Examining The Effects Of A Week-Long Social Media Abstinence Intervention, Iweek, On General Well-Being, Mental Health, And Body Image Concerns In Latina College Students

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EXAMINING THE EFFECTS OF A WEEK-LONG SOCIAL MEDIA ABSTINENCE INTERVENTION, I WEEK, ON GENERAL WELL-BEING, MENTAL HEALTH, AND BODY IMAGE CONCERNS IN LATINA COLLEGE STUDENTS

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**Dedication**

This project is dedicated to my amazing family. To my parents, Roberto and Yvette, for giving me a beautiful life and showing me that I can do anything I set my mind to. Your unwavering support and encouragement have been the bedrock of my journey.

I would also like to dedicate this project to my babies, Katalina and Milo. Everything I do is to make them proud and to show them that we belong in higher education. Your innocence and boundless love fuel my determination to create a better future for us all.

Lastly, to my amazing wife, I share this accomplishment with you. I wouldn’t be where I am if it wasn’t for your unwavering support and belief in me. Your love sustains me through the challenges and your presence enriches every success. I love you beyond words.
EXAMINING THE EFFECTS OF A WEEK-LONG SOCIAL MEDIA ABSTINENCE INTERVENTION, I WEEK, ON GENERAL WELL-BEING, MENTAL HEALTH, AND BODY IMAGE CONCERNS IN LATINA COLLEGE STUDENTS

by

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DISSERTATION

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Abstract

Latina college students, on average, spend approximately 30 hours per week on social media, highlighting the pervasive influence of social media on their lives. While social media can facilitate interpersonal relationships, its impact on mental and physical health is evident in the literature. Problematic social media use has been associated with increased rates of depression, anxiety, and decreased life satisfaction. Additionally, exposure to idealized images on social media platforms often leads to lower body satisfaction, particularly among women. Social media may also influence eating behaviors through the abundance of food advertisements and contribute to sedentary behavior, as individuals spend significant amounts of time on their phones rather than engaging in physical activity. While taking a break from social media has shown promise in improving mental health outcomes, its effects on other aspects of health remain uncertain. Thus, the present study assessed the effects of a social media break intervention grounded in Self-Determination Theory (SDT) on various health outcomes, including depression, anxiety, stress, well-being, body image, healthy eating, physical activity, and sleep. Additionally, the study explored whether the intervention influenced participants’ basic psychological needs related to autonomy, competence, and relatedness.

Latina college students (N = 221; \( M_{age} = 19.84 \)) completed a demographic questionnaire, objective and subjective measures of weekly social media use, the Depression, Anxiety, and Stress scale, the Short Warwick-Edinburgh Mental Well-Being scale, the Body Image States scale, the Healthy Eating Scale – 5, the International Physical Activity Questionnaire – Short Form, the Insomnia Severity Index, the Treatment Self-Regulation Questionnaire – Autonomy subscale, the Perceived Competence Scale, the Basic Psychological Needs scale – relatedness subscale, and an evaluation survey online before being randomized into the intervention or
control group. The intervention group abstained from social media for a week, while the control group continued using social media as usual. A total of eight 2 (pre, post) X 2 (iWeek, control) mixed ANOVAs assessed changes in pre- and post-intervention scores on each outcome variable for iWeek compared to the control condition.

Results indicated improvements in depression, anxiety, stress, and body image satisfaction among the intervention group. However, no significant effects were observed for well-being, healthy eating, or physical activity. Interestingly, sleep showed improvement favoring the intervention condition. There were no changes in autonomy, competence, or relatedness scores.

Overall, the study replicates previous findings regarding the positive effects of a social media break on mental health outcomes. The observed effects on body image satisfaction and sleep are nuanced and warrant further investigation to elucidate the mechanisms underlying these improvements. By shedding light on the potential benefits of social media breaks for various aspects of health, this study contributes to a deeper understanding of how Latina college students can manage their social media use to promote overall well-being.
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Chapter 1: Introduction

Latinx represent a rapidly growing minority population in the United States, yet there exists a notable gap in the literature concerning their mental health. Despite being disproportionately more susceptible to mental illness (de Oliveira et al., 2017), Latinx are underrepresented in mental health research and often face barriers to accessing appropriate care. Mental distress among Latinx can stem from various sources, including minority stress, discrimination, and culturally specific stressors such as family separation and lack of social support (de Oliveira et al., 2017).

Emerging adulthood, a critical period in a Latinx’s life, poses particular challenges. This transitional phase, marked by significant life changes like moving away from family or starting college, can exacerbate mental health issues. Alarmingly, studies indicate that a considerable portion of emerging adults, with Latinx especially affected, report elevated symptoms of depression (Substance Abuse and Mental Health Service Administration, 2021). Additionally, a substantial proportion of Latinx emerging adults do not receive the necessary treatment, further exacerbating the problem.

Latinas in particular face unique mental health challenges. They often experience greater depressive symptoms (Cupito et al., 2015; Kam et al., 2018) compared to their male or white counterparts. Moreover, the pressure to uphold cultural and familial values in a world outside their culture can intensify stress levels (Campos et al., 2014). However, cultural factors such as familism and ethnic identity can act as protective factors, buffering against psychological distress (Cupito et al., 2015; Warren, 2014). Nonetheless, issues like body image concerns, especially when transitioning to a new culture, remain prevalent among Latinas (Hagiwara et al., 2021; Cordero et al., 2022). These issues can have significant implications for their physical health, as
Latinas are less physically active and are at increased risk for chronic diseases (Abraido-Lanza et al., 2014) and sleep disorders (Roncoroni et al., 2022a). Further research is imperative to comprehensively understand the multifaceted challenges facing Latinas’ mental and physical well-being, including the impact of evolving factors like social media use.

Smartphones have quickly become an essential part of daily lives. The device is often reliable and portable making it convenient and helpful for everyday tasks. The application of the smartphone is endless. Since the popularity and frequency of ownership have increased, mobile applications such as social media platforms have flourished as well. Worldwide, 10 billion hours are spent on social media platforms each day, which is equivalent to nearly 1.2 million years (Datareportal, 2022). While the potential benefits of our smartphones, such as staying connected, accessing information, and managing various aspects of our lives, are undoubtedly significant, prolonged and excessive use can lead to adverse outcomes (Taylor et al., 2023; Tullett-Prado et al., 2023). This overreliance on smartphones may contribute to a range of consequences, including impaired physical and mental health.

**Social Media and Mental Health**

Problematic social media use is associated with depressive symptoms (van Rooji et al., 2017), anxiety (Watson et al., 2022), and psychological distress (Lee et al., 2022) in adolescent samples. In a recent qualitative study, participants reported that, when social media did not meet their social or emotional needs, they felt that social media was a poor use of their time and many expressed a desire to reduce their screen time (Winstone et al., 2023). One participant noted that they felt trapped when passively scrolling through images on Instagram (i.e., passive social media use). Participants mentioned that they were exposed to negative or self-harm-related content on social media, and this type of content influenced negative feelings or encouraged self-
harm for those experiencing poor mental health (Winstone et al., 2023). Boer and colleagues (2020) observed a relationship between problematic social media use and reduced well-being in a large sample of adolescents spanning over 29 countries. Marino et al. (2020) proposed that emotionally immature adolescents often report frequent social media use as a means of managing their emotions, despite lacking mature coping skills. Merelle and colleagues (2017) identified a correlation between social media usage and conduct problems among adolescents, indicating that while they may turn to social media for emotional support, it may exacerbate their emotional difficulties rather than alleviate them. Furthermore, Winstone et al. (2023) emphasized that exposure to problematic content on social media, such as self-harming behaviors, can evoke negative feelings and even promote self-harm in susceptible individuals, highlighting the potentially harmful effects of social media on adolescent emotional well-being.

Lee et al. (2022) suggested that the relationship between social media use and decreased mental health was consistent across sexes; however, Shafi and colleagues (2021a) observed female adolescents were at a greater risk for problematic social media use. Similarly, Watson and colleagues (2022) also observed a stronger relationship between social media use and adolescent distress, anxiety, and depression symptoms in females compared to males. Anthony et al. (2023) suggested possible benefits of social media use noting that frequent online communication with friends was associated with higher levels of well-being. The same study, however, demonstrated that frequent online contact with virtual friends made online was negatively associated with well-being, especially in girls. Shafi et al. (2021a), Anthony et al. (2023), and Watson et al. (2022) suggest that while social media’s impact on mental well-being is evident across both sexes, it may disproportionately affect young girls compared to their male counterparts. This implies that girls may be more vulnerable to the negative psychological consequences associated with social
media use, potentially due to factors such as increased exposure to body image pressures, cyberbullying, and social comparison on these platforms.

It is important to note that the studies mentioned were correlational in nature, which means they established associations between social media use and mental health symptoms but could not determine causality. Therefore, individuals with mental health symptoms may be more inclined to use social media or social media use contributes to the development or exacerbation of these symptoms.

Findings from longitudinal designs, however, demonstrate similar findings. For instance, a two-year longitudinal study observed that the initial level of problematic social media use was a significant predictor of depressive symptoms over time, such that an increase in problematic social media use was associated with an increase in depressive symptoms. Maheux et al. (2022) found elevated depressive symptoms after one year was associated with baseline appearance-related social media consciousness. Nick and colleagues (2022) also included a one-year follow-up and observed higher levels of digital stress were associated concurrently with greater mental health and psychosocial difficulties. The findings from the longitudinal studies indicate a concerning pattern: elevated levels of social media use and associated behaviors at baseline are linked to higher levels of psychological distress over time among adolescents. One study examined stress and acute social media use in clinically depressed and healthy adolescents (Shafi et al., 2021b). After a brief social media session, depressed individuals showed more problematic social media use and higher stress responses, suggesting social media’s potential harm to adolescents’ mental health especially those who are predisposed to mental health issues.

Findings are similar in college students and emerging adults when observing their social media use and relationship to mental health. Lin and colleagues (2022) suggest that active social
media use (i.e., actively engaging with content such as liking or commenting on posts) was negatively associated with loneliness. Conversely, Taylor et al. (2023) observed a relationship between passive social media use and psychological distress and loneliness statistically mediated this relationship. Roberts and David (2022) observed a relationship between passive social media use and less social connection, lower well-being, and higher stress. Lin et al. (2022), Taylor et al. (2023), and Roberts and David (2022) all indicate a correlation between social media engagement and feelings of loneliness. They suggest that individuals experiencing loneliness may turn to social media in search of a sense of social connection lacking in their real-life interactions. Conversely, frequent social media use, especially in a passive manner (Roberts & David, 2022; Taylor et al., 2023), may exacerbate feelings of loneliness by replacing meaningful interpersonal interactions with superficial online engagement. This implies that while social media can be alluring and addictive, it may ultimately contribute to increased loneliness as users spend less time engaging in real-world social interactions.

Problematic social media usage, defined as excessive social media use and characterized by addictive type symptoms (i.e., excessively concerned about social, impairs other social activities or relationships; Marino et al., 2020), represents another intriguing dimension of social media behaviors. Studies have suggested a relationship between problematic social media use and mental health symptoms (Henzel et al., 2021; Koc & Turan, 2021; Peng & Liao, 2023; Schivinski et al., 2020). Boustead and Flack (2021) suggest that problematic social media use was associated with anxious attachment and lower satisfaction with life. The relationship between anxious attachment and problematic social media use was moderated by satisfaction with life such that the relationship between anxious attachment and problematic social media use was stronger when satisfaction with life was low (Boustead & Flack, 2021). Shensa et al. (2017)
demonstrated that problematic social media use was significantly associated with increased odds of depressive symptoms. Interestingly, increased frequency of social media use was significantly associated with increased depression, but time spent on social media was not statistically significant, suggesting that assessing social media behaviors, instead of time, may be more telling of the effects of social media on mental health. Kircaburun and colleagues (2020) demonstrated that depression symptoms significantly predicted problematic social media use. There was also a relationship between problematic social media use and lower levels of belongingness and social connectedness.

Similarly, Islam et al. (2021) reported that problematic social media use was positively associated with anxiety, depression, and female participants. Meshi and Ellithorpe (2021) suggest that problematic social media use was associated with decreased real-life social support. Real-life social support was associated with reduced depression, anxiety, and social isolation, suggesting that problematic social media use may be a risk factor for elevated mental health symptoms through reduced in-person social connectedness. The studies by Islam et al. (2021) and Meshi and Ellithorpe (2021) shed light on the complex relationship between social media use and mental health outcomes. While Islam et al. (2021) highlighted the association between addictive social media use and negative health consequences, Meshi and Ellithorpe (2021) delved deeper into the underlying mechanisms, revealing how reduced social support mediated this relationship. This nuanced understanding is particularly relevant for Latina individuals, given the significance of family within their culture.

Studies that utilized longitudinal and experimental designs with college students and emerging adults shed more light on the relationship between social media and mental health. Tullett-Prado et al. (2023) observed social media addiction symptoms were consistent over a
year and were associated with depression, anxiety, and stress. A similar study demonstrated a significant negative relationship between social media use and social connection when social media was used passively and a significant positive relationship between social media use and social connection when social media was used actively (Roberts & David, 2022). Interestingly, there was no effect of time spent on social media. This study underscores the potential distinction between active and passive social media use. It suggests that passive, mindless scrolling may fail to foster meaningful social connections online. Instead, excessive time spent on such passive use may lead individuals into a cycle of relying on social media to fulfill their social needs without actually satisfying them, resulting in further use. On the other hand, actively engaging with others’ social media content appears to enhance social connection. However, it’s worth noting that previous research has indicated that active engagement in certain types of social media content, such as those promoting unhealthy ideals or suicidal ideation (Choi & Noh, 2020; Spitzer et al., 2022), can be associated with adverse outcomes, emphasizing the complexity of the relationships between social media engagement and well-being.

Recent studies have addressed the relationship between social media and mental health in Hispanic samples. Lerma et al. (2021) suggest that social media addiction is associated with using social media for coping with daily problems in Hispanic college students. Another study suggests a relationship between social media discrimination and higher symptoms of depression and anxiety (Cano et al., 2021). Lerma et al. (2021) explore the association between social media use and coping with daily stressors, while Cano and colleagues (2021) investigate issues stemming from social media, such as experiences of discrimination and heightened depressive symptoms. These studies collectively depict a circular relationship wherein individuals may initially turn to social media as a coping mechanism for daily challenges. However, exposure to
discrimination or negative experiences on social media may subsequently exacerbate feelings of depression or anxiety, prompting individuals to spend more time on social media in an attempt to alleviate these symptoms, thus perpetuating the cycle.

On the other hand, Franco and Carrier (2020) suggest a moderating effect of acculturation between social media use and anxiety and depression, suggesting that highly acculturated Hispanic individuals may suffer the most from increasing social media use. While the number of studies assessing the relationship between social media and mental health remains limited, the existing research suggests the prevalence of this relationship within Hispanic college students and emerging adults. Notably, two intriguing cultural constructs, acculturation level and experiences of discrimination, have emerged as potential factors influencing this dynamic. Given these findings, there is a clear call for interventions aimed at mitigating the adverse effects of social media on mental health, particularly within cultural contexts where acculturation and discrimination play prominent roles.

**Social Media and Body Image**

Social media has emerged as a tool that not only connects people but also serves as a virtual gallery hosting an abundance of images, many of which portray individuals with seemingly flawless and unrealistic body shapes. In today’s digital age, where countless hours are spent scrolling through social media feeds, there is a growing urgency to investigate how this constant exposure to idealized body images may influence individuals’ perceptions of their bodies. Many studies have assessed this relationship in adolescents as there is a growing number of children acquiring smartphones at younger ages. Research has consistently highlighted the association between excessive social media use and body image concerns, particularly by fostering self-objectification and heightening body surveillance (Salomon & Brown, 2019).
Specifically, studies have shown that social media use predicts increased body shame, particularly among girls (Kircaburun et al., 2021), underscoring the significant impact of online platforms on individuals’ perceptions of their bodies. Skowronski et al. (2022) demonstrated that adolescent girls are often exposed to sexualized images of females on social media, and exposure to these images predicted thin-ideal internalization and valuing appearance which, in turn, was related to body image dissatisfaction.

It is important to note that even though many viewers on social media are young, they are often exposed to images of adult women with idealized body shapes that may not align with their own developmental stage. Consequently, young girls frequently find themselves internalizing these unattainable standards, which can exert considerable influence on their self-perception and body image. For instance, adolescent girls in one study reported that the most common concerns around body image included not being thin enough, not attractive enough, and feeling dissatisfied with their body shape, hair, and face (Charmaraman et al., 2021). Interestingly, those who reported social media-related body dissatisfaction checked their social media more frequently. A recent study also suggested that appearance-related social media consciousness, or the tendency for a woman’s thoughts to reflect an ongoing awareness of whether she looks attractive on social media, was a significant predictor of needing self-validation and social comparisons online (van Oosten et al., 2023). While the majority of existing studies lean toward supporting an association between social media use and body image concerns in adolescents, it’s crucial to acknowledge that these studies are primarily cross-sectional in nature. This limitation means that they cannot establish causality or temporality definitively.

