

## Social Media Usage, Resilience, and Coping Strategies in Young Adults: A Multidimensional Analysis

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### ABSTRACT

The present study aimed to examine the relationships between coping strategies, resilience, and multidimensional social media use (SMU) among Indian young adults. It tested an integrative model whereby distinct coping strategies predict specific domains of SMU and resilience. A cross-sectional design was used with a sample of 403 young adults (aged 18–25) selected from Chandigarh, India. The participants filled out pen-and-paper questionnaires, including the brief resilience scale (BRS), the brief COPE inventory, and the multidimensional social media usage scale (SMUS), to identify which of the 14 coping strategies predicted resilience in each of the four SMU domains significantly. The stepwise multiple regression analysis was used.

The results supported the hypothesis that different coping strategies predict distinct SMU domains. Resilience was positively predicted by active coping ( $\beta = .120$ ,  $p = .014$ ) and negatively predicted by self-blame ( $\beta = -.200$ ,  $p < .001$ ) and denial ( $\beta = -.119$ ,  $p = .020$ ). For comparison-based use, significant positive predictors included self-blame ( $\beta = .250$ ), substance use ( $\beta = .161$ ), behavioral disengagement ( $\beta = .126$ ), venting ( $\beta = .130$ ), and self-distraction ( $\beta = .098$ ), whereas emotional support ( $\beta = -.099$ ) and positive reframing ( $\beta = -.102$ ) emerged as negative predictors (all  $p < .05$ ). Image-based use was positively predicted by denial ( $\beta = .150$ ), venting ( $\beta = .164$ ), and substance use ( $\beta = .142$ ). Belief-based use was positively predicted by denial ( $\beta = .140$ ), substance use ( $\beta = .147$ ), behavioral disengagement ( $\beta = .147$ ), venting ( $\beta = .101$ ), and humor ( $\beta = .093$ ), with acceptance ( $\beta = -.160$ ) serving as a negative predictor. Consumption-based use was positively predicted by self-distraction ( $\beta = .181$ ), humor ( $\beta = .201$ ), and instrumental support ( $\beta = .140$ ). The final outcome highlighted between 9.1% and 24.9% of variance.

**Keywords:** social media usage, coping strategies, resilience, young adults.

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### Introduction

The widespread use of social media in day-to-day life of individuals has transformed patterns of interpersonal connection and self-regulation (Boyd & Ellison, 2007; Wolfers & Utz, 2022). Young adults navigating the challenges of identity formation, academic pressure, and social belongingness particularly, use social networking sites, such as Instagram, Snapchat, and Facebook, not merely as tools for communication, but as central means for social comparison, emotional expression, and stress management (Singh, Pandey, Datta, & Batra, 2021). Social networking sites (SNSs) can be understood as online platforms that allow individuals to form a public or semi-public identity, choose with whom they wish to form a social connection within the bounded system and share the list of their connection within the same system (Boyd & Ellison, 2007). Quantitative research has consistently signified a correlation between high levels of social media usage (SMU) and its negative psychological outcomes, including high levels of anxiety, depression, loneliness, and lower life satisfaction levels (Lisitsa et al., 2020; Wolfers & Utz, 2022). However, this relationship is neither uniform nor deterministic, showing that the

psychological impact of SMU depends on key individual difference variables.

This study examines the relationship between multidimensional SMU, coping strategies (adaptive vs. maladaptive), and trait resilience simultaneously among young adults in the Indian context. Using standardized and widely validated measures – the Brief Resilience Scale (BRS), Brief COPE Inventory, and Social Media Usage Scale (SMUS) – this study moves beyond the measurement of mere usage frequency. The SMUS is a validated multidimensional scale that measures different behavioral areas (image-based, comparison-based, belief-based, and consumption-based use), allowing for a detailed analysis of how social media is used in various dimensions of an individual's life. This study aims to test an integrative model in which coping strategies predict the relationship between specific types of social media activity and resilience and their outcomes. Thus, it seeks to contribute theoretically to “integrative models of digital coping and resilience” (e.g., Murphy, 2025; Vissenberg & d'Haenens, 2020), and empirically to a growing body of culturally relevant studies with implications for mental health promotion and digital literacy interventions among young adults.

Modern literature indicates that the effects of surfing social media can be most effectively analyzed through the lens of stress and coping theory (Lazarus

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& Folkman, 1984) and resilience frameworks. Young adults often turn their attention to social media as a direct coping mechanism when in contact with stress, seeking validation, social support, or simply distraction (Orsolini et al., 2022; Eden et al., 2020). In contrast, the flexibility of this behavior appears to revolve around specific coping strategies. Research using the Brief COPE Inventory majorly differentiates between adaptive strategies (e.g., active coping, acceptance, seeking instrumental support) and maladaptive strategies (e.g., behavioral disengagement, denial, and venting). The maladaptive strategies are closely related to problematic, addictive patterns of social media surfing and worsening mental health, whereas adaptive coping is linked to more controlled and mindful engagement (Kocabıyık & Bacıoğlu, 2022; Varela et al., 2023). Thus, it can be understood that coping styles may be an important link between social media usage and well-being.

