



Problematic online experiences among Spanish college students: Associations with Internet use characteristics and clinical symptoms



Eva González ^{*}, Begoña Orgaz

Faculty of Psychology, University of Salamanca, Avda. de la Merced, 109-131, 37005 Salamanca, Spain

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ABSTRACT

Internet access is almost universal among Spanish young people, and university students appear particularly vulnerable to developing problematic use patterns. This study examined the prevalence of a broad range of problematic online experiences in this population, and their associations with diverse Internet use characteristics and clinical symptoms. A sample of 493 students completed an online survey including the *Index of Problematic Online Experiences* (I-POE) by Mitchell, Sabina, Finkelhor, and Wells (2009), five subscales of the *Trauma Symptom Inventory*, and questions regarding Internet use characteristics. One in ten participants met criteria for problematic online use. Boys showed higher levels of problems in most I-POE domains. Spending more hours a day online predicted more problems related to overuse, daily obligations, and interactions with people online, whereas using dating websites predicted more problems with online behavior (e.g. identity deception). Higher concerns about own Internet use predicted higher levels of most clinical symptoms. In conclusion, although a minority of students may be considered problematic Internet users, this should be cause for concern and encourage preventative measures. Consistently with the cognitive-behavioral model (Davis, 2001) maladaptive cognitions seem to play a relevant role in the understanding of problematic Internet use. Besides, this study supports the utility of the I-POE as a quick assessment tool to identify problematic online experiences.

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1. Introduction

Nowadays, the number of online users in Spain have reached 68% of households (Instituto Nacional de Estadística, 2012), which evidences that the Internet is already an essential medium of information and communication in this country that “permeates our lives at home, school, and work” (Young, 2004, p. 402). Doubtless, this technology is generally beneficial for users, but its problematic use may nonetheless have negative effects on personal relationships, health, psychological well-being, job, education, hobbies, etc. (Widyanto & Griffith, 2011). In Spain, 5.4–14.7% of Internet users have decreased the time spent in sleeping, sports, studying, working, or staying with friends or family because of their Internet use (Asociación para la Investigación en Medios de Comunicación, 2012). Moreover, 18.5% of 12–25 year-old consider themselves Internet addicted (Graner, Beranuy, Sánchez-Carbonell, Chamarro, & Castellana, 2007).

Indeed, Internet has been deemed potentially “addictive” because of its anonymity, accessibility, low cost, instant gratification, controllability, synchronous elements, the possibility of identity construction, etc. (Beranuy, Chamarro, Graner, & Carbonell, 2009; Torrecilla et al., 2008). By using Pathological Gambling referenced

in the DSM-IV (American Psychiatric Association, 1994) as a model, Internet addiction (IA) has been defined as an impulse-control disorder which does not involve an intoxicant (Young, 2004). Its inclusion as a new psychopathology in the upcoming DSM-V, however, has been refused because of the insufficient research data available (American Psychiatric Association, 2010). In fact, “there is no universal agreement as to the specific diagnostic criteria for IA, whether it is a discrete mental disorder, or, indeed, whether it is a disorder at all” (Pies, 2009, p. 33). Across studies, authors have thus used alternative terms such as Pathological Internet Use (Davis, 2001) or Problematic Internet Use (Caplan, 2002), and diverse theoretical perspectives. Remarkably, the cognitive-behavioral model (Davis, 2001) asserts that this phenomenon is not a mere addiction, and emphasizes the role of maladaptive cognitions as the proximal sufficient causes of the affective and behavioral symptoms of pathological Internet use.

Furthermore, there are currently no diagnostic instruments that show adequate reliability and validity across countries (Weinstein & Lejoyeux, 2010). Most scales developed in Spain are based on criteria for substance dependence and/or pathological gambling, e.g. *Internet Over-Use Scale* (Jenaro, Flores, Gómez-Vela, González-Gil, & Caballo, 2007), *Use and Abuse of Internet questionnaire* (García del Castillo et al., 2008), *Questionnaire of Experiences Related to Internet* (Beranuy et al., 2009). Recent data obtained from Spanish students, nevertheless, suggest that pathological Internet use may

^{*} Corresponding author. Tel.: +34 923294500x3308.

E-mail address: evagonz@usal.es (E. González).

constitute a separate diagnosis label, not included in the impulse control or addiction disorders (Jenaro et al., 2007). The term “Problematic Internet Use” (PIU) is thus here adopted to avoid the controversial connotations of “addiction” and “pathology”.

1.1. PIU among college students: prevalence and associated factors

Currently, Internet use is almost ubiquitous among young people. In Spain, 97.8% of 16–24 year-olds has ever gone online, and the majority (85.3%) connects at least five days per week (Instituto Nacional de Estadística, 2012). Given these high rates, research on the scope and correlates of PIU has remarkably increased in the last 15 years, generally focusing on adolescents and young adults. Likewise, college students have increasingly been targeted by researchers, as they seem to be more vulnerable to developing problematic use patterns due to their high rate of Internet access, huge blocks of unstructured time, newly experienced freedom from parental control (Young, 2004), developmental dynamics related to identity and intimacy (Kandell, 1998), etc.

Overall, previous prevalence research suggests that most university students have no or low levels of PIU yet a group with problematic use patterns is also identifiable. Concretely, the most recent rates observed in Spain range from no students (García del Castillo et al., 2008), 0.7% (Ruiz-Olivares, Lucena, Pino, & Heruzo, 2010), 2.2% (Carbonell et al., 2012), 3.8% (Fernández, Llorca, & Delgado, 2012), 6.2% (Jenaro et al., 2007), to up to 9.9% (Muñoz-Rivas, Fernández, & Gámez-Guadix, 2010) meeting criteria for PIU. Similarly, rates vary widely across countries without being clear whether it is due to cultural differences or to diverse approaches in the conceptualization and assessment, e.g. 0% of students in Italy (Coniglio, Sidoti, Pignato, Giammanco, & Marranzano, 2012), 4% in the United States of America (Christakis, Moreno, Jelenchick, Myaing, & Zhou, 2011), 15.3% in Taiwan (Lin, Ko, & Wu, 2011), 18.3% in the United Kingdom (Niemz, Griffiths, & Banyard, 2005), and 34.7% in Greece (Frangos, Frangos, & Sotiropoulos, 2011).