Studies on college students and emerging adults also suggest a relationship between social media and body image concerns. Women in one study who were more engaged in
appearance-related photo activity showed higher levels of internalization and a higher tendency to compare their appearance to others (Lee & Lee, 2021). Similarly, Butkowski and colleagues (2019) demonstrated that women who reported higher investment in selfie feedback were more likely to express body dissatisfaction and drive for thinness. Choukas-Bradley et al. (2019) also reported high rates of appearance-related social media consciousness for women. Additionally, higher appearance-related social media consciousness predicted higher body surveillance, body comparison, and lower body esteem. Choukas-Bradley and colleagues (2019) proposes a link between appearance-focused social media use and decreased body esteem, while Lee and Lee (2021) and Butkowski et al. (2019) highlight specific behaviors on social media, such as selfie investment and feedback, which are also associated with body dissatisfaction. These findings underscore the significant role of social media in shaping women’s self-perception and the pressure to present themselves in the most favorable light, potentially contributing to heightened body dissatisfaction.

Additionally, experimental studies have provided valuable insights into elucidating the directional aspect of this relationship, shedding light on how exposure to certain social media content can influence the development and exacerbation of body image concerns for young adult women. For instance, Engeln et al. (2020) observed participants who used social media reported engaging in more appearance comparisons relative to the control condition. Instagram users, however, reported significantly more appearance comparisons, decreased body satisfaction, decreased positive affect, and increased negative affect (Engeln et al., 2020). Casale and colleagues (2021) demonstrated that exposure to appearance-focused Instagram profiles led to greater body dissatisfaction and an increase in defining their self-worth by their physical appearance. While Wick and Keel (2020) observed posting and editing photos was associated
with greater anxiety and increased weight concerns. Engaging in appearance-focused social media activities has been linked to reduced body satisfaction (Casale et al., 2021; Engeln et al., 2020)). Additionally, Wick and Keel’s (2020) observations suggest that the act of posting and editing oneself to present the most aesthetically pleasing image on social media can further harm women’s body image. This highlights how the pursuit of perfection and the pressure to conform to idealized standards on social media platforms can exacerbate negative body image perceptions among women.

Hogue and Mills (2019) demonstrated that actively engaging in the social media content of an attractive peer resulted in increased body image concerns while interacting with a family member’s social media had no effect on state body image. Numerous recent studies, including the ones mentioned, have shifted their focus to examining specific social media behaviors that might be influencing body image perceptions. This shift extends beyond merely assessing social media use to delve into the actions and interactions of viewers of idealized image content. Such investigations provide valuable insights into how particular behaviors within the realm of social media engagement can exert a discernible impact on individuals’ body image and self-perception. For instance, Kim (2021) suggested that comments on social media posts guide the viewer’s perception of what is considered an ideal body type, and viewing favorable comments was related to greater idealization of the body. Cohen et al. (2019) demonstrated that exposure to thin-ideal and body-positive posts was associated with increased self-objectification relative to appearance-neutral posts, suggesting that any focus on one’s appearance may be associated with greater self-objectification.

Fardouly and Holland (2018) reported similar findings such as participants reported increased body image concerns after viewing the idealized images with or without the presence
of the disclaimers, suggesting that comments that inform the viewers that the photos are unrealistic do not protect women’s reactions to the images. In contrast, Stevens and Griffiths (2020) observed that women exposed to body positivity on social media reported higher levels of body satisfaction and positive affect. Another study demonstrated that participants viewing social media posts with positive appearance comments did not elicit more body dissatisfaction than viewing posts with no comments (Tiggemann & Velissaris, 2020). Additionally, a reality check (i.e., “these images are not real life”) did reduce body dissatisfaction relative to positive appearance alone.

Although these two studies produced contrasting findings, it is essential to recognize that the context of the disclaimers or reality checks may have had different impacts on body image concerns. For instance, Fardouly and Holland (2018) included disclaimers that included more context on how these images are unrealistic compared to Tiggemann and Velissaris (2020) which only included statements that these images are unrealistic. Additionally, Stevens and Griffiths’ (2020) methodology cannot determine whether exposure to body-positive posts affects individuals’ body image or if those with a more positive body image tend to follow body-positive accounts on social media. Tiggemann et al. (2020) ran a similar study and observed that body-positive captions did not affect body dissatisfaction or appreciation. Another recent study suggested that, among participants with high levels of thin-ideal internalization, those who viewed the video reported significantly lower body satisfaction concluding little support for the body-positive video to protect from exposure to celebrity social media images (Danthinne et al., 2022). A similar study demonstrated how women experienced higher body dissatisfaction and negative mood after viewing idealized images of an attractive woman even when there was a self-disclaimer (Livingston et al., 2020). It appears that Instagram images continue to exert a
detrimental influence on body image perceptions, even in the presence of countermeasures such as disclaimers. Lastly, Brown & Tiggemann (2020) also reported no significant effects of the caption on body satisfaction. Instead, exposure to appearance-focused images increased body dissatisfaction and decreased body appreciation (Brown & Tiggemann, 2020). Despite efforts to mitigate potential harm, the impact of these images on individuals’ body image remains notably adverse, highlighting the persistent challenges in addressing the negative consequences of idealized beauty standards on social media.

There are limited studies that have specifically investigated the relationship between social media and body image concerns in Latina populations. This gap in research is particularly noteworthy given that Latinas have reported high levels of social media engagement in previous studies. Studies have addressed how Latinx women are portrayed in the media, however, and observed that the media often portrays Latina adolescents and women as overly sexual beings (Velez et al., 2015), while the thin-ideal white body frame is often viewed as innocent and superior (Opara & Santos, 2019). This conflict between negative views about one's culture and being forced to admire another culture’s unrealistic expectations may be detrimental to Latina’s body image. A recent study assessing the effects of exposing fitspiration images on Latina’s exercise motivation and body image concerns demonstrated that motivation to exercise was not impacted by fitspiration exposure, however, increases in body image concerns and negative affect were observed (Sagaribay et al., 2022). The objectification and sexualization of Latina individuals on social media, coupled with the pressure to conform to the thin-ideal, represent critical areas of concern that warrant further research. Although it is evident that Latina individuals are affected by social media in terms of their body image, understanding the specific
ways in which these factors interact and influence one another necessitates more in-depth investigation.

**Social Media and Food Choice Behaviors**

Cross-sectional studies in adolescent samples that assessed social media use patterns with eating behaviors have yielded similar findings. Sampasa-Kanyinga et al. (2015) observed an association between social media use and increased odds of skipping breakfast and consuming sugary beverages. Studies have suggested that 55% (Gascoyne et al., 2021) and 70% (Fleming-Milici & Harris, 2020) of adolescents report seeing food or drink advertisements on social media demonstrating that adolescents are likely to see food advertisements even if they do not follow that type of content. Baldwin and colleagues (2018) demonstrated that watching food brand video content on YouTube, purchasing food online, and seeing favorite food brands online significantly predicted a higher frequency of consumption of unhealthy foods and drinks. Similarly, Rageliene and Gronhoj (2021) and Gascoyne et al. (2021) observed that a higher frequency of viewing food products on social media was associated with a willingness to consume those products, which in turn, was negatively associated with vegetable intake. Additionally, engagement, such as liking or sharing a post about food, was associated with a high intake of unhealthy food and drinks (Gascoyne et al., 2021). These three independent studies have highlighted a concerning trend: exposure to food advertisements on social media platforms is abundant and related to heightened consumption of the promoted foods. This potential correlation raises significant public health concerns, particularly among adolescents, who may be at risk of developing unhealthy eating habits as a result. While these studies provide valuable insights into these relationships, it’s important to note that, due to the cross-sectional nature of
the research, exposure to these advertisements leading to increased consumption or vice versa cannot be definitively determined.

One study assessed these relationships longitudinally by instructing a sample of adolescents to complete daily diaries to track the type of food images they encountered on their social media platforms for one week (Qutteina et al., 2019). Female participants were significantly more likely to share food images from Instagram and Snapchat compared to male participants. Interestingly, about 67% of the food images on social media exclusively depicted unhealthy foods (i.e., soft drinks, cake, fries, pizza), and social media’s prevailing food norms encouraged the consumption of these unhealthy foods in greater quantities (Qutteina et al., 2019). Similarly, Murphy and colleagues (2020) observed that participants were more likely to respond positively to advertisements of unhealthy foods and more likely to share unhealthy posts. Interestingly, participants rated peers more positively when they posted unhealthy posts in their feed and recalled a greater number of unhealthy food brands. Adolescents appear to find unhealthy food posts on social media more engaging, possibly due to the content being tailored to younger audiences, which could explain their heightened attraction. Qutteina et al. (2019) and Murphy et al. (2020) shed light on the widespread prevalence of unhealthy food content across digital platforms, showcasing the intersection between digital and food culture. These studies underscore how the digital landscape influences perceptions of food, suggesting that the portrayal and consumption of certain foods online may contribute to an enhanced sense of desirability and acceptability within digital communities. This trend underscores the capacity of these advertisements to reach a vast audience, as individuals share them in pursuit of popularity, thereby amplifying their impact and potentially contributing to unhealthy eating habits among adolescents.
A similar study demonstrated that participants who viewed social media influencers with unhealthy snacks reported significantly increased overall intake and increased intake of unhealthy snacks specifically (Qutteina et al., 2019). This study emphasizes the significant role influencers play in shaping viewers’ food consumption habits, highlighting the influence of digital content creators on audience behavior. Particularly noteworthy is the prominence of this influence in promoting unhealthy food choices, indicating a concerning trend toward the normalization and desirability of such food in online communities. Similarly, Ngqangashe & de Baker (2021) observed that when participants viewed a culinary video with a sweet snack reported reduced liking of fruits and vegetables and indirectly reduced the odds of choosing a fruit over a cookie. The studies indicate that social media wields a significant influence over individuals’ food choice behaviors, frequently promoting the consumption of unhealthy foods. These food choices may be particularly appealing to younger audiences, potentially contributing to their increased intake. Given the excessive exposure to such content on social media, there is a compelling case for considering a reduction in social media usage as a potential strategy to positively impact food choice behaviors and promote healthier dietary habits.

Qutteina and colleagues (2019) revealed that a significant portion of food images shared on social media platforms predominantly feature unhealthy options, while Murphy et al. (2020) and Coates et al. (2019) research demonstrated the substantial influence digital creators wield in promoting specific food choices, often towards unhealthy options. Additionally, Ngqangashe and de Baker (2021) indicated that posts highlighting healthier food options tend to garner more popularity than those showcasing unhealthy choices. Taken together, these findings illustrate the profound impact of social media on shaping individuals’ food preferences and behaviors, underscoring the need for greater awareness of the potential health implications associated with
digital food culture. While social media-based interventions promoting healthy foods hold promise in counteracting these effects, their efficacy may be hampered by the prevalence of unhealthy content and social media culture already established on these platforms. As a result, reducing social media usage altogether emerges as a potential strategy to mitigate exposure to these unhealthy food posts and, in turn, reduce unhealthy food choice behaviors among adolescents.

Studying food choice behaviors in college students and emerging adults is vital for several reasons. First, this age group is at a crucial juncture in which they begin to independently shape their dietary habits, moving away from familial influence. Second, economic constraints often lead emerging adults toward more cost-effective yet less healthy food options. Furthermore, the substantial prevalence of problematic social media usage, or a preoccupation and compulsion (i.e., addiction-like symptoms; Merelle et al., 2017) to engage excessively in social media platforms despite negative consequences, among college students, highlights the urgency of understanding how these platforms may exacerbate or mitigate these dietary challenges. Vaterlaus and colleagues (2015) interviewed and conducted focus groups to assess this relationship. Themes from the interviews suggested that social media is used by emerging adults as a venue to expand food choices, learn recipes, and showcase foods to eat or prepare. Notably, some participants mentioned that social media often distracts from making positive food choices from the abundance of unhealthy food advertisements. Viewing such advertisements was reported to often lead to feeling hungry or eating. Another study suggested that perceived injunctive norms, or perceiving the food as an acceptable norm, about Facebook users’ energy-dense snacks and sugary beverage consumption, were significant positive predictors of participants’ own unhealthy food choices (Hawkins et al., 2020).
There is a noticeable dearth of experimental studies that have rigorously assessed the intricate relationship between social media and food choice behavior. One recent study demonstrated that participants who viewed advertisements where soft drinks were visible were significantly more likely to choose a soft drink from a vending machine. Findings from this study and the paucity of experimental research highlight the need for more comprehensive investigations to elucidate the causal links and mechanisms underlying the influence of social media on individuals’ dietary choices. This experiment does complement Hawkins et al. (2020) and Vaterlaus et al. (2015) studies, indicating that social media norms predominantly favor unhealthy foods, which consequently influences users to consume such foods. Together, these findings suggest a pervasive trend in digital environments where the promotion and normalization of unhealthy food choices contribute to shaping individuals’ dietary behaviors through social media influence.

There is a similar, notable lack of research that investigates the interplay between social media and food choice among Hispanic populations. This research gap is especially crucial to address, considering that Hispanics are the fastest-growing minority group in the United States and have previously and repeatedly reported problematic social media use (Gainza Perez, 2021; Lerma et al., 2021). Furthermore, Hispanics may face significant challenges in making healthy food choices (i.e., geographical, economic, and knowledge), making it imperative to assess how social media influences their dietary behaviors. A qualitative study with Latinx college students suggested that participants perceive unhealthy foods, such as sugary beverages, as stress relievers and noted that they were overwhelmed with messages on social media about sugary beverages which subsequently led to their own consumption (Khandelwal and Salazar, 2020). Rummo et al. (2021) acquired demographic data of social media users who followed the most marketed food
brands on Instagram and Twitter and compared percentages of Black, Hispanic, and White followers. On Twitter, findings suggest the percentage of Hispanics following marketed food brand accounts was disproportionately higher than the percentage of Hispanics on Twitter. Additionally, sugary drink brands had more Hispanic followers than low-calorie drink brands. These findings suggest that Hispanics may be actively engaged with food marketing strategies on social media platforms. However, it remains essential to conduct further research to investigate whether unhealthy food brands specifically target Hispanic individuals through social media or if the engagement of this dynamic is driven by Hispanics seeking out such content.

Social media has significantly influenced the societal perception of food, attributing considerable weight to its role and association. Certain types of feed have gained status or are perceived as more desirable, often leaning towards unhealthy options, while healthier alternatives receive less attention. Considering the profound impact of diet on overall health, it prompts us to explore other areas where social media’s influence may affect health, such as physical activity.

**Social Media and Physical Activity**

Sedentary behaviors pose significant health risks, including increased rates of obesity, cardiovascular disease, and mental health issues (Park et al., 2020). Given the pervasive use of social media and the potential for excessive screen time, it is essential to investigate how these platforms may contribute to sedentary behaviors. Merelle and colleagues (2017) suggested that problematic social media use was associated with sedentary behaviors and lower physical activity in adolescents. Similarly, Shimoga et al. (2019) demonstrated a negative association between social media use and vigorous daily exercise in sedentary students suggesting that those who use social media more frequently were less likely to engage in daily vigorous exercise.
Notably, moderately active students who used social media occasionally had the highest likelihood of reporting vigorous daily exercise. The existing literature on the association between social media and sedentary behaviors remains relatively limited, with only a sparse number of studies dedicated to investigating this specific relationship.

Notably, there is one study that examines the broader context of electronic media consumption and its connection to sedentary behaviors. Interestingly, the study suggested that adolescents who had a television in their bedroom spent more time watching television (Soos et al., 2014). Given that social media can be accessed at any moment through smartphones, the temptation to log in is always present. The studies have effectively demonstrated a significant relationship between social media usage and sedentary behaviors, suggesting that the time spent on these platforms may detract from more active pursuits. Notably, the findings from Shimoga and colleagues (2019) and Soos and colleagues (2014) provide compelling evidence for the potential benefits of moderating social media use as a strategy to create space for engaging in regular exercise routines. This underscores the importance of managing screen time to promote physical activity and overall well-being.

Similar themes have emerged in college students and emerging adults. Islam et al. (2021) observed a significant relationship between problematic social media use and being female, irregular physical exercise, and sedentary behaviors. Similarly, Nagata and colleagues (2022) suggested an inverse association between recreational screen time and muscle-building behaviors suggesting that the sedentary nature of social media may be deterring young adults from dedicating time to exercise. Vaterlaus and colleagues (2015) suggest that young adults perceive technology as a barrier to exercise. Participants noted that social media frequency, being distracted by social media during exercise, and inaccurate information about exercise as barriers
to exercise. Interestingly, exercise information with merit and tips on how to succeed were also described as barriers. It seems that knowledge is increased through exposure; however, motivation to exercise is not often impacted.

