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MEDIA ADDICTION BY UNIVERSAL INDICATORS

Summary

With explosion of technological innovation, people tend to develop an addiction to new media such as mobile devices, computers, and gaming consoles. This study expands the previous research by addressing the overall (new and old) media addiction in Serbia by using eight universal indicators. The study found that 88% of participants are the potential media addicts while only 7.6% of them show the signs of the extreme media addiction. As it is very significant to know and understand the media addiction in our society, the media addiction research should be standardized and continuous.

Keywords: media overuse, media access, social network, escaping media.

1. INTRODUCTION

With explosion of technological innovation, people tend to increase time using new media such as mobile devices, computers, and gaming consoles. Increasing duration of new media use indicates importance of research directed towards social effects of addiction to media.

The addiction is defined in Gale Encyclopedia of Medicine (Olendorff et al., 1999) as "a dependence, on a behavior or substance (emphasis added) that a person is powerless to stop." The internet addiction is characterized by Young (1996) and Shapira et al. (2003) as behavioral impulse-control disorder, which does not involve an intoxicant. The Internet dependents in Lin and Tsai (2002) admitted tolerance syndromes. They also showed withdrawal symptoms, and easily lost track of time. They admitted how the Internet negatively impacts their

lives, such as in school, health, and parental relations. Kandell (1998) characterizes theInternet addiction by unpleasant feelings (e.g., anxiety, depression, emptiness) when offline, an increasing tolerance to the effects of being online, and denial of the problematic behaviors.

Grounded by these frameworks, this study expands the previous research by addressing the overall media addiction in Serbia? The study offers a solitary survey for research of addiction to both old and new media.

2. LITERATURE REVIEW

2.1 Indicators for an addiction diagnostic questionnaire

Different indicators are used in the addiction diagnostic questionnaires. For instance, to assess participants' Internet addiction Ko et al. (2009) use nine indicators. Those include preoccupation, uncontrolled impulse, usage more than intended, tolerance, withdrawal, impairment of control, excessive time and effort spent on the Internet, impairment of decision-making ability, and impaired function based on a diagnostic interview. On the other side, in their research on game addiction, Lemmens et al. (2009) use seven indicators including salience, tolerance, mood modification, relapse, withdrawal, conflict, and problems. In his research on mobile phone addiction Chen (2004) considers five operational mobile phone addiction indicators including preoccupation, tolerance, withdrawal, life consequences, and escapism.

Many media researchers consult the pathological gambling indicators from the Diagnostic and Statistical Manual of Mental Disorders (DSM) of American Psychiatric Association (1995) to establish indicators for their addiction diagnostic questionnaires (see Table 1). The pathological gambling indicators from the DSM are objective (the time spent-prolonged use) and subjective (overconsumption, cut use, substitution, withdrawal, continued use, and tolerance). Young (1996) consults the DSM to establish indicators for an diagnostic questionnaire on internet addiction by using eight indicators. For television addiction, Horvath (2004) recognizes from the DSM seven indicators of addiction including tolerance, withdrawal, unintended use, cutting down on playing time, time spent playing, displacement, and continued use. To establish the diagnosis indicators for television dependence, Kubey (1996) finds five of seven diagnostic indicators from the DSM applicable to this medium. He considers the tolerance and the continued use to be

less applicable to television addiction. For the Internet addiction, Chen (1998) uses four-degree scales encompassing nine indicators.

In this research, except the objective indicator (the time spent using media), the seven ten-degree scales are offered as answers to the same number of indicator questions. They fall into the five pathological gambling indicators (overconsumption, cut media use, substitution, withdrawal, and continued use) described in the DSM (see Table 1). These indicators are adapted to media. Although being a behavioral addiction, like the pathological gambling, the media dependence is rather different. Logically, the indicators for the pathological gambling are taken as a starting point to customize the standards for the detection of media addiction.

