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Abstract

Despite increasing research attention given to problematic technology use, the perceptions of individuals who experience related issues remain largely unknown. In particular, qualitative insight into actual help-seekers' experiences of problematic social media use, which currently holds a sub-diagnostic status, is lacking. The present study responds to this research gap with an inductive content analysis of 11 semi-structured interviews with young people in Finland—the most active local age group in social media use—who self-diagnose their use of social media as problematic and, as a consequence, have tried to self-limit their use and/or seek clinical help for their problems. The study reveals numerous self-limiting strategies being applied, yet regaining control over one's social media use is found to depend largely on dynamic factors in the environment as well as personal traits. In general, the participants perceived a lack of knowledge of the potential risks associated with social media use as the key challenge for improving their problematic behaviors. Nonetheless, the data remains limited and other age as well as culture groups may have different experiences. A better understanding of help-seekers' evolving needs and problems should be pursued in diverse contexts, and the findings should be disseminated efficiently to facilitate the development of both self-help and professional support services.

Keywords: Social media, self-limiting, young people, problematic social media use

Introduction

Social media use has become a significant part of people's daily lives globally. Young people in particular increasingly communicate via social media services, and the use of such technologies is still growing, especially among adolescents and young adults (Dagher et al., 2021; Ahn, 2011; Keles et al., 2019; Zsido et al., 2020). It has been reported that some young adults tend to use multiple applications on their mobile devices simultaneously (Baumgartner et al., 2017), for several hours a day (Rideout et al., 2010), sometimes exceeding 30 hours per week (Banyai et al., 2017). In the Finnish cultural context, young adults are using social media the most: the average young adult spends about 35-42 hours online and 20 hours in

social media per week (Ebrand Group, 2022). This is relevant from a public health perspective, as earlier studies have indicated social media use may have both positive (e.g., Décieux et al., 2019) and negative effects (e.g., Marttila et al., 2021) on people's lives. Based on the current screening scales, about 10 % of Finnish young adults are using social media problematically (Hylkilä et al., 2023). The World Health Organization (2015), too, has expressed health concerns related to problematic social media use.

Researchers generally struggle to define "social media". In general, social media enable people to share content, receive social feedback and connect with each other remotely (Nesi & Prinstein, 2015). Despite this conceptual vagueness, researchers tend to agree that social media are easily available via computers, tablets, and smartphones, and that the notifications that are designed into social media platforms further encourage constant use (Brevers & Turel, 2019). Currently social media are mainly used via branded smartphone-driven applications, although differences between how individuals use them can be significant (for a detailed discussion, see Bayer et al., 2020). Additionally, the potential conceptualization of problematic social media use as a mental disorder remains debated (Moretta et al., 2022). Some researchers classify it as a behavioral addiction with reference to addiction-like symptoms (e.g., salience, tolerance) and continued use despite negative consequences (Hussain & Starcevic, 2020; Moretta et al., 2022). In turn, others have raised concerns over social media diagnoses to potentially contribute to pathologizing everyday life (e.g., Billeaux et al., 2015). This debate further extends to issues concerning the generalization of addiction symptomatology; for example, according to Charlton & Danforth (2007), previously suggested addiction components cannot be easily applied to technology use. In this study, problematic social media use is understood as excessive and uncontrollable use to a degree that the individual itself feels the need for help or active self-limitation strategies to prevent negative effects on well-being and daily life (see e.g., Andreassen, 2015).

Although disorders relating to social media use have not yet been included in either of the two main diagnostic classification systems, the DSM-5 or the ICD-11, some people do explicitly self-report problems with controlling their use of social media, sometimes to a degree

that significantly affects their health (e.g., O'Reilly et al., 2018). Problematic social media use is more commonly reported by young people, and women also appear to experience more problems than men (Andreassen et al., 2017; Bányai et al., 2017; Castrén et al., 2022). Previous studies suggest that the prevalence of problematic social media use among young people is between 4.5-11.6 % (Banyai et al., 2017; van den Eijnden et al., 2016). A review of the current literature suggests that problems with social media use are associated with lower levels of mental health with symptoms such as anxiety, depression and distress reported, especially among young people (Ahn, 2011; Brailovskaia & Margraf, 2017; Dagher et al., 2021; Hussain & Griffiths, 2018; Keles et al., 2019; Koc & Gulyagci, 2013; Pontes, 2017; Tang & Koh, 2017). Researchers have also suggested that there are associations between social media problems and lower memory performance (Dagher et al., 2021), lower self-esteem (Andreassen et al. 2017; Błachnio et al., 2016), loneliness (Satici, 2019; Shettar et al., 2017) and higher levels of stress (Brailovskaia & Margraf, 2017; Pontes, 2017).