Parallel findings have emerged in experimental studies, in which an increase in exposure often does not directly translate into tangible changes in health behaviors for college students and emerging adults. For instance, Arigo and colleagues (2021) and Prichard and colleagues (2020) observed no changes in exercise motivation after viewing exercise-focused social media content (fitspiration). Prichard and colleagues (2020) also reported that participants who viewed fitspiration were more likely to report higher subjective exertion ratings and walked for a shorter distance on a treadmill compared to those who didn’t view fitspiration images. Arigo et al. (2021) suggested that including self-compassion messaging to the fitspiration posts did not increase exercise motivation either. A recent systematic review concluded that the studies included in the review provided little evidence that fitspiration influences physical activity. Perhaps fitspiration may be limited in its impact because of the perceived unattainability of the body types featured in the posts. These studies have revealed that social media content designed to promote exercise does not necessarily enhance the motivation or intention of the viewers to engage in physical activity. Despite the potential of social media as a platform for health promotion, these findings emphasize the challenges in leveraging it as a sole tool to drive exercise behavior change and suggest the need for more nuanced strategies in motivating individuals to adopt active lifestyles.

Studies examining the association between social media, exercise, and sedentary behaviors within Hispanic populations are notably scarce. This research gap is especially critical given that Hispanics face a higher risk of developing cardiovascular diseases, and sedentary
lifestyles are a known risk factor for such health conditions. A recent study assessed change in exercise motivation after exposure to fitspiration, control, or half-fitspiration and half-control images in Latina college students (Sagaribay et al., 2022). Findings supported the results of studies with similar methodologies such that Latina college students were not motivated to exercise after viewing fitspiration images. While there is a limited body of research on Hispanics, preliminary findings indicate that social media may not significantly impact exercise motivation and could potentially exacerbate sedentary behaviors. These initial insights underscore the importance of conducting further studies to strengthen the evidence base and assess the efficacy of interventions aimed at enhancing exercise among Hispanic individuals.

**Social Media and Sleep**

Getting adequate sleep offers numerous benefits, such as enhancing overall health, boosting daytime alertness, and supporting cognitive function (Ellenbogen, 2005). However, excessive use of social media, especially before bedtime, may disrupt sleep patterns, leading to adverse effects on health and well-being. Studies conducted with adolescent samples have highlighted these adverse effects, suggesting that problematic social media use is associated with worse sleep quality (Buda et al., 2021; Hussian & Griffiths, 2021; Woods & Scott, 2018). Malheiros and colleagues (2021) also suggest chronic social media use predicts both daytime and excessive sleepiness. In a similar study, viewing posts related to body weight before bed predicted reduced sleep, and viewing posts related to drugs or drinking predicted later bedtimes (Charmaraman et al., 2021). However, all of these studies utilized a cross-sectional design and could not determine whether social media use before bed impacted sleep quality or vice versa.

Longitudinal and experimental studies have yielded insightful findings. Gumport and colleagues (2021) demonstrated that technology use before bed (including social media use) was
associated with increased sleep onset latency. A similar study suggested that increased screen time was associated with shorter self-reported sleep duration and later bedtimes (Burnell et al., 2022; Hamilton et al., 2023). Another study measured adolescent’s social networking and sleep annually over three years (Vernon et al., 2017). The study found that both problematic social media use and sleep disruption underwent a positive linear growth over time (Vernon et al., 2017). Additionally, adolescents who increasingly invested in social media reported increased sleep disruptions, suggesting that reducing the time spent on social media may be beneficial to maintaining healthy sleep habits in adolescents (Vernon et al., 2017).

Studies involving adolescents have indicated a clear relationship between social media usage and disrupted sleep patterns. However, it’s crucial to expand this research to college students, as their schedules often lack a fixed routine, potentially further impacting their sleep. Additionally, college students are heavy users of social media, warranting a closer examination of its effects on their sleep habits. Cross-sectional studies have suggested that problematic social media use is positively associated with poor sleep (Abu-Snieneh et al., 2020; Gundogmus et al., 2020; Islam et al., 2021). One study reported that poor sleep quality was associated with higher social media use (Asiri et al., 2018). Participants in another study who used social media in bed reported more sleep interruption by their devices (Whipps et al., 2018).

Studies with a longitudinal or experimental design have yielded mixed findings. For instance, Tavernier and Willoughby (2014) conducted a three-year longitudinal study assessing the relationship between sleep problems and social media use. Findings demonstrated that sleep problems were a predictor but not an outcome of social media use, suggesting that social media may be used as a coping mechanism for those having trouble falling or staying asleep instead of causing poorer sleep. In contrast, Garett et al. (2018) observed students who tweeted more
frequently on a weekday reported a significantly lower quality of sleep. Though findings are contradictory, it is important to note that the Tavernier and Willoughby (2014) was conducted approximately a decade ago and Garett et al. (2018) collected data in 2015, given that the landscape of social media has evolved significantly since then. Das-Friebel and colleagues (2020) used a similar design as Garett et al. (2018) but used wrist-worn actigraphs to assess sleep time and efficiency. Interestingly, increased bedtime social media use was not associated with poorer sleep. Instead, bedtime social media use only predicted longer sleep time (Das-Friebel et al., 2020). A recent sleep laboratory study also assessed the effects of social media on sleep using objective measures and demonstrated that thirty minutes of social media immediately before sleep did not significantly increase arousal or disturb sleep (Combertaldi et al., 2021). Social media only impacted bedtime which potentially kept people from going to sleep earlier.

Most studies indicate a connection between social media use and sleep quality, but when research employs more rigorous and objective sleep measurements, the impact on sleep quality often diminishes, with later bedtimes being the most significant factor. While later bedtimes may not directly affect sleep quality, it can lead to insufficient sleep duration, which has adverse health consequences. These findings suggest that college students, with their flexible schedules, currently maintain adequate sleep amounts. However, if these habits persist into adulthood, in which full-time jobs may limit their ability to sleep in, the quality of sleep could deteriorate as they age.

It’s important to note that there is a dearth of studies that have specifically assessed the relationship between social media usage and sleep patterns among Hispanics, even though this demographic group experiences a disproportionate burden of sleep-related issues (Roncoroni et al., 2022a) and exhibits pronounced tendencies towards excessive social media consumption.
Gainza-Perez et al., 2021; Lerma et al., 2021). Piccolo et al. (2013) suggest that the prevalence of restless sleep is high among Hispanics, and Hispanic men are more likely to report sleeping less than 5 hours a night. Similarly, Hispanics were 1.8 times more likely to have short sleep compared to White individuals and commonly reported daytime sleepiness in another study (Chen et al., 2015). Lastly, in a recent study, Hispanic women were more likely to report poor sleep behaviors (Roncoroni et al., 2022b). Additionally, sleeping fewer hours or experiencing restless sleep predicted poorer health. Frequent social media usage has often been linked to inadequate sleep, but these associations have yet to be examined comprehensively within the Hispanic population. Given that Hispanics are disproportionately affected by sleep-related issues and their health outcomes, it’s imperative to conduct further research to determine whether social media can exacerbate or alleviate sleep problems in this demographic. Additional studies are essential to explore the potential impact of social media on sleep and overall well-being among Hispanic individuals.

**Social Media Break Interventions**

The impact of social media on mental and physical health is an area of growing concern, with numerous studies highlighting the potential negative influence. While attempts to mitigate these effects through various strategies have shown limited efficacy, a promising avenue of research has emerged in the form of interventions that involve taking a break from social media. Lambert et al. (2022) randomized participants to take a one-week break from social media or continue using social media as usual. Participants in the social media break intervention reported significant improvement in well-being, depression, and anxiety. A similar study also compared two groups (i.e., limiting social media to 10 minutes a day for one week versus using social media as usual) and observed taking a break from social media was associated with small
improvements in well-being through changes in sleep quality (Graham et al., 2021). The studies indicate a promising efficacy for social media abstinence interventions in enhancing overall well-being and mental health. These findings suggest that temporarily disengaging from social media can offer a valuable respite from the potential stressors and negative influences associated with online platforms, contributing to improved mental health outcomes.

Another study assessed the effects of small breaks from social media instead of abstinence (Zhou et al., 2021). Participants were tasked to take 2.5-hour breaks from social media for nine out of the fourteen days of the experiment and compared to a control group that used social media as usual. Taking breaks from social media had a positive influence on life satisfaction compared to the control group (Zhou et al., 2021). Similarly, Faulhaber and colleagues (2023) randomly assigned participants to either limit their social media to 30 minutes a day or to use social media as usual for two weeks. Those in the intervention group reported improvements in anxiety, depression, loneliness, and affect. These studies contribute valuable insights that emphasize the advantage of reducing social media use, suggesting that moderating online social engagement may also be conducive to improved well-being and mental health.

Brailovskaia and colleagues (2022) randomized participants to either not use their smartphones, reduce daily smartphone use by one hour, or use their smartphones as normal for one week. Smartphone use was defined as any application on the smartphone except for the telephone. Participants also completed measurements on well-being and health at baseline, post-intervention, one, and four months after. Findings demonstrated that stopping or reducing smartphone use was associated with improvements in life satisfaction, depression, and anxiety symptoms. Interestingly, the effects of smartphone reduction remained more stable over 4 months in the reduction group than in the abstinence group. The study demonstrates the efficacy
of reducing smartphone use to enhance well-being, favoring this approach over complete abstention. However, an important consideration is that participants were instructed to reduce or abstain from all smartphone applications, except for telephone services. This broad restriction may place the group abstaining from social media at a disadvantage by depriving them of potential benefits from other non-social media applications.

While interventions involving breaks from social media have shown promise in positively influencing well-being and mental health, it is noteworthy that none of these interventions were grounded in theory. The absence of a solid theoretical foundation may limit our understanding of the underlying mechanisms at play. Furthermore, there is a gap in the research as no studies have assessed whether taking a break from social media can extend its impact beyond mental health symptoms, such as addressing concerns related to body image.

Social Media and Self-Determination Theory

Self-Determination Theory (SDT) provides a comprehensive framework for understanding how new behaviors are initiated and sustained, primarily through its emphasis on motivation (Deci & Ryan, 1985). At its core, SDT posits that individuals possess innate tendencies for intrinsic motivations, which are fueled by the satisfaction of three basic psychological needs: autonomy, competence, and relatedness (Deci & Ryan, 1985). Autonomy refers to the need to feel in control of one’s behavior, competence refers to the need to feel effective in producing desired outcomes, and relatedness refers to the need to feel accepted by, and meaningfully related to others. SDT underscores the significance of these basic psychological needs as universal forces that foster optimal development and growth in individuals (Ryan and Deci, 2000).
By focusing on autonomy, competence, and relatedness, SDT offers valuable insights into the dynamics of motivation and behavior change. Ryan and Deci (2008) have argued that these psychological needs play a crucial role in organizing observations regarding intrinsic motivation and the internalization of extrinsic regulations. This perspective suggests that when individuals feel a sense of autonomy in their actions, perceive themselves as competent in achieving desired outcomes, and experience meaningful connections with others, they are more likely to be motivated and engaged in behaviors over the long term.

Moreover, research has shown that SDT is highly applicable in various domains, including health behavior change. Studies have demonstrated that fulfilling the basic psychological needs of autonomy, competence, and relatedness is essential for promoting optimal motivation and well-being (Ryan & Deci, 2000). For instance, individuals who experience higher levels of satisfaction in these needs tend to exhibit stronger adherence to interventions targeting behaviors such as gambling cessation (Tong et al., 2022) and exercise promotion (Matsumoto, 2022). Therefore, SDT offers a valuable lens through which to understand the initiation and maintenance of behaviors, as well as to design interventions aimed at fostering positive behavioral change.

No social media abstinence or reduction interventions, grounded in SDT, exist in the literature. However, research on other addictive behaviors has suggested SDT as an effective theoretical framework for behavioral health change (Dukes et al., 2022; Kader et al., 2020; Muroff et al., 2017; Sheeran et al., 2020). Studies have applied SDT-related constructs in relationship to social media use. Johnson and colleagues (2021) suggested that satisfaction of autonomy, competence, and relatedness needs during social media use predicted self-control capacity, or the ability to regulate emotions and behaviors. Notably, self-control capacity is a
predictor of life satisfaction and well-being demonstrating how lack of control (i.e., mindless scrolling), competence (i.e., downward comparisons), and relatedness (i.e., cyberbullying, harassment) may be detrimental to users’ mental health.

One qualitative study interviewed adolescent boys and girls on their social media use through the lens of self-determination theory (Keipi & Oksanen, 2014). First, girls reported more themes about relatedness than boys and factors that influence the quality of interactions online (i.e., relatedness), like profiles with false identities or harassment. Autonomy on social media was related to expressing and exploring oneself online, and harassment was noted as a barrier to autonomy. Lastly, adolescents explained that their social media experience is a stage or virtual spotlight (i.e., competence) that may be jeopardized by harsh criticism from anonymous sources (Keipi & Oksanen, 2014). Participants in another study completed a daily diary survey over fourteen days about their Facebook activity, motivation to engage in these activities, and daily well-being. Non-self-determined types of motivation for engaging in Facebook content were associated with lower daily well-being, specifically engaging more autonomously, suggesting the importance of understanding why one uses social media rather than how frequently may be more beneficial in understanding the relationship with well-being (Keipi & Oksanen, 2014).

Recently, Sheldon and Titova (2023) conducted three studies to assess the relationships between self-determined social media use, relatedness needs, and subjective well-being. Findings from all three studies demonstrated that social media engagement due to more controlled motivations (e.g., peer pressure) is associated with lower subjective well-being. Examining social media behavior through a theoretical framework highlights the critical significance of understanding the motivations driving social media users, rather than merely focusing on the duration of their usage. It becomes evident that controlled motivation for social media use,
stemming from risk factors like peer pressure, harassment, anonymous criticism, or fear of false identification, can be detrimental to individual well-being. Recognizing and addressing these underlying motivations is pivotal in developing tailored interventions that effectively mitigate the adverse effects of social media on users’ mental health and overall well-being.

The Present Study

Social media is an ideal invention that helps individuals stay connected even when it does not seem possible. However, excessive use of the platform can put an individual at risk for depression, anxiety, stress, poorer well-being, body image concerns, unhealthy eating, sedentary behaviors, and poor sleep habits. Logically, past studies have turned to social media to deliver interventions that combat some of these behaviors. Most of the reported findings in the literature indicate the feasibility and cost-effectiveness of social media-based interventions, and fewer studies have found significant behavioral change but with small effect sizes. The most surprising are interventions aimed at alleviating body image concerns on social media. Though participants are informed that the images are highly photoshopped and don’t represent real body shapes, participants, especially women, are still impacted by these images after exposure. Thus, the study not only assessed general well-being and mental health but also body image concerns, as taking a break from the constant exposure to ideal unrealistic body shapes may significantly reduce the amount of upward appearance comparisons daily and improve body image concerns overall. Given that women are more likely to be objectified on social media (Velez et al., 2015), more likely to be pressured by society to look and behave a certain way on social media (Lee & Lee, 2021; Skowronski et al., 2022), and are often at risk of being harassed or ostracized, the study only included women.
Therefore, the proposed study sought to assess the effects of a pilot 1-week social media break intervention, *iWeek*, on participants’ depression, anxiety, stress, general well-being, and body image concerns in Latina college students. The study also assessed if baseline depression, anxiety, stress, well-being, and body image concerns moderated and the intensity of social media reduction, calculated as a percent decrease in time spent on social media from time 1 to time 2, mediated the effects of the intervention at time 2. Hypotheses included:

1. Individuals randomly assigned to the *iWeek* condition will exhibit more substantial reductions in symptoms of depression, anxiety, stress, and body image concerns following the intervention compared to those who continue their usual social media usage.

2. The changes to depression, anxiety, stress, and body image concerns following the intervention, compared to the control condition, will be moderated by the severity of these variables at baseline.

3. The impact of the intervention on depression, anxiety, stress, and body image concerns will be mediated by the change in time spent on social media.

The secondary aims included assessing the effects of *iWeek* on participants’ healthy eating, physical activity, and sleep. The study also assessed if baseline healthy eating, physical activity, and sleep moderated and changes in time spent on social media mediated the effects of the intervention at time 2. Hypotheses include:

1. Individuals randomly assigned to the *iWeek* condition will exhibit more substantial improvements in their healthy eating, physical activity, and sleep following the intervention compared to those who continue their usual social media usage.
2. The changes to healthy eating, physical activity, and sleep following the intervention, compared to the control condition, will be moderated by the severity of these variables at baseline.

3. The impact of the intervention on healthy eating, physical activity, and sleep will be mediated by the change in time spent on social media.

