



ELSEVIER

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

The severity of Internet addiction risk and its relationship with the severity of borderline personality features, childhood traumas, dissociative experiences, depression and anxiety symptoms among Turkish University Students

Ercan Dalbudak^{a,*}, Cuneyt Evren^b, Secil Aldemir^a, Bilge Evren^c

^a Department of Psychiatry, Faculty of Medicine, Turgut Ozal University, Ankara, Turkey

^b Bakirkoy Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, Alcohol and Drug Research, Treatment and Training Center (AMATEM), Istanbul, Turkey

^c Department of Psychiatry, Baltalimani State Hospital for Musculoskeletal Disorders, Istanbul, Turkey

ARTICLE INFO

Article history:

Received 7 August 2013

Received in revised form

17 February 2014

Accepted 24 February 2014

Available online 3 March 2014

Keywords:

Anxiety

Borderline personality

Childhood trauma

Depression

Dissociation

Internet Addiction

University students

ABSTRACT

The aim of this study was to investigate the relationship of Internet addiction (IA) risk with the severity of borderline personality features, childhood traumas, dissociative experiences, depression and anxiety symptoms among Turkish university students. A total of 271 Turkish university students participated in this study. The students were assessed through the Internet Addiction Scale (IAS), the Borderline Personality Inventory (BPI), the Dissociative Experiences Scale (DES), the Childhood Trauma Questionnaire (CTQ-28), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). The rates of students were 19.9% ($n=54$) in the high IA risk group, 38.7% ($n=105$) in the mild IA risk group and 41.3% ($n=112$) in the group without IA risk. Correlation analyses revealed that the severity of IA risk was related with BPI, DES, emotional abuse, CTQ-28, depression and anxiety scores. Univariate covariance analysis (ANCOVA) indicated that the severity of borderline personality features, emotional abuse, depression and anxiety symptoms were the predictors of IAS score, while gender had no effect on IAS score. Among childhood trauma types, emotional abuse seems to be the main predictor of IA risk severity. Borderline personality features predicted the severity of IA risk together with emotional abuse, depression and anxiety symptoms among Turkish university students.

© 2014 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

1.1. Internet addiction (IA)

The use of Internet is very common all around the world, especially among university students for academic and recreational purposes. The description of Internet addiction (IA) has been figured from the features of both substance dependence (Anderson, 2001) and pathological gambling (PG) (Young, 1996). Nevertheless, excessive Internet use that is being discussed as a behavioral addiction has been called under different names such as computer addiction, compulsive Internet use, pathological or problematic Internet use (PIU) (Young, 1996; Davis, 2001; Shapira et al., 2003; Meerkerk et al., 2009; Ko et al., 2012) and last but not least IA (Holden, 2001; Müller et al., 2012).

Previous studies showed that the rates of IA among college students vary in different countries. These rates were 18.3% in England (Niemz et al., 2005), 12.3–15.3% in Taiwan (Lin et al., 2011; Yen et al., 2009), 21.19% (9.98% for severe IA and 11.21% for mild IA) in China (Yan et al., 2014) and 34.7% in Greece (Frangos et al., 2011). The variations in these results could be due to different methodologies, samples or scale selection. The lack of a standardized definition and diagnostic instruments that show adequate reliability and validity across countries poses a significant limitation in evaluating IA. In Turkey, according to Internet Addiction Scale (IAS), the incidence rates of IA among university students were 12.3% (Kayri and Gunuc, 2009), 9.7% (Canan et al., 2012), and lastly 7.2% (Dalbudak et al., 2013a). As a result, previous studies in Turkey demonstrated that the rates of IA can vary even according to the university that is studied.

1.2. IA, depression and anxiety

In recent years, researchers have suggested that IA may be comorbid with psychological symptoms such as depressive (Young and Rogers, 1998; Ha et al., 2007; Jang et al., 2008; Koc, 2011; Tonioni

* Correspondence to: Bestepe mah, Meric Sok, Kardes Apt. 25/28 Bestepe, 06330 Yenimahalle, Ankara, Turkey. Tel.: +90 312 2035555, +90 505 6478616 (GSM); fax: +90 312 2213670.

E-mail addresses: edalbudak@hotmail.com, dr.dalbudak@gmail.com (E. Dalbudak).

et al., 2012; Müller et al., 2012) and anxiety symptoms (Ni et al., 2009; Kim and Davis, 2009; Koc, 2011; Tonioni et al., 2012; Müller et al., 2012). A systematic review of studies conducted on IA and psychopathology reported that 75% of them found significant associations with depression, whereas 57% revealed significant relationship with anxiety (Carli et al., 2013). A recent study conducted among university students in Turkey suggested that the severity of depression and anxiety symptoms were related with high risk of IA (Dalbudak et al., 2013a). Therefore, negative affect such as anxiety and depression symptoms were suggested as important factors to evaluate when considering IA (Ha et al., 2007; Tonioni et al., 2012; Dalbudak et al., 2013a).

1.2.1. IA and childhood trauma

Sar et al. (2006) suggested that childhood trauma, particularly childhood physical neglect, and emotional and sexual abuse had significant effect on borderline personality disorder (BPD), whereas emotional neglect had significant effect on dissociative disorder among Turkish college students. Childhood traumas were also found to be related with substance addiction (Evren et al., 2006, 2009), as well as behavioral addictions such as gambling (Hodgins et al., 2010). However, there are only three studies that investigated the association between childhood traumas and IA. Zhang et al. (2009, 2012) reported that physical abuse is a possible risk factor for IA among high-school students, whereas Yates et al. (2012) suggested that maltreated youth is at disproportionate risk for IA.

