

IMPACT OF SOCIAL MEDIA USAGE AND SELF-COMPASSION ON DEPRESSION AMONG SPORTS ENTHUSIASTS IN OWERRI, IMO STATE

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ABSTRACT: This study investigated the impact of social media usage and self-compassion on depression among sports enthusiasts in Owerri. Two hundred participants were selected from Owerri, Imo State, Nigeria, for this study using a convenient sampling technique. The participants were 130 male and 70 female adults living in Owerri. The participants' ages ranged from 23 to 50 years with a mean age of 34.64 and a standard deviation of 6.4 years. Two hypotheses were postulated and tested. Three instruments were used in the study: the Bergen Social Media Addiction Scale (BSMAS) by Andreassen et al. (2012); the self-compassion scale (SCS) by Neff (2003) and the Self-Rating Depression Scale by William and Zung (1965). A cross-sectional survey design was adopted; two-way ANOVA was used to analyse the data. The results showed that social media addiction (presence and absence) significantly impacts depression among sports enthusiasts in Owerri. However, the results also showed that self-compassion (high and low) did not significantly influence depression among sports enthusiasts in Owerri. It is recommended that sports enthusiasts in Owerri endeavour to regulate the amount of time they spend on the internet, as well as the media content they access online to curb its negative impact on their mental health.

Keywords: Social Media Usage, Self-Compassion, Depression, Sports Enthusiasts, Addiction

INTRODUCTION

Sports enthusiasts are great assets in the development and management of sports in Nigeria. These factors influence in many instances the outcome of most sports competitions. In their effort to ensure that the team they support wins the competition, they usually sacrifice and commit their emotions to the game. In such situations, depression and other mental exhaustion characteristics are displayed to confirm the level of energy and resources that have entered the exercise (Han, et al, 2021). In many instances, it leads to mental disorders that may culminate to depression (George, et al, 2023). Depression is a predominant illness characterized by the loss of interest in activities that an individual usually enjoys and characterized by persistent sadness often accompanied by an inability to undertake daily activities (Fekadu, Shibeshi, & Engidawork, 2017). Depression is a leading cause of death and morbidity, especially among adults who are mostly sports enthusiasts. Depression is a major source of distress in sports and can have a profound impact on the quality of life (Kessler & Bromet, 2013).

Depression is characterized by alterations in thinking, mood, or behaviours associated with distress and/or impaired function. It remains one of the most prevalent health disorders of the 21st century, placing a considerable economic and social burden on both individuals bearing the disease and society at large (Jorm, 2022). Although depression incidence is inversely correlated with indicators of national health such as GDP/GDP per capita, it remains one of the

most undiagnosed disorders in many developing countries, largely due to a lack of data and poor healthcare infrastructure for reliable diagnosis (Jorm 2022; Kessler & Bromet, 2022). Studies have shown that depression prevalence information is limited in sports in this region, due to the following factors: poor mental health education, unregulated healthcare infrastructure, tendency for patients to describe somatic symptoms, and stigma towards individuals with mental disorders by both patients and physicians (Ola, et al, 2022).

Although the exact cause of depression is still debated by scholars, Scholten (2013), identified the family history of depression, the specific type of brain chemistry, and stressful or traumatic life events as factors that could play major roles in the occurrence of depression. Generally, the most likely cause of depression is combination of genetic, biological, environmental, and psychological factors (National Institute of Mental Health, NIMH, 2017). Genetically, magnetic resonance imaging has shown that depressed people's brains look different from those of people who are not depressed just as it has been found that specific types of depression occur in some families and psychologically, stressful occurrences, difficult relationships, and trauma can trigger depression (NIMH, 2017).

The use of social media in sports activities is a relatively recent development that is welcomed by sports enthusiasts. According to Abdullahi & Abdulquadri (2018), changes in the telecommunication sector have increased internet access and use among the general public and young people in particular. The internet is an indispensable component of daily life, and it has penetrated our daily communication, information access, entertainment and sports. As our dependence on online technology increases, problematic internet use objectively becomes known as pathological internet use (PIU) Longstreet & Brooks (2017).

Social media is defined as any media that can promote individuals' interactions on the internet (Bishop, 2019). Many studies have investigated the problematic use of social media. SNS addiction on trigger emotions, relationships, health problems (lack of sleep) and performance problems and self-compassion (Andreassen, 2015). A growing body of evidence shows self-compassion can play an important role in alleviating depressive symptoms, anxiety, and stress in various populations, including clinical (e.g., individuals with major depressive disorder and individuals with chronic pain) and nonclinical populations (e.g., undergraduate students, family caregivers of people with chronic conditions, sports supporters and older adults) (Biddle et al., 2020).

