



Relationships between parental attitudes, family functioning and Internet gaming disorder in adolescents attending school



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ABSTRACT

While recent data suggest a high prevalence of adolescent with Internet gaming disorder, little is known about interpersonal factors that contributes or protect to this disorder. Thus, the aim of this study was to examine the relationships between parental attitudes, adolescent perception of family functioning and Internet gaming disorder (IGD) and explore gender differences. From a sample of 434 adolescents attending school ($n = 434$; age 13.2 years), 383 non-problematic gamers (NPG, 196 males; 187 females) were compared with 37 problematic gamers (PG, 29 males; 8 females). Family functioning was assessed with the Family Relationship Index and parental attitudes with a questionnaire measuring rules, access to video games, monitoring and banning of video games. NPG have a better family cohesion while PG have more family conflict and a poorer family relationship. While rules about gaming use are important in males, for females, banning is associated with IGD. For both sex, parental monitoring, conflicts and family relationship are associated with IGD. These findings highlight the strong influence of parental attitudes and family functioning on the occurrence of IGD in adolescents and their gender specificities. Thus, prevention programs need to take into account the importance of parents, parenting and gender specificities.

1. Introduction

Playing video games is currently one of the most popular leisure activities of children and adolescents. For most of them, this activity remains recreational but clinicians and empirical studies have reported that some children and adolescents present pathological symptoms, which are similar to other well-described addictive disorders (Gentile, 2009; Kuss and Griffiths, 2012). Indeed, many similarities have been found between video game disorder and addictive disorder. For example, recent studies have showed similar neural mechanisms between videogame playing and drug abuse (see Weinstein and Lejoyeux, 2015 for review) or between Internet gaming disorder (IGD) and pathological gambling (Fauth-Bühler and Mann, 2015). Based on the DSM-5-section 3 proposed criteria for IGD (APA, 2013), results of a cross-national survey conducted in seven European countries (representative sample of 12,938 adolescents, aged between 14 and 17 years old) revealed that 1,6% meet full criteria for IGD and 5,1% were at risk for IGD by fulfilling up to four criteria (Müller et al., 2015). The French Pelleas study reveals an even higher prevalence of 12%

(Obradovic et al., 2014). Prevalence rates of IGD and at risk adolescent for IGD, confirm the necessity for developing prevention and intervention programs, but also to further characterize those adolescents with a risky usage patterns (Müller et al., 2015). As mentioned by Müller et al. (2015), it is important to find out about the factors (e.g. personality traits, social factors) that exacerbate the gaming habits in adolescents (e.g. risk factors) and those indicative for remission (e.g. protective factors).

For many years, clinicians and researchers have identified parental attitudes and the quality of family relationships as strong protective factors in the emergence of addictive disorders, especially in adolescents (Waldron et al., 2013; Steinberg, 2014; Blustein et al., 2015; Strunin et al., 2015; keijsers, 2016). Concerning IGD, research is still in its early stage. Indeed, low parental support (Baier and Rehbein, 2009), elevated use of video games by parents, divorce or separation of parents (Batthyany et al., 2009), and single-parent families (Rehbein and Baier, 2013) have been associated with IGD. Nevertheless, there is still a scarcity of research investigating the pertinence of family systems theory in the understanding of adolescent addictive behaviors (Denton

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and Kampfe, 1994; Rotunda and Doman, 2001; Collins et al., 2007), especially in adolescents presenting IGD. Recent studies on Internet addiction indicated that these subjects evaluated their family functioning more negatively (Senormanci et al., 2014) and have lower family adaptability and family cohesion than the non-addicted one (Yan et al., 2014). Thus, family functioning is associated with problematic Internet use among adolescents in both sexes (Wartberg et al., 2014). However, Internet addiction includes several diverse behaviors and thus lacks some degree of scientific agreement about its conceptualization. To our knowledge, only one study have investigated family functioning in adolescents with IGD (as well as Internet addiction and substance use disorder). Results showed that a low paternal adaptability (excluding that of the mother) is a common variable that emerges as a significant predictor of different addictive behaviors, including IGD (Tafa and Baiocco, 2009). Family adaptability (i.e. regulation aspects of the family) appeared to be a better predictor than cohesion (the emotional bonds) to identify problematic behaviors. These authors concluded that good family relationships are important protective factors. In fact, adequate emotional sharing, high flexibility in rules, and good levels of satisfaction of all family members contribute to adolescents' well-being and prevent the development of addictive disorders in adolescents.