Table 1. Types of indicators used in previous and current research

Pathological Gambling	Kubey, 1996	Young, 1996	Chen, 1998	Horvath, 2004	This research
indicators from DSM	(TV)	(Internet)	(Games)	(TV games)	(All media)
Prolonged use	Yes	Yes	Yes(2)*	Yes	Yes
Over-consumption	Yes	Yes	Yes(2)*	Yes	Yes
Cut use	Yes	Yes(2)*	Yes	Yes	Yes(2)*
Substitution	Yes	Yes	Yes	Yes	Yes
Withdrawal	Yes	No	Yes	Yes	Yes
Continued use	No	Yes	Yes	Yes	Yes(2)*
Tolerance	No	Yes(2)*	Yes	Yes	No
Number of indicators					
	5	9	8	7	8

*   Values in brackets are given if two or more indicators are used to measure the same indicators from the DSM.

The only indicator noted in the list of pathological gambling indicators from the DSM, which is not seen as adequate for this research (see Table 1) is tolerance. If applied, the tolerance is a need for markedly increased amounts of the media to achieve intoxication or desired effect. Need to increase time of use to get the same satisfaction could be applicable in case of gaming. It does not relate however to most of the media. Kubey (1996) does not consider it applicable to TV use. On the other hand, Young (1996) examines Internet addiction by two questions which relate to this indicator.

2.3 Procedures to indentify addicts

Regarding subjective indicators related to addiction, three procedures are identified in literature. First, a self-identification of media addicts used by McIlwraith (1998) means that the participants recognize themselves as individuals who overuse media. Kubey (2000) cites results of Gallup & Newport (1990) polls from 1992 and 1999. They find two out of five adult respondents and seven out of 10 teenagers say they spent too much time watching TV. Other surveys have consistently shown that roughly 10 percent of adults call themselves TV addicts. It can be noted that the self-identification of media addicts may fail to deliver the accurate results,

Second, Young (1996) uses eight "Yes" or "No" questions to recognize the media addicts among those who answer "Yes" to at least five of them.

Third, there are various examples of scales, each with four or five degrees. Ko et al.(2009) use the scale four-degree Internet addiction scale. Seven of nine indicators are enough to declare someone as an addict. Lemmens et al.(2009) use the 21 items scale to measure each of seven indicators significant for game addiction. For television addiction for each indicator, Horvath (2004) uses a scale, with five items associated with it, resulting in a 35-item, each with five-degrees. It can be noted that the addiction scales containing up to 35 items are too detailed and may be complicated to the research participants.

Based on the facts above, it is decided to decrease the number of items offered in the previous research inquiries, keeping the questions compact and easy to answer. Then, the ten-degree scales are offered. The increase in the number of degrees used in the scales is to obtain the detailed results without addressing too many questions to the research participants.

3. METHODOLOGY

This research uses new methodology to evalaute the overall media addiction in Serbia in 2011. The reason for this is an intention not to examine addiction to any medium in particular, but to examine all of them.

3.1 Survey

Investigations of the media addiction were conducted by Positive Center for Digital Media and Faculty for Culture and Media. These

investigations were done on a multistage random sample of 2208 participants. This sample was representative for Serbian population older than 15 years of age. The research participants were interviewed from January to May of 2011. The interviewing method is deployed by students of The Faculty for Culture and Media. They had an assignment to interview the wider public as a part of their Media Analytics course. Coordinators of the course received 2505 inputs from students. After initial filtering, the 2208 inputs were considered valid.

Table 2: The subjective indicator questions used in the survey

#	Subjective indicator questions in this survey	Corresponds to indicator from DSM
I2	Do you feel that you use media too much?	Over-consumption
I3	"How often do you feel you are unable to resist media use (despite you want to do something else)?	Cut use
I4	"How often do you feel you want to get rid of your social network profile (for example, Facebook) because you cannot resist using it?	Cut use
I5	"How often do you use media to forget problems?	Substitution
I6	"How would you feel if you found yourself at some place without any media and if you had to stay there for some time? Would this situation make you feel bored and empty or would you feel freedom and joy?	Withdrawal
I7	How often do you need to go to a place without media access to work	Continued use
I8	How often do you feel that news about crimes, disasters and diseases make you scared or negatively affect your mood?	Continued use

3.2 Applied indicators to media

When making the research indicators, the duration of media use is considered as an objective indicator, and the addiction related questions are considered as subjective indicators (Table 2).

