

Using Acceptance and Commitment Therapy (ACT) in a Group Setting to Increase Quality of Life in University Students With Social Media Addictions

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ABSTRACT

University students are one of the largest populations of internet users in Indonesia, and they are especially active on social media. Several theories suggest that people with a low quality of life are highly vulnerable to becoming addicted to social media to avoid real life problems. Acceptance and Commitment Therapy (ACT) is a mindfulness-based therapy that may help people by increasing psychological flexibility. This study sought to increase the quality of life of social media-addicted university students using ACT, which was conducted in a group setting once a week for four sessions. The study group consisted of five college students. Samples were gathered using a purposive sampling technique. Measurements were administered using World Health Organization Quality of Life, Bergen Social Media Addiction Scale, and AAQ-II. The data were analyzed using a Wilcoxon test. This study indicates that the quality of life in four of five participants gradually increased, although the results were insignificant ($z = 0.68$, $p < 0.05$). Social media usage decreased, although the results were also statistically insignificant ($z = 0.08$, $p < 0.05$). Review sessions showed that all participants were equipped with skills to increase the quality of life. The group's cohesiveness helped participants to get more benefits from the therapy through their openness and acceptance with each other. In conclusion, using ACT in a group setting can help to increase the quality of life in students who have social media addiction. Another finding suggests that ACT also can reduce social media usage without first increasing the quality of life. Therefore, ACT can be used on a larger scale in communities with social media addictions, even though future research is still needed.

Keywords: ACT, Indonesia, Quality of Life, Social Media Addiction, University Students.

1. INTRODUCTION

In 2011, research showed that adolescents and college students had a higher percentage of social media use compared to the general population (Kuss & Griffiths, 2011 as cited in Griffiths, Kuss, & Demetrovics, 2014). A study about the social media site Facebook showed that college students use social media to escape anxiety and other

problems in the real world (Kwon, D'Angelo, & McLeod, 2013).

Social media can have some positive influences for students, such as expanding their social networks, but it can also have negative impacts. When feeling depressed, anxious, or isolated, students retreat to the internet to alter their mood. College students have widespread access to technology and more available free time in

their schedules, which puts them at risk for pathological behavior in their internet use (Moore, 1995 as cited in Morahan-Martin & Schumacher, 2000). Their lives can be disrupted because of the amount of time they spend online and also because of the negative influences of social media content (Morahan-Martin & Schumacher, 2000). Individuals can be described as having a *social media addiction* when they think too much about social media, are motivated to constantly be online, and let their social media use interfere with work, health, social activities, or psychological well-being (Andreassen and Pallesen, 2014 in Andreassen, 2015).

A survey of 131 college students at the University of Indonesia showed that 43% use social media to avoid uncomfortable experiences in real life. Cheng and Li (2014) found that people who have a low quality of life and feel overwhelmed by their problems are the ones who use social media excessively. These people are also unable to delay gratification (Valkenburg & Peter, 2007, as cited in Meier, Reinecke, & Meier, 2018). There is often a downward spiral since people who use the internet to avoid uncomfortable challenges in their lives end up with even more problems because of their internet use (Meier, Reinecke, & Meier, 2018).

Those with social media addictions evaluate their current positions in life and create goals and expectations compared to their perceptions of other people online. One study found that individuals who spend an excessive amount of time on Facebook tend to perceive that others have a higher life satisfaction (Chou & Edge, 2012). Research also shows that individuals suffer from lower satisfaction in their lives because of the feedback given

to their social media accounts (Valkenburg, Peter, & Schouten, 2006). This can again set up a vicious cycle when an individual with a social media addiction then uses social media more frequently to avoid the reality that his life is not in accordance with his expectation.

The psychological interventions that can help people with social media addictions include *Acceptance and Commitment Therapy* (ACT). ACT is a type of psychotherapy that increases an individual's psychological flexibility, improves the ability to focus on the present, and expands the ability to change behavior based on personal values (Hayes & Strosahl, 2004). ACT's theoretical framework posits that addictive behavior results from avoiding uncomfortable life circumstances (Hayes *et al.*, 2004). Research on this therapy shows that it can reduce addictive behavior (Twohig & Crosby, 2010).

