



## A study of the relationship between internet addiction, psychopathology and dysfunctional beliefs



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### ABSTRACT

**Background and aims:** Psychopathological symptoms, particularly depression and anxiety, increase with the severity of Internet Addiction (IA). In this study, we aimed to assess the relationship of severity of IA and Dysfunctional Attitudes (DA) with psychopathological characteristics.

**Methods:** Two hundred and twelve university students were included in the study. The subjects were assessed using the Internet Addiction Scale (IAS), the Symptom Checklist (SCL-90) and the Dysfunctional Attitude Scale (DAS).

**Results:** The subjects were divided into three groups according to the IAS, which was conducted to screen for IA: no addiction, mild and moderate/high addiction. 108 (50.9%) of the subjects were found to have no addiction, 70 (33.01%) to have a mild addiction and 34 (16.03%) to have a moderate/high addiction. Psychopathological symptoms and dysfunctional attitudes increase with the severity of IA. In addition to the psychopathologic features, dysfunctional attitudes have limited effects on explaining the IA.

**Conclusions:** In the cognitive-behavioral treatment of IA, focusing on a perfectionist attitude and a need for approval, which are part of a dysfunctional attitude, may be beneficial.

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### 1. Introduction

Although the Internet has accelerated and has facilitating effects on most aspects of our lives, Internet addiction is one of the negative results of this technology (Przepiorka, Blachnio, Miziak, & Czuczwar, 2014). Internet addiction, which is associated with an individual's loss of control over their Internet use, is considered to be a health problem requiring attention (Brand, Young, & Laier, 2014; Ko, Yen, Yen, Chen, & Chen, 2012; Morrison & Gore, 2010). In an extensive study carried out in Europe, it was found that the prevalence of IA is 1% among adolescents, the group at risk for IA is 12.7%, and this rate is 13.7% in total (Tsitsika et al., 2014). In a study

with university students in Turkey, 12.2% of students (Dalbudak et al., 2013) were found to have IA, and this number was determined to be 7.2% in another study (Şenormancı et al., 2014).

It is considered that IA is linked to several psychopathologies. The study of Alavi, Maracy, Jannatifard, and Eslami (2011) with university students showed that many psychopathologic features (somatization, depression, anxiety, paranoid ideation, hostility, interpersonal sensitivity, obsessive-compulsive specifications) are much more frequent in adolescents with IA. In a similar study by Adalier and Balkan (2012), it was found that many symptoms related to psychopathologic features are much more frequent in adolescents with IA than in those without IA. Moreover, in studies analyzing psychiatric comorbidity in IA, it was found that psychopathologies such as ADHD, depression, schizophrenia and OCD accompany IA (Ha et al., 2006; Ko, Yen, Chen, Chen, & Yen, 2008).

It can be said that depression and anxiety are among the most emphasized psychopathologies in the process of understanding IA. It was found that individuals with IA are affected more by depression and anxiety (Goel, Subramanyam, & Kamath, 2013), and

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nearly half of the Internet addicts seeking treatment have depressive symptoms (Müller, Ammerschlaeger, Freisleder, Beutel, & Woelfling, 2012). In studies on IA, addiction scores showed a positive correlation with depression and anxiety scores (Müller, Beutel, & Woelfling, 2014) and those individuals with IA had higher depression and anxiety scores (Tonioni et al., 2012). Ko et al. (2014) found in their study that resistant depressive symptoms accompany resistant IA individuals, and following treatment of IA, depression, social anxiety and aggressive behaviors diminish in Internet addicts.

Dysfunctional attitudes (DA) used to evaluate a depressive individual's prevailing negative attitudes are associated with the self, the outer world, and the future, and compose an important part of Beck's dysfunctional cognitive items (Weissman & Beck, 1978). This is why Weissman and Beck developed the Dysfunctional Attitude Scale to analyze dysfunctional attitudes, and this scale has frequently been used in the literature to discuss dysfunctional beliefs which are strongly related to dysfunctional schemas. This scale, which is used especially for the aim of evaluating the predisposition of individuals towards depressive symptoms, analyzes negative thoughts, negative emotional schemas and negative beliefs in the framework of a perfectionist attitude and a need for approval basically. Besides this, it is reported that DA is linked with many psychologic factors, such as approval, love, success, right, afford, autonomy and anacritic self-esteem, which are necessary regarding cognitive therapy (Weissman & Beck, 1978; Wong, Chan, & Lau, 2008).

