



# Self-concept clarity, social support, and compulsive Internet use: A study of the US and the UAE



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## ARTICLE INFO

### Article history:

Available online 15 December 2014

### Keywords:

Compulsive Internet use  
Social support  
Self-concept clarity  
Cross-cultural  
Prevalence

## ABSTRACT

Compulsive Internet Use (CIU) has been mostly studied among adolescents, yet some studies reveal that this can be a problem for the adult population, too. The lack of agreement on diagnostic tools and cut-off points results in markedly different prevalence figures. Building on [Charlton's \(2002\)](#) distinction between core CIU and positive engagement dimensions, the first objective was to confirm that prevalence figures including the core dimensions of CIU were lower than those including the engagement dimensions as well. Second, building on [Davis's \(2001\)](#) diathesis-stress model, we tested the role that self-concept clarity (SCC) and social support play in predicting core CIU in US subjects ( $N_{US} = 268$ ). Finally, we expected that, because self-concept clarity is mostly linked to well-being in Western countries, the association between this variable and core CIU would be weak in the Eastern culture sample ( $N_{UAE} = 270$ ). Our findings confirmed that prevalence figures were 20–40% lower when including the core dimensions only, and that SCC is a key predictor of CIU at low levels of social support in the US. We also confirmed that this is not the case in the UAE. Future research opportunities to advance this study were discussed.

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## 1. Introduction

Stating that the Internet has transformed our lives is a rather self-evident claim nowadays. In the mid-1990s, some psychologists started to question whether this technological breakthrough could have a darker side, as some individuals seemed to be getting over-attached to the online world to the point of losing control over the use of the tool and experiencing conflict with other areas of their lives as a consequence ([Griffiths, 1995](#); [Young, 1998](#)). These symptoms were, according to [Young \(1996, 1998\)](#), akin those of substance-based addictions; hence, she termed this phenomenon “Internet addiction”. The author developed a diagnostic tool inspired by the *Diagnostic and Statistical Manual of Mental Disorders*, version IV (DSM IV), criteria of pathological gambling as a type of impulse-control disorder. Debates as to whether this maladaptive behavior should be called “addiction” are still on-going, as some argue that this can result in the trivialization of the devastating impact of substance-based dependencies. Moving from this debate, we prefer the term “Compulsive Internet Use” (CIU), since this encompasses what many have agreed as the (minimum) necessary

defining factors: control loss over the use, and interpersonal conflict without the other connotations of addiction ([Buckner, Castille, & Sheets, 2012](#); [Caplan, 2003](#); [Meerkerk, van den Eijnden, Franken, & Garretsen, 2010](#); [Orford, 1985](#); [Young, 1998](#)).

Much of the early evidence on this phenomenon was based on highly exploratory survey studies often using unrepresentative samples and diagnostic tools with unknown psychometric properties ([Grohol, 2012](#)). Whereas problems of under-representation are being increasingly overcome and more sophisticated theory-driven studies are being conducted, there still remains a lack of agreement regarding the key constitutive elements of CIU, which, in turn, affects the estimation of reliable prevalence figures (e.g. [Charlton, 2002](#); [Charlton & Danforth, 2009](#); [Israelashvili, Kim, & Bukobza, 2012](#)). Most of the diagnostic tools to identify CIU are inspired by the criteria of pathological gambling from the DSM IV, and therefore share the same key dimensions (i.e. withdrawal, conflict, mood change, tolerance, salience, and loss of control). However, methodological decisions regarding the estimation of thresholds (e.g. monothetic versus polythetic criteria; endorsement of half of the items versus average total score above a threshold) have resulted in a wide variety of prevalence figures, with the suspicion that the problem might have been overestimated ([Grohol, 2012](#)). A more fundamental conceptual matter is whether the aforementioned dimensions relate to actual maladaptive use or, instead, are measuring a form of healthy engagement with the tool from

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which positive consequences are derived (Charlton & Birkett, 1995; Shotton, 1991). In fact, studies conducted by Charlton (2002; Charlton & Danforth, 2007; Charlton & Danforth, 2009) suggest that items representing the aforementioned dimensions tap into two differentiated engagement and addiction factors, and that these have different correlates, since, in contrast to addiction factor,<sup>2</sup> engagement was found to be associated with positive consequences (Charlton & Danforth, 2009). In view of this, the first objective of the study was to examine prevalence levels in our sample of adults from the (US) and the United Arab Emirates (UAE) applying Charlton's core criteria to a widely used and reliable measure of CIU (Meerkerk et al., 2010). These findings are expected to contribute to the dissemination of more rigorous prevalence figures to avoid potential overestimation of the problem.