Psychological resilience, often defined as the capacity to adapt and bounce back from adversity and stressful events (Lengua & Gutiérrez, 2019), is considered to be a key factor in this relationship. Individuals with lower resilience are often found to be engaged in problematic SMU due to stressful situations, whereas this pathway weakens for highly resilient individuals (Hou et al., 2017; Khodabakhsh & Ahmadi, 2020). Thus, resilience is not only found to be lowering the levels of social media addiction and psychological distress but also protecting one against the negative impact of stress on digital behavior. This protective behavior, sometimes termed “digital resilience,” highlights that resilience is more than a crucial resource that may help determine whether online engagement helps or worsens mental health (McLaughlin et al., 2021).

Despite this growth, a large gap still persists in the literature. First, research has often depended on unidimensional measures of social media usage (e.g., total time spent), which often ignores the various ways in which different online behaviors, such as active self-presentation, passive consumption, or social comparison, may differentially be related to coping and resilience. A more detailed investigation requires multidimensional tools, such as the Social Media Use Scale (SMUS), which differentiates between behavioral domains such as image-based, comparison-based, belief-based, and consumption-based use (SMUS; Tuck & Thompson, 2024). Second, while researchers have independently studied the interaction and effects of these specific online activities with coping strategies and resilience within a single mode, this has rarely been studied. Understanding whether resilience strengthens the positives of adaptive coping in the context of, for example, active posting, or reduces the negatives of maladaptive coping during passive, comparison-heavy scrolling, is a required step forward. Third,

many existing studies focus on Western or adolescent samples or are situated in acute crisis-like situations, such as the pandemic. There is an urgent need to study these interactions in the ongoing “new normal” of post-pandemic young adulthood, specifically in the rapidly digitizing non-Western areas, such as India, where unique sociocultural factors may be shaping digital engagement (Siluvai et al., 2023; Amit & Kumar, 2025). Finally, a systematic approach is required; studies that employ standardized, multidimensional measures for SMU, coping, and resilience are limited, hindering the ability to compare and dissect unique variance (Zhou & Ma, 2025).

To address these gaps, this study examined the interactive relationships between multidimensional social media usage, coping strategies, and resilience in a sample of young Indian adults. Using a cross-sectional design with validated constructs, the Brief Resilience Scale (BRS), Brief COPE Inventory, and Multidimensional Social Media Use Scale (SMUS), this study tested an integrative model.

### *Social Media Usage, Coping Strategies, and Resilience in Young Adults*

Continuous advancements in the social networking sites have reshaped how adults, especially young adults, communicate, cope with stress, and regulate their emotions (Wolfers & Utz, 2022; Lisitsa et al., 2020). While social media platforms provide varied opportunities for socialization, information seeking, and emotional expression, the existing literature suggests that excessive or maladaptive use may lead to psychological distress, impaired well-being, and addictive behaviors (Singh, Datta, Gupta, & Batra, 2022; Rega & Boursier, 2021). As shown continuously by modern research, the psychological consequences of social media usage are not universal but are deeply affected by individual differences in coping strategies and resilience (Breen, 2024; Hurley, 2018). Furthermore, resilience and coping are key frameworks for understanding when use of social media works as an adaptive resource versus a risk factor for young adults' mental well-being.

A positive association is found between perceived stress and increased social media as suggested by published literature (Lisitsa et al., 2020; Hou et al., 2017). Young adults are often found to be indulging in social media as a means of distraction due to the stressful demands of academics, social pressures, and uncertainty. Emotional relief or social reassurance (Singh, Pandey, Datta, & Batra, 2021; Demirtepe-Saygili, 2022). However, when usage is driven by avoidance or emotional dysregulation, there is a chance that it will intensify distress rather than alleviate it (Wolfers & Utz, 2022). Studies across cultures have also supported this stress-problematic use pathway. Furthermore, perceived stress was also positively associated with problematic social networking site (SNS) use among

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young adults, specifically college students, suggesting that stress acts as a major trigger for maladaptive engagement (Hou et al. 2017). This pattern is especially prominent in high-pressure environments, such as medical students, where stress-related social media usage is linked with poor academic performance through maladaptive coping styles (Shiraly et al., 2024). Existing literature also suggests that an increase in digital reliance among students was linked with higher stress during and after the pandemic (Lisitsa et al, 2020).

Resilience has emerged as a major protective factor in the stress–social media–wellbeing nexus in recent studies. Southwick et al. (2014) defined as the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress by. Resilience refers to an individual's ability to adapt effectively and recover from stressful or adverse experiences (Smith et al., 2008) and influences how individuals appraise stress, regulate emotions, and select coping strategies. Various studies have shown an association between lower levels of social media addiction, reduced psychological distress, better subjective well-being, and high resilience (Kocabiyık & Bacioğlu, 2022; Žmavc et al., 2022; Fitriana & Malahati, 2024).

Furthermore, resilience has been frequently found to be working as a moderator rather than simply working as a predictor. For example, Hou et al. (2017) found that individuals with high resilience do not get motivated for maladaptive use of social media while perceived stress predicts problematic use of SNS only among students with low psychological resilience. Similarly, comparable moderating patterns are observed for subjective happiness (Khodabakhsh & Ahmadi, 2020) and life satisfaction (Varela et al., 2023), showing that resilience safeguards individuals from the negative psychological effects of stress and excessive social media engagement. This safeguarding can be defined as “digital resilience,” which is the ability to adapt and thrive despite the presence of online stressors and risks (McLaughlin et al., 2021; Sharma et al., 2022; Athira & Nithyanandan, 2025).

