



Short Communication

Is Internet addiction a psychopathological condition distinct from pathological gambling?



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HIGHLIGHTS

- We compared 3 groups: internet addiction IA, pathological gambling PG and control.
- The comparison was on symptoms, temperament, coping and attachment.
- IA compared to PG showed a greater mental and behavioural disengagement.
- In IA the disengagement was associated with important interpersonal impairments.

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ABSTRACT

Aims: The behavioural-addiction perspective suggests that Internet addiction (IA) and pathological gambling (PG) could share similar characteristics with substance dependence. Despite the similarities between IA and PG, it is not clear whether these disorders share different or similar psychopathological conditions. The aim of the present study was to test whether IA patients presented different psychological symptoms, temperamental traits, coping strategies and relational patterns compared with PG patients. The hypothesis was that IA patients will show greater interpersonal disengagement than PG patients.

Methods: Two clinical groups (31 IA patients and 11 PG patients) and a control group (38 healthy subjects) matched with the clinical groups for gender and age were enrolled. The clinical groups were gathered in a psychiatric service for IA and PG in a hospital. Anxiety, depression, coping strategies, attachment, temperament, and global assessment of functioning were measured. MANOVAs, ANOVAs and post-hoc comparisons were carried out in order to test the hypothesis.

Results: Despite IA and PG showing similar differences with the control group on the levels of depression, anxiety and global functioning, the two clinical groups showed different temperamental, coping and social patterns. Specifically IA patients compared with the PG patients showed a greater mental and behavioural disengagement associated with an important interpersonal impairment. The two clinical groups shared an impulsive coping strategy and socio-emotional impairments.

Conclusions: Despite IA and PG patients presenting similar clinical symptoms, IA condition was characterised by a more relevant mental, behavioural, and social disengagement compared to PG condition.

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1. Introduction

Several studies have reported correlations between Internet Addiction Disorder (IAD) and depression (Bernardi & Pallanti, 2009; Shapira, Goldsmith, Keck, Khosla, & McElroy, 2000), ADHD symptoms, anxiety,

and obsessive symptoms (Carli et al., 2012). Previous studies on IAD showed reduced social involvement, psychological well-being (Ko, Yen, Chen, Chen, & Yen, 2008; Ni, Yan, Chen, & Liu, 2009; Tonioni et al., 2012), dysfunctional coping strategies and worse interpersonal relations (Canan, Ataoglu, Ozcetin, & Icmeli, 2012; Ko, Yen, Chen, Yeh, & Yen, 2009; Milani, Osualdella, & Di Blasio, 2009).

Although not included in the fourth-edition (text-revision) of the Diagnostic and Statistical Manual (DSM-IV-TR; American Psychiatric Association, 2000), IAD has been associated with impulse control disorders (Ko et al., 2009; Shaw & Black, 2008; Yau et al., 2013), with similar

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features to pathological gambling disorder (PGD; Barry, Stefanovics, Desai, & Potenza, 2011; Morasco et al., 2006; Shaffer & Korn, 2002). In DSM-V, only Internet gaming disorder has been introduced as a 'condition warranting further study'.

PGD was included in the DMS-IV, classified as 'Impulse-Control Disorders Not Elsewhere Classified', and it was included in the DMS-V under a new classification entitled 'Addiction and Related Disorders' (Fink et al., 2012). PGD is often associated with impulsivity (Albein-Urios, Pilatti, Lozano, Martínez-González, & Verdejo-García, 2013) and with a maladaptive coping strategy used to deal with stress and negative events (Bergevin, Gupta, Derevensky, & Kaufman, 2006; Blaszczynski, 2001; Blaszczynski & McConaghy, 1989). Alcohol and drug abuse, deviant friends and no parental supervision are cited as risk factors of patients affected by PGD (Bonnaire, Bungener, & Varescon, 2013; Dickson-Gillespie, Rugle, Rosenthal, & Fong, 2008).

The behavioural-addiction perspective (Holden, 2001; Leeman & Potenza, 2012) suggests that IAD and PG could share characteristics with substance dependence such as tolerance, withdrawal and craving (Block, 2008; Pies, 2009), however it is unclear if IAD and PGD may share different or similar psychopathological conditions (Yau et al., 2013; Yen et al., 2008).

The aim of the present study was to test whether IAD patients presented different psychological symptoms, temperamental traits, coping strategies and relational patterns, compared with PGD.

The hypothesis was that IAD patients will show greater interpersonal disengagement than PGD patients.