Self-compassion is having compassion for oneself as one would have for another. In the case of sports, it entails having a passion for sports especially if one team is involved in the activity. Self-compassion extends compassion to oneself in instances of perceived inadequacy, failure, or general suffering. It involves being warm towards oneself when encountering pain and personal shortcomings, rather than ignoring them or hurting oneself with self-criticism. In sports, self-compassion helps to maximize the strength of sports enthusiasts and cushion the negative vibes that usually arise from unexpected failures. However, self-compassion interventions may reduce depressive symptoms, anxiety, and stress because the interventions help individuals alleviate their suffering by being kind toward themselves, understanding their suffering in a nonjudgmental way, and accepting it as part of the human experience while not engaging in symptom-focused rumination and cognitive and behavioural avoidance (Adie et al., 2021)

Statement of the Problem

Depression is a common mental disorder and globally, more than 350 million people of all ages suffer from depression, an increase of 18% from 2005 to 2015 (WHO, 2017). Depression is the leading cause of disability worldwide and is a major contributor to the overall global burden of disease. According to the WHO, in any given year, 20% of adolescents experience mental disorders notably depression and anxiety. Depressive disorders account for the greatest proportion (8.2%) of the burden in individuals aged 10-24 years, with bipolar disorders accounting for (3.8%) of the burden in the group in this age group (Rocha et al., 2013). At worst, depression can lead to suicide.

Globally, untreated or unrecognized depression leads to more than 800,000 suicide deaths every year among young people aged 15-29 years. Although effective treatments exist for depression, only a few people receive access, with less than 10% of affected people in countries receiving such treatment (Curry & Thompson, 2015). Depression may be expressed differently in adults. It manifests as behavioural disorders (e.g. irritability, verbal aggression and misconduct), substance abuse and/or concurrent psychiatric problems. It is characterized by somatic (generalized bodily) complaints, school difficulties, fatigue, boredom/apathy, disturbed eating, lack of motivation, decreased concentration and anxiety.

Although social media use has become an integral part of the daily life of sports enthusiasts, there are a number of risks associated with social media use especially the negative effects on mental health such as depression, anxiety, suicide, worry, low self-esteem and suicidal thoughts especially when failures are experienced in sports activities. Despite experiencing similar life experiences or adversity, only some individuals will suffer from depression, whereas others will remain psychologically healthy, manifesting a kind of resilience (Boggio et al, 2007). Therefore, the current research aimed to investigate the effects of social media and self-compassion on depression among sports enthusiasts in Owerri. This research provides current literature in this rare area of research and up-to-date information.

Purpose of the study

The general purpose of this study is to investigate the impact of social media usage and self-compassion on depression among sports enthusiasts in Owerri.

Specifically, the objectives of this study are to explore the following:

1. Social media usage will impact depression among sports enthusiasts in Owerri.
2. Self-compassion will impact depression among sports enthusiasts in Owerri.

Empirical review

Social media usage and depression

Lin et al., (2016) assessed the association between SM use and depression in a nationally representative sample of young adults. The researchers surveyed a nationally representative sample of U.S. young adults aged 19 to 32 years regarding their depression and social media use. The researchers drew the study sample from a large-scale web-based research panel developed and maintained by a survey research company called Growth from Knowledge

(GfK). Participants were recruited via random digit dialing and address-based sampling, reaching a sampling frame of over 97% of the U.S. population. From October 2014 to November 2014, a web-based survey was sent via email to a random sample of 3,048 noninstitutionalized adults between the ages of 19 and 32 years who had consented to participate in a previous study wave. The results showed that social media use was significantly associated with increased depression.

Peng, Yan, Yuan and Zhou (2021) explored the relationship between social media addictions and depression to further clarify the link between the overuse of social media and depression which enabled individuals to understand the harmfulness of overuse on social media and increased the awareness of the cautious use of social media. The results indicated that social media addiction is positively correlated with depression. As more people become addicted to social media, they are more likely to experience depression which can lead to disease.