Most of the above results have been acquired by using screening scales without clinical validation, however. Problems with social media use have been understudied from a clinical perspective (e.g., Billieux et al, 2015) and lack robust agreed measures (Davidson et al, 2022; Satchel et al, 2021). It is evident, nonetheless, some people do clearly experience their social media use as problematic and apply strategies to regulate it (Bayer et al, 2022). There are many undeniable benefits in social media use (e.g., creating and maintaining social relationships, networking), but they are not mutually exclusive with related problems. This has recently prompted increasing popular interest toward self-limiting strategies and methods such as digital detox and disconnectivity (Conroy et al., 2022).

Despite the awareness of the increasing trend, research on limiting and regulating social media use is lacking. Studies with explicit focus on the experiences of the people who self-limit their social media use and seek support for it have not, to our knowledge, been carried out. The present study responds to this research gap. The goal of this study was to investigate what kinds of self-limiting strategies young people who experience problems relating to social media use apply, and how these efforts to self-limit social media use are supported in their

social worlds. Reaching this goal would lead to a much-needed understanding of help-seekers' experiences of problematic social media use and support. The results could be useful to better conceptualize such problems especially for health care settings where the knowledge of such non-diagnostic issues can be lacking. Accordingly, the research questions were:

RQ1: How do young adults self-limit their social media use and what do they think affects their success?

RQ2: What are these young adults' experiences of help and support in self-limiting their social media use?

Methods

Ethics

Ethical approval was given by the University of Jyväskylä Human Sciences Ethics Committee. Research permissions were obtained from the [masked foundation] and [masked university]. Participation was voluntary and participants were given information about the research beforehand. Participants gave their written consent to participate in the study and were able to interrupt the interview at any time. All identifiable information was anonymized, and only the research team had access to the data.

Study design

The study was preregistered in early 2021 [link anonymized]. The plan was to carry out a descriptive, qualitative interview study with young participants (aged 18–35) who had decided to limit their social media use due to related, self-diagnosed health problems. The participants' criteria of self-diagnosis varied from anxiety and stress to sleep problems, was based on the participants' experience towards their social media use being problematic and did not determine any specific predefined standardized criterion. We adopted a reflexive approach and chose to follow an established process for inductive content analysis, which is a suitable method to explore participants' experiences and allows researchers to describe research phenomena in a larger team systematically and objectively. The process included loosely defined themes for the consisted of data collection, data reduction, grouping, and formation of the concepts, which is a standard procedure for answering to the research

questions in inductive content analysis. (Kyngäs, 2019a, 2019b.). This process further involves interpretation through the researcher's own experiences and values in a particular context and point in time (Elo & Kyngäs, 2008). Inductive content analysis is commonly used in qualitative health research when the subject is sensitive and there are few previous studies into the phenomenon in question (Elo & Kyngäs, 2008; Kyngäs, 2019b).

Participants

Participants were selected for relevance using purposive sampling (Polit & Beck, 2017). A call for participants was published on the [masked university] and [masked foundation] websites. Inclusion criteria for participants were as follows: 18-35 years old, self-perceived problems with social media and self-limiting of social media use. Participants who met the inclusion criteria contacted us either via email or phone. We applied a saturation-like procedure: the interviewers and one other author met to assess the range of content gathered after five and then ten interviews. After the 10th interview, the data were considered rich enough to inform the intended analysis, and the call for participants was removed. After this, one more participant contacted us and we agreed to include them so, in total, eleven young adults aged 21–36 were included in the study (one of the participants turned 36 years before the interview took place). Five of the participants had sought professional help for their problematic social media use from the [masked foundation], and one participant had received professional help with the same issue from a psychologist. Five of the participants were men and six were women, and most of the participants (n=8) were in a relationship and had tertiary education. Seven of the participants lived in the metropolitan area and the rest in other regions of Finland. No participant refused to participate in the study after contacting.

Data collection

The data were collected through semi-structured individual interviews. The interviews, including a pilot, were carried out between summer and fall 2021, both face-to-face and remotely via Teams due to the COVID-19 pandemic. The interviews followed an adapted McGill Illness Narrative Interview (Groleau et al. 2006) without the final question section, with “social media use” being addressed as a health problem, as defined by the participants. The

interview included questions such as “What kind of methods you have used to limit your social media use?”, “What kind of experiences you have of self-limiting your social media use” and “What kind of support you have received form your friend or family to problematic social media use?”. The interviews lasted between 44 and 107 minutes. Additionally, field notes were taken during the interviews, especially for assessing the sample size (see earlier). The second interviewer transcribed all recorded data, resulting in 173 pages of text (12 font size, 1.5 line spacing).

