



Problematic internet use and sensation seeking: Differences between teens who live at home and in residential care



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ABSTRACT

In the current study a first attempt was made to explore the differences between normative teens and teens at risk in residential care, with regard to their patterns of internet use, problematic internet use (PIU), and the association with sensation seeking. One hundred teens in residential care and 99 teens who reside at home, took part in the study. The findings show that teens in residential care devote less time to surfing the web every day, have lower levels of PIU in the four dimensions examined (diminished impulse control, loneliness/depression, distraction, and social comfort), and are more inclined to seek sensations than teens who live at home. In addition, a negative correlation was found between sensation seeking and PIU.

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1. Introduction

The internet occupies a central place in the Western world as a tool used for many purposes (Kim & Davis, 2008), and it plays an important role in adolescents' daily life (Tzavela et al., 2015). A large proportion of adolescents around the globe use the internet, with social networking sites (SNS) the main online activity. Research findings as well as official statistical data show that up to 92% of adolescents report being a member of at least one SNS, and 40% spend two or more hours a day on their preferred SNS (Israel Internet Association, 2014; Tsitsika et al., 2014).

As a virtual environment, the internet has many benefits for users. These include its utility as a resource for accessing updated information, as a social network, and within that, as an opportunity for interaction and the exchange of opinions. It serves as a platform for self-expression, development, and definition of identity (Israelashvili, Kim, & Bukobza, 2012; Kim & Davis, 2008; Mishna, Saini, & Solomon, 2009). These aspects may be particularly true for adolescents, who are at an age in which information seeking and social comparison are heightened (Israelashvili et al., 2012).

Together with the understanding that the internet has become an essential component of modern life (Israelashvili et al., 2012), various studies have pointed out the dark side of using virtual environments (Martellozzo, Nehring, & Taylor, 2010; Murali & George, 2007; Nalwa & Anand, 2003). The deleterious effect of excessive internet use on adolescent functioning has been extensively studied. For example, European studies found that 10.7–13.9% of adolescents are at risk for

addictive use (Durkee et al., 2012; Tsitsika et al., 2013, respectively). This is further exacerbated by the unlimited access to most current websites, leading to exposure of young people, willingly or unwillingly, to violent acts of bullying (Juvonen & Gross, 2008; Yabara & Mitchell, 2007) and to sexual and/or pornographic contents that are not compatible with their age and stage of development (Lo & Wei, 2005; Martellozzo et al., 2010).

Studies on problematic internet use (PIU) have focused on youth living at home (Hinduja & Patchin, 2008; Israelashvili et al., 2012; Lei & Wu, 2007; Oktan, 2015; Romi & Zoabi, 2003; Wolak, Mitchell, & Finkelhor, 2003). Very few have focused on the role of stressful life events in adolescents' PIU, suggesting that cumulative life stressors significantly increased the risk of PIU (Lei & Wu, 2007; Li, Zhang, Li, Zhen, & Wang, 2010; Yen, Yen, Chen, Chen, & Ko, 2007).

In the current study an attempt was made to examine PIU based on the multidimensional scale provided firstly by Davis (2001); See also: Davis, Flett, and Besser, (2002) among youth living at home in comparison with youth at risk in residential care. To the best of our knowledge, this is the first attempt to address this subject among youth in residential care. In light of the unique features of this group (see Section 1), in our opinion there is also room to extend the relevant knowledge and to examine whether there are differences or perhaps similarities in the usage patterns and in PIU due to the different living conditions.

PIU relates to the quality of use (type of information) and to the amount of use (Cavaglion & Rashti, 2010; Murali & George, 2007; Nalwa & Anand, 2003; Odaci, 2013; Strasburger, 2004; Young & de Abreu, 2011). Quality of use relates to exposure to content that is incompatible with one's age, as well as physical and mental stages of development, i.e., that can harm the user (Strasburger, 2004).

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Amount of use leads to a discussion on whether there is such a thing as internet “addiction” and, if so, how it should be viewed in relation to other disorders. Various nomenclatures have referred to this as internet addiction disorder, internet dependency, PIU, etc. (Caplan, 2002; Davis, 2001; Wang, 2001). The DSM-5 describes it as a gambling disorder that includes course specifiers (episodic, chronic, and in remission) and severity levels (mild, moderate, and severe). Based on the literature review, Davis (2001), Davis et al. (2002), suggest a multidimensional measure, the Online Cognition Scale (OCS), that may indicate PIU, and include 4 dimensions: diminished impulse control, loneliness/depression, social comfort, and distraction.

Diminished impulse control was found to be associated with obsession and inability to reduce internet use despite the desire to do so (Yellowlees & Marks, 2007). Inner compulsion and impulsivity were also related to online gambling, online sex, and involvement in illegal online activities, such as spreading viruses, conversion of child pornography, and more (McCoul & Haslam, 2001; Shapira, Goldsmith, Keck, et al., 2000).

Loneliness and depression were found to be associated with low self-esteem and social rejection (Davis, 2001; Yen et al., 2008). Social comfort was found among those who suffer from loneliness. Internet users derive pleasure from the interpersonal communication it affords (Ceyhan, Ceyhan, & Gürcan, 2007; Chou & Hsiao, 2000; Odaci, 2013), especially among those who are sensitive to social rejection. Internet use serves as a tool to strengthen their social network, without the threat of social rejection (Davis et al., 2002). Distraction has been associated with procrastination, as well as with inappropriate use (causing problems in school and in the workplace) (Davis et al., 2002).