Azem et al., (2023) investigated the association between depression and social media use among adolescents. This scoping review was performed using the Joanna Briggs Institute (JBI) scoping review method. The scoping review process was carried out using PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews). The results revealed a connection between social media use and depression, as well as other negative outcomes such as anxiety, poor sleep, low self-esteem, and social and appearance anxiety

Self-compassion and depression

Luciana (2020) examined the relationships between self-compassion and variables such as anxiety, depression, and stress. A total of 298 people aged between 18 to 69 years participated in this study (77.5% female). Of these, 43% resided in the state of Rio Grande do Sul (southern Brazil), 13% in São Paulo, 13% in Minas Gerais, and 31% in 18 other states (26 in Brazil). The majority (59%) reported being in a relationship (married, engaged, living with a companion, etc.), 37% reported being single, and 4% were separated or divorced, at the time of their participation in this study. Descriptive statistics, Pearson correlations, t-tests for independent samples, and Cohen's *d* were calculated for all comparisons. A significant negative correlation was found between self-compassion and all the DASS-21 scores. Significant gender differences were also confirmed regarding self-compassion, with male participants scoring higher than female participants, although, there were no differences between men and women on the DASS-21. Additional analyses of psychotherapy attendance and religious practice provided new data on self-compassion and DASS-21 scores in Brazilian adults. The people attending psychotherapy presented lower self-compassion. The practitioners of a Christian religion presented lower scores on the DASS-21 than did the participants without a religion.

Krieger, Berger and Holtforth (2016) assessed self-compassion and depressive symptoms. The sample consisted of 125 participants (54% female) who had completed treatment in a depression treatment efficacy study. The study protocol for the treatment study and the follow-up assessments used in the study were approved by the local ethics committee, and all patients signed informed-consent forms before their initial inclusion in the study. Participants completed a paper-pencil version of the self-report questionnaires at home and returned them via mail. Additionally, participants were interviewed via telephone regarding the presence or absence of an MDE. Cross-lagged panel analyses indicated that (lack of) self-compassion significantly predicted subsequent depressive symptoms while controlling for autoregressive

effects, whereas depressive symptoms did not predict subsequent levels of self-compassion. This was also the case for the relationship between self-compassion and the presence of a major depressive episode. The same patterns also occurred when we separately tested the reciprocal effects for two composite sub measures of either positive or negative facets of self-compassion.

Sari and Roswiyani (2021) investigated the impact of quality of life and self-compassion on depression symptoms among undergraduate students. A total of 375 participants were selected from Jakarta, Bogor, Depok, Tangerang, Bekasi (JABODETABEK) or outside JABODETABEK. The participants of this study were domiciled in Indonesia, men or women, aged 18 to 25 years, and were active undergraduate students. A total of 34 participants were men and 341 participants were women. There were 340 participants who took online lectures while the other 35 participants did not take online lectures. Data analysis was performed using a regression test. The results show that there is a negative and significant impact between quality of life and self-compassion on depression symptoms among undergraduate students. The findings indicate that quality of life and self-compassion are significant predictors of depression symptoms among undergraduate students.

Hypotheses

1. Social media usage did not significantly impact depression among sports enthusiasts in Owerri.
2. Self-compassion did not significantly impact depression among sports enthusiasts in Owerri.

METHOD

Participants

Two hundred participants were selected from Owerri using a convenient sampling technique. The participants included one hundred and thirty male and seventy female sports enthusiasts in Owerri with ages ranging from 23 to fifty 50, a mean age of 34.64 years and a standard deviation of 6.4 years. Sixty participants were selected from Owerri Municipal, seventy from Owerri-West and seventy from Owerri-North.

Instruments

Three instruments were employed in this study: the Bergen Social Media Addiction Scale (BSMAS) by Andreassen et al. (2012); the self-compassion Scale (SCS) by (Neff, 2003) and the Self-rating Depression Scale by William & Zung, (1965).

The Bergen Social Media Addiction Scale (BSMAS) is a self-report questionnaire designed to assess the level of addiction to social media platforms. It was developed by Andreassen et al. (2012) and is used to measure the extent to which an individual's use of social media is indicative of addictive behaviour. The scale consists of six items, and respondents are asked to rate their agreement with each item on a Likert scale ranging from 1 (very rarely) to 5 (very often). The BSMAS is designed to assess the addictive aspects of social media use, focusing on symptoms associated with addictive behaviours, such as withdrawal, preoccupation, and negative consequences. It aims to provide insights into the extent to which an individual's engagement with social media might be problematic or indicative of addiction. The scale has

shown strong internal consistency, indicating that the items in the scale consistently measure the same underlying construct of social media addiction. The BSMAS has also demonstrated predictive validity, showing that higher scores on the scale are associated with negative outcomes related to mental health and well-being. The 6-item

