

MENTAL HEALTH AND CERTAIN AREAS OF ADJUSTMENT OF INTERNET ADDICT AND NON- ADDICT ADOLESCENTS IN RELATION TO GENDER

DR. RASHMIKANT N. PARMAR

Associate Professor, Department of Psychology,
Shri PHG Muni. Arts & Science College, Kolol (N.G)

INTRODUCTION

Internet addiction is described as an impulse control disorder, which does not involve use of an intoxicating drug and is very similar to pathological gambling. Some Internet users may develop an emotional attachment to on-line friends and activities they create on their computer screens. Internet users may enjoy aspects of the Internet that allow them to meet, socialize, and exchange ideas through the use of chat rooms, social networking websites, or "virtual communities." Other Internet users spend endless hours researching topics of interest Online or "blogging". Blogging is a contraction of the term "Web log", in which an individual will post commentaries and keep regular chronicle of events. It can be viewed as journaling and the entries are primarily textual.

Similar to other addictions, those suffering from Internet addiction use the virtual fantasy world to connect with real people through the Internet, as a substitution for real-life human connection, which they are unable to achieve normally.

CONCEPT OF ADJUSTMENT:

The concept of adjustment is as old as human race on earth. It is a household word we speak of people as being well-adjusted or poorly adjusted. Well-adjusted people are regarded as successful in the art of living. The process of adjustment starts right from birth of the child and continues till his death.

Adjustment is a process, which is expected to lead to a happy and contented life of a person. It creates a balance between needs and the capacity to meet these needs, persuades persons involved to change ways of life according to the demands of the situation, and gives strength and ability to bring desirable changes in the conditions of the environment. Working women have to adjust themselves at home as well as at work place. For them, adjustment is "smooth switch over from one status to other status, perceiving roles as perceived by others, and performing multiple roles with efficiency and satisfaction".

Systematic emergence of the concept of "**Adjustment**" started with Darwin's theory of evolution (1859). In those days the concept was purely biological. In biology the term usually employed was adaptation. Man among the living beings has the highest capacities to adapt to new situation. Man as a social animal not only adapts to physical demands but he also adjusts to social pressures. Biologists used the term adaptation strictly for physical demand of the environment but psychologists use the term adjustment for varying conditions of social or interpersonal relations in the society. So adjustment means reaction to the demands and pressures of social environment imposed upon the individual.

Development of the personality of the child and individual teacher to a great extent demands adjustment with the environment. It is a process of maintaining a balance between the needs-physical, psychological and social and the circumstances that influence the satisfaction of these needs. It is a continuous process a more harmonious relationship between person and his environment. Adjustment is a process of directing one's efforts towards modification of directing one's efforts towards modification of behaviour and attitudes.

Human beings are born with a number of internal needs eg. need for food, water, and oxygen etc. The frustration of which leads to discomfort and sometimes to death. Many of these physiological needs and in the course of development some additional needs emerge, these physiological demands go on increasing and become more complicate. In fact, life is a continuous process of adjusting, self-understanding, personality integration self-actualization, functional autonomy of motives and frustration tolerance contributes to the effective adjustment. Psychologists have interpreted adjustment from two important points of view are: adjustment as an achievement and other, adjustment as a process.

The first point of view emphasizes the quality or efficiency of adjustment and second lays, emphasis on the process by which an individual adjusts in his external environment. In final analysis the dynamics of adjustment involve a realistic self appraisal and a whole hearted acceptance of the self. When this is achieved, one is indeed well adjusted. The term '**Adjustment**' has been defined by various psychologists and researchers in different way. Some of important definitions of adjustment have been presented and analyzed below for the purpose of conceptual clarity.

Mental health is a level of psychological well-being, or an absence of a mental disorder (About.com, 2006). It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment". From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. According to World Health Organization (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others." (The world health report, 2001). WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community? However, cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined (The world health report, 2001).

A person struggling with his or her behavioral health may face stress, depression, anxiety, relationship problems, grief, addiction, ADHD or learning disabilities, mood disorders, or other psychological concerns (Kitchener, BA & Jorm, AF, 2002). Counselors, therapists, life coaches, psychologists, nurse practitioners or physicians can help manage behavioral health concerns with treatments such as therapy, counseling, or medication. The new field of global mental health is "the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide.

Another common personality characteristic that is associated with internet addiction is coping style. Studies in China have revealed that adolescents who are addicted to the internet also adopt negative coping styles such as fantasy or retreat, rather than rational or problem solving approaches (Liu, 2007; Zhang & Yang, 2006).

Tuten and Bosnjak (2001) and Correa et al. (2010) have reported that low openness to experience is related to internet dependency. People who are have been addictive behaviors, begun to social neglect their work and social life, to lose their self control and to substitute the real world with the online space and believe that their life outside the net is empty and joyless.