Positionality

Two authors participated in the interviews, which were carried out one-to-one with interviewees, i.e. one interviewee and one interviewer were present in each interview. One interviewer was a health professional and the other a clinical psychologist. Both interviewers were women. The interviewers had not met any of the interviewees before, but both interviewers knew other people personally who had sought treatment for their problematic social media use. Both interviewers believe that technology use, such as that involving social media, can be related to health problems in some people’s lives while at the same time being beneficial for others. Both believe that more qualitative research is needed to understand properly how health and social media are associated. These views have likely affected the generation and interpretations of the data; however, such familiarity with the topic and recognition of multiple perspectives may also have increased comfort and trust in the participants.

Data analysis

The data were subjected to inductive content analysis (Kyngäs et al. 2019b, Kyngäs, 2019c). Five researchers read the entire data twice to obtain an understanding of the content before starting analysis. Only the manifest content was analyzed, meaning we did not analyze non-transcribed interactions or observations with the participants. One of the interviewers and a non-interviewing researcher coded the data. This enabled us to utilize insight from both inside and outside perspectives. A sentence was chosen as the unit of analysis. Inductive coding was carried out guided by the research questions, with a large number of codes interpreted by both

process and all disagreements were discussed and resolved in two meetings with the whole research team. We did not count the number of disagreements, but several nuances and tones regarding categories, main categories, and subcategories were discussed in depth until agreement. The interviewers and coders suggested further revisions to the categories based on their own perspectives, and these changes were integrated into the results. Ultimately, the team agreed upon sub- categories (n=16), categories (n=6), and two main categories. The categories are shown in Table 1.

Table 1.

Category formulation

<u>MAIN CATEGORY</u>	<u>CATEGORY</u>	<u>SUBCATEGORY</u>	<u>EXAMPLES OF THE OPEN CODES</u>
SUCCESS OF SELF-LIMITING DEPENDS ON THE ENVIRONMENT AND INDIVIDUAL FACTORS	Limiting social media use with applications/devices (externally) and modifying own behaviour/routines (internally).	Modifying applications/devices.	The removal of notifications as a limitation method.
		Modifying environment/routines.	Meditation as a substitute activity.
	Self-limiting use can produce desired outcomes with mixed emotions.	Conflicting emotions aroused by limiting. More time for activities that are personally valued.	Challenges in changing habits. Limiting leaves time for other activities.
LACK OF KNOWLEDGE ABOUT PROBLEMATIC SOCIAL MEDIA USE COMPLICATES SEEKING AND RECEIVING SUPPORT	Environmental and individual factors effect on limiting success.	Motivation to help oneself.	Own resources as a promoter of success.
		Social support.	The effects of dating on the use.
		Studies and work.	Limiting depends on the situation.
	Self-help is key but social support is meaningful.	Searching for information.	Seeking help from the internet.
		Being active and reflective.	Discussions about the topic helps.
		Family and peer support help significantly.	Conversations with loved ones.
	Social reactions to expressing problems vary radically.	Confused.	Prejudice attitude.
		Dismissive.	Belittling the problem.
		Encouraging.	Openness towards the problem.
Support from society and professionals is mixed.	Expert help (programs) might work.	Support services helps.	
	Lacking information, research & training.	Providing information about the problem.	
	Developers' responsibility.	The developer's responsibility towards the problem.	

Results

Two overarching main categories were developed during our analysis, illustrating participants' experiences with limiting their social media use and seeking help to reduce it.

Main categories were:

1. Success in self-limiting social media use depends on the environment and individual factors
2. Lack of knowledge about problematic social media use complicates seeking and receiving support

Several further categories and subcategories were identified within the two main categories.

The first main category primarily consists of different self-limiting strategies but also highlighting how the environment was an important factor in the limiting process. In the second category, support from different sources was particularly emphasized. Excerpts from the interviews are presented (with translations) in Appendix A.

Success of self-limiting depends on the environment and individual factors

The first main category included three categories: *limiting social media use with applications/devices (externally) and modifying own behaviour/routines (internally)*, *self-limiting use can produce desired outcomes with mixed emotions*, and *environmental and individual factors affect limiting success*. Participants had used various methods to self-limit their social media use and felt that there are many factors in everyday life that affect the success of such efforts.

Limiting social media use with applications/devices (externally) and modifying own behaviour/routines (internally)

Regarding the first category, some participants had modified the device via settings, for instance muting notifications, turning off phone display colors, or deleting or logging out of applications. The goal of these strategies was to make social media and its content less appealing or more difficult to access. For example, one participant described how modifying device settings can make it less tempting to use and thus help to reduce usage.