The Self-compassion scale is a 26-item scale developed by (Neff, 2003). The instrument is designed to measure feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience" (Neff, 2003). It is in a 5-point Likert format ranging from almost never 1 to almost always 5. Some of the items in the scale include: "I try to be loving towards myself when I'm feeling emotional pain", and "When I'm going through a very hard time, I give myself the caring and tenderness I need". Using a sample of college undergraduates, (Neff, 2003) obtained good internal reliability (Cronbach's $\alpha = .92$). Further investigation of the 26-item SCS showed that all items had a corrected item-total correlation of between .46 and .95 exceeding the .31 benchmark set by Pallant (2005), and indicating that the scale measures the same construct. The norm obtained for the scale was 73.10. Scores higher than the norm indicate that the client is low in self-compassion, while scores lower than the norm indicate that the client is high in self-compassion.

The self-rating depression scale was developed by William and Zung, (1965) and addresses the presence of depression or depressive symptoms, such as low mood, anhedonia, hopelessness, helplessness and suicidal behaviour. The scale consists of 20 items with a four-point Likert format 1 never, 2 occasionally, 3 sometimes and 4 mostly. The items have both direct and reverse scores. The reverse scores are 2, 5, 6, 11, 12, 14, 16, 17, 18, and 20, while the direct scores are 1, 3, 4, 7, 8, 9, 10, 13, 15, and 19. The raw scores were converted into 100-point scale scores and, the index scores were categorized into depression levels based on the converted points of the index scores of the Zungs Self Rating Depression Scale. Scores of less than 50 to 51 represent moderate depression, and scores of 70 and above indicate severe depression. Zung (1972) reported the psychometric properties of the scale, the internal reliability of the scale was .73 and the alpha coefficient reliability was .82. A comparison between Zung's Depression Scale and DSM-IV criteria for the diagnosis of depression revealed a sensitivity of 97%, a positive predictive value of 77% and a negative predictive value of 95%. Jegede (1979) revalidated both the Yoruba and the English versions of Zung's scale which has good psychometric properties including a high index and consistent reliability of .64 to .79.

Procedure

The researcher sought and obtained permission from the managers of sports centres in Owerri. The sport centres were Dan Anyiam Stadium Owerri and Kanu Nwankwo Sports Centre, Owerri. The researcher secured the informed consent of the participants in writing. The researcher duplicated the above listed questionnaires into two hundred and ten pieces, and then distributed them to the selected participants in Owerri. The researcher also advised the participants to read the questionnaire instructions carefully before responding to the items. The participants were assured of the confidentiality of their reports. The respondents were informed that no personal information (e.g. name, phone numbers) regarding them would be collected, this is to protect them and maintain anonymity of the data collected. They were informed that the data would not be used against them for any reason, and that it would be used only for research purposes and that they would free to withdraw or cancel their participation at any time. Those who verbally agreed to participate were given the questionnaires to complete

individually. The researcher collected the questionnaires as soon as the participants finished responding. After data collection, the researcher adequately coded the items using Excel, and the data were subjected to analysis.

Design/Statistics

The researcher used a cross-sectional survey design. This is because it provides an opportunity for researchers to study a section of a population within a particular period of time. Two-way ANOVA was used to analyse the data because two independent variables were tested for depression.

RESULTS

Below are the results of the analysis of the data from field investigation

Table 1: Descriptive on the impacts of self-compassion and social media addiction on depression

	N	Mean	Standard Deviation
Low Self Compassion	99	42.00	10.05
High Self Compassion	101	30.19	8.70
Absence	96	28.83	7.40
Presence	104	43.26	9.33

Table 2: 2 x 2 ANOVA for the impact of self-compassion and social media addiction on depression

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	13405.368 ^a	3	4468.456	63.954	.000
Intercept	114931.425	1	114931.425	1644.929	.000
SCS	32.286	1	32.286	.462	.497
SMA	4419.161	1	4419.161	63.248	.000
SCS * SMA	348.104	1	348.104	4.982	.027
Error	17188.056	246	69.870		
Total	355458.000	250			
Corrected Total	30593.424	249			

a. R Squared = .438 (Adjusted R Squared = .431)

Hypothesis one states that social media addiction will not significantly impact depression among sports enthusiasts in Owerri. was not confirmed, $F(1,246) = 63.248$, $p = .000$. This finding implies that social media addiction (presence and absence) significantly impacts depression among sports enthusiasts in Owerri. Table 1 shows that young sports enthusiasts in Owerri. who reported presence of social media addiction scored higher ($MS = 43.26$; $SD = 9.33$) than young sports enthusiasts in Owerri. who reported absence of social media addiction ($MS = 28.83$; $SD = 7.40$).