Studying the factors fostering internet addiction and its prevention strategies seems to be necessary. Especially we should study about whether all individuals get internet addiction equally or some personality types have more readiness to be affected. Personality includes those characteristics of a person or some individuals which consist of fixed thought, emotion and behavioral patterns (Parvin, 2002). Some authors believe that internet users' personality is the main factor in addiction emergence or dependency on computers.

According to Baradaran and Jahanikia (2005) internet addicted person (In Iran) had lower level of emotional intelligence and mental health than normal individuals. There was significant relation between emotional intelligence mental health in internet addicted and normal individuals.

According to the research by Shahbazzadegan (2011), Kim and et al (2006), Ko, Yen, Yen, Chen & Chen (2012) has shown that there is a positive relationship between internet addiction and mental health. Van Gelder (2005) in his research on university students found that people who are prone to the Internet addiction, are easily tired and dejected. They are alone, bashful and shy, while having low quality of life and suffering from depression and other types of problems. In another research, shows that, the dispread of internet addiction between Iranian students is up to 8.3 percent and also student who they are addicted to the net are more alone and their self esteem are lower than the normal users. Some studies have been reported Hardie (2007) and Gombor (2008) positive relationship between internet dependency and neuroticism.

Mitchel et al. (2008) found that excessive use of the Internet on students lead to have suffered from physical and psychological problems, their happiness and positive thought reduce and have academic problems. Shahbazzadegan et al. (2011) in their research showed that there is a significant difference between internet users and non users in mental health and aggression.

Internet addiction can be dangerous for those with mental health. A person who may not participate in actions like secretive sexual affairs or stalking in the real 46 | P a g e world may perform these behaviors on the Internet because of the anonymity provided by internet. According to Morahan-Martin (2005) internet may provide a less aggressive way to express behaviors that one may not have done in the real world. The findings of a research, on 113 female students in Loyola Marymount University, conducted by Kunimura and Thomas (2000) show that there is a significant relationship between mental health and internet addiction.

Carstairs and Kapur (1976) reported that in India, women have more psychiatric morbidity compared to their male counterparts. This higher rate is consistent for both urban and rural areas as well as across regions, religions and socioeconomic classes. Depression is the most prevalent mental health problem among women in India as it is elsewhere (Carstairs and Kapur, 1976; Kapur and Shah 1992; Daver 1999). Rodes (2001) in a study analyzed gender differences found the gender differences in the overall prevalence of mental disorder within a reference period of one year. But women had more mood or anxiety disorders than men and men were characterized by more substance abuse and antisocial behavior. Men were also more likely to have a combination of both types of disorder.

OBJECTIVES OF THE STUDY:

1. To study and compare internet addict and non-addict adolescents with regards to Adjustment.
2. To study and compare male and female adolescents with regards to Adjustment.
3. To study interaction effect between Type of adolescents and gender of adolescents with regard to Adjustment.
4. To study and compare internet addict and non-addict adolescents with regards to Mental Health.
5. To study and compare male and female adolescents with regards to Mental Health.
6. To study interaction effect between Type of adolescents and gender of adolescents with regard to Mental Health.

HYPOTHESES OF THE STUDY:

1. There will be no significant difference between internet addict and non-addict adolescents with regards to Adjustment.
2. There will be no significant difference between male and female adolescents with regards to Adjustment.
3. There will be no significant interaction effect between Type of adolescents and gender of adolescents with regard to Adjustment.
4. There will be no significant difference between internet addict and non-addict adolescents with regards to Mental Health.
5. There will be no significant difference between male and female adolescents with regards to Mental Health.
6. There will be no significant interaction effect between Type of adolescents and gender of adolescents with regard to Mental Health.

SAMPLE:

For the present study random sampling technique was used for the selection of the participants. The sample was consisted of 200 (100 Internet addict and Non-addict male and 100 Internet addict and Non-addict female). Sample was taken from different areas of Ahmedabad City.

VARIABLES:

In present research the nature of variables was given in the following table:

Name of Variable	Nature of Variable	Number of Variable	Name of Level of Variable
Type of adolescents	Independent Variable	2	Internet addict Non-addict
Gender	Independent Variable	2	Male Female
Mental Health	Dependent Variable	1	Scores of Mental Health
Adjustment	Dependent Variable	1	Scores of Adjustment

Tools:

• **Mental Health Check List by Dr. Pramod Kumar**

Mental health Check list by Pramod Kumar was used for data collection. Mental health Check list consists of 11 items - 6 mental and 5 somatic, presented in a 4-point rating format e.g. 'rarely', 'at items', often and 'always'. A numerical value of 1,2,3 and 4 is assigned to the 4-response categories i.e. for 'rarely', 'at times', 'often', and 'always', respectively. The total score varies from 11 to 44, showing the highest to the lowest (poorest) mental health status of the person.