1-Duration of Media Use: The previous research did not consider the duration of media use as an indicator for the ammount of addiction. The duration of media use means the prolonged use, i.e., a great deal of time is spent in activities necessary to obtain the media, use the media, or recover from its effects. It is very hard to know how much time one

needs to use media, to call this activity as an addiction, because this indicator may have different value for each person. Some individuals excessively use media at their work, to earn money, thus contributing to their daily realities. Thus, it is not possible to call them addicts. The difference between those individuals who are addicted and others who are not is in an effect of media use to these person lives. The media use becomes a problem when it is dysfunctional to the daily reality of any person by becoming a substitution for his or her needs or desires.

The previous research does not give any exact measure of pathological media use in terms of duration. In the case of Internet addiction, Young (1996) claims that the addicts use Internet in average during 38 hours per week. Lin & Tsai (2002) argue that an addictive Internet use lasts 18 hours weekly. In the case of game addiction, there are also weekly measures from 19 hours by Chen (1998) to 25 hours by Chou and Hsiao (2000). However, Kershaw (2005) cites several counselors saying that time spent on the computer was not important in diagnosing an addiction to the Internet. On the side of TV use, Signorielli (1986) writes that a heavy viewing usually lasts 28 hours per week. IP (IP Germany, 2005) states that, on average, people in Europe spend 26.4 hours watching TV per week, while in the United States up to 34.6 hours per week. Kubey and Csikszentmihalyi (1990) find that the typical U.S. child or adult watches television for 14-21 hours per week.

Although the strict limit is not known, the time spent in media use can be the objective indicator of the addictive behavior. That is why, in this research, the media use is taken as an objective indicator of the prolonged use, which is noted in the list of the pathological gambling indicators from the DSM.

2-Overconsumption: As an indicator for overconsumption, the research participants are asked if they feel they use media too much. The participants who answered that they overuse media are considered to show the signs of media addiction. The overconsumption means that the research participants might have a feeling that other activities may be more useful for them. The fact that one feels the media overuse may indicate that he or she is not happy with the overall management of time. It does not mean necessarily that person cannot resist the media use, because of boredom or instead of doing something else.

3-Attempts to cut down the media use (unable to resist): Attempts to cut down use means there is a persistent desire or unsuccessful efforts to cut down or control media use. This is reflected in the indicators "how often do you feel you are unable to resist the media use (despite you want to do something else)". At this point in the research, the media use starts negatively to interfere with the participant's direct reality,

which is the main prerogative for addiction. The person may want to do something else, but the media use seems so irresistible that one must indulge in the indirect reality.

4-Attempts to cut down the media use (feel to get rid of social network profile): The attempts to cut down the media use are also reflected in the indicators "how often do you feel you want to get rid of your social network profile (for example, Facebook) because you cannot resist using it?" A decision to get rid of personal social network profile may be considered as an extreme addiction, because it means erasing the whole online life of a person.

5-Substitution: Substitution means important social, occupational, or recreational activities are given up or reduced because of media use. The substitution indicator is attained by asking the research participants "how often they use media to forget problems". This question has never been used in the previous research inquiries to identify the media addiction. The substitution indicates that the media use seriously interferes with personal life, which is at the core of diagnosing media addiction. However, the neglecting of important social, family and occupational events may also occur because of problems from personal life. The indicator is relates to a real life situation, thus providing good understanding of it by PMA. At the level of seriousness, concerning addiction indicated, this indicator is even higher than in the previous question. If one overuses media or cannot resist using them, then there is an indication something might be wrong. If one uses media to forget problems, this is a clear indicator of substitution.

6-Withdrawal: Withdrawal means maladaptive behavioral change when left without the media. The withdrawal indicator is obtained by asking research participants "how would you feel if you found yourself at some place without any media and if you had to stay there for some time? Would this situation make you feel bored and empty or would you feel freedom and joy?" Withdrawal is common as numerous media users got used to media. They cannot think of life without media because, as anecdotal reports claim, they would feel almost like some part of their body was missing. Although this question does not indicate serious problem in terms of media use, as a threat to daily reality, it speaks about general influence of media.