Hypothesis two states that self-compassion will not significantly impact depression among sports enthusiasts in Owerri. was upheld, $F, (1,246) = .462, p = .96$. This indicates that self-compassion (high and low) significantly affect depression among sports enthusiasts in Owerri. Table 1 also shows that although young sports enthusiasts in Owerri who reported low self-compassion scored higher ($MS = 42.00; SD = 10.05$) than young sports enthusiasts in Owerri who reported high self-compassion ($MS = 30.19; SD = 8.70$), the difference was not statistically significant.

Summary of Findings

1. Social media addiction significantly impacts depression sports enthusiasts in Owerri Imo State
2. Self-compassion does not significantly impact depression among sports enthusiasts in Owerri Imo State.

DISCUSSION

Based on the results obtained, the first null hypothesis which states that social media addiction will not significantly impact depression among sports enthusiasts in Owerri was not confirmed. This implies that social media addiction (presence and absence) significantly impacts depression among sports enthusiasts in Owerri. Young sports enthusiasts in Owerri who reported the presence of social media addiction scored higher than young sports enthusiasts in Owerri who reported absence of social media addiction. This may be because adults who spend a great deal of time on social media expose themselves to harmful and depression causing media content which puts them at risk of depression. These individuals are mostly addicted to the media; hence they hardly regulate the amount of time they spend watching media content that derails their psychological wellbeing. This result supports the findings of Lin et al., (2016), Peng, Yan, Yuan and Zhou (2021), Azem et al., (2023) and Hughes (2018) who reported that social media addiction significantly impacts depression.

The results of hypothesis two which stated that self-compassion does not significantly impact depression among sports enthusiasts in Owerri were upheld. This indicates that self-compassion (high or low) did not significantly influence depression among young sports enthusiasts in Owerri. Adult sports enthusiasts in Owerri who reported low self-compassion scored higher than young sports enthusiasts in Owerri. who reported high self-compassion. The difference was not statistically significant. The reason may be that adult sports enthusiasts in Owerri who stop seeing their suffering and pain tend to have stable psychological wellbeing. This is because the negative and unpleasant nature of their pains and suffering subjects them to a mental state that is not healthy. Hence, practicing self-compassion increases well-being and resilience to stress and trauma. However, these results contradict the findings of Luciana (2020), Krieger, Berger and Holtforth (2016) and Sari and Roswiyani (2021) who found that self-compassion significantly impacted depression. The difference in the results is attributed to the variation in the study demographic characteristics.

This study has the limitation of not getting participants from all the sports centres in Imo State. This has affected the generalizability of the findings.

Implications of the Study

The study highlighted to how social media addiction and self-compassion can either impact depression among sports enthusiasts in Owerri or not. The study has also given the researchers an opportunity to explore depression as well as its severity among sports enthusiasts in Owerri. There are also personal reasons that increase people's susceptibility to depression. In view of this, social media addiction has been identified as the main key factor that contribute to depression.

In addition, this study has shed light on self-compassion. This study has given everyone especially mental health workers reason to not place much emphasis on self-compassion when trying to address depression among their clients.

Conclusion

This research investigated the impact of social media usage and self-compassion on depression among sports enthusiasts in Owerri. The findings of the study confirmed one of two null hypotheses. The first null hypothesis which stated that social media addiction will not significantly impact depression among sports enthusiasts in Owerri was not confirmed. This implies that social media addiction (presence and absence) significantly impacts depression among sports enthusiasts in Owerri. Young sports enthusiasts in Owerri who reported the presence of social media addiction scored higher than young sports enthusiasts in Owerri who reported absence of social media addiction. The results of hypothesis two which stated that self-compassion does not significantly impact depression among young sports enthusiasts in Owerri were upheld. This indicates that self-compassion (high or low) does not significantly influence depression among young sports enthusiasts in Owerri. Young sports enthusiasts in Owerri who reported low self-compassion scored higher than young sports enthusiasts in Owerri who reported high self-compassion, but the difference was not statistically significant.

Recommendations

Based on the findings of the study, the following recommendations were made:

Mental health workers should not put much emphasis on self-compassion when trying to address depression among their clients.

Owerri Sports enthusiasts. should endeavour to regulate the amount of time they spend on the internet, as well as the media content they access online to curb its negative impact on their mental health.

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