Lastly, the tertiary aims of the study were to assess the effects of iWeek on changes to SDT-related constructs (autonomy, competence, and relatedness). Hypotheses include:

1. Individuals randomly assigned to the iWeek condition will exhibit more substantial improvements in their autonomy, competence, and relatedness in the context of abstaining from social media following the intervention compared to those who continue their usual social media usage.
Chapter 2: Methods

Participants

An a priori power analysis was conducted via G*Power 3.1 (Faul et al., 2009). Power was set to 80%, the test was set to F-tests and “ANOVA: Fixed effects, special, main effects, and interactions”, numerator degrees of freedom was set to 1, and the number of groups was set to 2. The partial eta squared statistic assessing the effect of social media abstinence on well-being ($F = 7.732, p = 0.006, \text{partial } \eta^2 = 0.060$) was taken from data from a similar study previously collected from college students (Graham et al., 2021). For the alpha value, we used a Bonferroni correction, which entailed lowering the alpha from .05 to .01 to adopt a more conservative sample size estimate. The power analysis suggested a total of 188 participants were needed for sufficient power.

Participants were eligible for the study if they were emerging adults (between 18 and 29 years old; Arnett et al., 2014), self-identified as a woman and Latinx, owned a smartphone and had at least one active social media account. Three hundred participants signed up to take the survey; however, only 244 started the survey and moved on to the eligibility process. Seventeen participants did not meet the inclusion criteria, so they did not continue with the study. Six participants were excluded from the study because they did not pass at least 75% of the attention checks (see Figure 1 for participant flow), resulting in a sample of two hundred and twenty-one English-speaking Latina undergraduate students from a large university on the U.S. border with Mexico who were eligible to participate in the study.
A missing values analysis revealed that 7.47% of data points were absent from the dataset, primarily due to attrition. This percentage falls below the threshold typically associated with introducing bias, as past literature suggests that values exceeding 10% may necessitate imputation procedures (Bennet, 2001). The analysis also employed Little’s Test to assess if the data were missing completely at random, indicating that the missing data were independent of both observed and unobserved variables or missing completely at random \( (p = .303) \). Given the study’s notably low attrition rates and missing data there was no necessity for any imputation procedure. Furthermore, adhering
Measures

Sociodemographics

A demographic questionnaire assessed basic demographic information such as age, sex, ethnic group, height, and weight (to calculate BMI; see Appendix A).

Objective Social Media Use Measure

An objective assessment of participants’ social media usage frequency was conducted as part of the baseline survey. This assessment was carried out using the iPhone Screen Time Measure or the Android Screen Time Measure, depending on the participant’s smartphone. Participants initially were asked whether they owned an iPhone or Android device. Instructions on accessing the screen time function on their smartphone were tailored to whether they had an iPhone or Android device. These instructions enabled participants to retrieve metrics regarding their social media usage in hours and minutes over the past week, including averages per day and a breakdown by the social media platform. Participants were asked to upload a screenshot and input both their overall screen time and the time spent on each social media platform in hours and minutes. Research assistants assisted in reviewing, validating, and cleaning the screenshots provided by participants.

Subjective Social Media Use Measure

In addition to collecting objective data on participants’ social media use frequency, we also requested participants estimate their own social media use frequency for the past week. This served as a backup in case participants encountered difficulties responding to the detailed instructions for the objective measure. Baseline and post-intervention social media use frequency was measured using participants’ reports on a five-item measure. Participants were asked how often they used social media in the past month, with response options ranging from 1 (I did not at
all) to 7 (once a day or more). Additionally, participants were asked how many hours and minutes they spent on social media sites in the past month, week, and day. Lastly, participants reviewed a list of prominent social media platforms, Facebook, Instagram, Snapchat, TikTok, and YouTube. Then they indicated the proportion of their time spent on each of these platforms as a percentage. The web-based survey was designed in such a way that participants could not advance to the next section unless the total percentages for each social media platform added up to 100. This method of measuring social media use has proven effective in previous research studies (Gutierrez & Cooper, 2016; Lerma et al., 2021; see Appendix B).

Primary Outcomes

The Depression, Anxiety, and Stress Scales (DASS-21; Lovibond & Lovibond, 1995; see Appendix C) is a self-report instrument designed to measure three related negative emotional states: depression, anxiety, and stress. Participants are asked to read each statement and indicate how much the statement applies to them over the past week. The DASS-21 is 21 items scored on a 4-point Likert scale ranging from 0 (did not apply to me at all) and 3 (applied to me very much, or most of the time). Multiple studies have demonstrated strong psychometric properties for the DASS-21. For instance, Wardenaar and colleagues (2018) demonstrated adequate criterion validity. Cronbach’s alpha for past studies has been high, ranging from 0.94 – 0.98, indicating excellent internal consistency (Sanmartin et al., 2022; Wardenaar et al., 2018). A recent meta-analytic review suggested that the original 3-factor structure was generally supported (Yeung et al., 2020) and Lindley and Bauerband (2022) suggested the facture structure, factor loadings, and item intercepts for the DASS-21to be consistent across cisgender and gender minority participants. Lastly, Anghel (2020) demonstrated the DASS-21 is adequate for use in longitudinal study designs and stable in between administrations. The DASS-21 demonstrated
high internal consistency for depression, anxiety and stress subscales at time 1 ($\alpha = .891$, $\alpha = .828$, and $\alpha = .812$, respectively) and time 2 ($\alpha = .909$, $\alpha = .876$, and $\alpha = .858$, respectively).

The **Short Warwick-Edinburgh Mental Well-Being Scale** (SWEMWBS; Stewart-Brown et al., 2009; see Appendix D) measured general well-being, including affective-emotional aspects, cognitive-evaluative dimensions, and psychological functioning. The SWEMWBS is a 7-item scale, and responses range from 1 (none of the time) to 5 (all of the time). Participants are asked to describe their experience of each statement over the past two weeks. The overall SWEMWBS score is calculated by summing the scores for each item. A higher total SWEMWBS score indicates a higher level of mental well-being (Stewart-Brown et al., 2009). The SWEMWBS has demonstrated adequate psychometric properties in various studies.

First, in studies comparing the short and original WEMWBS, the SWEMWBS performed comparably to WEMWBS (Ng Fat et al., 2017; Koushede et al., 2019). Ng Fat and colleagues (2017) suggested the short-form measure demonstrated the expected population distributions and correlated with social variables for low well-being as the original and mimicked findings for high well-being scores.

Second, good convergent validity of the SWEMWBS has been demonstrated with the well-being subscale of the General Health Questionnaire (GHQ12; Ng Fat et al., 2017), the EQ-VAS (a visual analog scale where participants rate their health; Ng Fat et al., 2017; Rogers et al., 2018), GAF; Vaingankar et al., 2017), Satisfaction With Life Scale (SWLS; Vaingankar et al., 2017), Positive Mental Health (PMH; Vaingankar et al., 2017), the well-being subscale of the CORE-OM (Rogers et al., 2018), the Mindful Attention Awareness Scale (MAAS; Haver et al., 2015), the Wong and Law Emotional Intelligence Scale (WLEIS; Haver et al., 2015). Past studies have also demonstrated acceptable divergent validity with the SWEMWBS and measures.
of anxiety (Vaingankar et al., 2017) and depression (Vaingankar et al., 2017). Lastly, internal consistency reliability was high in multiple studies for SWEMWBS ($\alpha = 0.83 – 0.89$; Koushede et al., 2019; Rogers et al., 2018; Vaingankar et al., 2017) as well as acceptable test-retest reliability one week apart (Rogers et al., 2018). The SWEMWBS demonstrated high internal consistency at time 1 ($\alpha = .862$) and time 2 ($\alpha = .897$).

The **Body Image States Scale** (BISS; Cash et al., 2002; see Appendix E) measures momentary evaluative/affective experiences of one’s physical appearance. The measure encompasses six items representing satisfaction with overall physical appearance, satisfaction with height and body shape, satisfaction with weight, feelings of physical attractiveness, and the current evaluation of one’s physical appearance relative to one’s usual estimation, or relative to an average-looking person. Items are rated on a 9-point Likert scale ranging from “extremely dissatisfied” to “extremely satisfied”. In recent studies, high internal consistency was reported for the BISS, ranging from 0.83 - .92 (Arkenau et al., 2022; Bardi et al., 2021; Mebarak Chams et al., 2019). Mebarak Chams and colleagues (2019) suggest adequate convergent validity for the BISS as the measure was associated with higher BMIs and participants who were currently on a diet. Similarly, Bardi and colleagues (2021) also observed adequate convergent validity as the BISS was associated with an eating disorder evaluation and a measure of social comparison. The BISS demonstrated high internal consistency at time 1 ($\alpha = .936$) and time 2 ($\alpha = .940$).

**Secondary Outcomes**

The **Healthy Eating Score-5** (Purvis et al., 2013; see Appendix F) is a validated measure modified from the U.S. Department of Agriculture’s Health Eating Index. The HES-5 assesses how well participants meet dietary guidelines for Americans for fruit, vegetables, whole grains, dairy, and fish intake. For each food category, participants are provided examples (e.g., fruit:
fresh, frozen, canned or dried, or 100% fruit juices) and are tasked to report how often they ate or drank the food or beverages for the past 30 days. The items are rated on a 6-point Likert scale ranging from 0 (rarely or never) to 5 (3 or more times per day). Purvis and colleagues (2013) demonstrated a high internal consistency ($\alpha = 0.81$) for the HES-5. In a recent study, Dyal et al. (2022) suggested that adding sugar-sweetened beverages and energy drinks questions to the HES-5 strengthened the relationship between the HES-5 and the original Healthy Eating Index. Thus, the present study also included sugar-sweetened beverages and energy drink questions. The measure was also modified to ask participants about their past week's eating behaviors instead of the past 30 days to compare baseline and post-intervention scores. After the sugar-sweetened beverages and energy drinks questions are reverse coded, items are summed such that higher scores represent higher healthy eating. The HES-5 demonstrated low internal consistency at time 1 ($\alpha = .484$) and time 2 ($\alpha = .551$).

The **International Physical Activity Questionnaire- Short Form** (IPAQ-SF; see Appendix G) is a 6-item measure to assess participants’ physical activity intensity and sitting time (Craig et al., 2003). Participants are first prompted to recollect any vigorous physical activities they engaged in over the past week. A clear definition of vigorous physical activity is provided, specifying that participants should consider only activities lasting at least 10 minutes in this category. Following this, participants are requested to report the number of days, in the past week, in which they participated in vigorous physical activities, with examples provided to aid their recall. Subsequently, they are asked to specify the duration of vigorous physical activity on one of those days. This question was not displayed if participants indicated that they did not engage in any such activities. Studies have compared the validity of the IPAQ to accelerometers and demonstrated an acceptable level of reliability in measuring physical activity patterns in
adults (Craig et al., 2003; Medina et al., 2022; Safi et al., 2022). Recent studies have suggested acceptable test-retest reliability for the IPAQ two weeks (Nascimento-Ferreira et al., 2022) and one year apart (Medina et al., 2022). The IPAQ-SF demonstrated low to moderate internal consistency at time 1 ($\alpha = .502$) and time 2 ($\alpha = .750$).

The **Insomnia Severity Index** (ISI; Bastien et al., 2001; see Appendix H) comprises seven items designed to assess various aspects of sleep problems. These items evaluate issues related to falling asleep, staying asleep, waking up too early, satisfaction with one’s current sleep patterns, interference with daily activities, how noticeable the sleep problem is, and the level of distress it causes. Participants rate these items using a five-point Likert scale ranging from 0 (not at all) to 4 (extremely), with higher scores indicating more severe symptoms. The measure has demonstrated satisfactory concurrent validity when compared to sleep diary data (Bastien et al., 2001), and recent meta-analyses have observed high internal consistency ($\alpha = 0.80$ & 0.83; Cerri et al., 2023, Manzar et al., 2021). The ISI demonstrated moderate to high internal consistency at time 1 ($\alpha = .803$) and time 2 ($\alpha = .869$).

**Tertiary Outcomes**

To evaluate shifts in Self-Determination Theory (SDT)-related constructs from the baseline assessment to the post-intervention phase, a set of measures were employed. First, the autonomy subscale of the **Treatment Self-Regulation Questionnaire** (TSRQ; Ryan et al., 1989; see Appendix I) was utilized. The primary objective of the TSRQ is to delve into the motivations behind individuals’ choices to engage in healthy behaviors, seek treatment for a medical condition, embark on efforts to modify an unhealthy habit, adhere to a treatment regimen, or participate in other health-related activities. It is important to note that the questionnaire’s phrasing may vary slightly across versions to ensure its appropriateness for the specific
behaviors under investigation. The TSRQ assessed the extent to which an individual’s
motivation to limit their social media aligns with a sense of autonomy and self-determination.
Within the TSRQ framework, the autonomous motivation style represents the highest degree of
self-determination and has consistently shown associations with sustained behavior change and
positive healthcare outcomes. The TSRQ consists of 15 items rated on a 5-point Likert scale
ranging from 1 (not true at all) to 5 (Very true). Marentes-Castillo and colleagues (2019)
demonstrated the validity of the TSRQ on Latinx participants. The TSRQ internal consistency
ranged from moderate to high in past studies (Leibmann et al., 2019; Marentes-Castillo et al.,
2019; Richards et al., 2021). It’s worth highlighting that these studies examined individuals’
motivation to alter their drinking habits or adopt healthier eating practices. However, there is
currently a dearth of research that assesses motivation to restrict or control social media use. The
TSRQ demonstrated moderate to high internal consistency at time 1 (\(\alpha = .809\)) and time 2 (\(\alpha = .863\)).

The **Perceived Competence Scale** (PCS; Williams & Deci, 1996; see Appendix J) is
centered around individuals’ perceptions of their capability to engage in healthy actions. It
consists of a concise 4-item questionnaire designed to gauge the level of confidence participants
have in their ability to initiate or sustain a positive change in their health behavior, actively
participate in a healthcare program, or adhere to a treatment plan. Research consistently
demonstrates that individuals who exhibit higher perceived competence in relation to a specific
behavior are more inclined to initiate and maintain that change, thereby displaying favorable
healthcare behaviors. Similar to the TSRQ, the working of the PCS items may vary slightly
depending on the specific target behavior in question. Importantly, the PCS exhibits a
consistently strong level of internal consistency (\(\alpha = 0.86\); Liebmann et al., 2019). Previous
research has documented the effectiveness of assessing perceived competence in the context of adhering to dietary and exercise regimens (Blow et al., 2022), as well as in smoking cessation programs (Liebmann et al., 2019). To date, there have been no studies conducted to assess perceived competence specifically in the context of limiting or controlling social media use. The PCS demonstrated high internal consistency at time 1 ($\alpha = .936$) and time 2 ($\alpha = .959$).

The Basic Psychological Need Satisfaction Scale- relatedness subscale (BPNSS; Deci & Ryan, 2000; see Appendix K) evaluates the overall fulfillment of needs in one’s life, encompassing 21 items that gauge competence, autonomy, and relatedness. The relatedness subscale of the BPNSS was used to assess change in relatedness offline. Thus, to capture relatedness outside of social media, instructions on the measure were changed from “how it relates to your life” to “how it relates to your life outside of your social media interactions.” This resulted in 8 items measuring relatedness rated on a 7-point Likert scale ranging from 1 (Not at all true) to 7 (Very true). The BPNSS has demonstrated adequate internal consistency ($\alpha = .83$; Çıkırıkçı & Gençdoğan, 2022). BPNSS demonstrated moderate internal consistency at time 1 ($\alpha = .793$) and time 2 ($\alpha = .783$).

iWeek Evaluation Survey

The intervention evaluation survey served to gauge participants’ perceptions of the engagement level and resonance of SDT-related components within the intervention videos. This survey comprised four items, employing a 7-point Likert scale ranging from 1 (Strongly disagree) to 7 (Strongly agree). Specifically, the items assessed the degree to which the videos were engaging, aided in the realization of the benefits of taking a break from social media (autonomy), participants’ sense of competence in doing so (competence), and the motivation to spend time with others in person (relatedness) fostered by the videos (See Appendix L). The survey was
included at baseline and at time 2. The survey at time 2, however, included an additional question asking participants in the intervention group if they uploaded the iWeek graphic to their social media account before their one-week break.

**Stimuli**

**Video Modules**

Participants in the iWeek group received self-determination theory-derived intervention materials targeting autonomy, competence, and relatedness. Participants first viewed four modules in the form of 1-2 minute interactive videos. Breaking down the information into modules was intended to encourage interactivity from participants by displaying the information in short intervals and requiring them to click on the next video.