(HM006): I feel the black and white screen is good for me, I'm a visual person.

When the colors are taken away, it's not fun to use anymore.

The participants were also aware that their smartphones automatically measure screen time and that it was possible to use such features for self-monitoring, although the automated warnings were considered too easy to ignore. As an extreme measure, some participants described having permanently erased their accounts from services that they felt were problematic. Having done this there was no temptation to return to these services, as their followers and other acquired benefits were no longer present.

Internal strategies for limiting social media use involved modifying or improving personal routines. For instance, many participants identified impulsively reacting to messages and notifications as a key problem, and described how one way to overcome that problem was to consciously change their own behavior toward such stimuli.

(HM001): If someone sends me a message that has zero interesting content, I just don't answer it.

Participants had also taken steps to reduce their own social media activity, such as sharing fewer updates or making fewer comments. These efforts had been made explicit, for instance by writing down clear rules for how and how not to use social media in the future.

Participants also described concrete, practical ways of self-limiting their social media use, such as leaving the device in another room or charging place, eating without devices, exchanging their devices for older models with fewer features, and deliberately using social media only on computers rather than hand-held devices such as smartphones. Overall, improving their subjective self-awareness of their social media use was perceived by participants to be helpful.

(HM001): Of course, it's possible that I [will] relapse again, so I need to keep self-monitoring and be conscious of myself.

(HM006): I had these routines, like putting my phone in another room or if I go to the university, I turn the screen colors off. As I had noticed [problems] in my phone use, I decided not to look at it all during class.

Self-limiting use can produce desired outcomes with mixed emotions

The participants felt mixed emotions after limiting their use even though the outcome was often positive. Some felt better, freer and more creative or active after having successfully reduced social media time. In these cases, social media time was replaced with other meaningful activities (e.g., outdoor activities, exercise and reading). Some participants mentioned spending more time with friends and activating old hobbies. Even though limiting was perceived challenging, the positive feelings gained from it motivated them to continue trying.

(HM011): It is hard, I must admit. When you have a habit and try to change, it takes time. But I must say, as I was travelling last summer, I kept my phone muted for a week, and although I checked it now and then, the feeling of freedom and extra time was amazingly positive.

Others reported more negative feelings associated with their self-limiting actions. Although they experience their social media use as problematic, they also recognized that social media contributes positively to their lives. For instance, some participants perceived social media to be important for their social relationships, and using it less made them fear missing important social events such as parties.

(HM005): Sometimes I feel like wanting to go back [to social media], as everyone is there and I'm missing out, but then I remember it wouldn't be good for me.

Environmental and individual factors affect limiting success

The participants also described *environmental and individual factors that have an effect on the success of their social media limiting efforts*. Any strategy, such as not carrying devices unless strictly necessary, could work well for one participant and not for another. Individual factors, such as lacking basic information about the risks related to social media, and addictive behaviors in general, were considered to have contributed to unsuccessful attempts to limit social media use. Related to these, a lack of awareness about how social media algorithms have been designed and how they react to users' changing behaviors was felt to be a weakness. Those participants who had a good understanding of these issues felt that this had helped them successfully self-limit their social media use. The most prominent contributing factor, however,

was personal motivation. This was systematically highlighted as a key to improving one's relationship with social media. It was also suggested that accumulating more information and knowledge about social media can build the motivation to change behavior.

Finally, social support was perceived to be meaningful and helpful. Positive feedback from partners and close friends was important to participants in maintaining their motivation. Evidently, the availability of these assets was dependent on the participants' different life situations. For instance, in one case, finding a partner enabled the participant to delete dating apps which had previously been associated with anxious use patterns. In this case, being in a relationship was perceived to be helpful and had a positive effect on the participant's efforts to limit their social media use.

(HM009): When my relationship started, of course Tinder and similar apps, which took a lot of time, were left behind and it gave me more time—it was finally possible to let go of those apps.

Success in self-limiting social media use had a positive impact on participants' studies and work, as it was easier to focus when there was less stimulus from social media. Further, participants reported that the quality and quantity of their sleep improved after limiting their use of social media.

Lack of knowledge about problematic social media use complicates seeking and receiving support

The main category, lack of knowledge about problematic social media use complicates seeking and receiving support, included three subcategories: *self-help is key but social support is meaningful*, *social reactions to expressing problems vary radically*, and *society and professional support are mixed*. The participants felt that gaining relevant knowledge and social support are the key features to tackle these problems. They also voiced how it is not easy to find appropriate help to problems related to social media use because their current level of understanding is low even among experts.