The literature also suggests that resilience works in parallel with self-regulation and personality factors. Wu et al. (2024) demonstrated that proactive personality predicted lower short-form video addiction through increased resilience and self-control, emphasizing the role of resilience with broader self-regulatory systems. Quantitative research by Zhou and Ma (2025) on the Brief Resilience Scale (BRS) across 21 countries has confirmed that resilience can be reliably and invariantly measured by sex, age, and culture. This supports the use of the BRS as a methodically sound construct for examining resilience in young adult social media research, including cross-cultural comparisons.

Coping strategies serve as a key psychological mechanism, connecting stressful experiences, patterns of social media usage and subsequent mental health outcomes (Carver et al., 1989; Folkman & Moskowitz, 2004). Lazarus and Folkman (1984) define coping strategies within their transactional model as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.” Evidence consistently differentiates between maladaptive strategies, including denial, avoidance, disengagement, and venting, and active coping, such as positive reframing, acceptance, and seeking social support (Carver, 1997).

The Brief COPE Inventory has been used in several studies to demonstrate the strong association between maladaptive coping and problematic social media usage and poorer mental health outcomes. Young adults with higher levels of social media addiction are more likely to rely on emotion-focused and avoidance-oriented coping, while resilience negatively predicts addiction risk (Kocabiyık and Bacioğlu, 2022). Shiraly et al. (2024) found that maladaptive coping partially mediated the relationship between psychological distress and social media usage among medical students, which is in agreement with the evidence that avoidance-oriented coping is associated with worse mental well-being (Weathers et al., 2019), that nomophobia can also be predicted by maladaptive coping (Bragazzi et al., 2019), and that emotion-focused strategies dominated during the pandemic (Lahiri et al., 2021; Barron Millar et al., 2021).

In contrast, adaptive coping mechanisms are associated with more regulated and beneficial social media use. Acceptance and perspective-taking are not only related to greater life satisfaction, but also mediate the relationship between social media addiction risk and well-being: At high levels of these strategies, the negative correlation disappeared (Varela et al., 2023; Lazarus, R. S., & Folkman, S., 1984). Similarly, positive reframing and problem-oriented coping are associated with more controlled and adaptive social media use (Demirtepe-Saygili, 2022). This suggests that interventions that focus on coping skills could decrease the risks associated with social media usage (Soni, 2024).

Social media, rather than being fundamentally harmful or beneficial, can serve as a coping strategy with dual effects. During times of high stress, such as the period of the pandemic, young adults were found to be frequently dependent on social media for connection, emotional support, and meaning-making (Orsolini et al., 2022; Rajan, Nair, & Venkataraman, 2022). Social media usage was also predicted to be associated with better well-being when examined multidimensionally, particularly among adolescents with high depressive symptoms who seemed to benefit from connection and online

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validation (Maftai et al., 2023). Eden et al. (2020) similarly showed that escapist or hedonic use was linked to greater stress and anxiety while eudemonic and need-satisfying media use was linked with higher wellbeing.

In contrast, a large body of literature shows that avoidant, a comparison-driven, or avoidant social media usage may magnify loneliness and distress. Social media use and online support seeking explained via the relationship between loneliness and pandemic stress, that digital coping can both decrease or intensify psychological vulnerability depending on the quality of engagement (Lisitsa et al., 2020). Wolfers and Utz (2022) concluded that social media usage can serve both as a coping tool and a stressor: adaptive coping emerges when support and reappraisal yield meaningful benefits, whereas maladaptive patterns arise through distraction, rumination, or superficial reassurance seeking. This dual nature highlights the importance of measuring quality and functionality of social media usage over the amount of time spent (e.g., active vs. passive usage, seeking social support vs. escapism) (Chen & Lemmer, 2025; Wang, Mao, & Gu, 2025).

Furthermore, social support processes show how coping and resilience work within a digital setting. Students who actively seek social support engaged in more active SNS use and communication with familiar peers, which later was positively associated with psychological resilience (Wang et al., 2025). Seeking support on social media platforms was also found to reduce perceived stress, enhancing coping efficacy when it generates responsive support and complemented by offline coping resources (Chen, A., & Lemmer, K. 2025). These findings show that resilience may be working as both a predictor and an outcome of adaptive online social interactions, suggesting a potential two-way relationship. Furthermore, online social support can be a crucial shield against isolation, as seen during the pandemic lockdowns (Iqbal et al., 2022; Surya et al., 2024; Lipp & O'Brien, 2022). However, the effectiveness of such support can also be affected by individual resilience, influencing overall outcomes such as happiness (Khodabakhsh & Ahmadi, 2020) and community resilience (George et al., 2023). Thus, social media platforms can act as both adaptive and maladaptive coping mechanisms, depending on how individuals engage with them and the manner of usage (Nabi et al., 2013; Verduyn et al., 2017).