The split-half reliability, correlating the odd-even items (applying the Spearman-brown formula for doubling the test length) has been found to be .70 (N=30) with an index of reliability of .83 (Garrett, 1961). The test-retest reliability is also been studied. It has been found to be .65 (N=30) with an index of reliability of .81. The retest was giving with a time interval of two weeks.

The r-value of .70 and .65 reliability have been found to be significant. .01 level of confidence, showing that the test is reliable both in term of its internal consistency and stability of scores.

The face validity of the MHC appears to be fairly high as items were prepared by asking teachers of psychology to list all such symptoms which according to them showed poor mental health. The content validity was adequately assured as only those symptoms which showed 100 percent agreement amongst the judges regarding their relevance to the study of mental health were selected.

• **Social adjustment by Deva's**

Social Adjustment Inventory (SAI) constructed by Dr. R.C. Deva. Deva's Social Adjustment Inventory (SAI) consists of 100 questions which includes items for the assessment of emotional as well as social adjustment. There are also 15 filler items. These items have been designed to yield a "Test Dishonesty" score. If this score exceeds twenty, the responses to other items cannot be relied upon. It is recommended that response of such a person may be rejected. Higher the score, the higher would be the level of social adjustment and vice-versa.

Scoring:

There are 3 scoring stencils. Each stencil has a pattern of holes which reveal the responses. Adjacent to each hole in the key is a number indicating the weight to be given to it, if a response appears through the hole. The following procedure may be adopted for scoring the responses. 1. The responses be examined for any item which has been marked both for 'Yes' and 'No' and a red line be drawn horizontally through such responses. Such double marked responses will not get any credit. 2. Stencil No. 1 be superimposed on the relevant pages of the booklet so that arrow head on scoring touches the corresponding arrow head on the test booklet. The stencil is adjusted so that the responses are clearly visible through its holes. The 'Test Dishonesty' score is obtained by adding the weights of the responses visible through stencil of the test booklet. If this score exceeds 20, the responses may be rejected. 3. Stencil No. 2 be superimposed as directed above. The 'Emotional Adjustment' score is obtained by adding the weights of the responses visible through this stencil. This score is also entered in the relevant space on title page of this test booklet. 4. Stencil No. 3 be superimposed as directed above. 'Social Maturity' score can be obtained by adding the weight of the responses visible through this stencil. This score also is entered in the relevant space. 5. The total 'Social Adjustment' score is obtained by simply adding the 'Emotional adjustment' and 'Social maturity' scores. This may also be entered in the space provided.

PROCEDURE:

Mental Health inventory by Check List by Dr. Pramod Kumar and Social adjustment inventory by R.C. Deva were administered simultaneously in individual setting after giving adequate instructions and establishing rapport. All the precautions were taken during the test administration as per manual. Scoring of test was done as per manual of test.

RESULTS AND DISCUSSION:

Table: 1

Showing Results of ANOVA on Mental Health of Various Groups of Adolescents

Source of Variation	Sum of Square	df	Mean sum of Square	F	Level of Significant
Ass	541.88	1	541.88	150.94	0.01
Bss	9.08	1	9.08	2.52	N.S.
A x Bss	25.21	1	25.21	7.02	0.01
Error	705.17	196	3.59		
Tss	1281.33	199			

F ratio for Mental Health of Type of adolescent organization (Ass) is 150.94 which is significant at 0.01. It means significant difference is exists between Internet addict and non addict Adolescents on Mental Health. The mean scores of internet addict adolescents 10.45 on Mental Health and mean scores of non addict adolescents is 14.7 on Mental Health. It is said that significant difference is exists between Internet addict and non addict Adolescents on Mental Health.

F ratio for Mental Health of Gender status (Bss) is 2.52 which is not significant. It means significant difference is not exists between male and female adolescents on Mental Health. The mean scores of male adolescents is 12.3 and mean scores of female is 12.85 on Mental Health. It is said that significant difference is not exists between male and female adolescents on Mental Health.

F ratio for Mental Health of Type of adolescents and Gender of adolescents (AxB) is 7.02 which is significant. It means significant interaction effect is exists between Type of adolescents and Gender of adolescents on Mental Health. The mean scores of internet male addicts is 10.63, the mean scores of internet female addicts is 10.26,

**JOURNAL OF INFORMATION, KNOWLEDGE AND RESEARCH IN
HUMANITIES AND SOCIAL SCIENCE**

mean scores of non-addict male addicts is 13.97, mean scores of non-addict female adolescent is 15.43 on Mental Health. It is said that significant interaction effect is exists between Type of adolescents and Gender of adolescents on Mental Health.