Since previous studies have analyzed the drivers of CIU in relation to overall CIU, which potentially mixed a range of engagement and core CIU dimensions (Caplan, 2003; Davis, 2001; Quiñones-García & Korak-Kakabadse, 2014), our second objective was to identify how individual differences wire people to be more vulnerable to this maladaptive use of the Internet, focusing on the core dimensions of the compulsive diagnostic tool. For this we built on Davis's (2001) model of diathesis and stress, according to which there need to be previous psychopathological issues (e.g. social anxiety), access to the tool (and the social possibilities of it), and a lack of social support. These conditions result in a series of maladaptive cognitions about the self and the world that predict maladaptive Internet use. Building on studies that report a strong link between low self-concept clarity and social anxiety in face-to-face contexts (e.g. Stopa, Brown, Luke, & Hirsch, 2010), we expected this trait to be particularly central in predicting a person's likelihood to make up for the difficulties of face-to-face interactions with online encounters. Importantly, we argue that, at low levels of social support and in line with the importance that Davis's (2001) model gives to the social aspects, self-concept clarity would be a key vulnerability factor of CIU. Thus, our third objective was to test the extent to which SCC is associated with core CIU at low levels of social support while controlling for neuroticism and distorted cognitions previously identified as powerful drivers of CIU (i.e. preference for online interaction). Finally, since the impact of self-concept clarity on individuals' well-being seems to be more relevant in Western cultures (Cross, Gore, & Morris, 2003; Dwairy, Achaoui, Abouserie, & Farah, 2006), our final objective was to confirm that the relationship between SCC and CIU in our representative of Eastern culture (UAE) would be weak in contrast to that in the Western sample (US).

## 2. Measuring prevalence: compulsive Internet use, engagement, or both?

Instruments evaluating compulsive Internet use are largely inspired by the diagnostic classification of pathological gambling in the DSM IV and Griffith and Hunt's (1998) review of Brown's (1991, 1993) Hedonic Management model. Although these tools may use different sets of items, they converge around the constitutive elements of the problem (Davis, 2001; Meerkerk et al., 2010). These are cognitive salience (i.e. the activity dominates one's thoughts), tolerance (i.e. the increasing amount of time required to obtain the same experience with the activity), behavioral salience (i.e. the activity dominates one's behavior), withdrawal symptoms (i.e. feeling negative emotions when the activity is stopped or diminished), relapse and reinstatement and loss of control (i.e. one needs to return to the same level of use after trying

to stop, thereby losing control over the use), and conflict (i.e. with one's own life and with meaningful others' lives) (Brown, 1991; Griffiths, 1996). With regard to the dimension of euphoria (obtaining a "high" from engaging in the activity), there is some disagreement. Griffith and Hunt's (1998) and Meerkerk et al. (2010) called this dimension "mood change," as they argued that, rather than seeking "a high," quite often individuals were looking to be immersed in the activity.

Most prevalence studies pertain to teenagers, yet some prevalence figures for adults have been released. These vary considerably: 14.4% of German adults (Montag, Jurkiewicz, & Reuter, 2010), 30% of Japanese adults (Lu et al., 2011), 8.4% of young British adults (Charlton, 2002), and 61% of British adults (Quiñones-García & Korak-Kakabadse, 2014). Although the different tools to assess CIU converge in the conceptualization of the aforementioned dimensions, part of this variety may come from using different items in their chosen scale to assess the supposedly same dimension. Another important source of disparity is the scoring mechanisms that have been used to confirm a positive diagnostic. The first system corresponds to the DSM IV-inspired schemes which estimate figures either by confirming a number of items endorsed out of a given total (typically more than half of the total, such as 6 out of 10 items endorsed; Griffiths & Hunt, 1998; Charlton, 2002), or by reaching a total average score above the equivalent of scoring "frequent" for each question in the scale (Meerkerk et al., 2010). The second system corresponds to Brown's nomothetic criteria, according to which one should endorse all of the dimensions to be given a positive diagnostic. Charlton (2002) and Charlton and Danforth (2007) found that, when this system was applied, none and 1.7% respectively were diagnosed as compulsive users from their samples. Nevertheless, Charlton (2002) argues that this rather restrictive diagnostic system is far from reliable when applied to current tools which mix actual compulsive use indicators and those associated with a positive high engagement with the tool. Thus, Charlton and Birkett (1995) found that their respondents seem to derive positive valued consequences from engaging significantly with their computers. Similarly, Steinkuehler and Williams (2006) found significant social gains for highly engaged individuals with online gaming. Likewise, Shotton (1991) compared high users who could well fall into the supposed CIU pattern with normal users and found that the users reported improved reasoning and analytical skills, technological knowledge and a range of positive emotional outcomes, including self-esteem and lower depression. In the light of these studies, Charlton (2002) ran factor analysis with the key dimensions of CIU measured through items developed in previous studies (e.g. Griffiths & Hunt, 1998) and their own scales of apathy/engagement computer use. They found two independent factors: an engagement factor made of items measuring the dimensions of tolerance, cognitive salience, and euphoria; and core compulsive use factor (called addiction in their study) made up of withdrawal, behavioral salience, relapse and reinstatement/control loss, and conflict. The author concluded that, whereas tolerance, cognitive salience, and euphoria were clear indicators of high engagement, none of these dimensions were related to negative consequences (Charlton, 2002). Thus, as opposed to behavioral salience, where the activity dominates your life, thinking excessively about the activity did not cause significant conflict with their lives. According to Grohol (2012), this characteristic of high engagement is in fact a phase through which anyone trying a new technology may go, and this eventually wears off for the majority. Beard and Wolf (2001) also argued that having the idea always on your mind (cognitive salience) and wanting to use the tool for longer every time were still signs of a likely healthy high engagement.

The two-factor model resulting from the factor analysis of the common dimensions used to diagnose CIU was confirmed in a

<sup>2</sup> From now on, we refer to this factor as core CIU for the sake of consistency with our terminology and the aforementioned debate.

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