## *Synthesis, Research Gaps, and Measurement Considerations*

In summary, the literature supports an integrative model in which the level of stress causes to increase the likelihood of social media surfing; however, variables such as coping strategies and resilience, together, determine whether such results become adaptive or maladaptive. Psychological resilience constantly protects against the negative effects of

stress and problematic social media usage, whereas coping strategies mediate and moderate the relationship between digital engagement and wellbeing (Breen, 2024; Hussey, 2025).

Despite these advances, notable gaps in the literature still persist. First, while the pandemic provided a rich area for study, there is a need to examine these dynamics in the ongoing “new normal” of post-pandemic young adulthood, where digital surfing remains high but sources of stress may have been shifted (Singh, Pandey, Datta, & Batra, 2021). Second, young adults in rapid digitization, non-Western areas, such as India, are underrepresented relative to adolescents and Western samples, despite research on unique patterns of social media usage, coping, and psychological distress in these populations (Saleen & Jan, 2024; Siluvai et al., 2023; Upadhyay, 2018; Amit & Kumar, 2025; Putta, Kohir, & Chavan, 2022; Saini et al., 2020). Third, many studies examine resilience, coping, or social media use in isolation rather than within a single empirical model that integrates their interactive effects. Finally, there is a growing need for more research that employs standardized, multi-dimensional measures simultaneously, such as the Brief Resilience Scale (BRS), Brief COPE, and multidimensional scales assessing the qualitative nature of social media engagement (e.g., the Social Media Use Scale; Bell et al., 2021), to move beyond mere quantitative metrics and examine how specific online behaviors are related to coping and resilience.

## *Hypothesis, Aims and Objectives*

The primary objectives of this study were to (1) examine the relationship between specific behavioral domains of social media use (e.g., comparison-based vs. image-based activities) and psychological outcomes, and (2) test the moderating effect of resilience on these pathways.

Based on the review of the literature, the following hypotheses were formulated:

H1: Resilience will be negatively predicted by maladaptive coping strategies (e.g., self-blame, denial, and behavioral disengagement), whereas adaptive coping strategies (e.g., active coping, acceptance) will positively predict resilience.

H2: Different coping strategies are anticipated to predict various domains of social media usage. Specifically:

- H2a: Comparison-based use will be positively predicted by maladaptive coping strategies (e.g., self-blame, venting) and negatively predicted by adaptive strategies (e.g., positive reframing, emotional support).
- H2b: Maladaptive coping strategies such as denial and venting, will positively predict image-based use.

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- H2c: Consumption-based usage will be positively predicted by self-distraction and humor.
- H2d: Belief-based use will be predicted by a mix of maladaptive and adaptive strategies, with acceptance serving as a negative predictor.

## Methods

### *Inclusion and Exclusion Criteria*

Participants were selected if they met the following criteria: (1) aged between 18 and 25 years (this age range represents evolving adulthood, characterized by identity exploration and increased social media usage; Arnett, 2000); (2) is actively using at least one social networking site, defined as having used the platform at least once in the past week or ten days; (3) ability to read and comprehend English, as all instruments were administered in English; and (4) willingness to provide informed consent. Participants were excluded if they were found to be aged below 18 or above 25 years. Additionally, responses were excluded from the final analysis if patterned responding was detected (e.g., straight-lining, where the same responses were given to 15 or more consecutive items, indicating possible careless responding).

### *Participant Characteristics*

403 young adults, between the age of 18 and 25 years were included in the final sample across various campuses of universities in Chandigarh, India.

### *Sampling Procedure*

The sampling technique used for data collection was a non-probability convenience sampling. Based on the availability and willingness to participate in the study participants were selected across university campuses in Chandigarh. Due to the extensive student population, which comprised young adults from various states in India Chandigarh was selected for the collection of the data. Paper-and-pencil format was used to collect the data in classrooms and libraries.

### *Sample Size Determination*

Krejcie and Morgan's (1970) table was used for determining the target sample size from a given population. To achieve a 95% confidence level and 5% margin of error, the table recommends 384 participants for an extensive population of 1,000,000 or more. A total of 418 responses were initially collected (186 males and 222 females). After screening of the data, 15 responses (13 males and 2 females) were excluded due to patterned responding, yielding a final sample of 403, which exceeds the Krejcie and Morgan table's recommendation.

### *Measures and Covariates*

**Demographic Information:** Participants were asked to provide: their names (optional), age, and gender (male/female/other). Participants provided a signed

consent, verifying that they were aged 18 years or older and willing to participate in the study.

**Social Media Usage Scale (SMUS):** This is a 17-item multidimensional scale measuring the frequency of social media usage and behavior over the past one week on a 9-point scale (1 = Never to 9 = Hourly or more). Four subscales were present: image-based use (5 items), comparison-based use (3 items), belief-based use (4 items), and consumption-based use (5 items). No reverse-keyed items were present.

**Brief Resilience Scale (BRS):** This is a 6-item scale measuring perceived ability to recover from stress (Smith et al., 2008). Items are rated on a 5-point scale (1 = strongly disagree to 5 = strongly agree). Items 2, 4, and 6 are reverse-scored. The final score is the mean of all six items, with higher scores indicating greater resilience.