2. Material & methods

2.1. Procedure

The hospital-based psychiatric service for IAD and PGD provides a psychiatric assessment and a treatment proposal when necessary. After obtaining informed consent, all the patients who asked for a clinical consultation for problematic Internet use or for pathological gambling in the period from 1st June, 2011 to 1st September, 2012, were enrolled. All the subjects were enrolled in a psychiatric assessment. Thirty-one IAD patients (30 males and 1 female) and eleven PGD (10 males and 1 female) were enrolled.

IAD has not yet been added as an official diagnosis to the DSM (Pallanti, Bernardi, & Quercioli, 2006). The IAD interview, however, is a set of criteria for Internet addiction that has been proposed by addiction researchers (Young, 2004; Young & Rogers, 1998). Symptoms of IAD are excessive time devoted to Internet use, difficulty cutting down on online time, lack of sleep, fatigue, declining grades or poor job performance, apathy and racing thoughts, decreased investment in social relationships and activities and irritability. Pathological gambling was assessed following the DSM-IV criteria (American Psychiatric Association, 2000). Exclusion criteria were comorbidity with other psychiatric disorders on axis I of DSM-IV, psychotic symptoms, neurocognitive deficits, dementia, serious mental delay and current alcohol or drug abuse.

The control group was composed of 38 (36 males and 2 females) subjects who voluntarily, anonymously and without receiving an incentive participated in the study. The subjects of the control group were matched with the clinical groups for gender and age following the inclusion criteria: absence of I and II axes DSM-IV disorders, of mental delay and of current alcohol or drug abuse declared by the subject.

2.2. Psychological assessment

Following a psychiatric interview, a psychological assessment was conducted for each participant with the following self-administered questionnaire:

The Internet Addiction Test (Young, 2000) consists of 20 items associated with Internet addiction, including psychological

addictions, compulsive use, school problems, sleep, family and temporal organisation.

The Hamilton Anxiety Rating Scale (Hamilton, 1959) and the Hamilton Depression Scale (HD) (Hamilton, 1960).

The Global Assessment of Functioning (King, Delfabbro, Griffiths, & Gradisar, 2012).

The Snaith-Hamilton Pleasure Scale (Snaith et al., 1995) used to measure hedonic capacity.

The Temperament and Character Inventory-Revised (Fossati et al., 2007) to measure four temperaments: novelty seeking, harm avoidance, reward dependence, persistence; and three character dimensions: self-directedness, cooperativeness, and self-transcendence.

The Coping Orientation to Problems Experienced (Carver, 1997) consists of 15 subscales: positive reinterpretation and growth, mental disengagement, focus on and venting of emotions, use of instrumental social support, active coping, denial, religious coping, humour, behavioural disengagement, restraint, use of emotional social support, substance use, acceptance, suppression of competing activities and planning.

The Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987) to measure trust, communication, and alienation in reference to parents and to peers.

The research protocol was approved by the institutional review board of the Catholic University of Sacred Heart of Rome.

2.3. Statistical analyses

Multivariate analyses of variance (MANOVAs and ANOVAs) and related post hoc comparisons on each dependent variable between the three groups (IAD, PGD and control) were carried out in order to test the hypotheses.

3. Results

Thirty-six subjects who asked for a clinical consultation for problematic Internet use and fourteen for pathological gambling agreed to take part in the study.

At the end of the psychiatric assessment, 2 of the 36 patients who did meet the IAD criteria and 1 of the 15 patients who did meet the PGD criteria were excluded for severe psychotic symptoms; 3 of the 36 IAD patients and 2 of the 14 PGD patients dropped out of the assessment. Finally, 31 IAD patients and 11 PGD patients participated in the study as part of the clinical groups. Gender variable (males/females) was matched for the two clinical groups (IAD: 30/1; PGD: 10/1). The co-morbidity was in IAD: avoidant—*n*: 2, histrionic—*n*: 1, not-otherwise-specified—*n*: 2, and in PGD: dependent—*n*: 1, avoidant—*n*: 1, narcissistic—*n*: 1. Thirty-six males and two females were enrolled in the control (CNT) group.

As shown in Table 1, the female patients were only 5% of the total clinical sample. IA patients showed a significantly ($p < .01$) higher score on the Internet addiction test than PG patients and CNT subjects. Depression and anxiety levels were similar for the IA and PG patients ($p = ns$), but IA and PG groups showed significantly higher scores than CNT group ($p < .0001$). Similarly, global functioning was significantly lower ($p < .0001$) in IA and PG groups than in CNT group. The pleasure scale did not show significant differences ($p = ns$) between the three groups.

Each of the three MANOVAs performed on temperamental scales, coping strategies, and social scales showed a significant effect for the group (Table 1). IA and PG patients reported lower scores ($p < .05$) on reward dependence and self-directedness, and higher scores ($p < .01$) on self-transcendence than the control subjects. Only IA patients

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