There are a considerable number of studies reporting a significant relationship between changes in DAS and depressive symptoms (Wong et al., 2008; De Graaf, Roelofs, & Huibers, 2009). It was found that DA is an important factor particularly in patients with depression, that DA may contribute to the development of depression along with environmental stress factors, and that DA is decreased during the process of depression treatment (Beevers, Strong, Meyer, Pilkonis, & Miller, 2007; Farmer et al., 2001). Moreover, it is known that depressive symptoms have significant effects on many addictions. Despite this, it can be said that there are not so many studies in the literature on the interaction between addiction and dysfunctional attitudes. Heinz, Veilleux, and Kassel (2009) have shown in their study that DA has a potential importance in problematic alcohol use and the amount of alcohol consumption. Ramsey, Brown, Stuart, Burgess, and Miller (2002) have reported that negative experiences associated with addiction can be decisive in the treatment of alcohol addiction. Thus we can focus on dysfunctional attitudes during the cognitive behavioral therapy process.

Our knowledge of IA and DA is limited, and the one study in the literature in this field showed that DA scores were high in individuals with IA, and that a perfectionist attitude (PA) is a predictor of IA (Şenormancı et al., 2014). Numerous psychopathological components were assessed in the treatment and investigation of the causes of Internet addiction, and it was emphasized that these psychopathological elements are essential regarding addiction. However, the literature contains a limited number of studies investigating IA together with psychopathological components and dysfunctional situations. In this study, we aimed to assess the relationship of the severity of IA and DA with psychopathological characteristics. We designed this study to investigate the level of effect that dysfunctional attitudes, as well as general psychopathology, have in explaining IA.

## 2. Method

This study was carried out by assessing students studying at Bursa Orhan Gazi University in 2014. Students attending the

university in 2014 were interviewed. Before participation, students were informed about the study.

### 2.1. Participants

Two hundred and fifty students who indicated that they use the Internet were included in our study. Participation in the study was on a voluntary basis, and consent for participation was obtained from each student assessed. Exclusion criteria were faulty or incomplete measurement. Data from the faulty and incomplete analysis for 38 students were excluded from the study. Therefore, our study was conducted with 212 people, 124 men, and 88 women.

### 2.2. Procedure

The students were assessed in groups in a silent class environment. The subjects were initially given the required information, and then they were assessed using scales with socio-demographic data forms and paper-and-pencil tests.

### 2.3. Measures

#### 2.3.1. Sociodemographic form

The socio-demographic questionnaire was composed of 8 questions. These were age, gender, tablet use (yes/no), Smart phone use (yes/no), presence of failing school year (yes/no), smoking (yes/no), family history of psychiatric referral (yes/no) and history of psychiatric referral (yes/no).

#### 2.3.2. Internet addiction

The Internet Addiction Scale (IAS), developed by Nichols and Nicki in 2004, was used by Kayri and Günüş (2009) with university students in Turkey. The scale consists of 31 items and has no reverse-scoring items. Attitudes are scored as "1- Never 2- Rarely 3- Sometimes 4- Frequently and 5- Always" using a Likert scale ( $\alpha = 0.93$ ). Dalbudak et al. (2013) determined the cutoff score of the scale for addiction at 81 and divided the IA into three groups for IAS: 30–60 (no addiction), 61–80 (mild addiction) and 81 and higher (risk for addiction/addicted).

#### 2.3.3. Psychopathology

The Symptom Checklist-90 (SCL-90) is an assessment tool consisting of 90 items and nine subscales to assess psychiatric symptoms (Derogatis, 1983). The validity and reliability study of the scale was carried out by Dağ (1991) in Turkey, and the reliability coefficients for sub-scales were determined as Somatization ( $\alpha = 0.82$ ); Obsessive-Compulsive ( $\alpha = 0.84$ ); Interpersonal Sensitivity ( $\alpha = 0.79$ ); Depression ( $\alpha = 0.78$ ); Anxiety ( $\alpha = 0.73$ ); Anger-Hostility ( $\alpha = 0.79$ ); Phobic Anxiety ( $\alpha = 0.78$ ); Paranoid Ideation ( $\alpha = 0.63$ ); Psychoticism ( $\alpha = 0.73$ ); and Additional Scale ( $\alpha = 0.77$ ).

#### 2.3.4. Dysfunctional attitudes

The Dysfunctional Attitudes Scale (DAS) is used for analyzing dysfunctional beliefs, thoughts, and emotions (Weissman & Beck, 1978; Şahin & Şahin, 1992). The scale consists of 40 items, and each item is scored between 1 (completely disagree) and 7 (completely agree). The internal consistency of the scale was determined at 0.79, and the total item correlation coefficient at 0.34. The scale was found to be a valid and reliable assessment tool. Turkish version of the DAS consists of 4 factors: Perfectionist Attitude (PA), Need for approval (NA), Autonomous Attitude (AA), and Tentative Attitude (TA). Higher scores refer to higher levels of dysfunctional attitudes (Şahin & Şahin, 1992).

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