**Brief COPE Inventory:** A 28-item inventory measuring 14 distinct coping strategies (two items per strategy; Carver, 1997). Participants rated the extent of each coping behavior on a four-point scale (1 = I haven't been doing this at all; to 4 = I've been doing this a lot). Each subscale score ranges from 2 to 8.

### *Data Collection*

Data was collected from the month of November 2025 to February 2026. For administration purpose, students were approached and invited to participate voluntarily. The first page served as informed consent, detailing the research purpose, ensuring anonymity and confidentiality, and stating that participation was voluntary. Participants provided written signatures. No incentives were provided. The completion time was approximately 12–15 minutes.

### *Data Diagnostics*

A total of 418 responses were received. 15 responses were identified as exhibiting patterned responding (straight-lining across 15 or more consecutive items) and were excluded, yielding a final sample of 403.

### *Analytic Strategy*

All statistical analyses were conducted using IBM SPSS Statistics, Version 23. The significance level for all statistical tests was set at  $\alpha = .05$  (two-tailed).

## Results

A series of stepwise multiple regression analyses were conducted to examine how coping strategies predict resilience and specific domains of social media usage in young adults. Five separate models were run with the Brief Resilience Scale (BRS) and the four domains of the Social Media Usage Scale (SMUS): belief-based use, comparison-based use, consumption-based use, and image-based use, as the dependent variables. The independent variables across all models were the 14 subscales of Brief COPE. The final models for each dependent

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variable, along with their significant predictors, are presented in Tables 1, 2, and 3.

To test the hypotheses, a series of stepwise multiple regression analyses were conducted. This approach was selected for its exploratory utility in identifying the most parsimonious set of predictors from the 14 coping strategy subscales of the brief COPE inventory. Five separate stepwise regression models were used.

Model 1: Resilience, measured using the brief resilience scale (BRS), served as the dependent variable.

Model 2-5: The four domains of social media usage measured by the social media usage scale (SMUS; belief-based usage, comparison-based usage, consumption-based usage, and image-based usage) served as the dependent variables.

For all models, 14 coping subscales (e.g., self-blame, active coping, denial, substance use, acceptance, venting, humor, emotional support, positive reframing, self-distraction, instrumental support, and behavioral disengagement) were entered as independent variables.

The stepwise procedure was conducted using both forward selection and backward elimination to enhance model stability. The probability of F-to-enter was set at  $p < .05$ , and the probability of F-to-remove was set at  $p > .10$ . The final model for each dependent variable was selected based on statistical significance, the incremental change in  $R^2$ , and parsimony of the predictor set. Model fit was assessed using  $R^2$ , adjusted  $R^2$ , and the F-test for the overall model.

**Table 1:** Summary of Stepwise Regression Models for Resilience and Coping Strategies

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Dependent Variable	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Final Predictors
<b>BRS</b>	1	.245	.060	.058	4.389	Self-Blame
	2	.281	.079	.074	4.351	Self-Blame, Active Coping
	3	.302	.091	.084	4.326	Self-Blame, Active Coping, Denial
<b>Belief-Based</b>	1	.281	.079	.077	4.731	Denial
	2	.330	.109	.104	4.659	Denial, Substance Use
	3	.361	.130	.124	4.609	Denial, Substance Use, Behavioral Disengagement
	4	.390	.152	.143	4.557	Denial, Substance Use, Behavioral Disengagement, Acceptance
	5	.403	.163	.152	4.534	Denial, Substance Use, Behavioral Disengagement, Acceptance, Venting

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	6	.413	.171	.158	4.517	Denial, Substance Use, Behavioral Disengagement, Acceptance, Venting, Humor
<b>Comparison-Based</b>	1	.399	.159	.157	5.415	Self-Blame
	2	.443	.196	.192	5.301	Self-Blame, Substance Use
	3	.462	.213	.207	5.251	Self-Blame, Substance Use, Behavioral Disengagement
	4	.472	.223	.215	5.225	Self-Blame, Substance Use, Behavioral Disengagement, Venting
	5	.483	.233	.223	5.198	Self-Blame, Substance Use, Behavioral Disengagement, Venting, Emotional Support

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	6	.491	.241	.229	5.178	Self-Blame, Substance Use, Behavioral Disengagement, Venting, Emotional Support, Positive Reframing
	7	.499	.249	.236	5.156	<b>Self-Blame, Substance Use, Behavioral Disengagement, Venting, Emotional Support, Positive Reframing, Self-Distract</b>
<b>Consumption-Based</b>	1	.253	.064	.062	8.409	Self-Distract ion
	2	.321	.103	.098	8.242	Self-Distract ion, Humor
	3	.349	.122	.115	8.164	<b>Self-Distract ion, Humor, Instrumental Support</b>

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<b>Image-Based</b>	1	.250	.063	.060	6.476	Denial
	2	.301	.090	.086	6.387	Denial, Venting
	3	.330	.109	.102	6.330	Denial, Venting, Substance Use

Table 1 presents the stepwise regression models used for resilience and each domain of social media usage. For resilience (BRS), a three-step model was employed (Model 3,  $R = .302$ ), with final predictors as self-blame, active coping, and denial, accounting for 9.1% of the variance ( $R^2 = .091$ , adjusted  $R^2 = .084$ ).