The first module briefly outlined the purpose of the study. The information included operationalizing social media for clarity and detailing what was expected of them to continue the study (i.e., no social media use for one week, submitting proof of abstinence, and filling out another survey at the end of the one-week break). The commencement of their social media abstinence began the next day, with the conclusion of this period scheduled for one week from that starting point. This sequencing ensured that the smartphone data used for the second survey would not include any social media use preceding the study. It also provided participants with ample time to prepare for their forthcoming week of abstinence.

The second module included a short exercise that prompted participants to plan for the week by asking them to note at least three other activities that could substitute for the time they are usually on social media. The video also gave examples such as targeting other healthful activities (i.e., healthy eating, sleep hygiene, interaction with family and friends outside of technology, physical activity, or starting a new hobby). This component targeted autonomy by
allowing participants to take direct action and feel in control as they are abstaining from social media.

The third module, to address relatedness, tasked participants to identify at least 3 individuals that they can call or text when they are bored and/or tempted to log into their social media. The purpose of this exercise was twofold. First, relating this break to the people in their lives may bring a sense of connection. Second, it could introduce allies that can keep participants accountable throughout the week. Lastly, the video suggested tips on how to succeed in the study. Suggestions included: turning off notifications to social media applications, deleting the applications if it is too tempting, and making plans to interact with friends or family that usually occurs on social media. This was intended to provide skills for participants to learn and improve their competence to achieve their social media break goal. The intervention underwent evaluation by undergraduate research assistants to confirm the effectiveness of the attention prompts and the acquisition of knowledge from the videos. Their feedback was gathered through a post-intervention survey to ensure that the videos were fulfilling their intended purpose (see Appendix L).

To ensure comparability between the intervention and control groups, participants in the control group also viewed videos of similar length as those in the intervention group. The first video provided instructions for the study tasks, such as completing another survey a week later, but omitted any mention of the social media break component. The second video featured an interview with the Dean of Liberal Arts. Introducing himself and sharing personal anecdotes, serving as a neutral counterpart to the intervention content.
Motivational Graphic

Participants were offered the choice to download the iWeek logo, which they could subsequently share on their social media platforms to announce their hiatus from social media. This logo is designed to be engaging and motivational, to inspire participants to commit to their break. This approach served as an additional strategy to enhance self-determined motivation for taking a social media break by fostering a sense of connection and competence.

Procedure

University Institutional Review Board approval was obtained before implementation. Participants were recruited via Sona-System, a secure web-based recruitment website. Those who were between 18 and 29 years old, self-identified as a woman and Latinx, had a smartphone, and at least one active social media account, were recruited for the study. During the informed consent process, participants were requested to provide their email addresses and phone numbers to facilitate potential contact by the research team in case they did not complete the second survey. It’s essential to note that participants were assured that their provided information would be securely handled, with exclusive access granted solely to the research team to safeguard confidentiality.

Participants completed the informed consent process and experiment online via Qualtrics. Once consent was obtained, participants completed sociodemographics and baseline measures of depression, anxiety, stress, well-being, body image, eating behaviors, physical activity, sleep patterns, perceived autonomy, competence, and relatedness. The measures were counterbalanced to reduce the potential impact of any order effects on responding. Next, participants were given instructions on how to access their smartphone screen time data. Once they accessed their data, participants were asked to take a screenshot and upload the photo to the survey, assuring them
that anything they submit will be protected and only accessed by the researcher and his team to ensure confidentiality. After baseline measures were submitted, participants were automatically randomized via Qualtrics into the iWeek or control condition.

**iWeek Group**

Participants in the intervention group received the video modules individually, with a forewarning that they would be presented with questions about the content as a measure to confirm their engagement and attentiveness. Only those participants who successfully passed at the 75% level were retained for subsequent analysis. After participants watched the modules and finished the subsequent questionnaire, they were thanked for their involvement in the initial phase of the study. They were reminded that their social media abstention began the next day. Furthermore, they were informed that they could anticipate a follow-up email in a week, inviting them to complete another survey. About 4 days after the initial survey, participants received an email reminding them to continue abstaining from social media for the rest of the week and that there would be another survey at the end of the break.

**Control Group**

Once those who were assigned to the control group completed baseline measures, they watched the control videos one by one. They were also asked the same amount of attention questions as the intervention group to keep them comparable. They were also reminded that there would be another survey in one week. Participants in the control group also received an email after 4 days of the initial survey reminding them again of the survey at the end of the week. At the end of the week, participants in the control group completed the second survey, were debriefed, and provided an email address to contact if they would like to receive the intervention materials but for no additional credit.
At the end of the week, both groups were asked to complete the depression, anxiety, stress, well-being, body image, eating, physical activity, sleep, and SDT-related measures again. These measures were counterbalanced to avoid order effects. Once they completed the post-measures, participants were given instructions on how to access their screen time once again and asked to upload a screenshot of their social media screen time. Lastly, participants saw a screen thanking them for participating in the study and were provided debriefing information, such as UTEP’s Counseling Center for those who may have experienced mood, body image, or other concerns. Participants received 1 SONA course credit for completing the initial assessments and 3 SONA course credits for completing the 2nd wave of assessments. For participants who did not respond to the initial email by completing the survey, the research team reached out via email, phone call, or text message on the subsequent day. The research team contacted the participants if there was still no response the following day. Participants had a grace period of 48 hours after the initial 7 days to finalize the survey. Failure to do so within this timeframe resulted in their ineligibility to receive course credit for the second survey. Any additional delay posed a risk of introducing biases and compromising the quality of the data.

**Plan of Analyses**

Descriptive analyses were conducted to generate participant characteristics of the sample. BMI for each participant was calculated \( \frac{weight}{height^2} \times 703 \). A between-subjects ANOVA was conducted to determine if there are any differences between groups (iWeek and control) post-randomization in age, BMI, depression, anxiety, stress, well-being, body image, eating, physical activity, and sleep. A logistic regression analysis was conducted to examine disparities between individuals who completed the intervention and those who did not. The independent variables in this analysis included age, BMI, and baseline measures of depression, anxiety, stress,
well-being, body image, eating, physical activity, sleep, perceived competence, autonomy, and relatedness.

The proposed study aimed to assess the efficacy of a one-week break from social media intervention on depression, anxiety, stress, well-being, and body image concerns. The primary hypotheses were tested through five 2 (pre, post) x 2 (iWeek, control) mixed ANOVAs for each of the dependent variables: depression, anxiety, stress, well-being, and body image concerns. A Bonferroni correction was implemented in response to conducting multiple independent statistical tests, which inherently increases the risk of Type I error. With five primary tests conducted, significance was established if p-values were less than .01, reflecting the adjusted threshold to account for the increase probability of obtaining false positives when conducting multiple comparisons simultaneously. Secondary aims utilized three 2 (pre, post) x 2 (iWeek, control) mixed ANOVAs for each of the dependent variables: healthy eating, physical activity, and sleep. Given the study’s focus on emerging adults and its exclusive inclusion of women, the analysis did not incorporate controls for age or sex.

Moderation and mediation analyses were performed using Process Macro on models that found an effect for the intervention group. For the moderation models, group assignment was specified as the independent (X) variable, baseline depression, anxiety, stress, well-being, body image, healthy eating, physical activity, or sleep were specified as the moderator (W) variable, and post-intervention depression, anxiety, stress, well-being, body image, healthy eating, physical activity, or sleep were specified as the outcome (Y) variable, resulting in eight possible moderation models for each outcome variable. For mediation models, group assignment was specified as the independent (X) variable, percent decrease in subjective social media use, calculated: \[ \frac{\text{baseline social media use} - \text{posttest social media use}}{\text{baseline social media use}} \times 100 \], (M) variable, and post-
intervention depression, anxiety, stress, well-being, body image, healthy eating, physical activity, or sleep were inputted as the outcome (Y) variable, resulting in eight possible mediation models.

The tertiary aim of the study assessed if the intervention significantly improved autonomy, competence, and relatedness compared to the control condition. The hypothesis was tested through three 2 (pre, post) x 2 (iWeek, control) mixed ANOVAs for each of the dependent variables: autonomy, competence, and relatedness.
Chapter 3: Results

Participant Characteristics

Two hundred and twenty-one participants were eligible for the study ($M_{\text{age}} = 19.84; SD = 2.05$). Scores on the depression, anxiety, and stress scale were high while well-being and body image scores were moderate (see Table 1). A between-subjects ANOVA confirmed that there were no differences between the iWeek and control condition for social media use or any of the outcome variables (i.e., depression, anxiety, stress, well-being, body image, healthy eating, physical activity, sleep, and SDT measures) at baseline. Upon reviewing the screenshots provided by participants, it became evident that the objective measure of social media was not valid. Despite detailed instructions to access and submit data from their phone’s screen time tracking application, many participants either submitted irrelevant screen time data, incomplete weekly data, or failed to submit a screenshot altogether. Following a review, only 98 screenshots for time 1, and 54 screenshots for time 2 were deemed valid. Consequently, while descriptive statistics were reported for each measurement (see Table 2), the analyses defaulted to utilizing the subjective measure of social media use. Of those who did submit objective social media use data, the average social media use was 49.8 hours a week ($SD = 17.26; n = 98$). Average subjective social media use was 24.6 hours a week ($SD = 26.23$). A 2 (baseline social media use, post-intervention social media use) X 2 (iWeek, control) mixed ANOVA assessed changes in social media use for each group. There was a statistically significant interaction, $F(1, 191) = 5.921, p = .016, \eta_p^2 = .032$, such that changes in social media use from time 1 to time 2 were greater for the iWeek condition compared to the control condition (see Table 2).

A distribution analysis revealed a notable outlier in baseline self-reported social media use. One participants reported spending over 300 hours on social media, exceeding the total
hours in a week. As this is logically implausible, the data point was considered invalid and deleted. Subsequently, no significant skewness or kurtosis was observed for any of the variables. The logistic regression analysis that examined disparities between individuals who completed the intervention and those who did not was not statistically significant, \( p = .319; \) thus, suggesting no significant difference between those who completed and those who dropped out of the study for age, BMI, or outcome variables at baseline.

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<th>Table 1: Participant Characteristics and Baseline Measures</th>
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<th>Table 2: Summary of Subjective and Objective Measures of Social Media at Time 1 and Time 2</th>
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**Primary Outcomes**

For the model that assessed changes in mean depression scores, there was a statistically significant main effect of time, \( F(1, 187) = 24.307, p < .001, \eta_p^2 = .115, \) such that pre-
intervention depression scores ($M = 24.701, SD = .735$) were higher than post-intervention depression scores ($M = 21.664, SD = .665$). The interaction between time and group was also statistically significant, $F(1, 187) = 6.226, p = .013, \eta_p^2 = .032$, such as that those in the iWeek condition improved depression scores compared to those in the control condition (see Table 3).

For the model that assessed changes in mean anxiety scores, there was a statistically significant main effect of time, $F(1, 186) = 30.763, p < .001, \eta_p^2 = .142$, such that pre-intervention anxiety scores ($M = 24.693, SD = .693$) were higher than post-intervention anxiety scores ($M = 21.771, SD = .662$). The interaction between time and group was also statistically significant, $F(1, 186) = 5.167, p = .014, \eta_p^2 = .027$, such as that those in the iWeek condition reported a greater decrease in anxiety scores than those in the control condition (see Table 3).

For the model that assessed changes in mean stress scores, there was a statistically significant main effect of time, $F(1, 186) = 33.850, p < .001, \eta_p^2 = .154$, such that pre-intervention stress scores ($M = 27.529, SD = .663$) were higher than post-intervention stress scores ($M = 24.185, SD = .649$). The interaction between time and group was also statistically significant, $F(1, 186) = 18.281, p < .001, \eta_p^2 = .089$, such as that those in the iWeek condition reported a greater decrease in stress scores than those in the control condition (see Table 3).

For the model that assessed changes in mean well-being scores, there was a statistically significant main effect of time, $F(1, 181) = 9.558, p < .001, \eta_p^2 = .050$, such that pre-intervention well-being scores ($M = 23.280, SD = .401$) were lower than post-intervention well-being scores ($M = 24.374, SD = .401$). The interaction between time and group was not statistically significant, $p = .791$ (see Table 3).

For the model that assessed changes in mean body image scores, there was a statistically significant main effect of time, $F(1, 182) = 36.994, p < .001, \eta_p^2 = .169$, such that pre-
intervention body image scores ($M = 4.786$, $SD = .146$) were lower than post-intervention body image scores ($M = 5.365$, $SD = .144$). The interaction between time and group was marginally statistically significant, $F(1, 182) = 4.010$, $p = .027$, $\eta^2_p = .022$, such as that those in the iWeek condition reported a greater increase in body satisfaction than those in the control condition (see Table 3).

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<th>Table 3: Means and Standard Deviations for Depression, Anxiety, Stress, and Body Image</th>
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**Moderation and Mediation Analyses**

The model including group allocation as a predictor variable and depression at time 1 as a moderator accounted for 41% of the variance in depression at time 2 ($R^2 = .410$, $MSE = 50.837$, $F = 42.828$, $p < .001$). The interaction between group allocation and depression at time 1 on change in depression at time 2 was significant and positive ($\beta = .220$, $SE = .104$, $t = 2.156$, $p = .035$). Specifically, the effect of group allocation on depression at time 2 was only significant when depression at time 1 was 21.084 or above, with 53.97% of participants falling within this region of significance (see Figure 2).
The model including group allocation as a predictor variable and anxiety at time 1 as a moderator accounted for 51% of the variance in anxiety at time 2 ($R^2 = .511$, $MSE = 41.229$, $F = 64.184, p < .001$). The interaction between group allocation and anxiety at time 1 on change in anxiety at time 2 was significant and positive ($\beta = .228, SE = .100, t = 2.280, p = .024$).

Specifically, the effect of group allocation on anxiety at time 2 was only significant when anxiety at time 1 was 22.482 or above, with 44.68% of participants falling within this region of significance (see Figure 3).
The model including group allocation as a predictor variable and stress at time 1 as a moderator accounted for 43% of the variance in stress at time 2 ($R^2 = .433$, $MSE = 47.213$, $F = 46.880$, $p < .001$). The interaction between group allocation and stress at time 1 on change in stress at time 2 was significant and positive ($\beta = .323$, $SE = .111$, $t = 2.904$, $p = .004$). Specifically, the effect of group allocation on stress at time 2 was only significant when stress at time 1 was 21.150 or above, with 72.87% of participants falling within this region of significance (see Figure 4).
Figure 4: The Interaction between Intervention Group and Baseline Stress Scores on Stress Scores Post-Intervention

No moderation effects were found for baseline body image scores \((p = .738)\). No mediation effects were found for depression \((95\% \ CI = -.201 \text{ to } .495)\), anxiety \((95\% \ CI = -.405 \text{ to } .743)\), stress \((95\% \ CI = -.163 \text{ to } .556)\), or body image \((95\% \ CI = -.038 \text{ to } .222)\).

**Secondary Outcomes**

For the models that assessed change in healthy eating scores and physical activity, there were no significant interactions between time and group, \(p = .768\) and \(p = .678\), respectively (see Table 4). For the model that assessed sleep, there was a significant main effect of time, \(F(1, 186) = 26.982, p < .001, \eta^2_p = .127\), such that baseline sleep scores \((M = 4.154, SD = .226)\) were higher than follow-up sleep scores \((M = 3.135, SD = .225)\). There was also a significant interaction between time and group, \(F(1, 186) = 4.663, p = .032, \eta^2_p = .024\) (see Table 4).

<table>
<thead>
<tr>
<th></th>
<th>Healthy Eating</th>
<th>Physical Activity</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>iWeek</td>
<td>21.049 (.468)</td>
<td>20.951 (.542)</td>
<td>21.663 (.512)</td>
</tr>
<tr>
<td>Control</td>
<td>21.360 (.593)</td>
<td>21.360 (.593)</td>
<td>21.360 (.593)</td>
</tr>
</tbody>
</table>

Table 4: Means and Standard Deviations for Healthy Eating, Physical Activity, and Sleep
### Physical Activity

<table>
<thead>
<tr>
<th></th>
<th>2.804 (.200)</th>
<th>2.667 (.217)</th>
<th>2.674 (.218)</th>
<th>2.430 (.236)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sleep</strong></td>
<td>4.308 (.302)</td>
<td>2.865 (.301)</td>
<td>4.000 (.336)</td>
<td>3.405 (.335)</td>
</tr>
</tbody>
</table>

### Moderation and Mediation Analysis

The model including group allocation as a predictor variable and sleep at time 1 as a moderator accounted for 41% of the variance in sleep at time 2 ($R^2 = .411$, $MSE = 5.655$, $F = 42.873, p < .001$). The interaction between group allocation and sleep at time 1 on change in sleep at time 2 was significant and positive ($\beta = .280$, $SE = .113$, $t = 2.472$, $p = .0014$).