Studies linking parental attitudes and the family system approach to adolescent IGD are still rare. Furthermore, no studies have been conducted on a French population of gamers. Thus, the aim of this research is to explore the relationships between parental attitudes about gaming (rules about video game use, access to video games at home, monitoring and banning video games), family functioning (global family relationship, and cohesion, conflict, emotion expressiveness sub-dimensions) and IGD in French adolescents attending school. In previous studies, gender differences have rarely been investigated. Since gender affects the relationship between some dimensions of family functioning and problematic behaviors like dysfunctional eating in adolescents (Laghi et al., 2016), it seems an important factor to examine. Thus, as far as possible, gender differences are explored in this study.

Although the term and the definition of Internet gaming disorder are still being debated, we have chosen to use the terms "Internet gaming disorder" (IGD) and "problematic gamers" (PG) in this study.

2. Methods

2.1. Participants and procedure

Five Parisian suburban schools agreed to participate in the study and a total of 437 secondary-school pupils were included. Of these, 3 were then excluded because of missing items on the Game Addiction Scale. The total sample used in the data analysis was therefore 434 adolescents: 231 males (53.2%) and 203 females (46.8%), with an average age of 13.2 (SD = 0.5) for the males and 13.1 (SD = 0.5) for the females.

The study was approved by all the school principals. Furthermore, an active consent was given by the adolescents and a passive consent was obtained from the adolescents' parents (parents were informed by letter and could refuse their child's participation by returning the consent). All participants were assured that their answers would not be shown to their teachers or parents but only to the principal investigator of the study. All participants gave their written informed consent. On the day of the survey, the data collector read aloud the aim of the survey during a single class period. If they had any questions, participants were invited to raise their finger and ask the investigator present in the classroom.

The ethics committee of Paris Descartes University (CERES) approved the study.

2.2. Measures

2.2.1. Demographic data

Only age and gender were reported in the questionnaire.

2.2.2. Gaming use

The questionnaire included questions about the number of screens at home, game-playing behavior (e.g. amount of time spent on Internet and playing video games from Monday to Friday after school and during the weekend) and playing style (e.g. type of video game played and whether gamers played in MMO, meaning massively multiplayer online).

The questionnaire also incorporated the short version of the Game Addiction Scale for Adolescents (GAS) to evaluate gaming disorder (Lemmens and Valkenburg, 2009). This seven-item scale is one of the most frequently used instruments for measuring gaming disorder in adolescents. Each item represents one of the following criteria: salience, tolerance, mood modification, withdrawal, relapse, conflict and problems. Responses are scored on a five-point Likert scale ranging from 1 ("never") to 5 ("very often"). The 7-item GAS showed a good internal consistency and a good concurrent validity.

As recommended by the authors (Lemmens et al., 2009), four "validated" items (a validated item means a response > 2 (sometimes or more)) correspond to problematic use of video games. This cutoff point is in line with the polythetic format applied in the DSM-IV (APA, 1996), i.e. at least half of the criteria indicate that the subject's video game use is problematic. On this basis, two groups were formed: problematic gamers (PG) and non-problematic gamers (NPG).

2.2.3. Parental attitudes

Several parental attitudes to gaming use were investigated. The participants were asked four questions with three possible answers (never or rarely; sometimes; often): At home, I have a free and easy access to video games; My parents set some rules about gaming use in terms of time of use, time of playing during the weekend and type of video game played; My parents have already forbidden me to play video games for a while; I have already played video games late at night (meaning after midnight). The first three questions concern parental rules about gaming and the last one concerns parental monitoring.

2.2.4. Family functioning

The Family Relationship Index (FRI) was used to assess family relationships. This 27-item tool, derived from the Family Environment Scale (90 items), evaluates three sub-scores: family cohesion, family expressiveness (of feelings and emotions) and family conflict (Moos and Moos, 1986; Hoge et al., 1989). Subscale scores are formed from the mean of the nine items, while the FRI score (which represent the family relationship) is formed from the mean of the three subscores, with conflict weighted negatively. Adequate levels of internal consistency and test-retest reliability have been reported for the three subscores. The French version of the FRI was validated and showed a good internal consistency for cohesion (0.79) and conflict (0.71) but a weak one for expressiveness (0.55) (Untas et al., 2011). Thus, it is recommended to test the internal consistency, especially for the expressiveness subscore, and if necessary to remove three items from family expressiveness and use a 24-item version.

Most of the studies investigating family functioning have used the Family Adaptability and Cohesion Evaluation Scale (FACES), which assesses by a 20-item self-report questionnaire two aspects of family behavior: cohesion and adaptability (Olson, 1986). This scale is one of the most widely applied family assessment tools, and has been used in the United States and cross-culturally (Kouneski, 2000). Nevertheless, it has two main drawbacks: no evaluation of conflict, which appears to be relevant in addictive disorders, and the fact that it measures both perceived and ideal descriptions of a family system, which requires completing it twice which appeared difficult with young adolescents.

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