For belief-based usage, a six-step model was selected (Model 6,  $R = .413$ ), including denial, substance use, behavioral disengagement, acceptance, venting, and humor, explaining 17.1% of the variance ( $R^2 = .171$ , adjusted  $R^2 = .158$ ). For comparison-based usage, a seven-step model was retained (Model 7,  $R = .499$ ) with seven coping strategies (i.e., self-blame, substance use, behavioral disengagement, venting, emotional support, positive reframing, self-distraction), accounting for 24.9% of the variance ( $R^2 = .249$ , adjusted  $R^2 = .236$ ). For consumption-based usage, a three-step model was found to be significant (Model 3,  $R = .349$ ), with the predictors, self-distraction, humor, and instrumental support, explaining 12.2% of the variance ( $R^2 = .122$ , adjusted  $R^2 = .115$ ). For image-based usage, a three-step model was significant (Model 3,  $R = .330$ ), with denial, venting, and substance use as predictors, accounting for 10.9% of the variance ( $R^2 = .109$ , adjusted  $R^2 = .102$ ).

**Table 2:** Summary of Stepwise Regression Coefficients for Final Models

Dependent Variable	Predictors (Final Model)	Unstd. B	Std. Error	Std. Beta	t	Sig.
BRS	(Constant)	20.231	1.124		17.997	.000
	Self-Blame	-.497	.125	-.200	-3.980	.000
	Active Coping	.349	.141	.120	2.471	.014

	Denial	-.328	.140	-.119	-2.341	.020
<b>Belief-Based</b>	(Constant)	2.888	1.141		2.512	.012
	Denial	.421	.159	.140	2.642	.009
	Substance Use	.485	.160	.147	3.032	.003
	Behavioral Disengagement	.439	.150	.147	2.919	.004
	Acceptance	-.467	.135	-.160	-3.464	.001
	Venting	.313	.156	.101	2.010	.045
	Humor	.233	.118	.093	1.985	.048
<b>Comparison-Based</b>	(Constant)	1.156	1.509		0.766	.444
	Self-Blame	.808	.159	.250	5.068	.000
	Substance Use	.639	.183	.161	3.500	.001
	Behavioral Disengagement	.453	.168	.126	2.701	.007
	Venting	.482	.184	.130	2.627	.009
	Emotional Support	-.334	.155	-.099	-2.151	.032
	Positive Reframing	-.369	.163	-.102	-2.260	.024
	Self-Distraction	.368	.177	.098	2.085	.038
<b>Consumption-Based</b>	(Constant)	8.222	1.796		4.577	.000
	Self-Distraction	1.004	.272	.181	3.688	.000

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	Humor	.883	.213	.201	4.149	.000
	Instrumental Support	.727	.247	.140	2.939	.003
<b>Image-Based</b>	(Constant)	5.486	1.118		4.909	.000
	Denial	.610	.213	.150	2.864	.004
	Venting	.690	.215	.164	3.214	.001
	Substance Use	.639	.223	.142	2.871	.004

Table 2 shows that the regression coefficients for the final model of each of the dependent variable in the study. For resilience, self-blame ( $\beta = -.200, p < .001$ ) and denial ( $\beta = -.119, p = .020$ ) were significant negative predictors while active coping ( $\beta = .120, p = .014$ ) was found to be a positive predictor. For belief-based use, positive predictors were denial ( $\beta = .140, p = .009$ ), substance use ( $\beta = .147, p = .003$ ), behavioral disengagement ( $\beta = .147, p = .004$ ), venting ( $\beta = .101, p = .045$ ), and humor ( $\beta = .093, p = .048$ ); acceptance ( $\beta = -.160, p = .0011$ ) was found to be a negative predictor. For comparison-based use, positive predictors included self-blame ( $\beta = .250, p < .001$ ), substance use ( $\beta = .161, p = .001$ ), behavioral disengagement ( $\beta = .126, p = .007$ ), venting ( $\beta = .130, p = .009$ ), and self-distraction ( $\beta = .098, p = .038$ ); emotional support ( $\beta = -.099, p = .032$ ) and positive reframing ( $\beta = -.102, p = .024$ ) were negative predictors. For consumption-based use, self-distraction ( $\beta = .181, p < .001$ ), humor ( $\beta = .201, p < .001$ ), and instrumental support ( $\beta = .140, p = .003$ ) were all found to be positive predictors. For image-based use, denial ( $\beta = .150, p = .004$ ), venting ( $\beta = .164, p = .001$ ), and substance usage ( $\beta = .142, p = .004$ ) were significant positive predictors. The constant was all also significant in all the models.

**Table 3:** ANOVA Summary for Final Regression Models

Dependent Variable	Sum of Squares (Regression)	df (Regression)	Mean Square (Regression)	F	Si g.
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<b>BRS</b>	750.169	3	250.056	13.359	.000
<b>Belief-Based</b>	1665.636	6	277.606	13.607	.000
<b>Comparison-Based</b>	3486.602	7	498.086	18.734	.000
<b>Consumption-Based</b>	3694.105	3	1231.368	18.474	.000
<b>Image-Based</b>	1953.934	3	651.311	16.253	.000

Table 3 summarizes the ANOVA results for each final models of regression. For resilience,  $F(3,399) = 13.359, p < .001$ . For belief-based use,  $F(6,396) = 13.607, p < .001$ . For comparison-based use,  $F(7,395) = 18.734, p < .001$ . For consumption-based use,  $F(3,399) = 18.474, p < .001$ . For image-based use,  $F(3,399) = 16.253, p < .001$ . All the models mentioned were found to be significant.

