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Impact of Social Media Addiction on Emotional Well-Being and Body Image Dissatisfaction Among Young Adults

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Abstract: The rapid development of digital technology and social networking sites has significantly impacted the psychological profile of young people in India. This study investigated the relationships between Social Media Addiction (SMA), emotional well-being (Positive and Negative Affect), and Body Image Dissatisfaction (BID) among 181 Indian young adults (N = 181; aged 18–30 years), grounded in Social Comparison Theory and the Displacement Hypothesis. A quantitative, cross-sectional, correlational and predictive design was employed. Three standardized scales were administered: the Bergen Social Media Addiction Scale (BSMAS; α = .803), the Positive and Negative Affect Schedule (PANAS; αPA = .838, αNA = .870), and the Body Appreciation Scale-2 (BAS-2; α = .941). Data were analyzed via Pearson's correlations, simple linear regression, and independent samples t-tests (IBM SPSS v26). SMA was significantly negatively correlated with body appreciation ($r = -.393$, $p < .01$) and positively correlated with negative affect ($r = .605$, $p < .01$). Regression analyses showed SMA predicted 15.5% of variance in BID ($R^2 = .155$) and 10.1% in positive affect ($R^2 = .101$). Females reported significantly higher SMA and negative affect; however, no significant gender difference was found in BID ($p = .537$), indicating body image pressure has become gender-neutral in the Indian digital context. Findings highlight the need for digital-hygiene interventions in educational and clinical settings.

Keywords: *Social Media Addiction, Positive Affect, Negative Affect, Body Image Dissatisfaction, Young Adults, Social Comparison Theory*

1. Introduction

In twenty-first-century India, the proliferation of high-speed internet has transformed social media platforms from elective communication tools into primary arenas for identity construction and social validation among young adults aged 18–30. Social Media Addiction (SMA)—characterized by salience, tolerance, mood modification, relapse, withdrawal, and conflict—has emerged as a clinically significant behavioural phenomenon (Andreassen et al., 2012; Griffiths, 2005). In the high-stress Indian academic and professional context, social media often functions as a coping mechanism, leading to escalating compulsive use (Bányai et al., 2017; Kuss & Griffiths, 2017).

Emotional well-being, operationalized through Watson et al.'s (1988) dual-process framework, comprises Positive Affect (PA; enthusiasm, alertness) and Negative Affect (NA; distress, guilt). Addictive social media use has been linked to attenuated PA and amplified NA via a dopamine loop that provides immediate but not long-term emotional stability (Graciyal & Viswam, 2021; Marino et al., 2018). Body Image Dissatisfaction (BID)—defined as a negative subjective evaluation of one's body driven by perceived discrepancy from an idealized standard (Tylka & Wood-Barcalow, 2015)—is further fuelled by the digitally curated, AI-filtered imagery that provides a constant stream of unattainable comparators on platforms such as Instagram and TikTok (Fardouly & Vartanian, 2016; Holland & Tiggemann, 2016).

2. Theoretical Framework

Social Comparison Theory (Festinger, 1954) posits that the interactive nature of social media intensifies upward comparisons by providing relatable yet systematically idealized comparators (Perloff, 2014; Vogel et al., 2014). For addicted users, this process is continuous rather than episodic, compounding deleterious effects on body appreciation and self-esteem (Stapleton et al., 2017). The Displacement Hypothesis complements this by proposing that compulsive social media use displaces temporal, attentional, and emotional resources that otherwise sustain positive affect (Verduyn et al., 2017).

2.1 *Research Gap and Objectives*

Most existing literature derives from Western populations and is correlational in design; predictive Indian-context research examining how SMA forecasts BID and affect remains limited (Hou et al., 2019). This study addresses that gap through: (a) correlational analysis of SMA, PA,

NA, and BID; (b) regression-based prediction of BID and PA from SMA; and (c) gender comparisons on all variables in a sample of 181 Indian young adults. Ten hypotheses were tested: H1–H4 (significant relationships between SMA–BID, SMA–NA, SMA–PA, and NA–BID); H5–H8 (significant gender differences in SMA, PA, NA, and BID); and H9–H10 (SMA significantly predicts PA and BID).

3. Method

3.1 *Participants and Design*

A quantitative, non-experimental, cross-sectional design was employed with a purposive sample of 181 Indian young adults (47 males, 26.0%; 134 females, 74.0%), aged 18–30 years (modal age = 21, 39.2%). Most were postgraduate students (55.2%), followed by undergraduates (30.4%). Over 46% reported using social media more than three hours daily. Data were collected via a hybrid approach (Google Forms distributed on Instagram, WhatsApp, and LinkedIn; physical questionnaires in academic settings). Inclusion criteria: age 18–30, Indian residence, active social media use ≥ 6 months, English proficiency. Exclusions: clinical diagnoses of eating disorders or severe depression, straight-line responding, and >10% item non-response.