ACT is effective in group settings because participants share with each other and see that they are not alone in their experiences and feelings (Turrell & Bell, 2016). Previous studies suggest that ACT can increase the quality of life of people with high social media usage. This study aims to examine the application of ACT in increasing the quality of life of university students who use social media excessively.

2. METHODS

2.1. Participants

The researchers used a database from an online survey that had been created to learn about social media usage in college students. Using purposive sampling, researchers contacted and interviewed potential participants who matched the

inclusion criteria to gain a deeper understanding about their social media usage and quality of life. Five students, three females and two males, were identified and invited to participate in this research study. All participants were informed about the scope of the research, the possible outcomes, and the time commitment. They were told they could withdraw at any time, and they signed informed consent.

2.2. Study Design

All participants were treated in one group. During the course of the study, the students completed a pre-test as a baseline measurement, four sessions of ACT, a post-test, and a follow-up. At the end of every session, they were compensated with a snack. Two weeks after the post-test was administered, a researcher contacted all the participants to follow-up by taking another set of measurements and interviewing to assess whether relapse had occurred. The effectiveness of the treatment was determined by the changes in quality of life scores between the pre-test, post-test, and follow-up sessions. A Wilcoxon test was used to assess the significance of the treatment's effectiveness.

2.3. ACT Module

2.3.1. Session 1—Sharing

In this session, participants were introduced to the ACT program. They also shared their social media addiction experiences, consequences, and the link between their excessive use of social media and quality of life.

2.3.2. Session 2—Choice point and values

This session differentiated between the concepts of *fusion* and *defusion*.

Participants were asked to articulate every thought and event that lowered their quality of life. These were plotted on a diagram so participants could identify thoughts that trapped them and inhibited them from moving forward. Afterward, participants determined contrasting behavior that would be better aligned with their personal values.

2.3.3. Session 3—Mindfulness

Participants were introduced to mindfulness techniques or the ability to be more aware of the here and now. Through being more present, the students could avoid operating on autopilot and be more aware of social media situations that might affect their quality of life.

2.3.4. Session 4—Acceptance, committed action, and relapse prevention

Participants identified experiences, thoughts, or feelings that lowered their quality of life and then tried to reflect upon them and practice acceptance. Participants also identified their addiction cycle process to anticipate the future risk of relapse. Action plans were made.

2.4. Measurements

2.4.1. World Health Organization Quality of Life (WHOQOL)

WHOQOL is a measurement to determine an individual's level of satisfaction in their current condition. BREF-WHOQOL is the brief version of WHOQOL, which consists of 26 questions that measure four quality of life domains: physical, psychological, social relationships, and environment. It also measures an individual's perception of their general health conditions and quality of life. BREF-WHOQOL has been translated into Indonesian and is

considered useful and reliable for different cohorts, including people over 75 (Kusumaratna dan Hidayat, 2009), breast cancer patients (Iskandarsyah, 2013), and cervical cancer patients (Kasdi, 2015).

2.4.2. The Bergen Social Media Addiction Scale (BSMAS)

BSMAS is a measurement scale used to identify social media activity in general and is not limited to a particular social media platform (Andreassen *et al.*, 2016 as cited in Lin, Brostrom, Nielsen, Griffiths, dan Pakpour, 2017). The scale identifies six primary areas of addiction; mood modification, tolerance, withdrawal, conflict, and relapse (Griffiths, 2005 as cited in Lin, Brostrom, Nielsen, Griffiths, & Pakpour, 2017). A higher BSMAS score

means a stronger indication of having a social media addiction.

2.4.3. Acceptance and Action Questionnaire (AAQ)

The AAQ is self-administered and measures several psychological constructs such as acceptance, experiential avoidance, and psychological flexibility (Bond, 2011). The AAQ measures negative evaluations about thoughts and feelings, including avoidance, management of thoughts, and behavioral adjustment (Bond, 2011). Through the administration of the AAQ, a therapist can predict the results of the ACT; The AAQ can also be an effective mediator so that the intervention can precisely target the client’s challenges (Bond, 2011).

3. RESULTS

The demographic information of the five participants is presented in Table 1.