### Discussion

#### *Support of Original Hypotheses*

This study aimed to examine the relationship between distinct coping strategies and both resilience and multidimensional social media usage (SMU) domains among Indian young adults. The results partially to fully supported the study's hypotheses.

Hypothesis 1, which stated that maladaptive coping strategies would negatively predict resilience and adaptive coping would positively predict it, was partially supported. The final model for resilience was significant, with active coping emerging as a significant positive predictor, whereas self-blame and denial were significant negative predictors. However, other hypothesized adaptive strategies (e.g., acceptance, positive reframing) did not enter the final model, suggesting that resilience in this sample was not most strongly characterized by the absence of self-critical and avoidant behaviors rather than the presence of a broad range of adaptive strategies. The model explained 9.1% of the variance in resilience.

Hypothesis 2, which proposed various coping predictors for each SMU domain, was strongly supported, with all four final models yielding unique patterns of predictors.

- H2a (for comparison-based use): The results fully supported the hypothesis. The model explained 18.4% of the variance. As hypothesized, maladaptive strategies (including, self-blame, substance use, behavioral disengagement, venting, and self-distraction) positively predicted

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comparison-based usage, whereas adaptive strategies (emotional support and positive reframing) negatively predicted it.

- H2b: (for image-based use): The results fully supported this hypothesis. Denial, venting, and substance use positively predicted image-based use, which is consistent with the hypothesis that maladaptive emotion-focused coping underlies engagement with image-focused platforms. The model explained 10.9% of the variance.
- H2c: (for consumption-based use): This hypothesis was found to be partially supported. As hypothesized, self-distraction and humor positively predicted this domain. However, the inclusion of instrumental support, an adaptive strategy, was not anticipated and suggests that consumption-based use also serves a functional, information-seeking purpose beyond mere distraction. The model explained 11.1% of the variance.
- H2d: (for belief-based use): This hypothesis was also partially supported. As hypothesized, maladaptive strategies (denial, substance use, behavioral disengagement, venting, and humor) positively predicted belief-based use, whereas acceptance negatively predicted it. However, the hypothesized presence of other adaptive strategies (e.g., active coping) in this model was not observed. The model explained 20.1% of the variance.

No primary hypotheses were found to be refuted, although the emergence of instrumental support in consumption-based use and the absence of certain adaptive strategies in the resilience model represent unanticipated results which warrants further exploration.

### *Similarity of Results*

The results of this study not only overlap with existing literature but also extend it. The negative association between maladaptive coping strategies (self-blame, denial) and resilience is consistent with previous work demonstrating that disengagement-oriented coping erodes psychological resources (Kocabiyik & Bacioğlu, 2022; Soni, 2024). Similarly, the positive association between active coping and resilience is consistent with foundational frameworks (Lazarus & Folkman, 1984) and recent findings that link proactive coping with enhanced digital adaptation (Chen & Lemmer, 2025; Wu et al., 2024). With respect to SMU domains, the results echo studies demonstrating that maladaptive strategies such as denial, venting, and substance use are associated with problematic

engagement (Orsolini et al., 2022; Varela et al., 2023; Wolfers & Utz, 2022). The negative relationship between acceptance as a protective factor against social media addiction.

However, the present study extends prior work by demonstrating that these relationships are not uniform across SMU domains. Unlike most previous studies that treat SMU as unidimensional, this study provides empirical support for the utility of a multidimensional approach, as advocated by recent integrative models of digital coping (Murphy, 2025; Vissenberg & d'Haenens, 2020).

Different forms of social media engagement appeared to fulfill distinct psychological functions, varying in their impacts on the users on emotional and cognitive levels (Burke et al., 2010; Escobar-Viera et al., 2018). Image-based usage and comparison-driven content has been found to be linked more strongly with maladaptive coping patterns, especially those associated with social comparison processes (Hou et al., 2017; Lisitsa et al., 2020). Thus, it can be concluded that coping strategies are a key psychological means for understanding young adults' social media engagement. For comparison-based use, the final model ( $R^2 = .249$ ) included self-blame ( $\beta = .250$ ), substance use ( $\beta = .161$ ), behavioral disengagement ( $\beta = .126$ ), venting ( $\beta = .130$ ), and self-distraction ( $\beta = .098$ ) as positive predictors, while emotional support ( $\beta = -.099$ ) and positive reframing ( $\beta = -.102$ ) were negative predictors. Similarly, image-based use ( $R^2 = .109$ ) was positively predicted by denial ( $\beta = .150$ ), venting ( $\beta = .164$ ), and substance use ( $\beta = .142$ ). These results suggest that such actions may be reflective of the counterproductive attempts to escape distress or regulate negative emotions by the users.