1.2.2. IA and dissociative symptoms

Dissociative symptoms and disorders are common in the general population (Ross, 1991; Akyüz et al., 1999) and might accompany other psychiatric (Sar and Ross, 2006) and personality disorders, particularly BPD (Sar et al., 2006). Dissociative symptoms and disorders may also accompany substance addiction (Karadag et al., 2005; Evren et al., 2007) and behavioral addictions such as pathological gambling (Grant and Kim, 2003) and IA as well (Bernardi and Pallanti, 2009; De Berardis et al., 2009; Canan et al., 2012). The association between IA and dissociative symptoms was noted in both the clinical (Bernardi and Pallanti, 2009) and nonclinical populations (De Berardis et al., 2009; Canan et al., 2012). Canan et al. (2012) suggested that IA was associated with higher levels of dissociative experiences among Turkish university students. Limitation of this study was that although it is a well-known fact that childhood traumatic experiences and borderline personality features (BPF) may be related with dissociative symptoms (Putnam, 1985), the authors did not evaluate these constructs.

1.2.3. IA and borderline personality features (BPF)

A previous study has found a relationship between BPF and contemporary adult disturbance (e.g., dissociative symptoms, drug use, and relational violence) as well as maltreatment history (Carlson et al., 2009). Previous studies have also found a relationship between IA and both unstable interpersonal relationships (Ko et al., 2007; Milani et al., 2009) and impulsivity (Cao et al., 2007; Mazhari, 2012; Dalbudak et al., 2013b), which are commonly seen among those with BPF (Powers et al., 2013). BPF is reported to be related to the onset and the course of substance addiction (Bosch et al., 2001; Preuss et al., 2006). Similarly, individuals with IA appear to have a distinctive personality profile that may indicate BPF (Yang et al., 2005; Dalbudak et al., 2013a). Therefore, the link between BPF and addiction is not surprising because both have negative emotionality and affective instability and both are impulsive, thus accounting for much of the comorbidity between these disorders (Trull et al., 2000).

1.2.4. Childhood trauma, borderline personality features, dissociative experiences, depression and anxiety symptoms

Previous studies showed that traumatic experience during childhood is a strong predictor of psychopathology (Rinne-Albers et al., 2013) and is known to be associated with BPF (Yen et al., 2002; Zanarini et al., 2002), dissociative experiences (Sar et al., 2006), depression and anxiety symptoms (Rucklidge et al., 2006). Sar et al. (2006) suggested that a significant proportion of college students with BPD have a comorbid dissociative disorder. They claimed that lack of interaction between the effects of dissociative disorder and BPD diagnoses for any type of childhood trauma contradicts the opinion that these disorders might be a single disorder (Sar et al., 2006). Thus, although all of these variables are theoretically related, as they are considered as different constructs and since individuals traumatized in childhood may have a high risk of BDF, dissociative experiences, depression and anxiety symptoms, researchers should carefully evaluate these variables together.

As far as we know there is no study that directly evaluates the association between IA and BPF. Since dissociative symptoms, childhood traumatic experiences, depression, anxiety and gender may have important effects on both severity of IA risk and BPF, we wanted to consider BPF together with these variables. We hypothesized that severity of BPF may be related with severity of IA risk even when evaluated together with other related variables.

2. Methods

This study was conducted with volunteers from Turgut Ozal University in Ankara between January 2013 and May 2013. Written informed consent was obtained from the students after the study protocol was thoroughly explained. The Ethical Committee of the University approved the study.

2.1. Participants

A total of 300 university students were randomly selected from the list of 930 students given by the Turgut Ozal University. The inclusion criteria were to use the Internet on a regular basis and willingness to participate in the study. Excluding criteria were rejection to participation, demanding any fee, and incomplete participation to study. According to these criteria 29 university students were excluded from the study. Thus, the study was conducted with a total of 271 university students (110 males and 161 females).

2.2. Assessments

All the students were assessed using a semi-structured socio-demographic form and scales. The questionnaires were completed by students in a classroom setting via paper-and-pencil format.

2.2.1. Internet addiction scale (IAS)

IAS was developed by Nichols and Nicki (2004) to measure the severity of IA and tested on a group of 233 college students. The Cronbach's α of the IAS was 0.95, and the explained variance was 46.50%. The IAS is scored by summing the Likert responses across the 31 items. In a reliability and validity study of the Turkish version of the IAS (Kayri and Gunuc, 2009), the Cronbach's α value was 0.93 in 253 university students. In the present study Cronbach's α was 0.92.

Kayri and Gunuc (2009) suggested that those who score 90 or higher should be considered as IA and that those who score between 81 and 89 should be considered as high risk of IA. Durkee et al. (2012) suggested that to better reflect the taxonomy of Internet users, IA should be assessed as a non-dichotomous categorical variable. Thus, in the present study, the participants were separated into three groups according to IAS score, namely, high risk of IA (IA or high risk group with cut off score of 81), mild risk of IA (scores ranging between 61 and 80) and group without IA risk (scores ranging between 30 and 60). This grouping was also similarly computed in our previous studies (Dalbudak et al., 2013a, 2013b).

2.2.2. Childhood trauma questionnaire (CTQ-28)

The CTQ (Bernstein et al., 1994, 1997) is a retrospective self-report instrument that inquires traumatic experiences during childhood and adolescence. It assesses five types of childhood trauma: emotional abuse, emotional neglect, physical abuse, physical neglect and sexual abuse. CTQ has excellent test-retest reliability and

Download English Version:

<https://daneshyari.com/en/article/332151>

Download Persian Version:

<https://daneshyari.com/article/332151>

[Daneshyari.com](https://daneshyari.com)