3.2 *Measures*

Bergen Social Media Addiction Scale (BSMAS): Six items assessing addiction dimensions (salience, tolerance, mood modification, relapse, withdrawal, conflict) on a 5-point Likert scale (range 6–30; Andreassen et al., 2012). Higher scores indicate greater SMA. Present-sample $\alpha = .803$.

Positive and Negative Affect Schedule (PANAS): Twenty adjectives rated on a 5-point scale for the past week; 10-item PA and 10-item NA subscales (range 10–50 each; Watson et al., 1988). Present-sample $\alpha PA = .838$; $\alpha NA = .870$.

Body Appreciation Scale-2 (BAS-2): Ten items measuring positive body image on a 5-point scale (range 10–50; Tylka & Wood-Barcalow, 2015). Scores interpreted inversely: lower BAS-2 = greater BID. Present-sample $\alpha = .941$.

3.3 *Procedure and Analysis*

Informed consent was obtained electronically or in writing. No personally identifiable information was collected. Data were consolidated, cleaned, and analyzed using IBM SPSS Statistics v26. Pearson's correlations tested H1–H4; simple linear regression ($Y = a + bX$) tested

H9–H10; independent samples t-tests with Levene's test tested H5–H8. Significance threshold: α = .05 (two-tailed).

4. Results

Reliability and Descriptive Statistics

All scales demonstrated acceptable-to-excellent internal consistency (Table 1). The mean BSMAS score was 16.28 (SD = 5.48), indicating moderate SMA. PA (M = 29.71, SD = 7.37) and NA (M = 27.56, SD = 9.01) were in the moderate range. The BAS-2 mean of 34.94 (SD = 9.91), interpreted inversely, reflects moderate BID (Table 2). All distributions were approximately normal, satisfying parametric assumptions.

Table 1. *Internal Consistency Reliability of Psychometric Instruments (N = 181)*

Scale	Variable	Items	Cronbach's α
BSMAS	Social Media Addiction	6	.803
PANAS	Positive Affect	10	.838
	Negative Affect	10	.870
BAS-2	Body Image Dissatisfaction	10	.941

Note. BSMAS = Bergen Social Media Addiction Scale; PANAS = Positive and Negative Affect Schedule; BAS-2 = Body Appreciation Scale-2 (inverse-scored for BID). α ≥ .90 = excellent; .80–.89 = good (George & Mallery, 2003).

Table 2. *Descriptive Statistics for Study Variables (N = 181)*

Variable	N	M	SD	Possible Range
Social Media Addiction (BSMAS)	181	16.28	5.48	6–30
Positive Affect (PANAS-PA)	181	29.71	7.37	10–50
Negative Affect (PANAS-NA)	181	27.56	9.01	10–50
Body Image Dissatisfaction (BAS-2)	181	34.94	9.91	10–50

Note. BAS-2 lower scores indicate greater body image dissatisfaction.

Correlational Findings (H1–H4)

All four correlations were statistically significant at $p < .01$. SMA and BID: $r(179) = -.393$, $p < .01$ (H1 supported). SMA and NA: $r(179) = .605$, $p < .01$ — the strongest association in the study (H2 supported). SMA and PA: $r(179) = -.318$, $p < .01$ (H3 supported). NA and BID: $r(179) = -.461$, $p < .01$ (H4 supported).

Gender Differences (H5–H8)

Results are presented in Table 3. Females reported significantly higher SMA (M = 17.05) than males (M = 14.09), t(179) = −3.279, p = .001 (H5 supported). Males reported significantly higher PA (M = 32.36) than females (M = 28.78), t(179) = 2.924, p = .004 (H6 supported). Females reported significantly higher NA (M = 28.43) than males (M = 25.09), t(179) = −2.216, p = .028 (H7 supported). No significant gender difference was found for BID — males (M = 35.62) versus females (M = 34.70), t(105.45) = .619, p = .537 (H8 not supported).

Table 3. *Independent Samples t-Test Results for Gender Differences (N = 181)*

Variable	Gender	n	M	SD	t	df	p
Social Media Addiction	Male	47	14.09	5.61	−3.279	179	.001
	Female	134	17.05	5.24			
Positive Affect	Male	47	32.36	6.66	2.924	179	.004
	Female	134	28.78	7.40			
Negative Affect	Male	47	25.09	9.18	−2.216	179	.028
	Female	134	28.43	8.81			
Body Image Dissatisfaction	Male	47	35.62	7.99	.619	105.45[a]	.537
	Female	134	34.70	10.52			

Note. [a] Welch-corrected df (Levene's F = 5.047, p = .026). BAS-2 inversely scored.

