration is the participants' mental state at the time of the interview which may have influenced their experience and perceptions and the data collected.

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CHAPTER SIX

CONCLUSIONS & RECOMMENDATIONS

6.1. Introduction

In the final chapter the researcher provides a conclusion for the research study and discusses the recommendations.

6.2. Conclusion of the study

With the introduction of the Internet to society, people can communicate with the world through the use of social networking sites (SNS). People now tend to spend more time interacting through digital means and retreating from the real world. While this is a global phenomenon, South Africa was found to be amongst the highest rates of SNS usage worldwide. Coupled to this and with modern life becoming more demanding, there has been an alarming increase in mental health diagnoses. Recent research into the use of SNS raised questions surrounding the effects of SNS usage on mental health and led to two paradigms developing. The first is that engagement in SNS has positive benefits to a person's mental health and the second is that SNS has negative consequences to a person's mental health. Therefore, the aim of the study was to explore and describe mental health care users' perceptions and experiences of the use of SNS. Three themes emerged during the data collection process, namely:

Theme 1 - Why I use it

Theme 2 - Virtual Support System

Theme 3 – The dark side of SNS affects my mood.

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This study explored and described mental health care users' experiences and perceptions of social networking and the use of social networking sites. This was brought into alignment with existing research and further substantiated. In the modern world, it is next to impossible not to be exposed to, or not to interact and use, SNS in some shape or form. Whether part of one's daily occupations or not, SNS has become integrated throughout the modern world. From the findings of this study, it was shown that there was both a positive and negative side when looking at the lived experience of all the participants regarding their use of SNS. This positive and negative side to SNS usage was referred to as duality by the researcher, and with this duality, aspects of addiction and overall contradictions of SNS usage were seen and linked to existing research further supporting the findings of the current study.

This study addressed the question: What are mental health care users' perceptions and experiences of social networking and the use of social networking sites? This question has been answered by delving deeply into the nine participants' perceptions and experiences of social networking and SNS. While a clear answer would be desirable it was seen from the study findings that the experiences and perceptions of social networking for mental health care users is not a clear path and there are numerous sides, connotations and aspects to consider when answering this question. Importantly, this study contributed to existing knowledge by highlighting the duality within the participants lived experience. There are currently two schools of thought about the use of SNS; cyber optimism (Soriano, 2013), which argues that SNS has benefits for mental health care users, as it keeps them connected with their loved ones, friends and the world, thereby assisting them in the therapeutic process; and cyber pessimism (Soriano, 2013), which argues that SNS has negative effects on mental health care users, as this often leads them to not engage in the therapeutic

process as they are preoccupied with what is happening in the cyber world as opposed to the real world. The researcher found that if used correctly and within a structure SNS could actually have a therapeutic role within the participants lives.

On the other hand, with the limited research on the specific influence of SNS on the mental health of mental health care users (MHCU), the researcher found that the influence of SNS actually hindered their recovery as there was more negative influence on their mental health than positives. This was particularly evident with the role of SNS addiction within their recovery. Furthermore, from an occupational therapy perspective, there was scant research regarding the occupation of social networking and the use of SNS. The researcher contributed to improving the knowledge about SNS as an occupation; this was highlighted within the current study as the researcher was able to establish that SNS was a meaningful occupation although it had a negative influence on mental health.

6.3.   Recommendations

For the recommendations of this study, the researcher broke her recommendations down into three main headings for clarity and better understanding. Recommendations are provided for further research, occupational therapy practice and other healthcare professionals. These are discussed below:

6.3.1. Recommendations for further research

- It is crucial to conduct more research into the role SNS usage plays on a MHCU as well as the general population. Specifically, this relates to the specific ways in which different SNS (FB, WA, SC, TW, etc) usage affects a MHCU. This study was able to report that SNS usage has an influence but there was duality in the results. Looking specifically at each

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SNS individually might clear the duality so that more precise results might be shown. A quantitative approach may assist with obtaining precise results. This type of research is especially crucial as the world is emerging from the global COVID-19 pandemic where SNS became a primary occupation for many South Africans along with most people in the world.