Table: 2

Showing Results of ANOVA on Adjustment of Various Groups of Adolescents

Source of Variation	Sum of Square	df	Mean sum of Square	F	Level of Significant
Ass	561.690	1	561.690	12.57	0.01
Bss	116.640	1	116.640	2.61	N.S.
A x Bss	151.290	1	151.290	3.38	NS
Error	8735.380	196	44.67		
Tss	9585.00	199			

F ratio for Adjustment of Type of adolescents (Ass) is 12.57 which is significant at 0.01 level. It means significant difference is exists between Internet addict and non addict Adolescents on Adjustment. The mean scores of internet addict adolescent is 14.935 on Adjustment and mean scores of non- addict adolescents 12.565 On Adjustment. It is said that significant difference is exists between Internet addict and non addict Adolescents on Adjustment.

F ratio for Adjustment of Gender (Bss) is 2.61 which is not significant. It means significant difference is not exists between Male and Female adolescents on Adjustment. The mean scores of male adolescents is 14.290 and mean scores of female adolescents is 13.210 on Adjustment. It is said that significant difference is not exists between male and female on Adjustment.

F ratio for Adjustment of Type of adolescents and Gender of adolescents (Ax B) is 3.38 which is not significant. It means significant interaction effect is not exists between Type of adolescents and Gender of adolescents on Adjustment. The mean scores of internet male addicts is 16.090, the mean scores of internet female addicts is 12.490, mean scores of non-addict male addicts is 13.780, mean scores of non-addict female addicts is 12.640 on Adjustment. It is said that significant interaction effect is not exists between Type of adolescents and Gender on Adjustment.

Conclusions:

1. Significant difference is exists between internet addict and non- addict adolescents on Mental Health. Internet addict adolescent have poor mental health than non addict adolescent.
2. Significant difference is not exists between male and female adolescents on Mental Health.
3. Significant interaction effect is exists between Type of adolescents and Gender on Mental Health. Female Internet Addict Adolescent have poor Mental Health then remaining group of adolescent.
4. Significant difference is exists between addict and non- addict adolescents on Adjustment. Internet addict adolescent have poor adjustment than non addict adolescent.
5. Significant difference is not exists between male and female adolescents on adjustment.
6. Significant interaction effect is not exists between Type of adolescents and Gender on adjustment.

References:

- 01 About.com (2006, July 25). What is Mental Health?. Retrieved June 1, 2007, from About.com.
- 02 Baradaran, M.R, Jahanikia , V. (2008). "Gender division in computer and internet application; investigation of the students of Tehran universities". Women Studies; 5(1): 45-64.
- 03 Carstairs, G. M. and Kapur, R. L. (1976). "Stress, change and mental health". The Great Universe of Kota, 23, 121-142.
- 04 Gombor, A. & Vas, L. A. (2008). "Nation and Gendered-based Study about the relationship between the Big Five and Motives for Internet Use": A Hungarian and Israeli comparison. Theory and Science, 10, 1-6.
- 05 Hardie, E., & Tee, M. Y. (2007). "Excessive Internet Use: The Role of Personality; Loneliness and Social Support Networks in Internet Addiction". Australian Journal of Emerging & Technology, 5, 34-44.
- 06 Kitchener, BA & Jorm, AF, 2002, Mental Health First Aid Manual. Centre for Mental Health Research, Canberra. p 5.
- 07 Kunimura, M., & Thomas, V. (2000). "Summary and Review of the NEO-PI-R Personality test". Journal of Loyola Mary Mount University; 38, 1-13.

- 08 Liu, Y. (2007). "Psycho-social related factors of junior high school students with internet addiction disorder". Chinese Journal of Clinical Psychology 15, 422-423.
- 09 Mitchell, SC Smith. (2008). Available from <http://www.LSDA.org.uk>
- 10 Parvin, L.A., (2002). "Personality Psychology". [translated by Javad Jaafari & Parvin Kadivar]. Tehran University. Rasa Cultural Services Publication. (Published in its original language in 1989).
- 11 Shahbazzadegan , M Samadzadeh, M Abbasi (2011). "Procedia" Social and Behavioral Sciences, 28, 300 – 304.
- 12 Tuten, T. L., & Bosnjak, M. (2001). "Understanding differences in Web usage: The role of need for cognition and the five factor model of personality". Social Behavior and Personality. Vol. 29: 391–398.
- 13 Van Gelder, T. (2005). "Teaching critical thinking: some lessons from cognitive science". College Teaching, 45, 1–6.
- 14 world health report 2001 - Mental Health: New Understanding, New Hope"(PDF). WHO. Retrieved 4 May 2014.