Self-help is key but social support is meaningful

Echoing the first category, our participants described various sources of information as a

basis for their self-help efforts (i.e., the internet, books, and magazines). The same sources also offered concrete tools for people seeking to self-limit their social media use, for instance publicly available scales and questionnaires which can be used to assess the level of one's problems and keep track of them. Participants had also found some of the literature and videos available useful in building their understanding of their own behavior. They found it particularly helpful to learn how social media algorithms are incentivized and optimized to encourage high-level use. This assisted their efforts to self-limit use.

(HM006): I've learned how apps are designed to be addictive, as when they once switched two components in order to make it more accessible and lure people in. Acquiring information like this can help at least "theoretical" people like me to wake up, as "I'm being cheated and I won't fall into this trap."

A key point for the participants was identifying the problem, which triggered help seeking and motivated behavior change. Being self-aware and understanding one's motivations for using social media was also felt to be important. Avoiding patterns, places, and emotional coping that provoked social media use and reflecting them against other people's experiences of such limiting was described to be helpful and could support one's own actions.

(HM009): I know the things that keep me hooked and take over, and I avoid those things. I have created clear rules for myself regarding how to use social media.

(HM007): I sought peer support from my friends and also online, of course, I just used search words like "how to reduce" [social media use] to see how other people have done it.

Social support was considered to be very important to the success of self-limiting strategies. Being able to openly discuss the problem with people close to them both helped participants maintain their motivation and supported them when the process did not go as planned. Peer support also enabled them to share experiences. This helped some of the participants to understand that they "are not alone with these problems," which, again, was experienced as comforting.

(HMO10): Yes, we talked about it with my partner. They also use the smartphone a lot, I think, yet not for social media but gaming. So we ended up commenting on each other's use, like "could you please put that away".

(HM003): I started having conversations with the people close to me and my girlfriend, and almost everyone had similar experience about social media use.

Social reactions to expressing problems vary radically

The participants felt that in their social networks attitudes towards social media problems varied radically and especially by age group: young people understood the problems better because they had more experience with modern technology. In other words, the participants associated dismissive attitudes more commonly with older generations. The latter would not believe that social media can contribute adversely to their mental health. It was difficult for older people in the participants' networks to understand how one could not simply reduce their social media use or stop it. Participants stressed that people do not recognize problematic social media use as a real problem or addiction yet.

(HM009): It isn't acknowledged, like people don't want to see it as an addiction because it doesn't have visible symptoms or it's self-caused. They just say, "put the phone away and stop crying, just stop using it." They don't understand that social media causes addiction [but] it's downplayed.

Society and professional support are mixed

The participants' experiences suggest that *society and professional support are mixed*. Six of the participants had sought professional help for their problematic social media use, and one participant explicitly from their psychologist but the services were not always found to be useful or helpful. The main feedback from the participants was that professionals, such as nurses and psychologists, were not aware that social media use can be problematic — let alone how these problems manifest or should be treated (for an exception, see below). It was also not easy to find help. In general, participants said that more information about the support services that might be available is needed. Also, it was hoped that more efforts would be put into place to increase professionals' awareness about the problems related to excessive use of social media.

Furthermore, development of better support and treatment in the future was called for.

Participants also felt that it would be beneficial to have professional help from the early stages of the problem to prevent bigger problems later.

(HM006): When the dependence is about to develop, it would help to look at the causes with a professional. It's no good to be left alone with that.

Some participants highlighted that knowledge regarding the risks of social media should not be distributed solely within social and health services, but should be made available to society at large, especially in schools. One participant felt that professional help was effective, but also called for more related education.

(HM011): The psychologist was a great help, I wouldn't have managed without one. They showed me websites that taught me about the topic. I think people should be educated about [social media risks] more. I had no clue how to limit my use or where to begin, but the psychologist helped and made me realize that I have a problem.

Ultimately, the corporations that develop applications and other social media products were deemed responsible. According to participants, future design and development of social media services should be more mindful of the potential risks and side effects, which can be detrimental to some people's mental health, namely, developers should take more responsibility when developing social media applications.

(HM003): I also would say that responsibility is also with the developers. For example, legislation always lags behind and the world changes so fast that social media companies should operate more responsibly. If something is legal, it doesn't mean it's morally right, too.

Discussion

The present study focused on young adults' experiences of self-limiting social media use and their perceptions of support gained and/or needed in the process. Our findings suggest that success in self-limiting social media use depends largely on environment and individual factors, moreover, a lack of related knowledge complicates seeking and receiving support.