Consumption-based use ( $R^2 = .122$ ) was predicted by self-distraction ( $\beta = .181$ ) and humor ( $\beta = .201$ ), but also by instrumental support ( $\beta = .140$ ), an adaptive strategy. This suggests that such usage may also serve as informational or for problem-solving purposes instead of being avoidant. For belief-based use ( $R^2 = .171$ ), maladaptive strategies—denial ( $\beta = .140$ ), substance use ( $\beta = .147$ ), behavioral disengagement ( $\beta = .147$ ), venting ( $\beta = .101$ ), and humor ( $\beta = .093$ )—were positive predictors, while acceptance ( $\beta = -.160$ ) was a negative predictor. Higher acceptance in individuals were found to be less inclined to engage in pretentious, belief-driven content as a way to externalize distress, aligning with studies linking acceptance to better emotional regulation and reduced engagement in content which conflicted with their belief. Thus, the negative association between acceptance and belief-based usage is observable.

For resilience ( $R^2 = .091$ ), active coping ( $\beta = .120$ ) emerged as a positive predictor, while self-blame ( $\beta = -.200$ ) and denial ( $\beta = -.119$ ) were negative predictors. The modest variance explained in

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resilience (9.1%) and image-based use (10.9%) suggests that although coping strategies are influential, other factors—such as personality traits, offline social support, and situational stressors—also play substantial roles.

## *Cultural Depth*

It is important to find studies applicable to the Indian population beyond just the demographic descriptors, in order to reinforce generalizability. The role of instrumental support in consumption-based use might be amplified due to the higher emphasis on family cohesion and interdependence in collectivist cultures and their norms. In a collectivist-culture where family-oriented advice-seeking is a primary approach to problem-solving (Siluvai et al., 2023), the functional use of social media for information-gathering purposes represents the extension of this cultural tendency. This pattern warrants a direct comparison with individualistic cultures wherein such instrumental-usage of social media might be less prevalent. In addition, the fast pace of India's digital growth, with more than 900 million active Internet users forecasted by 2024, might increase the relationship between problematic usage of social media and maladaptive coping strategies, as suggested by recent local research (Internet and Mobile Association of India [IAMAI] & Kantar, 2025). The scale and velocity of India's digital growth make the investigation of these psychological processes particularly relevant.

## *Limitations and Future Directions*

While this study provides valuable findings and insights, several limitations must be acknowledged. First, the cross-sectional nature of this study limits the ability to draw causal pathways. The study's directionality suggested that coping predicts SMU; however, this cannot be confirmed, as coping styles may also be shaping coping strategies over time with engagement in social networking sites. Future research should employ longitudinal designs to establish temporal precedence and examine the bidirectional relationships suggested by the previous literature (Wang et al., 2025).

Second, the stepwise regression approach, although useful for exploratory model building, is known to be sensitive to random effects and may result in unstable regression models. The low  $R^2$  values, particularly for resilience (9.1%) and image-based usage (10.9%), suggests that other uncontrolled variables (e.g., personality traits, attachment styles, or offline social support) may also contribute significantly to these outcomes. Additionally, several coping strategies from the Brief COPE Inventory, including religion, planning, and self-blame (in certain models), did not feature in the final model as significant predictors for various SMU domains. This suggests that not all coping styles are equally relevant to understanding digital

engagement patterns; thus, future research should explore whether these strategies operate differently across cultural contexts or specific populations.

Third, the study heavily relied on self-report measures, which are easily subjected to biases, such as social desirability and recall inaccuracy. Future studies may benefit from using objective measures of SMU (e.g., digital trace data) or ecological momentary assessment to capture coping and social media use in real-time. Furthermore, the study's quantitative nature limits the depth of understanding regarding "how" and "why" young adults use specific coping strategies in their digital interactions. Qualitative research tools, such as in-depth interviews or focus groups, could provide rich contextual insights into the lived experiences of young adults navigating social media, highlighting the unique ways in which coping styles may manifest in everyday online behaviors. Such approaches would allow researchers to explore the meanings individuals often attach to their social media usage, the situational factors that shape coping choices, and the subjective experiences of resilience in digital spaces, thus giving insights that cannot be fully captured through standardized scales alone.

Despite these limitations, this study makes a significant contribution by empirically demonstrating that coping strategies are not uniformly related to social media usage but are instead uniquely associated with specific, behavior-based domains of online engagement of the user. The findings highlight that the risk associated with social media is not only related to the social networking sites themselves but is also dependent upon the coping styles young adults bring to them. For practitioners and mental health professionals, these results move beyond simplistic advice of "reducing screen time." Instead, interventions should focus on fostering adaptive coping skills (e.g., active coping, positive reframing, and acceptance) while addressing maladaptive patterns (e.g., self-blame and denial). Such skills-based approaches may prove useful to young adults' growth and help them navigate the digital world in a way that supports, rather than undermines, their resilience and psychological well-being. This is particularly crucial in the Indian context, where digital literacy and mental health promotion are increasingly being recognized as public health priorities. Furthermore, educational institution such as National Council of Educational Research and Training (NCERT), may use such skill-based training in their curriculum, targeting adaptive coping training along with digital safety, which would result in empowering young adults in the rapidly growing digital world in a way that is supporting instead of undermining their resilience and mental well-being.

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