- It is also recommended to conduct more research on this topic within the South African context as there is a limited body of information that exists in the country. Furthermore, given South Africa's past, it is a unique country with a unique population and while research from around the world is a good guide/indicator, specific South African research in this topic is required. It is recommended that the research focuses on the influence of SNS on the South African population from both a qualitative and quantitative perspective.

- The researcher also recommends that the research be conducted with a larger more diverse sample, including adults of various ages, stages of life and from diverse socioeconomic backgrounds. This would give a more comprehensive reflection of the general population, as this study gave a 'snapshot' look at a small sample from similar socioeconomic backgrounds.

- It is also recommended to conduct a longitudinal study which examines the lifelong influences of SNS on mental health starting from adolescence and tracking the person's interaction with SNS into later adulthood.

- Telehealth has become more essential as a result of the COVID-19 epidemic as medical practitioners' attempt to adjust to the changes in healthcare. In order to add to the expanding body of knowledge in the field, it is crucial that more studies be done on SNS use and telehealth.

- As the study was of an exploratory research design there is an opportunity for further research within the Model of Human Occupation which could explore the habituation, volition and performance capacity components of the model. As the study was an exploratory, descriptive study with an inductive approach it would be beneficial to the profession of Occupational Therapy to conduct a quantitative study which focuses on the specific components of the MOHO which will contribute to the improved understanding of the role of SNS on the MHCUs and non-MCHUs.

6.3.2. Recommendations for occupational therapy practice

- It would be important for occupational therapists working with MHCUs to develop a model of practice specifically focusing on SNS and Mental Health. For occupational therapists, it would be important to investigate why and how our clients are engaging in social media as it would influence our approach in assessing, treating, educating and supporting our clients and which coping skills would be needed. However, there is limited research by occupational therapists about the two paradigms of "cyber optimism and cyber pessimism" and the influence of SNS on the occupational performance of mental health care users. This highlights a gap in current knowledge within the field of occupational therapy and mental health.

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- Occupational therapists need to integrate educational programmes about the risk of SNS into a life skills programme. These educational programmes need to educate the MHCU about the influence that excessive SNS usage might have on their mental health both within the health care facility and when at home, and the real versus perceived truths that are presented on SNS. The aim of the educational programmes would be for clients to develop coping mechanisms and alternative coping skills so as to not let these 'perceived truths' influence their mental health. Lastly, but perhaps most importantly, occupational therapists need to enable clients to develop a daily structure/routine so that they can balance time on SNS and time in the real world, as SNS usage has become a form of addiction for many individuals and so a learned balance needs to be developed.

- Occupational therapists could explore the development of a mental health support digital network or application which connects the MHCU to other MHCUs in their area as well as health care professionals who can guide and support their mental health recovery as well as providing treatment and education.

- Occupational therapists could advocate to Government policy makers on the role of SNS in the lives of South Africans. This would enable Government organisations such as the Department of Education, the Department of Social Development and the Department of Health to include SNS as a risk factor to mental health. This could contribute in improving the mental health of all South Africans engaging in SNS usage as it would be a top-down approach.

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- Occupational therapists could design a telehealth programme or campaign which is broadcast over the various SNS platforms to further educate the general public on the risk factors of SNS usage as well as how to use SNS in a positive and structured way in the future. This could empower future generations to use SNS in a way that will not negatively influence their mental health.

6.3.3. *Recommendations for other healthcare professionals*

- It is recommended that other healthcare professionals examine the role SNS plays within the lives of their clients and develop support structures within their practices.
- Furthermore the development of an interprofessional approach is recommended. This would allow for the developing of a supportive digital SNS approach that could assist MHCUs' with accessing treatment.