Table 1. Participant demographics

| Participant | Age | Gender | Social Media Usage |
|-------------|-----|--------|---|
| JA | 20 | M | JA had been using social media for 10–13 hours a day to stay updated with the latest information. He felt agitated when he was not accessing social media. |
| FR | 21 | M | FR had been using social media for 4–6 hours a day for college or an organization’s needs, to look for inspiration, and to be entertained. He also turned to social media to overcome boredom when he was studying. |
| TD | 19 | F | When TD was bored or didn’t have another activity, she accessed social media sites and applications for 10–13 hours a day for entertainment and to socialize with her friends. |
| DK | 21 | F | DK frequently used social media to connect with her friends, but once she was submerged in a conversation, she would lose track of time and forget |

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| | | | to do important tasks. |
| MF | 18 | F | MF used social media for 7–10 hours a day to get information and for entertainment. She used it in every situation and considered social media as a necessity. |

ACT was given to all participants in four weekly sessions, a week apart. The table below contains the scores obtained in

the pre-test, post-test, and follow-up sessions.

Table 2. Quality of life measurements, social media usage, and skills related to ACT

| Measurement | Participant | Pre-Test | Post-Test | Follow-Up |
|------------------------------|-------------|----------|-----------|-----------|
| Quality of Life | JA | 111 | 118 | 115* |
| | FR | 90 | 90 | 90** |
| | TD | 87 | 100 | 104* |
| | DK | 110 | 115 | 115* |
| | MF | 99 | 105 | 106* |
| Social Media Usage | JA | 24 | 19 | 16* |
| | FR | 17 | 19 | 14* |
| | TD | 21 | 14 | 10* |
| | DK | 22 | 15 | 14* |
| | MF | 17 | 21 | 19 |
| Skills Related to ACT | JA | 24 | 25 | 28* |
| | FR | 18 | 25 | 32* |
| | TD | 28 | 27 | 15 |
| | DK | 22 | 29 | 29** |
| | MF | 21 | 19 | 20 |

*= Experienced a steady increase or decrease

**= Experienced a stagnant condition

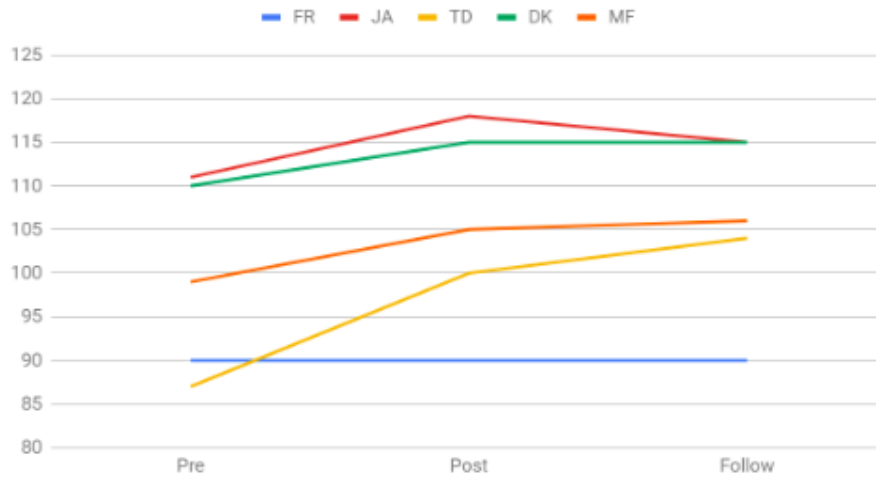


Figure 1. Quality of life score during the pre-test, post-test, and follow-up

The diagram above shows that four out of the five participants experienced an escalation in quality of life scores. The fifth participant had declining scores between the post-test and follow-up sessions, but he still experienced enhancement compared to the score that was obtained in the pre-test. Furthermore, the table shows that all participants

experienced a reduction in social media usage. According to the results of the Wilcoxon test, there was an escalation in the participants' quality of life, but the change in the quality of life scores was not significant: $z = 0.68, p < 0.05$. Participants had a reduction in social media usage, but this was also not a significant change: $z = 0.08, p < 0.05$.