Regression Analyses (H9–H10)

Results are presented in Table 4. SMA significantly predicted PA: B = −.427, SE = .095, β = −.318, t(179) = −4.484, p < .001; F(1, 179) = 20.109, p < .001; R^2 = .101 (H9 supported). SMA significantly predicted BID: B = −.711, SE = .124, β = −.393, t(179) = −5.723, p < .001; F(1, 179) = 32.758, p < .001; R^2 = .155 (H10 supported). For every one-unit increase in BSMAS score, PA decreased by .43 units and BAS-2 scores decreased by .71 units (reflecting greater BID).

Table 4. *Simple Linear Regression: SMA Predicting Positive Affect and Body Image Dissatisfaction*

Outcome / Predictor	B	SE	β	t	p	R^2	F
Positive Affect (H9)						.101	20.109***

Social Media Addiction	−.427	.095	−.318	−4.484	< .001		
Body Image Dissatisfaction (H10)						.155	32.758***
Social Media Addiction	−.711	.124	−.393	−5.723	< .001		

Note. Negative B values indicate higher SMA predicts greater BID (BAS-2 inverse-scored). ***p < .001.

5. Discussion

Nine of ten hypotheses were supported, providing robust evidence that SMA is a psychologically meaningful predictor of emotional and body-image outcomes in Indian young adults.

SMA and Body Image

The significant negative correlation (r = −.393) and regression model (R^2 = .155) confirm that SMA predicts greater BID. Consistent with Social Comparison Theory (Festinger, 1954), addicted users are chronically exposed to upwardly comparable, algorithmically curated imagery. Unlike occasional media consumption, this exposure is continuous and immersive, fostering body surveillance and a persistent perceptual gap between real and idealized appearance (Perloff, 2014; Vogel et al., 2014). These findings extend the correlational results of Agrawal and Gupta (2025) and Gosar et al. (2024) to a predictive framework.

Affective Imbalance

The strongest association was between SMA and NA (r = .605), confirming that addiction is robustly linked to emotional distress. SMA also negatively predicted PA (R^2 = .101), supporting the Displacement Hypothesis: compulsive scrolling displaces restorative activities that sustain positive emotional tone (Verduyn et al., 2017). The dopamine loop provides short-term mood modification but, at addictive levels, progressively erodes the affective baseline — a process of affective erosion — consistent with Graciyal and Viswam (2021) and Marino et al. (2018). The strong NA–BID correlation (r = −.461) further suggests that emotional distress externalizes onto body appraisal, particularly salient in the Indian context where social status is tied to appearance.

Gender Dynamics

While females showed higher SMA and NA and males reported higher PA, the non-significant gender difference in BID (p = .537) is the most theoretically consequential finding. Body image pressure has traditionally been framed as a female concern (Tiggemann & Slater, 2013); the present data reveal a democratization of body image pressure, with the muscular ideal

imposing equivalent dissatisfaction on Indian young men as the thin ideal does on women. This necessitates gender-inclusive body-image interventions (Holland & Tiggemann, 2016).

5.1 *Implications*

Clinical. The BSMAS should be incorporated in mental health assessments. CBT addressing body dysmorphia must include a digital-hygiene component targeting cognitive distortions arising from social media use. Holistic emotional regulation skills are needed given the strong NA–BID link (Marino et al., 2018). *Educational and Policy.* Media literacy curricula covering the psychology of algorithms and photo editing should be introduced in Indian universities. Policymakers can use the gender-neutral BID finding to develop inclusive awareness campaigns reducing stigma for young men (Gupta et al., 2023).

5.2 *Limitations and Future Directions*

Self-report measures introduce social desirability bias. The cross-sectional design precludes causal inference; reverse causation (BID driving SMA use for validation-seeking) cannot be excluded. The sample was predominantly female, urban, and highly educated, limiting rural generalizability. Future research should employ longitudinal designs, include mediating variables (self-esteem, social comparison tendency) and moderators (media literacy), diversify samples geographically and socioeconomically, and conduct platform-specific analyses (visual vs. text-centric platforms).

6. Conclusion

This study provides robust quantitative evidence that SMA significantly predicts both emotional dysregulation and BID among Indian young adults, explaining 15.5% of BID variance and 10.1% of PA variance. The findings validate Social Comparison Theory and the Displacement Hypothesis in a non-Western context, confirm the psychometric reliability of the BSMAS and BAS-2 for Indian samples, and reveal a gender-neutral pattern of BID that challenges prevailing female-focused frameworks. The muscular ideal for males and the thin ideal for females are promoted with equal force in the Indian digital landscape. These findings underscore the urgent need for culturally contextualized digital-hygiene programs and gender-inclusive body-image interventions in Indian educational and clinical settings.

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