

In this journal I was asked to complete the Social Media Disorder [scale](#) , how I scored, what I think about the items in the scale and why do I think that different patterns of social media disorder are found across the world? In answering the disorder scale, I can say I don't think about the next time I'll get to use social media or feel dissatisfied because I can't spend more time on it. I don't neglect other activities, use it to escape from negative feelings or have conflict with family and friends over its use and I regularly shut my phone off when I'm not using it, so I can say I haven't had any issues spending less time on social media. So, I felt confident scoring zero out of ten. Not that I don't use digital media, but because I don't consume social media the way many others do. I just don't use it. Instagram, tik-tok, snapchat etc. doesn't interest me. I communicate with my family over text, or I call. I visit websites for news or information, but I don't post commentary on articles or get embroiled in online "Twitter/X" conversations with faceless accounts about social issues. So, what, do I think about the items in the scale? I think that terming the scale as a disorder is accurate but perhaps it might be more apt to use the term addiction: Simply because social media overuse seems to follow the neuroscience three stage definition of addiction. A cycle of binge/intoxication, withdrawal/negative effect, and preoccupation/anticipation (craving).

So why do I think that different patterns of social media disorder are found across the world? Cultural values might be one reason, lack of access to the digital space and intrusive technology like social media could be another. I've spent time in both Asia and more particularly the Middle East, and I can say that those countries that have little or no access to the types of digital media we do aren't suffering because they can't get access to facebook or tik-tok. Social media is just not something they believe has cultural value young and old alike. They face real problems with clean water, food and healthcare and where addiction in those countries has a very

real impact. Whether from widespread Khat use (Silva et al., 2022) in Northern and central Africa or unrestricted opium production and use in places like Afghanistan: “Afghanistan is known to have the highest number of opiate users in the world. The national rate of drug users was 12.6% among adults in 2015, being almost two times higher than the global rate of 5.2%. At least one family member used drugs at one out of three households in Afghanistan.” (Rasekh et al., 2018)

References

- Rasekh, B., Saw, Y. M., Azimi, S., Kariya, T., Yamamoto, E., & Hamajima, N. (2018, August). *Associations of treatment completion against drug addiction with motivational interviewing and related factors in Afghanistan*. Nagoya journal of medical science. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6125658/>
- Silva, B., Soares, J., Rocha-Pereira, C., Mladěnka, P., Remião, F., & On Behalf of The Oemonom Researchers, null. (2022). Khat, a Cultural Chewing Drug: A Toxicokinetic and Toxicodynamic Summary. *Toxins*, 14(2), 71. <https://doi.org/10.3390/toxins14020071>