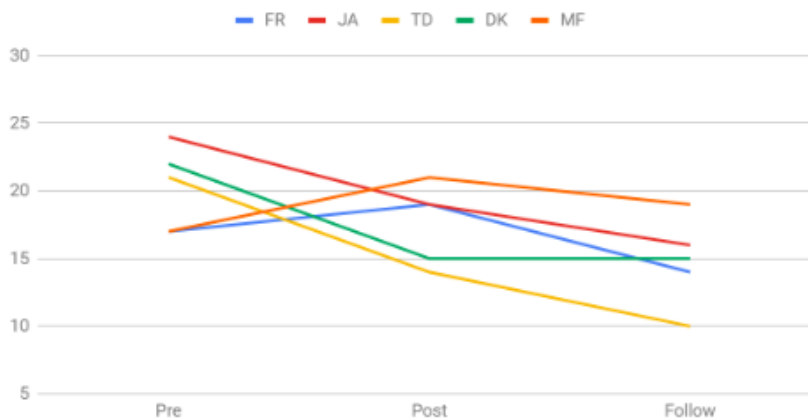


Figure II. Social Media Usage Score During Pre-Test, Post-Test, and Follow-Up

The qualitative data results were obtained through interviews in follow-up sessions. In general, after the ACT sessions, participants felt they could access their social media in a more mindful manner and take their time to consider the

effects of excessive use. When faced with negative experiences, they focused more on their goals and personal values. They tended not to use social media to avoid unwanted events.

4. DISCUSSION

Every ACT session was carried out interactively, and all participants asked questions, participated in discussions, and provided answers. The group was cohesive, and the openness and acceptance among members helped participants gain more benefits. Group dynamics also allowed sharing, learning from each other's experiences, and providing feedback among the participants. Participants seemed enthusiastic and had a high level of excitement during the group ACT sessions. When assessing the objectives of the intervention, it improved the participants' quality of life, but there were other factors at play, including the existence of external stressors. The group intervention was conducted during finals week and in the middle of the Ramadan (all participants were fasting). These factors could affect stress levels and quality of life for the participants, so it is understandable if they experienced only an incremental change in their quality of life throughout the pre-test, post-test, and follow-up.

The participants did have a reduction score in social media usage, and, from the qualitative data gained through interviews, it can be said that participants become more mindful before accessing social media. In accordance with the premise of ACT, individuals who are facing an uncomfortable condition will automatically engage in avoidance behavior. Participants learned skills to deal with uncomfortable experiences so they could behave according to their values rather than using excessive social media automatically.

The participants who did not experience an incremental improvement in

their quality of life scores (FR, DK, and MF) did have a reduced use of social media, and they acquired skills from the ACT training. The researchers assumed that reducing the use of social media would lead to an improvement in the quality of life since the participants were no longer practicing avoidance behavior. However, since participants experienced a decline in social media usage that was not accompanied by a consistent improvement in the quality of life, it can be concluded that ACT effectively helped individuals who suffer from social media addiction in general and is not limited to individuals with a social media addiction and a low quality of life.

5. CONCLUSION

When individuals face experiences that make them feel uncomfortable, they may engage in avoidance behavior by using social media. The use of ACT can reduce the use of social media through mindfulness and other skills without first increasing the quality of life. We saw a reduction in social media usage, although it was not significant as analyzed by the Wilcoxon test. This could be because the skills learned are new, and they must be internalized and made into a daily habit for participants to get the maximum benefits. ACT can be a potentially effective therapy to help people who are suffering from social media addiction, and further research should be conducted in other groups.

This study had some limitations, such as the absence of a control group that used different variables. Moreover, there was a session that was conducted during midterm week, which would have affected the participants' quality of life. A further

limitation that might have affected the results was that the therapist was not yet certified to conduct ACT. When this study was conducted, social media addiction had not been included in any psychological diagnosis protocol, which meant the researcher did not have a formal protocol to determine whether an individual had developed social media addiction or the severity level of the social media

addiction. In the future, researchers can use a formal protocol to assess social media addiction. This therapy can reduce the use of social media in participants who have not experienced an enhancement in quality of life, and the researcher assumes this therapy can be used in wider populations suffering from social media addiction, although future research is still needed.

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