Specifically, the effect of group allocation on sleep at time 2 was only significant when sleep at time 1 was 3.999 or above, with 54.79% of participants falling within this region of significance (see Figure 5). No mediation effects were found for sleep (95% CI = -.432 to .161).

![Figure 5: The Interaction between Intervention Group and Baseline Sleep Scores on Sleep Scores Post-Intervention](image-url)
Tertiary Outcomes

For the models that assessed change in autonomy, relatedness, and competence, there were no significant interactions between time and group, $p = .200$, $p = .305$, and $p = .062$, respectively (see Table 5).

<table>
<thead>
<tr>
<th></th>
<th>iWeek condition</th>
<th>Control condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time 1</td>
<td>Time 2</td>
</tr>
<tr>
<td>Autonomy</td>
<td>26.210 (.934)</td>
<td>26.290 (1.008)</td>
</tr>
<tr>
<td>Competence</td>
<td>4.608 (.155)</td>
<td>5.032 (.161)</td>
</tr>
<tr>
<td>Relatedness</td>
<td>5.197 (.098)</td>
<td>5.410 (.094)</td>
</tr>
</tbody>
</table>

Evaluation Questionnaire

The evaluation questionnaire revealed high ratings for engagement and entertainment of the videos ($M = 5.84$, $SD = 1.545$). Participants also reported positively on the effectiveness of the videos in fostering autonomy in decision-making about social media breaks ($M = 5.57$, $SD = 1.626$), competence in taking breaks ($M = 5.75$, $SD = 1.572$), and connecting with others offline ($M = 5.71$, $SD = 1.649$). Furthermore, at time 2, participants sustained high levels of engagement with the videos ($M = 4.48$, $SD = 1.340$) and perceived readiness for the one-week social media break ($M = 5.47$, $SD = 1.501$), suggesting the lasting impact of the intervention throughout the week.

A post-hoc independent samples T-test was conducted to compare participants’ ratings of the videos on engagement and helpfulness between the iWeek and control groups at time 2. Those in the iWeek group rated the videos higher on engagement ($M = 4.48$, $SD = 1.34$) than the control group ($M = 3.58$, $SD = 1.23$), $t(186) = 4.754$, $p < .001$. The iWeek group also rated the videos higher on helpfulness for their social media break ($M = 5.47$, $SD = 1.50$) compared to the control group ($M = 4.10$, $SD = 1.58$), $t(188) = 6.11$, $p < .001$. 
Chapter 4: Discussion

The study experienced low attrition rates, with approximately 90% of the sample retained from baseline to follow-up. Analysis of submitted social media use data revealed discrepancies between subjective and objective measures. While participants reported an average of 23.8 hours per week of subjective social media use, objective data indicated an average of 49.8 hours per week, suggesting underreporting. This discrepancy is concerning as it indicates participants may underestimate their actual social media usage, which is alarmingly high. The observed discrepancy between subjective and objective social media use among Latina college students underscores the extent of their social media engagement. That a subsample submitted objective proof of spending an average of 50 hours per week on social media raises questions about their allocation of time for activities crucial to their health, such as physical activity, healthy eating, social interactions, and sleep. Additionally, as college students, this raises concerns about the time they devote to academic pursuits and whether excessive social media use interferes with their studies. Given these findings, targeted interventions are imperative to help Latina college students develop healthier social media habits, establish boundaries, and recognize when their social media use becomes problematic, thereby promoting overall well-being and academic success. Despite high baseline levels of depression, anxiety, and stress, participants generally reported adhering to healthy eating guidelines and engaging in physical activity, indicating compliance with health recommendations.

The intervention group showed larger reductions in social media use compared to the control group, suggesting a positive response to the intervention despite not achieving complete abstinence. Interestingly, both iWeek and control groups exhibited decreases in social media use. This observation raises the possibility that self-reporting social media use may have influenced
the control group, leading them to realize their usage patterns and subsequently moderating their social media activity the following week. Future studies may benefit from implementing a no-assessment control condition to mitigate this potential influence on participants’ behavior.

Participants in the intervention group expressed that the videos were somewhat engaging and entertaining, and they somewhat helped in emphasizing the benefits of taking a break from social media. Additionally, participants felt the videos enhanced their sense of competence and motivation to disconnect from social media and spend more time with others in person. About one-fourth of the participants downloaded and uploaded the motivational graphic to their social media accounts ($n = 27$). Feedback from participants who returned for the second part of the survey indicated that the videos were engaging and their overall helpfulness in preparing for a social media break was perceived as high.

**Primary Outcomes**

The findings of improvements in depression, anxiety, and stress among Latina college students as a result of a social media break intervention align with previous studies (Brailovskaia et al., 2022; Faulhaber et al., 2023; Lambert et al., 2022), suggesting the efficacy of an intervention for improving mental health outcomes. This highlights the potential benefits of taking breaks from social media and introducing healthy alternative (i.e., healthy eating, physical activity, improved sleep), particularly for populations experiencing elevated levels of psychological distress, such as Latina college students. However, unlike previous studies that also reported significant improvements in overall well-being (Graham et al., 2021), this study did not observe similar changes. This discrepancy raises interesting questions about the unique experiences of Latina college students regarding mental health and well-being. Latina college students in this study reported elevated levels of depression, anxiety, and stress, yet
simultaneously scored high on the well-being measure, indicating a potential paradox between mental symptoms and overall well-being. This could suggest that Latina college students possess high levels of resilience, allowing them to maintain a sense of general well-being despite experiencing symptoms of psychological distress. As a result, the intervention may have encountered a ceiling effect when attempting to improve overall well-being, as participants already reported relatively high levels.

Furthermore, cultural factors may play a significant role in shaping perceptions of mental health and well-being among Latina college students, which were not fully captured in this study. For example, cultural norms and beliefs regarding mental health may influence individuals’ lack of willingness to acknowledge struggles or seek help (Zhou et al., 2022), potentially leading to higher scores on well-being measures despite experiencing symptoms of depression, anxiety, and stress. Future interventions should consider exploring these cultural factors (e.g., stigma, treatment seeking) associated with mental health and well-being among Latina college students, as well as finding ways to address and challenge cultural norms that may impact mental health outcomes.

Additionally, the significant increase in body satisfaction observed in the intervention group highlights an important and previously unexplored aspect of the intervention’s impact. This finding suggests that taking a break from social media may not only improve mental health but also positively influence body image and self-esteem, providing further support for the potential benefits of social media breaks in promoting overall well-being among Latina college students. Further discussion of these primary findings are discussed below.
Depression

There exists a robust body of research highlighting the strong correlation between social media use and symptoms of depression (Kircaburun et al., 2020; Shensa et al., 2017). This correlation is particularly significant in the context of emerging adults, a demographic increasingly reliant on social media platforms for communication, validation, and social interaction. In this study, the prevalence of depression symptoms among Latina college students underscores the pervasive nature of this mental health issue within this specific population (Substance Abuse and Mental Health Service Administration, 2017). The mean depression scores recorded at baseline indicate elevated levels of depression among Latina college students, reaching severe levels according to the scoring criteria established by Lovibond & Lovibond (1995).

The high prevalence of depression symptoms among Latina college students underscores the urgent need for targeted interventions to alleviate these symptoms and enhance the overall well-being of this demographic. Latina college students face unique challenges and stressors, including cultural adjustment (Maiya et al., 2021), academic pressure, and socioeconomic disparities, which may contribute to heightened vulnerability to depression. Recognizing the significance of depression within this population warrants proactive efforts to address mental health needs and promote resilience and coping strategies tailored to the specific cultural context of Latina college students. By addressing the intersectionality of cultural identity and mental health, interventions can effectively mitigate the impact of depression and improve the overall quality of life for Latina college students.

The greater improvements in depression symptoms observed in the iWeek condition align with findings from previous studies employing similar intervention designs (Brailovskaia et al.,
This study not only confirms past studies that suggest that those who use social media problematically vulnerable to the adverse effects of social media (Cano et al., 2021; Kircaburun et al., 2020; Shensa et al., 2017) but also suggests that taking a break from social media may be a beneficial strategy for this demographic. By focusing on an all-female and Latinx sample, this research extends the understanding of the association between social media and feelings of depression within a specific culture and gender context.

The efficacy of social media abstinence in improving depression symptoms may be attributed to various factors. First, problematic social media use has been linked to a reduction in real-life social support (Meshi & Ellithorpe, 2021). Taking a break from social media may have allowed participants to re-establish these social connections in their offline lives, thereby benefiting from their support network. As familial and peer support have been noted as predictors of reduced depressive symptoms and fewer suicidal ideations in Latinas (Cupito et al., 2015; Kam et al., 2018), it is plausible that reconnecting played a crucial role in improving depression symptoms. Additionally, having a sense of autonomy, where individuals feel in control of their social media usage, may have positively influenced their depression symptoms. Making a deliberate choice to prioritize self-improvement and reduce social media consumption may have enhanced their sense of self (Keipi & Oksanen, 2014), a goal the intervention aimed to promote through fostering autonomy. Lastly, passive social media use, such as mindless scrolling, has been associated with a failure to foster meaningful social connections (Tullett-Prado et al., 2023). By disconnecting from social media, participants may have had the opportunity to engage in more fulfilling face-to-face interactions, contributing to improved mental well-being.
Studies focusing on Latinx social media use have highlighted the platform as a coping mechanism for depressive symptoms (Lerma et al., 2021), while also exposing users to self-criticism, discrimination, and objectification, particularly for Latina women (Cano et al., 2021). This cycle of seeking solace on social media, encountering negative experiences, and perpetuating feelings of distress may have contributed to a vicious cycle for participants. The intervention provided an opportunity for participants to break free from this cycle, challenging them to explore alternative coping mechanisms and emphasizing the importance of social support in navigating mental health challenges within their cultural context (Cupito et al., 2015).

The significant moderating effect of baseline depression scores implies that individuals with elevated levels of depression may derive greater benefits from taking a break from social media to alleviate their symptoms. Notably, this effect was particularly pronounced when depression was categorized as severe or higher at baseline. This finding suggests that interventions aimed at reducing social media use may hold significant promise as a supplementary approach to treating major depression in emerging adult Latinas.

The results highlight the potential of social media breaks as an effective strategy for managing depression, especially among those with more severe symptoms. By targeting individuals with elevated baseline depression scores, interventions could potentially provide complementary tailored support to those who stand to benefit the most. This personalized approach aligns with the growing recognition of the need for individualized treatments in mental health care. Moreover, the significant moderating effect underscores the importance of considering baseline mental health status when designing interventions, as it can inform the identification of individuals who may respond most positively to specific interventions, thereby optimizing treatment outcomes. Overall, these findings offer valuable insights into assessing
social media use for those seeking treatment for depression and perhaps suggesting a social media break for severe cases.

Future studies may wish to assess how Latinas are utilizing their social media breaks to identify activities that aid in coping with the absence of social media and potentially correlate with reductions in depression symptoms. This data may inform the development of interventions tailored to Latina preferences, focusing more on activities that resonate with them and effectively support their well-being.

**Anxiety**

High baseline levels of anxiety among Latina college students indicate susceptibility to anxiety-related challenges within this demographic. While social media may potentially exacerbate these issues, it’s crucial to recognize the multifaceted nature of anxiety triggers especially those associated with Latina college students. Beyond digital influences, familial responsibilities, academic pressures, interpersonal relationships, the broader context of navigating adulthood, being a woman, and Latina identity may all contribute to heightened anxiety levels (Oliveria et al., 2017). Familial expectations, cultural norms, and the balancing act of assimilating into new cultural environments while preserving one’s heritage can add additional layers of anxiety and stress (Campos et al., 2014). Consequently, addressing anxiety within this population requires a comprehensive approach that considers various social, cultural, and individual factors influencing mental well-being. By acknowledging and understanding these complexities, targeted interventions and support systems can be developed to effectively address anxiety among Latina college students.

The observed impact of the *iWeek* condition on anxiety highlights a distinctive correlation between social media usage and anxiety levels. The findings suggest a reduction in
anxiety symptoms following a decrease in social media use implying that engaging with social media platforms may indeed contribute to heightened anxiety. This aligns with previous research indicating a relationship between problematic social media usage and increased anxiety levels (Islam et al., 2021; Watson et al., 2022). Furthermore, existing studies have demonstrated that problematic social media usage can lead to a decline in real-life social support, consequently intensifying feelings of anxiety (Meshi & Ellithorpe, 2021). This indirect linkage between problematic social media usage and heightened anxiety provides context for understanding the effects of interventions like the iWeek program.

The iWeek intervention, which emphasized taking a break from social media while actively engaging with real-life social connections, may have influenced participants’ motivation to reconnect with their social support systems. By encouraging participants to focus on fostering real-life relationships, the intervention likely facilitated the reestablishment of genuine social connections, thereby alleviating their anxiety symptoms. This emphasis on reconnecting with offline social networks may have provided participants with a sense of belonging, support, and validation, all of which are crucial factors in reducing anxiety in Latina college students (Lee et al., 2020). Thus, the observed effects of the intervention on anxiety levels may be attributed to its ability to promote meaningful social interactions outside the realm of social media, ultimately enhancing participants’ overall well-being. Another facet of iWeek involved introducing healthy alternatives to social media, many of which are recognized for their potential to alleviate symptoms of anxiety. Examples such as engaging in physical activity or improving the quality of sleep were encouraged within the intervention, and have demonstrated positive impacts on anxiety (Staines et al., 2021).
The moderation analysis revealing a significant interaction between the intervention’s effects on anxiety and baseline anxiety scores highlights the potential effectiveness of social media breaks, particularly for individuals with severe anxiety levels. This finding suggests that interventions aimed at reducing social media use may be particularly beneficial for those who struggle with significant anxiety symptoms. Future studies could explore the incorporation of social media breaks as a supplementary treatment approach for addressing anxiety among Latina college students. By incorporating such interventions into existing mental health support frameworks, it may be possible to provide more tailored and effective strategies for managing anxiety within this demographic.

Moreover, it is imperative to delve deeper into the underlying mechanisms that contribute to anxiety among Latina college students in the context of social media use. Understanding the specific triggers or stressors related to social media engagement within this population is essential for developing targeted interventions. Additionally, investigating the motivations behind using social media as a coping mechanism for anxious symptoms can provide valuable insights into the complex interplay between social media use and mental health outcomes. By gaining a comprehensive understanding of these dynamics, interventions can be designed to address the root causes of anxiety among Latina college students and promote healthier coping mechanisms. Overall, continued research into the relationship between social media use and anxiety among this demographic is crucial for informing evidence-based interventions and support initiatives.

**Stress**

Baseline stress scores among Latina college students were notably high, indicating severe levels of self-reported stress. This finding aligns with previous research that has consistently
observed elevated stress levels among Latinas in higher education settings (Lee et al., 2020).

Several factors may contribute to this heightened stress, including acculturative stress (Maiya et al., 2021), perceived discrimination (Cano et al., 2021), and familial obligations (Corona et al., 2017). Acculturative stress arises from the challenges of adapting to a new cultural environment while maintaining ties to one’s heritage culture, which can create significant psychological strain (Maiya et al., 2021). Perceived discrimination, whether based on ethnicity or language, further exacerbates stress levels by undermining feelings of belonging and acceptance. Additionally, familial obligations, such as caregiving responsibilities or financial pressures, can weigh heavily on Latina college students, adding to their overall stress burden (Corona et al., 2017).

Moreover, the typical stressors associated with college life compound these challenges. Managing coursework, balancing academic demands with work commitments, and navigating interpersonal relationships all contribute to the stress experienced by Latina students. Minority students, including Latinas, may also contend with imposter syndrome, or a pervasive feeling of inadequacy or fraudulence despite evidence of success, which can intensify feelings of stress and anxiety. Furthermore, being a woman introduces additional stressors, including objectification, sexualization, and fear of victimization (Henson et al., 2022). These gender-related stressors further contribute to the complex web of pressures faced by Latina college students.

Given the pervasive nature of stressors experienced by this population, understanding the role of social media in exacerbating or alleviating stress becomes crucial. Social media platforms offer avenues for both amplifying stress through exposure to negative content and experiences (Dam et al., 2023), as well as serving as coping mechanisms by providing social media support (Lerma et al., 2021), connection with cultural communities, and opportunities for self-expression. Investigating how Latina college students engage with social media in response to
stress can shed light on effective interventions and support strategies tailored to their unique needs, ultimately promoting their well-being and academic success.

The findings indicating that a one-week break from social media resulted in decreased stress levels underscore the significant impact that social media may have on individuals’ stress levels. While some past studies have suggested social media as a potential coping mechanism, this study supports past studies demonstrating a relationship between social media use and increases in stress (Roberts & David, 2022; Taylor et al., 2023). This is particularly relevant for Latina college students, for whom the stressors of acculturation, discrimination, and academic pressure are already heightened.