Concluding from the results, the specific self-limiting strategies and needs for support appear to be individual but social and knowledge resources remain key elements for successful limiting. In practical level these elements should be taken into consideration when developing education to individuals and professionals. Also, the results highlight important points which should be taken into account when developing interventions for problematic social media use.

Historically, research has identified various environmental and individual factors that are highly important to the success of health behavior changes (Glanz & Bishop, 2010; Davis et al., 2015). Our results demonstrate that the same pattern reoccurs with young people who experience problems with their social media use and try to overcome those problems using various self-limiting strategies. Self-controlling social media use has become common, especially by modifying devices (Brevers & Turel 2019) and disabling their more distracting features (Mannell, 2019). Among our participants, many self-limiting strategies were applied, from the aforementioned software modifications to relearning daily routines. Nevertheless, the success of self-limiting was perceived to be less a matter of *what* was done and more that of *how*, and specifically, how the efforts were *supported*. Although the problems associated with social media use are not currently considered diagnostically sufficient, some of our participants experienced distress and most had sought external support for it. Based on our findings we suggest that the support provided for people seeking help for problematic social media use should involve the people they are close to and highlight the important supportive role they can play in the process.

In line with our findings, Chung & Lee (2023) remind that problematic social media use is a result of interactions between individuals, technology, and the environment. Therefore, interventions or possible preventive actions should aim to reduce risks and increase protective factors across these areas and professionals should take these different factors into consideration when treating the problem. In the future, it would be beneficial for research to consider in more detail these different aspects, for instance, in relation to respective self-limiting strategies.

Another key finding voiced by the participants is the overall lack of knowledge regarding

problematic social media use. This lack of knowledge extended to all the parties involved, including personal social networks, health professionals, wider society and the participants themselves. The results are in line with earlier studies, which have suggested that it would be important to provide education to different stakeholders (e.g., users, teachers, health professionals) and increase awareness about the problem at the early stage. (Chung & Lee, 2023; Hylkilä et al., 2023; Musetti et al., 2022). Although this state of affairs can be accounted for by the preliminary stage of current research and the sub-diagnostic status of the construct, it is evident that there is much room for improvement in the dissemination of research findings, at least in the regional context that we studied. At the same time, though, we should be cautious of drawing overly generalized conclusions from preliminary findings and encourage further collaboration between experts in the fields of medical practice, health, psychology, and technology design to ensure that the services on offer are up-to-date and aligned with the concerns of those who seek treatment. Some participants felt that health care professionals do not recognize problematic social media use as an issue, and that professionals in general lack the specific knowledge to address the problem. Our participants' inability to find and receive understanding expert support implies that there may be a need for new kinds of services. Such services require an evidence-based systematic infrastructure where services are provided according to problem type and severity (Chung & Lee, 2023; Lee et al., 2017). It remains for future studies to explore whether the same applies in other cultural and regional contexts.

Numerous studies (e.g., Hjetland et al. 2021; Adorjan et al. 2021; Décieux et al. 2019) stress that social media is an important modern way to connect with other people and interact with them. Still, regulating content and restricting accessibility in some cases should be taken into consideration (Chung & Lee, 2023) and, for example, systematically regulating the social media use in the school environments could help certain vulnerable individuals to prevent problems. In clinical and individual contexts, limiting social media should be done in a way that takes into consideration the unique life situation and needs, that is, in a personalized manner (Harkin & Kuss 2021). Professionals involved in developing and providing treatments

must therefore take individual's distinct social networks and habits into consideration. This concerns also the ongoing development of treatment methods.

Strengths and limitations

Although our participants represent a somewhat difficult-to-reach population, the data consist solely of young Finnish adults. Other age groups may have different experiences, and related research should be carried out, particularly in non-Western countries, in order to better understand the diversity of experiences globally. Member checks might have been useful for assessing to what degree non-participating individuals with social media use problems agree with our interpretations; however, this was not possible due to the relatively small prevalence of the phenomenon. Follow-up research could build further on our findings in this regard.

A semi-structured interview approach was used in this study and a pre-interview, which increases trustworthiness in qualitative research (Kyngäs et al., 2019c), was carried out. Individual interviews made it possible for participants to discuss confidential issues openly with the researcher. The coding was done by two researchers and the categories were identified by three researchers, who also discussed the analysis, further increasing the trustworthiness of the data (Kyngäs et al., 2019). This study is reported openly and verbatim quotations are presented for every category. The quotations were translated to English by non-linguist researchers, which can be seen as a limitation.

