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COLUMN

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Doomsurfing and doomscrolling mediate psychological distress in COVID-19 lockdown: Implications for awareness of cognitive biases

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Abstract

The coronavirus disease 2019 (COVID-19) pandemic has led to a significant increase in the consumption of the internet for work, leisure time activities, and has also generated substantial amounts of anxiety, and uncertainty, which has lead individuals to spend a lot of time surfing the internet for the latest news on developments in the COVID-19 crisis. This ends up as scrolling or surfing through a lot of pessimistic news items. This search for information during COVID-19 is apparently influenced by a number of cognitive biases as well as mediated by poor affect regulation skills. Thus, there is a need to address these cognitive biases and promote affect regulation strategies across health settings.

KEYWORDS

cognitive bias, doomscrolling, doomsurfing, healthy use of technology, psychological distress

The coronavirus disease 2019 (COVID-19) pandemic has propelled a substantial increase in the consumption of the internet for both work and leisure activities across the globe. In recent months, the consumption of news over digital mediums has increased by around 35% and through social media by nearly 47% during the COVOD-19 pandemic and related lockdowns across the world.[1] In the ongoing COVID-19 crisis, which has created anxiety and more significantly uncertainty, people on the majority of occasions end up spending a lot of time listening, viewing or surfing persistently for COVID-19 news over the internet, which is saddening or disappointing and makes one feel anxious, apprehensive, uncertain about future, sad and angry and still they are not able to stop themselves from doing the same, and this has been termed as the phenomenon of doomsurfing.[2]

A related term to this phenomenon is known as doomscrolling, which refers to reading or scrolling through such negative news on the phones or through social media feeds.[2] Doomsurfing appears to have led to a definite increase in technology use, like reading news about COVID-19 has been among the most searched activity on Google search

since March 2020.[3] Doomsurfing related to COVID-19 pandemic can be reflected in behaviors, such as frequently checking the number of affected cases, the number of morbidities, staying up late checking for the latest information about the new symptoms, newer ways through which severe acute respiratory syndrome coronavirus 2 can spread and ways to minimize the risk. Doomsurfing and Doomscrolling lead to the experience of emotions of intense anxiety, uncertainty, apprehension, fear, and feelings of distress which in turn lead to difficulties in the initiation of sleep, poor quality of sleep, decrease in appetite, decreased interest in activities and low motivation to continue with tasks of the day.[4]

There are various factors contributing to this phenomenon of doomsurfing, one of them being the human tendency to make better sense of the uncontrollable situation and filling the information gap. To overcome the information gap in the COVID-19 pandemic and the associated negative feelings, the people tend to engage more in the phenomenon of doomsurfing or doomscrolling with the expectation to access some positive information or perspectives about the COVID-19 pandemic so that their anxiety, fear, and apprehension decreases. However, in this search of optimistic or positive news, they end up scrolling or surfing through a lot of pessimistic news which leads to further exacerbation of feelings of anxiety, apprehension, uncertainty, and panic and this becomes a vicious circle where the individuals appear to become trapped on the internet via doomsurfing with unpleasant emotions and stress. This search for optimistic news or information during COVID-19 is influenced by the optimism bias wherein the individual overestimates the likelihood of occurrence of positive events which will happen in the COVID-19 pandemic either tomorrow, next week or next fortnight and underestimates the probability of negative events.[5] Another thinking error that influences the doomsurfing in individuals is their inclination to constantly seek out information and assign higher weightage to evidence that supports their hypothesis and dismiss or offers lower weightage to evidence which disconfirms their perspective. This phenomenon is known as confirmation bias.[3] In addition, doomsurfing is also influenced by anchoring bias wherein the individuals put their trust heavily on the initial piece of information which comes their way and then continue with their online search to accumulate more information that supports their initial set of information while ignoring the other information which is inconsistent.[3]

In addition, to thinking errors, the affect regulation also influences the excessive use of digital platforms. When individuals are experiencing low mood, decreased interest in activities, and high fatigue levels they have a higher tendency to spend increased amounts of time on digital platforms to up-regulate their mood.[6] The presence of psychological distress like depressive symptoms has been evidenced to have a stable relationship with engagement in problematic or excessive use of the internet.[7–9] This relationship apparently further increases the feelings of depression when the individual is not engaging in internet use. Thus with time, it leads to the formation of a seemingly unending cycle. The cognitive biases also lead us to feel anxious, apprehensive, and increase our levels of uncertainty, which triggers us to surf, scroll for more information which may be crucial for our survival and in anticipation of information that elevates low mood, minimizes emotions of anxiety, uncertainty, and apprehension and would give us back our sense of lost control over the environment. In such a situation, we are also vulnerable to consuming inaccurate and incomplete information which rather than increasing our sense of control decreases the control, validates our fears, increases anxiety, uncertainty and pushes us towards a vicious cycle of the constant need to know, a constant need to doomsurf or doomscroll over the internet.[10]

This report highlights that there is a need to explore the underlying cognitive biases which facilitate the initiation and maintenance of the phenomenon of doomsurfing and doomscrolling during the ongoing COVID-19 pandemic. To address these cognitive biases, which have got triggered during the COVID-19 pandemic there is a need to offer online programs for the members of the public which focus on creating awareness about the cognitive biases, their role in facilitating doomsurfing and doomscrolling, pathways that cause the emergence of feelings of sadness and anxiety and design behavioral experiments to offer less threatening interpretations and more realistic outcomes. In addition, the programs should include education on the healthy use of technology inclusive of the use of social media platforms, digital news feeds, and minimizing time spent on the use of smartphones, and increase the time spent on offline activities. Moderating the time spent on online platforms can be achieved by switching off smartphone notifications, use of essential applications on smartphones, not using the smartphone as an alarm clock, keeping smartphones and digital devices outside bedrooms, no usage 2 h before bedtime, outlining structured times of short durations in the day for accessing online platforms rather than ensuring a continuous presence on social media platforms or microblogging sites or constant consumption of news.[11] Engaging in healthy use of technology will help in developing digital hygiene with time which will ensure that individuals become active or intentional users are not passive users or consumers of technology. Along with the acquisition of digital hygiene more offline activities need to be developed, such as engaging in playing indoor sports, games, morning or evening walks, drawing, sketching, and engaging in a number of other hobbies with family and friends.[11]