Investigating how social media functions as a stressor for Latina college students is crucial, especially in understanding whether there is a perceived coping mechanism associated with using social media to alleviate stress. While some studies suggest a correlation between seeking positive emotions on social media and a reduction in depressive symptoms, there is also evidence to suggest that using social media to escape from negative emotions can lead to tendencies of addictive social media use (Brailovskaia et al., 2020). This highlights the complexity of social media’s role in stress management, as it can simultaneously offer relief while potentially fostering dependence.

Moreover, the abundance of negative content on social media, coupled with experiences of rejection and negative reactions, particularly for women (Dam et al., 2023), can further exacerbate stress levels. Women, in particular, report spending more time on social media and are more likely to encounter negative experiences, contributing to increased stress (Dam et al., 2023). Therefore, taking breaks from social media and developing alternative coping strategies may offer a more sustainable approach to stress management. By cultivating healthier
alternatives to social media (i.e., healthy eating, physical activity, improving sleep) for dealing with stress, individuals, including Latina college students, can mitigate the negative impact of social media on their mental well-being and foster resilience in the face of stressors.

The moderation effect of baseline stress scores on the intervention’s effects implies that a social media break intervention may be particularly beneficial for individuals experiencing high levels of stress. For example, among Latina college students, suggesting a temporary hiatus from social media during periods of heightened academic pressure, such as midterms or finals, may provide much-needed relief from additional stressors.

Furthermore, past research suggests that women often use social media as a means to foster interpersonal connections (Dam et al., 2023). However, other studies indicate that social media can catalyze relationship stress, potentially impacting real-life relationships (Delle et al., 2022). Thus, taking a break from social media may offer an opportunity for women to re-establish and strengthen their in-person support networks, which can be invaluable sources of comfort and assistance during times of distress. By prioritizing real-life connections over virtual ones, individuals may cultivate more meaningful and supportive relationships that contribute to their overall well-being and resilience in the face of stressors. Therefore, implementing targeted social media breaks during stressful periods could offer a practical and effective strategy for managing stress and promoting mental health among various populations, including Latina college students and individuals experiencing psychological distress.

**Body Image Concerns**

That taking a break from social media positively influenced body image satisfaction is an exciting development and a novel addition to the existing literature. Body image concerns and social media use have long been recognized as interconnected, with studies consistently showing
a detrimental impact of social media on body image (Choukas-Bradley et al., 2019; Hogue & Mills, 2019; Lee & Lee, 2021). Efforts to mitigate these effects, such as promoting body positivity messages (Danthinne et al., 2022; Tiggemann et al., 2020) or including disclaimers about edited images (Fardouly & Holland, 2018; Tiggemann & Velissaris, 2020), have proven largely ineffective. Thus, the finding that simply stepping back from social media can influence body image holds great promise for promoting healthier perceptions of one’s body.

Notably, the intervention materials used in this study did not explicitly address body image or promote body positivity, suggesting that the observed effect was largely due to the reduction in social media exposure. By removing exposure to idealized and often unrealistic body images (Lee & Lee, 2021), as well as the pressures associated with online appearance management (Butkowski et al., 2019; Wick & Keel, 2020), individuals may experience a positive shift in how they perceive their own bodies. This underscores the significant impact that social media can have on body image and suggests that strategies aimed at reducing social media use may be effective in improving body image satisfaction.

Furthermore, that this finding was observed in Latina college students is particularly noteworthy. Despite limited literature on Latina body image, existing studies indicate that Latinas do experience body image concerns (Sagaribay & Cooper, 2022), compounded by the perception of over-sexualization in media portrayals (Velez et al., 2015). Given the high prevalence of social media use among Latinas and the potential for social media to exacerbate body image dissatisfaction, further research is warranted to better understand and address the unique challenges faced by this population. Identifying effective interventions to mitigate social media-related body image issues can enhance support for the well-being of Latina college
students and other groups who may be disproportionately impacted by the negative effects of social media on body image.

That there was no moderating effect of body image satisfaction at baseline suggests that the benefits of the intervention may extend to individuals with varying levels of body satisfaction. Even those who initially reported having a healthy sense of body satisfaction may still experience the negative effects of overstimulation from idealized body types on the internet. The pervasive pressure to conform to societal beauty standards, perpetuated by the constant stream of edited and curated images on social media, can impact individuals regardless of their level of body satisfaction (Wick & Keel, 2020). Taking a break from the pressures of posting and editing images, as well as the potential for self-criticism in response to feedback from others, may provide relief and benefits for all Latina individuals, regardless of their initial levels of body satisfaction.

Moreover, there may be cultural differences between Latina body ideals and the ideals promoted on social media platforms. Past studies have highlighted that Latinas often perceive the ideal body type as curvier (Romo et al., 2016) compared to the thinness ideal favored by mainstream media. Given this disparity, taking a break from social media may have improved body image satisfaction for Latina individuals who were already satisfied with their body shape in real life but may feel pressured to conform to unrealistic standards online. This highlights the importance of considering cultural perspectives on body image and the potential discrepancies between real-life body ideals and those portrayed on social media. Further research is needed to explore these cultural nuances and their implications for body image satisfaction among Latina individuals, as well as how social media breaks may uniquely impact individuals from different cultural backgrounds.
Secondary Outcomes

The lack of observed effects of the intervention on healthy eating or physical activity among Latina college students may be attributed to several factors. First, the intervention may not have sufficiently emphasized or promoted changes in food choices or exercise habits. Brief mentions of these topics in the intervention videos may not have been impactful enough to prompt significant behavioral changes in participants. Additionally, the duration of the intervention, only one week, may have been too short to observe meaningful changes in daily routines related to eating and physical activity.

Second, it’s possible that the baseline levels of healthy eating and physical activity among participants were already high, as suggested by their reported behaviors. If participants were already adhering to healthy food choices and engaging in regular physical activity prior to the intervention, there may have been little room for improvement or change. However, the observed low internal consistencies of the measures used to assess eating and physical activity behaviors (HES-5 and IPAQ) raise concerns about the reliability and validity of these measures. Ambiguities in the wording of items or inconsistencies in how participants interpreted the questions may have contributed to this low internal consistency.

Lastly, it is possible that taking a break from social media may not directly translate to increased time or motivation for engaging in healthy eating or physical activity behaviors. Despite the potential excess time spent on social media, individuals may not automatically allocate this time towards planning nutritious meals or exercising. Future research efforts aiming to include measures of eating and physical activity may benefit from utilizing daily diary methods or objective data collection techniques to provide more accurate and detailed assessments of these behaviors. By adopting more comprehensive and reliable measures,
researchers can gain a clearer understanding of the impact of social media breaks on lifestyle behaviors among Latina college students. Future studies may consider incorporating specific components related to healthier eating and exercise into interventions aimed at reducing social media use among Latina college students. By including targeted strategies or resources to promote healthy eating habits and physical activity, researchers can explore whether taking a break from social media complements or enhances behavior change in these areas. This approach would allow for a more comprehensive understanding of the potential benefits of social media breaks on overall lifestyle behaviors and well-being among this population.

Sleep

Baseline sleep scores among Latina college students indicate the presence of low to moderate sleep problems. The observed effect of the intervention on improving sleep suggests a potential link between social media use and sleep disturbances, consistent with findings from previous research (Abu-Snieneh et al., 2020; Gundogmas et al., 2020). Taking a break from social media appears to have positively impacted sleep problems for the intervention group, indicating that behaviors such as using social media in bed or engaging in late-night scrolling may contribute to disrupted sleep patterns among Latina college students.

By abstaining from social media use, individuals may be better able to adhere to regular sleep schedules and establish healthier sleep habits. This novel finding sheds light on the potential benefits of social media breaks for improving sleep outcomes, particularly among Latina college students who may face unique challenges related to excessive social media use and sleep disturbances. Given the high prevalence of social media use among Latinas and their reported sleep problems in past studies (Chen et al., 2015; Roncoroni et al., 2022a), these
findings hold significant implications for promoting better sleep hygiene and overall well-being in this population.

That the moderation effect of sleep problems at baseline suggests that individuals with moderate to high levels of sleep challenges may derive greater benefits from a social media break intervention. This finding sheds light on the potential implications of social media use on sleep problems among Latina college students. Past research has indicated that social media may serve as a coping mechanism for sleep problems (Tavernier & Willoughby, 2014), yet bedtime social media use has been linked to delayed bedtime (Combertaldi et al., 2021), potentially perpetuating a cycle of sleep disturbance. It is plausible that individuals experiencing sleep issues rely on social media as a coping strategy, which in turn disrupts their sleep patterns further. By taking a break from social media, individuals may lose this coping mechanism and be required to adopt new strategies to address their sleep problems, potentially leading to improvements in sleep quality.

Interestingly, despite only a brief mention of improving sleep in the intervention materials, significant improvements were observed in sleep outcomes. This suggests that even minimal intervention focusing on reducing social media use can have a positive impact on sleep among Latina college students. However, future studies may consider implementing more robust sleep-focused interventions to explore whether further improvements in sleep can be achieved. By incorporating targeted strategies to address sleep problems directly, such as sleep hygiene education or relaxation techniques, research can investigate whether taking a break from social media in conjunction with sleep interventions yields even greater benefits for improving sleep quality in this population. Overall, these findings underscore the potential of social media breaks
as a promising intervention for mitigating sleep problems among Latina college students and highlight the need for further research in this area.

**Autonomy, Competence, and Relatedness**

That there was no change in basic psychological needs following the intervention suggests that the intervention may not have directly contributed to enhancing these needs among participants in the intervention groups. Self-determination theory posits that the fulfillment of autonomy, competence, and relatedness is essential for psychological well-being, and the absence of support for these needs can negatively impact one’s overall wellness within a given context (Ryan & Deci, 2017). However, it is noteworthy that baseline data indicated relatively high levels of autonomy, competence, and relatedness among participants, suggesting that their psychological needs related to taking a break from social media were already well-maintained before the intervention.

It is plausible that the intervention’s focus on maintaining rather than increasing psychological needs might have been beneficial for individuals already prepared to take a break from social media. This interpretation aligns with SDT’s notion that once basic psychological needs are met, motivation and engagement follow (Ryan & Deci, 2017). Therefore, while the intervention may not have directly influenced participants’ basic psychological needs, it may have indirectly supported their readiness for a social media break by reinforcing existing levels of autonomy, competence, and relatedness.

Moving forward, future studies may consider assessing baseline motivation levels to reduce social media use and evaluate whether the intervention effectively enhances this motivation. Future studies may benefit from exploring the intricate interplay between external influences, such as societal pressures, affecting individuals’ decisions regarding social media use.
or abstention, and their intrinsic motivations and needs for taking breaks from social media. By examining how the intervention impacts participants’ motivation in conjunction with their basic psychological needs, researchers can gain deeper insights into the mechanisms underlying behavior change in the context of social media usage.

**Strengths and Limitations**

The current study has several limitations that need to be considered when interpreting the findings. First, the measurement of social media use was limited to smartphones, and usage on other devices such as tablets or computers was not assessed. Therefore, while participants in the intervention group reported decreased social media use on smartphones, it is possible that they continued to access social media through other devices, which could have influenced the effectiveness of the intervention. Additionally, the control group’s observation of their baseline social media use may have prompted a perceived need to reduce usage, thus contributing to their reported decrease in social media activity. Future research endeavors might consider incorporating a no-assessment control condition to control for this effect.

Second, the reliance on self-reported measures may have introduced bias, particularly for variables such as social media use, healthy eating, and physical activity. Future iterations of the study may benefit from employing more objective methods of data collection, such as validated smartphone applications for monitoring social media use, daily diaries for recording eating behaviors, and wearable devices for tracking physical activity. Third, not all participants completed both parts of the study, which could introduce bias if those who dropped out had characteristics that differed from those who completed the study. However, the attrition analysis indicated no
significant differences in age, BMI, and outcome variables at baseline, suggesting minimal selection bias.

Fourth, the sample consisted solely of Latina college students, limiting the generalizability of the results to other genders or cultures. However, given the high prevalence of social media use among Latina college students, it can be argued that this demographic may particularly benefit from interventions aimed at reducing social media use.

Additionally, the intervention materials, including the videos were created by the researchers, which may have affected their quality and engagement compared to materials produced by professionals. However, participant feedback indicated that the videos were engaging, suggesting that they were effective despite this limitation.

Another potential limitation was the randomization process conducted via Qualtrics, which yielded uneven sample sizes across the groups. While the disparities were not large, employing a block randomization approach in future studies may help achieve more balanced sample sizes in each group.

Lastly, the online delivery of the intervention and survey materials may have influenced the internal validity of the study by not placing participants in a controlled environment. Although attention checks were employed to ensure participant engagement, there may still have been instances in which participants did not fully engage with the intervention modules. Future studies may consider incorporating additional measures to enhance participants’ engagement and attention.

The current study had several notable strengths. First, despite its low cost and low intensity, the intervention had a positive impact on the well-being of Latina college students. The intervention also pioneers assessing the effects of a social media break not only on mental health
but also on other crucial aspects of well-being such as body image, eating habits, physical activity, and sleep. By exploring these multifaceted dimensions, the study provides a more comprehensive understanding of how social media impacts both mental and physical health by enriching the existing literature in this area.

Moreover, a key strength of the study lies in its focus on Latina participants, addressing a gap in research on Latinx samples. Given the excessive social media use among Latina individuals and the associated mental and physical health challenges, the inclusion of this demographic is essential for shedding light on their unique experiences and needs. This representation emphasizes the importance of considering diverse cultural perspectives in understanding the impact of social media on health outcomes.

Additionally, while the intervention’s videos may not have been professionally produced, participant feedback attested to their engagement and effectiveness in conveying the benefits of taking a social media break. This approach, grounded in theory, allowed for empirically derived strategies to be employed, enhancing the delivery of the intervention and providing a solid foundation for participants to understand and implement the social media break. Additionally, the study demonstrated strong retention rates, with 90% of the sample maintained for follow-up assessments, indicating the success of retention strategies implemented by the researchers. Overall, these strengths underscore the significance of the study’s findings and its contributions to advancing our understanding of the impact of social media on health outcomes, particularly among Latina individuals.

Conclusions and Future Directions

This study stands out as the first of its kind to explore the effects of a social media break on both mental and physical health outcomes, providing valuable insights into the complex
relationship between social media use and well-being. Additionally, by focusing on Latina participants, it addresses a significant gap in the literature and sheds light on the unique experiences and challenges faced by this demographic group. However, future studies should aim to expand upon these findings by assessing the effects of social media on mental health, body image, and other health outcomes across various cultural and gender groups. This approach will allow for a more comprehensive understanding of how social media impacts different populations and their overall health.

Future research may benefit from developing more effective methods for measuring social media use and its impact on health outcomes such as eating habits and physical activity. Utilizing smartphone applications that track social media use and allow participants to input data about their daily activities could provide a more accurate and detailed assessment. Additionally, future studies exploring the impact of fulfilling basic psychological needs on reducing social media use could benefit from including a measure of baseline motivation to take a break from social media. By incorporating this baseline measure, researchers can better understand how initial levels of motivation influence individuals’ responses to interventions aimed at fulfilling their psychological needs.

Future studies may delve deeper into the role of culture in shaping social media use and its effects on body image, particularly among Latinas. Understanding how Latinas navigate and assimilate into online social media culture is crucial for elucidating its impact on their mental health and body image perceptions. Cultural factors such as societal norms, values, and identity dynamics may interact with online social media culture in unique ways for Latinas, potentially influencing their experiences and outcomes. By exploring these nuances, researchers can provide valuable insights into the mechanisms through which social media culture affects Latina
individuals and inform interventions to promote healthier body image and mental well-being within the population.

In addition, future studies should consider incorporating longer follow-up periods to assess the sustainability of intervention effects over time. By extending the duration of follow-up assessments, researchers can gain insights into whether the benefits observed post-intervention persist over an extended period, providing valuable information for the development of interventions with lasting impacts. This approach will enhance our understanding of the long-term efficacy of interventions aimed at reducing social media use, promoting positive healthy alternatives, body image, and improving mental health outcomes.

Future interventions could adopt a targeted approach by focusing on specific health outcomes of interest. For instance, integrating a sleep improvement intervention as part of the social media intervention could provide participants with more tailored strategies for enhancing their sleep quality while taking a break from social media. This targeted approach may be more effective than expecting participants to make broad lifestyle changes encompassing multiple health behaviors.

Considering the increasing prevalence of smartphone ownership among adolescents, future studies should explore the potential benefits of interventions aimed at promoting healthy social media habits among younger age groups. Providing adolescents with interventions to develop healthier social media behaviors may have long-term benefits for their overall well-being as they navigate an increasingly digital world.