Conclusions

So far, research into problematic patterns of social media use has been predominantly quantitative and survey-based, and qualitative studies with actual help-seekers remain almost nonexistent. The present study sheds light on people's concrete efforts to self-limit their social media use by identifying how the process *manifests* and is *supported*. While the findings demonstrate that various self-limiting strategies are being applied, they also, and more importantly, highlight that success in regaining control over one's social media use appears to depend significantly on environmental and individual factors, such as personal motivation and social networks. In general, a lack of knowledge regarding the potential mental health risks associated with social media use was considered to be a key challenge to any efforts to

improve social media use behaviors. Taken together, the findings call for more in-depth research to better understand the health dynamics of social media use and improved dissemination of research findings in order to facilitate the development of related services for those who seek help.

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Appendix A.

Excerpts from the interviews with translations.

Original expression	Translation
<i>(HM006): Se mustavalko näyttö on sellainen minkä mä oon kokenut itselle hyväksi, et olen aika visuaalinen ihminen, et sit kun viedään ne värit, eipä sitä ole niin kiva selata.</i>	<i>(HM006): I feel the black and white-screen is good for me, I'm a visual person. When the colors are taken away, it's not fun to use anymore.</i>
<i>(HM001): Jos joku lähettää mulle jonkun vaan jonkun viestin, joka on sisällöltään ihan nolla niin sit mä vaan en niiku vastaa siihe.</i>	<i>(HM001): If someone sends me a message that has zero interesting content, I just don't answer it.</i>
<i>(HM001): Tottakai se on silleen et mulla saattaa olla tulossa takaisin tää et mä oon taas riippuvainen, et tottakai mä tarkkailen miten mä elän sen kanssa</i>	<i>(HM001): Of course, it's possible that I [will] relapse again, so I need to keep self-monitoring and be conscious of myself.</i>
<i>(HM006): Minulla oli ollut sellaisia käytäntöjä et tota laitan puhelimen eri huoneeseen tai jos menen yliopistolle, niin näyttö on mustavalkoinen. Olin huomannut jo piirteitä itsessäni, ja päätin esim että tämän luennon aikana en kertaankaan kato puhelimeen.</i>	<i>(HM006): I had these routines, like putting my phone in another room or if I go to the university, I turn the screen colors off. As I had noticed [problems] in my phone use, I decided not to look at it all during class.</i>
<i>(HM011): Vaikeeta se on, pakko se on myöntää, kun sitä on tehnyt asioita jollain tavalla niin yhtä äkkiä alkaa muuttamaan käytöstään et se vaatii aikaa. Mutta voin sanoa että suorastaan positiivista et kun mä lähdin reissuun kesällä ja pidin siellä viikon puhelinta äänettömällä, vaikka mä seurasin sitä silloin tällöin, niin kyl se vapauden tunne ja se että oli saanut aikaa lisää.</i>	<i>(HM011): It is hard, I must admit. When you have a habit and try to change, it takes time. But I must say, as I was travelling last summer, I kept my phone muted for a week, and although I checked it now and then, the feeling of freedom and extra time was amazingly positive.</i>
<i>(HM005): Välil tulee sellainen olo et haluis mennä takaisin ja et kaikki muutkin on siellä et nyt mä jään jostain paitsi, mut sitten mä muista et ei se oo ehkä niin hyvä juttu.</i>	<i>(HM005): Sometimes I feel like wanting to go back [to social media], as everyone is there and I'm missing out, but then I remember it wouldn't be good for me.</i>
<i>(HM009): Kun rupesi seuraustelevaan niin tottakai jäi noi tota tinderit ja muut vastaavat jotka vei todella paljon aikaa, et sieltä</i>	<i>(HM009): When my relationship started, of course Tinder and similar apps, which took a lot of time, were left behind and it gave me more time—it</i>