In addition, previous findings inconsistently indicate the existence of gender and age differences in prevalence rates. Generally, male college students are found to be more problematic Internet users (Fernández et al., 2012; Frangos et al., 2011; Lin et al., 2011; Niemz et al., 2005; Ruiz-Olivares et al., 2010; Özcan & Buzlu, 2007), although some studies observe no significant gender differences (Beranuy et al., 2009; Carbonell et al., 2012; Jenaro et al., 2007). Likewise, some researchers disagree on whether older (Muñoz-Rivas et al., 2010) or younger (Fernández et al., 2012) students show higher PIU levels, whereas others find no significant differences by age (Ruiz-Olivares et al., 2010).

Regarding behavioral factors associated to PIU, the literature suggests that some Internet use characteristics such as amount of use and type of use are significantly related to PIU in the college population. Concretely, findings indicate that students who spend more time online (García del Castillo et al., 2008; Kim & Davis, 2009; Lin et al., 2011; Muñoz-Rivas et al., 2010; Niemz et al., 2005), and/or are more intense users of games, chat-rooms (Ceyhan, 2011; Frangos et al., 2011; Muñoz-Rivas et al., 2010; Özcan & Buzlu, 2007) and pornographic sites (Frangos et al., 2011; Özcan & Buzlu, 2007) show higher levels of PIU.

Finally, college students' PIU has also been linked to psychosocial and mental health variables such as anxiety (Coniglio et al., 2012; Jenaro et al., 2007; Kim & Davis, 2009), depression (Caplan, 2002; Chen, 2012; Christakis et al., 2011; Coniglio et al., 2012; Jenaro et al., 2007; Lin et al., 2011; Özcan & Buzlu, 2007), low self-esteem (Caplan, 2002; Chen, 2012; Kim & Davis, 2009; Niemz et al., 2005; Widyanto & Griffith, 2011) and loneliness (Caplan, 2002; Chen, 2012; Kim, LaRose, & Peng, 2009; Özcan & Buzlu, 2007), without being clear whether PIU leads to these symptoms

or vice versa because studies have examined associations rather than causal relationships (Byun et al., 2009).

1.2. I-POE: an index to broadly assess PIU based on mental health professionals' perspective

Beyond above-mentioned discrepancies on the appropriate terminology, criteria and measurement approach to PIU, there is evidence that most mental health professionals are exposed to clients with problematic online experiences (Wells, Mitchell, Finkelhor, & Becker-Blease, 2006). According to some authors, these professionals thus may have “the most advanced clinical knowledge on PIU” (Acier & Kern, 2011) and shed light on aspects not revealed from a population-based perspective (Mitchell, Becker-Blease, & Finkelhor, 2005).

Based on this premise, Mitchell et al. (2005) surveyed 1504 mental health professionals and proposed the *Inventory of Problematic Internet Experiences*, an inventory consisting of 11 types of online experiences deemed problematic because of their negative impact on clients' lives (e.g. overuse, gaming, harassment, isolative-avoidant use, fraud, etc.). Subsequently, Mitchell, Sabina, Finkelhor, and Wells (2009) defined PIU as “encompassing a broad range of possible online behaviors and experiences that (...) result in a disruption of relationships, values, daily obligations, and/or mental or physical well-being” (p. 707), and created the *Index of Problematic Online Experiences* (I-POE), a short instrument that aims to broadly assess PIU across several domains, thus overcoming the limitations of instruments which focused on Internet addiction or overuse with limited attention to other Internet related problems.

Founded on the cognitive-behavioral model of PIU (Davis, 2001), the I-POE was supplied with content from the *Inventory of Problematic Internet Experiences* (Mitchell et al., 2005) in order to add content validity. According to its authors, the variety of items included makes it useful to screen a broad range of problematic Internet use among many types of users (Mitchell et al., 2009). Construct validity was established based on correlations and regressions that showed the relationship of I-POE score with characteristics found to be related to PIU, specifically, with amount of Internet use and trauma symptoms – depression, anger/irritability, sexual concerns, dysfunctional sexual behavior and tension-reduction behavior – (Mitchell et al., 2009).

1.3. The present study

In short, the literature reviewed in Section 1.1 has provided evidence on the non-negligible prevalence of PIU among university students (although encountered rates vary widely both across authors and countries) as well as on the socio-demographic, behavioral and mental health factors that appear to be associated to this problem. In our opinion, these findings are doubtless valuable yet insufficient, since “more research is needed about who is vulnerable to various Internet-related problems and how such problems interact with traditional mental health issues” (Mitchell et al., 2005, p. 507). Moreover, data and conclusions obtained so far in Spain about the prevalence and associated factors of PIU are still limited due to the infancy of this research area.

On the other hand, it is remarkable that the I-POE has been recently proposed as a quick screening index derived from a large study of mental health professionals who indicated commonly cited Internet-related problems faced in their practice. According to its initial testing with 563 college students, this instrument holds promise as a “useful risk marker for problematic Internet experiences that could impact the lives of young adults” (Mitchell et al., 2009, p. 709). The utility of the I-POE, however, needs to be further tested in other populations (Mitchell et al., 2009) and

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