Lastly, future studies may benefit from measuring the activities participants engaged in during their one-week break from social media. By examining whether culturally relevant activities played a role in helping Latina college students abstain from social media, researchers
can gain insights that may inform future interventions or clinical practice. Understanding which specific activities effectively distract participants from social media and provided meaningful healthy alternatives may enhance the development of tailored intervention aimed at promoting mental and physical well-being among Latina college students. Additionally, identifying culturally relevant coping mechanisms or activities that support a break from social media may have broader implications for mental health interventions targeting diverse populations.

In conclusion, this study sheds light on the significant impact of social media on the lives of Latina college students. As technology continues to evolve and screen time becomes increasingly prevalent in our daily lives, it is imperative that we continue to investigate how social media influences health and well-being. With the emergence of wearable technologies and advancements in brain-computer interfaces, the ways in which we interact with social media are evolving rapidly. However, along with these advancements come new challenges and considerations regarding the potential effects on our mental and physical health.

Moving forward, studies are warranted to explore the implications of these technological advancements on social media usage and its effects on individuals’ health. Understanding the potential risks and benefits of constant access to social media and the integration of technology into our daily lives is essential for promoting healthy habits and mitigating potential negative consequences. While social media serves as a valuable tool for staying connected with others, it is crucial that we develop and maintain healthy habits for its use. By continuing to research and evaluate the impact of social media on our lives, we can better navigate the evolving digital landscape and promote overall well-being.
References


Asiri, A. K., Almetrek, M. A., Alsamghan, A. S., Mustafa, O., & Alshehri, S. F. (2018). Impact of Twitter and WhatsApp on sleep quality among medical students in King Khalid University,
https://doi.org/10.53500/Sleep.Hypn.2018.20.0158

https://doi.org/10.1017/S1368980018001866


https://doi.org/10.1016/S1389-9457(00)00065-4


https://doi.org/10.1002/jclp.23050


Choi, D. H., & Noh, G. Y. (2020). The influence of social media use on attitude toward suicide through psychological well-being, social isolation, and social support. *Information*
Communication and Society, 23(10), 1427–1443.
https://doi.org/10.1080/1369118X.2019.1574860

https://doi.org/10.1037/ppm0000196


https://doi.org/10.1542/peds.2018-2554


88


https://doi.org/10.1177/1403494815588862

https://doi.org/10.1016/j.appet.2020.104611

https://doi.org/10.1080/15564886.2022.2053256

https://doi.org/10.1371/journal.pone.0248406


Role of Psychological Well-Being and Pandemic Related Factors. *Frontiers in Psychiatry, 12.*
https://doi.org/10.3389/fpsyt.2021.647386

https://doi.org/10.1037/ppm0000286

https://doi.org/10.1080/23311908.2020.1782099


https://doi.org/10.1080/13676261.2014.881988


Kircaburun, K., Griffiths, M. D., & Billieux, J. (2020). Childhood Emotional Maltreatment and Problematic Social Media Use Among Adolescents: The Mediating Role of Body Image...


https://doi.org/10.3389/fpsyg.2019.02553

https://doi.org/10.21149/12889


https://doi.org/10.1080/15504263.2017.1348649

Murphy, G., Corcoran, C., Tatlow-Golden, M., Boyland, E., & Rooney, B. (2020). See, like, share, remember: Adolescents’ responses to unhealthy-, healthy- and non-food advertising in social

https://doi.org/10.3390/ijerph17072181


https://doi.org/10.1080/15374416.2016.1188702


Appendix

Appendix A: Sociodemographics

(1) What is your biological sex?
   - Male
   - Female
   - Intersex
   - Prefer not to say

(2) What is your gender?
   - Man
   - Woman
   - Gender Fluid
   - Gender queer
   - Agender
   - Non-Binary
   - Unsure
   - Prefer not to say
   - Other (please specify):

(3) Do you identify as Hispanic, Latinx, or Latina?
   - Yes
   - No

(4) What is your age?

(5) What is your height (in inches)? (e.g., 5ft = 60 inches)

(6) How much do you currently weigh in pounds (lbs)?
Appendix B: Social Media Use Frequency (SMUF)

(1) How often did you use social media (e.g., Facebook, Twitter, Instagram, snapchat, etc.) during the last month?
   - I did not at all.
   - About once a month.
   - Two to three times a month.
   - Once or twice a week.
   - Three to four times a week.
   - Nearly every day.
   - Once a day or more.

(2) Typically in a day, how many hours do you spend on social media sites?
   __ Hours __ Minutes

(3) Typically in a week, how many hours do you spend on social media sites?
   __ Hours __ Minutes

(4) Typically in a month, how many hours do you spend on social media sites?
   __ Hours __ Minutes

(5) Thinking of how many hours, you typically spend on social media in a day (total must sum to 100. What percentage of those hours would you say you spend on:
   (5a) Facebook daily?
   (5b) Instagram daily?
   (5c) Twitter daily?
   (5d) Snapchat daily?
   (5e) A dating app (e.g., Tinder, Bumble, etc.) daily?
   (5f) Tik Tok daily?
   (5g) Other (please specify)?
   (5h) I do not use social media (enter 100 here)?
Appendix C: Depression, Anxiety, and Stress Scale (DASS-21)

Please read each statement and select a number 0, 1, 2 or 3 which indicate how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:
0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1. I found it hard to wind down.
2. I was aware of the dryness of my mouth.
3. I couldn't seem to experience any positive feeling at all.
4. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion).
5. I found it difficult to work up the initiative to do things.
6. I tended to over-react to situations.
7. I experienced trembling (e.g. in the hands).
8. I felt that I was using a lot of nervous energy.
9. I was worried about situations in which I might panic and make a fool of myself.
10. I felt that I had nothing to look forward to.
11. I found myself getting agitated.
12. I found it difficult to relax.
13. I felt down-hearted and blue.
14. I was intolerant of anything that kept me from getting on with what I was doing.
15. I felt I was close to panic.
16. I was unable to become enthusiastic about anything.
17. I felt that I wasn't worth much as a person.
18. I felt that I was rather touchy.
19. I was aware of the action of my heart in the absence of exertion (e.g. sense of heart rate increase, heart missing a beat).
20. I felt scared without any good reason.
21. I felt that life was meaningless.
Appendix D: Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS)

Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix E: Body Image State Scale

For each of the items below, check the box beside the one statement that best describes how you feel RIGHT NOW AT THIS VERY MOMENT. Read the items carefully to be sure the statement you choose accurately and honestly describes how you feel right now.

1. Right now I feel…
   - Extremely dissatisfied with my physical appearance
   - Mostly dissatisfied with my physical appearance
   - Moderately dissatisfied with my physical appearance
   - Slightly dissatisfied with my physical appearance
   - Neither dissatisfied nor satisfied with my physical appearance
   - Slightly satisfied with my physical appearance
   - Moderately satisfied with my physical appearance
   - Mostly satisfied with my physical appearance
   - Extremely satisfied with my physical appearance

2. Right now I feel…
   - Extremely dissatisfied with my body size and shape
   - Mostly dissatisfied with my body size and shape
   - Moderately dissatisfied with my body size and shape
   - Slightly dissatisfied with my body size and shape
   - Neither dissatisfied nor satisfied with my body size and shape
   - Slightly satisfied with my body size and shape
   - Moderately satisfied with my body size and shape
   - Mostly satisfied with my body size and shape
   - Extremely satisfied with my body size and shape

3. Right now I feel…
   - Extremely dissatisfied with my weight
   - Mostly dissatisfied with my weight
   - Moderately dissatisfied with my weight
   - Slightly dissatisfied with my weight
   - Neither dissatisfied nor satisfied with my weight
   - Slightly satisfied with my weight
   - Moderately satisfied with my weight
   - Mostly satisfied with my weight
   - Extremely satisfied with my weight

4. Right now I feel…
   - Extremely physically unattractive
   - Very physically unattractive
   - Moderately physically unattractive
   - Slightly physically unattractive
   - Neither attractive nor unattractive
   - Slightly physically attractive
5. Right now I feel…
   - Moderately physically attractive
   - Very physically attractive
   - Extremely physically attractive

   - A great deal worse about my looks than I usually feel
   - Much worse about my looks than I usually feel
   - Somewhat worse about my looks than I usually feel
   - Just slightly worse about my looks than I usually feel
   - About the same about my looks as usual
   - Just slightly better about my looks than I usually feel
   - Somewhat better about my looks than I usually feel
   - Much better about my looks than I usually feel
   - About the same as the average person
   - Just slightly better about my looks than the average person
   - Somewhat better about my looks than the average person
   - Much better about my looks than the average person
   - About the same as the average person
   - Just slightly better than the average person
   - Somewhat better than the average person
   - Much better than the average person
   - A great deal better than the average person

6. Right now I feel that I look…
   - A great deal worse than the average person
   - Much worse than the average person
   - Somewhat than the average person
   - Just slightly than the average person
   - About the same as the average person
   - Just slightly better than the average person
   - Somewhat better than the average person
   - Much better than the average person
   - A great deal better than the average person
### Appendix F: Healthy Eating Score

<table>
<thead>
<tr>
<th>Over the last 30 days, how often did you eat/drink the following foods/beverages? (Note: Only a few examples of each category are listed to remind you of the types of foods – many more are possible.)</th>
<th>3 or More Times per Day</th>
<th>Twice per Day</th>
<th>Once per Day</th>
<th>3 to 6 Times per Week</th>
<th>1 or 2 Times per Week</th>
<th>Rarely or Never</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fruit:</strong> Fresh, froze, canned or dried, or 100% fruit juices</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Vegetables:</strong> Fresh, frozen, canned, cooked, or raw: dark green vegetables (broccoli, spinach, most greens), legumes (dry beans, chickpeas, tofu), starchy vegetables (corn, white potatoes, green peas), and other (tomatoes, cabbage, celery, cucumber, lettuce, onions, peppers, green beans, cauliflower, mushrooms, summer squash, etc.)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Whole Grains:</strong> Rye, whole-wheat, or heavily seeded bread; brown or wild rice; whole-wheat pasta or crackers; oatmeal; corn tacos</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Dairy:</strong> Regular/whole-fat milk; low- or reduced-fat milk (2%, 1%, 0.5%, or skim), yogurt, cottage cheese, low-fat cheese, frozen low-fat yogurt, soy milk, or other calcium-fortified foods (orange juice, soy/rice milk, breakfast cereals, etc.)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Fish:</strong> Tuna, salmon, or other nonfried fish</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Sugar-sweetened beverages:</strong> Coke, Sprite, flavored soda, Mountain Dew, sweet tea, lemonade, Frappuccino</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Energy drinks:</strong> Monster, Red Bull, Rip-It, NOS, 5-Hour.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix G: International Physical Activity Questionnaire – Short Form

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

1. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?
   
   ____ days per week

   [ ] No vigorous physical activities  ➔  Skip to question 3

2. How much time did you usually spend doing vigorous physical activities on one of those days?
   
   ____ hours per day
   ____ minutes per day

   [ ] Don’t know/Not sure

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.
   
   ____ days per week

   [ ] No moderate physical activities  ➔  Skip to question 5

4. How much time did you usually spend doing moderate physical activities on one of those days?
   
   ____ hours per day
   ____ minutes per day

   [ ] Don’t know/Not sure
Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

_____ days per week

☐ No walking → Skip to question 7

6. How much time did you usually spend walking on one of those days?

_____ hours per day

_____ minutes per day

☐ Don’t know/Not sure

The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing coursework, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the last 7 days, how much time did you spend sitting on a weekday?

_____ hours per day

_____ minutes per day

☐ Don’t know/Not sure
Appendix H: Insomnia Severity Index

1. Please rate the current (i.e., last 2 weeks) SEVERITY of your insomnia problem(s).

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty falling asleep:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Difficulty staying asleep:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Problem waking up too early:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

2. How SATISFIED/DISSATISFIED are you with your current sleep pattern?

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

3. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g., daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.).

<table>
<thead>
<tr>
<th>Not at all interfering</th>
<th>A little</th>
<th>Somewhat</th>
<th>Much</th>
<th>Very much interfering</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

4. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

<table>
<thead>
<tr>
<th>Not at all noticeable</th>
<th>Barely</th>
<th>Somewhat</th>
<th>Much</th>
<th>Very much noticeable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

5. How WORRIED/distressed are you about your current sleep problem?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Much</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix I: Treatment Self-Regulation Questionnaire (TSRQ)

The following question relates to the reasons why you would either reduce your social media usage or continue using social media as usual. Different people have different reasons for doing that, and we want to know how true each of the following reasons is for you. All 15 responses are to the same question.

Please indicate the extent to which each reason is true for you, using the following 7-point scale:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat</td>
<td>very true</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>true</td>
<td>true</td>
<td>true</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The reason I would limit my social media use is:

1. Because I feel that I want to take responsibility for my emotional and physical health.
2. Because I feel guilty or ashamed of myself if I didn’t limit my social media use.
3. Because I personally believe it is the best thing for my emotional and physical health.
4. Because others would be upset with me if I did not.
5. I really don’t think about it.
6. Because I have carefully thought about it and believe it is very important for many aspects of my life.
7. Because I would feel bad about myself if I didn’t limit my social media use.
8. Because it is an important choice I really want to make.
9. Because I feel pressure from others to limit my social media use.
10. Because it is easier to do what I am told than to think about it.
11. Because it gets in the way of my life goals.
12. Because I want others to approve of me.
13. Because it is very important for being as healthy as possible.
14. Because I want others to see I can do it.
15. I don’t really know why.
Appendix J: Perceived Competence Scale

Please respond to each of the following items in terms of how true it is for you with respect to limit your social media use. Use the scale:

<table>
<thead>
<tr>
<th>Not at all true</th>
<th>Somewhat true</th>
<th>Very true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

1. I feel confident in my ability to limit my social media use.
2. I am capable of limiting my social media use.
3. I am able to limit my social media use on my own.
4. I feel able to meet the challenge of limiting my social media use.
Appendix K: Psychological Well-Being Scale - Positive Relations with Other Subscale

Instructions: Circle one response below each statement to indicate how much you agree or disagree.

1. Maintaining close relationships offline has been difficult and frustrating for me.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>A little agree</th>
<th>Neither agree or disagree</th>
<th>A little disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

2. People offline would describe me as a giving person, willing to share my time with others.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>A little agree</th>
<th>Neither agree or disagree</th>
<th>A little disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

3. I have not experienced many warm and trusting relationships with others offline.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>A little agree</th>
<th>Neither agree or disagree</th>
<th>A little disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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<td>7</td>
</tr>
</tbody>
</table>
Appendix L: Intervention Evaluation Survey

Instructions: Circle one response below each statement to indicate how much you agree or disagree.

**TIME 1**

1. The video modules were engaging and entertaining.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>A little agree</th>
<th>Neither agree or disagree</th>
<th>A little disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

2. The videos helped me realize that taking a break from social media is good for me.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>A little agree</th>
<th>Neither agree or disagree</th>
<th>A little disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

3. The videos helped me feel competent enough to take a break from social media.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>A little agree</th>
<th>Neither agree or disagree</th>
<th>A little disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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</thead>
<tbody>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

4. The videos motivated me to spend time with others in person.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>A little agree</th>
<th>Neither agree or disagree</th>
<th>A little disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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<td>4</td>
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<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

**TIME 2**

1. How engaging were the videos in the first part of the survey?

<table>
<thead>
<tr>
<th>Not at all engaging</th>
<th>Somewhat engaging</th>
<th>Very engaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

2. How helpful were the videos in preparing you for a social media break?
<table>
<thead>
<tr>
<th>Not at all helpful</th>
<th>Somewhat helpful</th>
<th>Very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
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</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. The videos helped me feel competent enough to take a break from social media.
   - No
   - Yes
Vita

Roberto Sagaribay III was born and raised in El Paso, Texas to Roberto Jr. and Yvette Sagaribay. He earned his bachelor’s degree in Psychology from Our Lady of the Lake University in San Antonio, Texas in 2017, along with a minor in English.

In the Fall of 2018, Roberto embarked on his academic journey by enrolling in the Doctor of Philosophy program in Psychology at the University of Texas at El Paso, under the mentorship of Dr. Theodore V. Cooper in the Prevention and Treatment in Clinical Health Laboratory. During his graduate studies, Roberto attained his Master’s degree in Clinical Psychology in the Spring of 2022.

Throughout his graduate training, Roberto authored two publications in esteemed peer-reviewed journals, *Appetite* and *Obesity Research and Clinical Practice*. Additionally, Roberto presented his research findings at the annual meetings for the Society of Behavioral Medicine and the Association of Behavioral and Cognitive Therapies. In parallel with his academic pursuits, Roberto actively engaged in practical applications of his expertise. As a research assistant, he provided technical assistance and program evaluation for the Paso del Norte Health Foundation’s Diabetes Signs and Symptoms campaign.

Contact Information: rsagaribay@miners.utep.edu

*This Doctoral Dissertation was typed by Roberto Sagaribay III*