<p><i>vapautui todella paljon aikaa , et niistä pystyi luopumaan.</i></p>	<p><i>was finally possible to let go of those apps.</i></p>
<p><i>(HM006): Itse niin haluaa aina ne faktat niin sit niinku , ja itelle se et on vaikka oppinut sen et miten sovellukset rakennetaan koukuttaviksi ja et näkee et alkaa nähdä ne siellä sovelluksessa et nää kaks vaihdediin päittäin siinä sovelluksessa et ihmiset menis sinne helpommin ja alkaa menee sinne helpommin, tarkoituksella se semmonen raa'an tiedon saaminen voisi auttaa, en sano että kaikkia, mutta semmosia jotka on teoreettisempia tyyppjä niin itse koin että se auttoi herättää sitä et mua niinku huijataan ja sitä kautta semmosta et ainakaa mee tähän suunnittelijan retkuun.</i></p>	<p><i>(HM006) I've learned how apps are designed to be addictive, as when they once switched two components in order to make it more accessible and lure people in. Acquiring information like this can help at least "theoretical" people like me to wake up, as "I'm being cheated and I won't fall into this trap."</i></p>
<p><i>(HM009): Mä tiedän mikä mu koukuttaa ja välttelen sellaisia asioita jotka mua koukuttaa tai vie mukanaan ja sit se et on tehnyt selkeät pelisäännöt itseleen somen käyttöön.</i></p>	<p><i>(HM009): I know the things that keep me hooked and take over, and I avoid those things. I have created clear rules for myself regarding how to use social media.</i></p>
<p><i>(HM007): Mä etsin vertaistukea, kavereilta ja netistä tietysti, koitin käyttää YouTubessa hakusanaa, et ihmiset on vaik vähentänyt et kuinka ne on sen tehnyt.</i></p>	<p><i>(HM007): I sought peer support from my friends and also online, of course, I just used search words like "how to reduce" [social media use] to see how other people have done it.</i></p>
<p><i>(HM010): Kyllä siitä avopuolison kanssa oli ollut puhetta, hänkin mielestäni käyttää paljon älypuhelinia, vaikka ei ehkä somettamiseen, mutta myös pelaa sillä, niin sitten oli puolin ja toisin huomioita, et nyt säkin käytät kännykkää ja et voitko laittaa sen pois.</i></p>	<p><i>(HMO10): Yes, we talked about it with my partner. They also use the smartphone a lot, I think, yet not for social media but gaming. So we ended up commenting on each other's phone use, like "could you please put that away".</i></p>
<p><i>(HM003): Sitä alko käymään just keskusteluja läheisten ja kavereiden kanssa ja just mun tyttöystävän kanssa ja melkein kaikilla oli samalaisia kokemuksia siit somen käytöstä.</i></p>	<p><i>(HM003): I started having conversations with the people close to me and my girlfriend, and almost everyone had similar experience about social media use.</i></p>
<p><i>(HM009): Kyl se on niin et sitä ei tiedosteta, sen olemassaoloa ei tiedosteta, eikä sitä haluta nähdä addiktiona koska siinä ei oo näkyviä</i></p>	<p><i>(HM009): It isn't acknowledged, like people don't want to see it as an addiction because it doesn't have visible symptoms or it's self-caused.</i></p>

<p><i>oireita tai sit se on itse aiheutettu, et laita puhelin pois ja lopeta itkeminen, sillee et sen kun lopetat, ettei ymmärretä sitä et se some on addiktiota aiheuttava. Ei tunnisteta addiktoivaksi, sitä vähätellään someaddktioita vähätellään.</i></p>	<p><i>They just say, “put the phone away and stop crying, just stop using it.” They don’t understand that social media causes addiction [but] it’s downplayed.</i></p>
<p><i>(HM006): No ainakin sen riippuvuuden alkuun ja syihin paneutuminen ammattilaisen kanssa, musta on tosi huonoo et nykyään se pitää vielä tehdä yksin.</i></p>	<p><i>(HM006): When the dependence is about to develop, it would help to look at the causes with a professional. It’s no good to be left alone with that.</i></p>
<p><i>(HM011): Psykologista oli suurin apu tässä yksin en olisi pärjännyt, et hän näytti minulle sivuja ja missä pääsi perehtymään tähän aiheeseen. Et mun mielestä tästä aiheesta voisi valistaa ehkä vielä enemmänkin. Mä ainakin olin ihan ummikko tästä somen rajoittamisesta, että tarkotin, et en tiennyt et miten mä olisin lähtenyt sitä yksin työstämään, et psykologi sit niinku edesauttoi, et pitää itse huomata että on ongelma, olin hyvin yksin sen asian kanssa.</i></p>	<p><i>(HM011): The psychologist was a great help, I wouldn’t have managed without one. They showed me websites that taught me about the topic. I think people should be educated about [social media risks] more. I had no clue how to limit my use or where to begin, but the psychologist helped and made me realize that I have a problem.</i></p>
<p><i>(HM003): Mut kyl mä sanoisin et isosti on vastuu myös noilla alustoilla, et esim lainsäädäntö tulee aina niin myöhässä ja maailma etenee niin nopeesti et mä ehdottomasti peräänkuulutan isojen somealustojen vastuullisuutta. Et vaik joku asia on laillista niin aina voi pohtia sitä onko se moraalista.</i></p>	<p><i>(HM003): I also would say that responsibility is also with the developers. For example, legislation always lags behind and the world changes so fast that social media companies should operate more responsibly. If something is legal, it doesn’t mean it’s morally right, too.</i></p>