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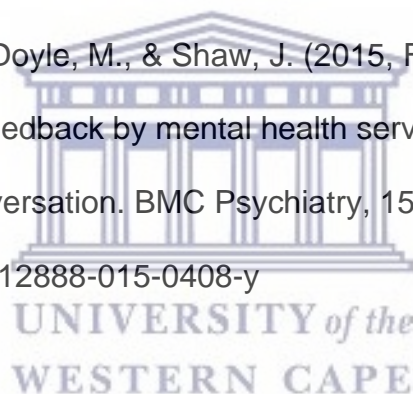
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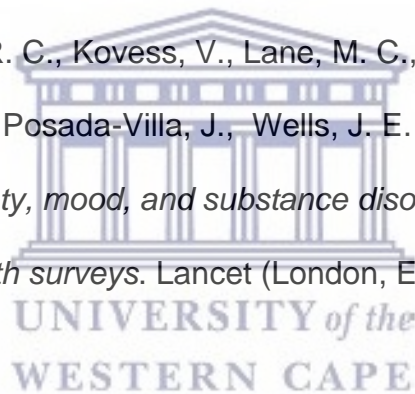
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APPENDIX LIST

Appendix A1: UWC BMREC Ethics Letter

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535
South Africa
T: +27 21 959 2988/2948
F: +27 21 959 3170
E: research-ethics@uwc.ac.za
www.uwc.ac.za

19 January 2017

Mrs C Andrews
Occupational Therapy
Faculty of Community and Health Sciences

Ethics Reference Number: BM17/1/21

Project Title: Mental health care users' perceptions and experiences of the use of social networking sites.

Approval Period: 15 December 2016 – 15 December 2017

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER - 130416-050

Appendix 1

Appendix A2: Permission from the Chief Operational Officer of the psychiatric hospital

Appendix 2

DR. P. STRONG AND ASSOCIATES
Pr. No. 050 000 0318388
Room 101, 1st Floor, Medpark Building,
Louwtjie Rothman Street, Goodwood, N1 City, 7460
P.O. Box 12855, N1 City, 7463
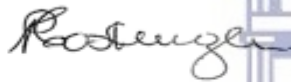Tel: (021) 595-3800   Fax: (021) 595 3807

PERMISSION TO CONDUCT RESEARCH

4 May 2017

To Whom It May Concern:

The purpose of this letter is to inform you that we give *Claudia Andrews*permission to conduct the research titled *Mental health care users' perceptions and experiences of the use of social networking sites*at *Tyger Valley Clinic*.

Sincerely,

Patricia Oosthuizen

UNIVERSITY *of the*
WESTERN CAPE

Template Revision: May 4, 2017

Appendix 3

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959-3151, Fax: 27 21-959-1440
E-mail: slhaupt@uwc.ac.za

INFORMATION SHEET

Project Title: Mental health care users' perceptions and experiences of the use of social networking sites

What is this study about?

This is a research project being conducted by Claudia Andrews at the University of the Western Cape. We are inviting you to participate in this research project because we would like to get a better understanding as to how social networking sites (SNS) play a role in people's lives. The purpose of this research project is to explore and describe mental health care users' perceptions and experiences of the use of SNS.

What will I be asked to do if I agree to participate?

You will be asked to sit with the researcher and have an interview about your perceptions and experiences of the use of SNS. These interviews will take place at the clinic where you are or have received treatment.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the interviews will be kept anonymous and will not contain information that may personally identify you. Your name will not be included on any collected data with pseudonyms being used to further protect your anonymity. To ensure your confidentiality, the data will be locked in filing cabinets, and only pseudonyms will be used on any data forms, as well as using password-protection on any computer files.

If we write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

This study will use focus groups therefore the extent to which your identity will remain confidential is dependent on participants in the Focus Group maintaining confidentiality.

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an

Appendix 4

appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about mental health care users' perceptions and experiences of the use of social networking sites. We hope that, in the future, other people might benefit from this study through improved understanding of the nature of SNS.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Claudia Andrews from the Occupational Therapy Department at the University of the Western Cape. If you have any questions about the research study itself, please contact Claudia Andrews at: 021 974-7660 or email reception@tygervalleyclinic.co.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof Mogammad Shaheed Soeker

Head of Department: Occupational Therapy

University of the Western Cape

Private Bag X17

Bellville 7535

msoeker@uwc.ac.za

Prof José Frantz

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

Bellville 7535

chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee.

(REFERENCE NUMBER:_____)

Appendix A4: Consent Form

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959-3151, Fax: 27 21-959-1440
E-mail: slhaupt@uwc.ac.za

CONSENT FORM

Project Title: Mental health care users' perceptions and experiences of the use of social networking sites

The study has been described to me in a language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name…………………………..

Participant's signature……………………………………

Date………………………

Appendix 6