1 | IMPLICATIONS FOR NURSING PRACTICE

(i) The nursing professionals can facilitate in enhancing awareness regarding technology use among nursing students and practicing nurses as it would facilitate to develop the practice of exploring technology use details of their patients during their clinical practice irrespective of diagnoses of their patients. (ii) The generation of awareness and adoption of digital hygiene strategies among nursing students and nursing professionals will contribute towards better affective regulation, mental well-being, healthy use of technology, minimize the experience of anxiety, fear, apprehension, hopelessness, and intolerance of uncertainty in times of COVID-19 pandemic and help greatly to deliver better patient care and be more mature nurse leaders. (iii) Nursing professionals working in varied health settings inclusive of

community health centers, can create awareness about cognitive biases, use of dysfunctional and threatening explanations, and educate on engagement in healthy use of technology, adoption of digital hygiene skills, and re-developing offline activities specifically among adolescents and young adult users of health service facilities and nursing students and fellow nursing professionals.

2 | IMPLICATIONS FOR NURSING EDUCATION

(i) Nurse Educators or nurse mentors can develop short-term academic programs for training the student nurses about the emergent need to increase the awareness and adoption of the use of digital hygiene strategies during their graduate, post-graduate training of nursing and ways to integrate these skills into the daily discharge of clinical services to patients. (ii) Workshops on screening and management of digital technology use can be conducted at frequent intervals for nurse teachers and students so that they are trained to screen, identify and counsel students and patients with excessive technology use in the initial stages of developing addictive behaviors itself.

3 | IMPLICATIONS FOR NURSING RESEARCH

(i) The nursing professionals working in hospital and research settings can design research scholarship programs to motivate nursing students and nurse teachers to enroll in such programs to learn and pursue research in areas of technology addiction, digital addiction, its manifestations among the community, and digital hygiene skills for engaging in healthy use of technology. (ii) Nursing professionals can design nursing interventions based on the findings of the exploratory research on technology addiction. The findings of such intervention studies on digital hygiene among nursing students and clinical patients can outline the path for strengthening nursing practice in times of risk of technology overuse. (iii) Conducting exclusive intervention studies on the healthy use of technology among nursing professionals and nursing students will be beneficial in understanding the demands which technology use makes on professionals, the risk factors for developing technology addiction, and outlining the most effective therapeutic strategies to overcome excessive use of technology and maintain its healthy use.

The above-mentioned implications appear to be crucial as nursing students and professionals are an integral part of the health care delivery system and ensuring their mental health is of utmost significance. These efforts will go a long way to surely help overcome the coexisting phenomena of doomsurfing and doomscrolling and ensuring healthy technology use in the ongoing COVID-19 pandemic and beyond.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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REFERENCES

1. The Next Web. Report: most important data on digital audiences during coronavirus. 2020. https://thenextweb.com/growth-quarters/2020/04/24/report-most-important-data-on-digital-audiences-during-coronavirus/
2. Business Today. Merriam Webster to soon add "doomsurfing," "doomscrolling" to dictionary. 2020. https://www.businesstoday.in/latest/trends/merriam-webster-to-soon-add-doomsurfing-doomscrolling-to-dictionary/story/407076.html
3. British Medical Journal. COVID-19 and cognitive bias. 2020. https://blogs.bmj.com/bmj/2020/06/09/covid-19-and-cognitive-bias/
4. WIRED. Doomscrolling is slowly eroding your mental health. 2020. https://www.wired.com/story/stop-doomscrolling/
5. Park T, Ju I, Ohs JE, Hinsley A. Optimistic bias and preventive behavioral engagement in the context of COVID-19. *Res Soc Administrative Pharm*. 2020. https://doi.org/10.1016/j.sapharm.2020.06.004
6. Liu C, Ma J-L. Adult attachment style, emotion regulation, and social networking sites addiction. *Front Psychol*. 2019;10:2352. https://doi.org/10.3389/fpsyg.2019.02352
7. Anand N, Jain PA, Prabhu S, et al. Internet use patterns, internet addiction and psychological distress among Engineering University Students: a study from South India. *Indian J Psychol Med*. 2018;40(5):458-467. https://doi.org/10.4103/IJPSYM.IJPSYM_135_18
8. Anand N, Jain PA, Prabhu S, et al. Prevalence of excessive internet use and its association with psychological distress among University Students in South India. *Ind Psychiatry J*. 2018;27(1):131-140. https://doi.org/10.4103/ipj.ipj_28_18
9. Anand N, Thomas C, Jain PA, et al. Internet use behaviors, internet addiction and psychological distress among Medical College Students: a Multi Centre Study from South India. *Asian J Psychiatry*. 2018;37:71-77. https://doi.org/10.1016/j.ajp.2018.07.020
10. Psychology Today. Our brains are hardwired to doomscroll: what can we do? 2020. https://www.psychologytoday.com/us/blog/positively-media/202006/our-brains-are-hardwired-doomscroll-what-can-we-do
11. Sharma MK, Anand N, Ahuja S, et al. Digital burnout: COVID-19 lockdown mediates excessive technology use stress. *World Social Psychiatry*. 2020;2:171-172. https://doi.org/10.4103/WSP.WSP_21_20

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