2. Teens in residential care in Israel and the current study

In Israel, welfare policy includes care for adolescents at risk who have been placed in residential educational and treatment facilities for reasons of safety and as a solution for those abused and neglected. Most social workers prefer to place older children in residential care as this arouses less parental resistance (less threat and competition to their parenthood) and due to the ideological history, which attaches less stigma to group care (Dolev, 2003; Dvir, Weiner, & Kupermintz, 2012; Shechory Bitton & Rajpurkar, 2015).

The current study was conducted with teens from two educational-rehabilitative residential Care intended for teens diagnosed as being on a normal functioning level with a high potential for rehabilitation. Most of those referred to residential care are victims of parental neglect and various types of abuse (mental, physical, and sexual) (Dvir et al., 2012; Shechory, 2005; Shechory & Sommerfeld, 2007). The teens have academic gaps. Their risky place on the margins of society certainly played a role in the decision to place them in residential care. Placements are usually effected with the consent and support of the children and their parents. The main goals of such residential homes are to provide residents with nurturing and enrichment, to enable them to acquire formal schooling (12 years of schooling and a matriculation certificate), as well as the necessary skills for an independent and normative life, goals that the parents' home is incapable of filling (Aviad- Wilchek, 2005; Schiff & Benbenishty, 2006).

As mentioned above, in the current study we made a first attempt to explore the differences between normative teens and teens at risk in residential care, with regard to their patterns of internet use and risk measures that can indicate problematic use: diminished impulse control, loneliness/depression, social comfort, and distraction. We also examined the relationship between PIU and sensation seeking, a factor found to be a partial determinant of high-risk and antisocial behaviors among youth (Zuckerman, 2007). High levels of sensation seeking were found to be associated with a variety of illegal and/or risky behaviors, such as substance use, extreme sports, hazardous vocation, crime and other antisocial behaviors (Arnett, 1992; Bradley & Wildman, 2002; Zuckerman, 2007).

These is also some evidence suggesting a positive relationship between sensation seeking and PIU (Ko, Yen, Yen, Lin, & Yang, 2007; Li et al., 2010; Oktan, 2015; Shi, Chen, & Tian, 2011; Wang, Chen, Yang, & Gao, 2013).

Since this is a first study of its kind, no specific hypotheses can be offered as to differences between the groups with regard to patterns of internet use and measures indicating problematic use. Nonetheless, in light of the literature review, it is possible to hypothesize that a positive association will be found between patterns of use and the risk measures examined.

Furthermore, it is also possible to hypothesize that the level of sensation seeking will be higher among teens at risk and that an association will be found between the level of sensation seeking and risk measures, indicating problematic use (mainly, diminished impulse control).

3. Method

3.1. Research population

Participants in the study were 199 adolescents, comprised of 100 teens in residential care (56 boys and 44 girls) and 99 teens from central Israel (45 boys and 54 girls) who reside at home. The mean age was 16.71 (SD = 1.36), with no significant difference between the groups ($t(194) = 0.08$). The teens in residential care had more siblings ($M = 2.92$, $SD = 1.89$) than the urban dwelling teens ($M = 1.99$, $SD = 0.78$) ($t(189) = 4.52$, $p < .001$). Families of teens in residential care had a higher rate of divorced parents than the other group (62.4% versus 22.2%, respectively) ($z = 5.62$, $p < .001$). Most of the teens living with their parents were born in Israel (94.9%). About one third of teens in residential care were not born in Israel, and about one half were second generation immigrants, mainly from Ethiopia (30.76%) and the CIS (35.89%).

All the teens who live at home attend regular schools and are defined as normative children. The teens residing in residential homes were not asked for the reasons they had been placed there. However, as stated (see literature review), the residential homes at which the study was conducted are intended for children who have no option of living at home.

3.2. Measures

3.2.1. Demographic questionnaire and internet use

Each respondent was asked to indicate his/her gender, age, and birth place. In addition, they were asked to indicate whether they have a computer in their place of residence, the number of hours they surf the internet every day, the sites at which they usually surf the internet, etc.

3.2.2. Online Cognition Scale (OCS) (Davis, 2001; Davis et al., 2002)

The questionnaire includes 36 items divided into 4 scales: loneliness/depression, diminished impulse control, social comfort, and distraction. Davis et al. (2002) reported high internal consistency for the total measure of problematic internet use ($\alpha = .94$ and for each of the four OCS dimensions α ranged between 0.77–0.87). Similarly, in the current study the OCS demonstrated high internal consistency for the total measure of problematic internet use ($\alpha = .95$) as well as for each of the four OCS dimensions (α ranged between 0.83–0.86). Respondents rate on a seven-point Likert scale to what degree they agree with statements (e.g., “I get more respect online than in real life;” and “Using the internet is a way to forget about the things I must do but really don't want to do”). The score is calculated by reaching the sum of replies to each subscale as well as a general total of all items. The higher the score – the more internet use is perceived as problematic.

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