7-Continued Use (work in some place without media access): Continued use means that the media use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely caused or exacerbated by the media. The continued use indicator is reflected by the question-inicator: "how often do you feel you need to go to some place without media access (for example wit-

hout TV & Internet) in order to work". This is based on assumption that person is knowledgeable that media disrupt his or her life. Being applied from gambling addiction to media, the indicator highlights the disruption that one concerns being unable to work while having media nearby. This is purely practical disruption by media use. Thus, it would be easy to recognize a decrease in productivity as a consequence of media use. This indicator represents the highest level addiction for PMAs who selected it. It demonstrates in most direct way how media use interferes with daily realities of PMA.

8 - Continued Use (Negative news affects person's mood): This continued use indicator is also examined by the question indicator "how often do you feel that news about crimes, disasters and diseases make you scared or negatively affect your mood?" This indicator highlights feeling of media users when faced with dominant negative news in today's media. The feelings of fear may point to connection between media content and addiction from media. This indicator is highly specific, as it describes everyday situation for most of media users. This indicator also suggests that person still uses media, although he or she fears or feel negative mood swings. Severity of this claim in respect to media addiction level is high. By negatively affecting mood of their users often, media disconnect people from their daily realities. This question has never been used to detect media addiction.

3.3 Procedure

Filtering Research Participants: The duration of media use is calculated for each of four media (Internet, television, radio, and print), to filter the research participants who do not practice excessive and potentially addictive use. Only those research participants who use any of four noted media in the top 40%, above the average of time are put in the group of the potential media addicts (PMA) indicating a prolonged use. In the top 40%, there are 1942 (88%) of 2208 research participants. Those who use Internet during total 15 minutes or more daily are put in the group of PMA. This duration of Internet use can be discussed as not credible as some of this may be required by jobs or school rather than being the choice of the user (however, this is specially checked and found that the use of Internet by jobs or school is rare in Serbia and between participants). The research participants who use television during equal or longer than 120 minutes daily are put in the group of PMA. The individuals who use radio during total 20 minutes or more per day are placed in the group of PMA. This also may be discussed as not credible as radio is often used as a background medium; however these cases are not taken into account during the survey analyses. The

same goes for those who use print media during total 25 minutes or more per day. PMAs are taken out for further filtering with the subjective addiction indicators.

Further processing of PMAs is done by using the subjective media addiction indicators. These indicators represent seven questions, each answered by ten-degree scale. Only participants who answer by selecting particular extreme on these indicators are accounted as having signs of the media addiction.

4. RESULTS & DISCUSSION

4.1 Survey responses to particular questions

When asked if they feel a media overuse, 24% of PMA agree with this (Figure 1). Figure 2 shows that 26.1% of PMA fail to resist media use most of the time. It is found (Figure 3) that just 22.4% of PMA frequently feel the need to close their social network profile because they cannot resist using it. When asked about using media to forget problems 31.9% of PMA answered they did this often (see Figure 4). Figure 5 shows that 37.2% of PMA would feel bored and empty if left without access to any media. In Figure 6, 31% of PMA feel often that they need to search for a place without media access to work. 54.6 % of PMA feel that negative media content affect him all the time (see Figure7). High percentage of positive answers to this final question indicates there might be connection between level of media reality (because of dominant negative news) and amount of media addiction.

4.2 Media addiction

As noted before, the duration of use is taken as an objective indicator to determine the media addiction (the prolonged use in the DSM). While doing that, a strict border between potentially addictive and normal use is not determined. That would be because, the results from the previous research inquiries show an increase in the duration of media use with addicts of different kind, but these values vary.
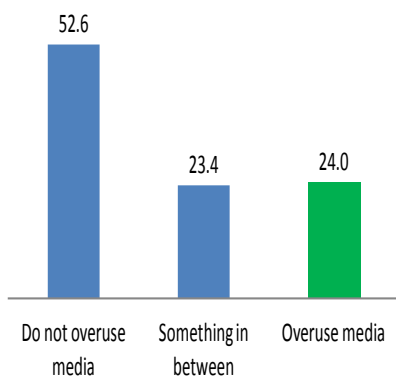
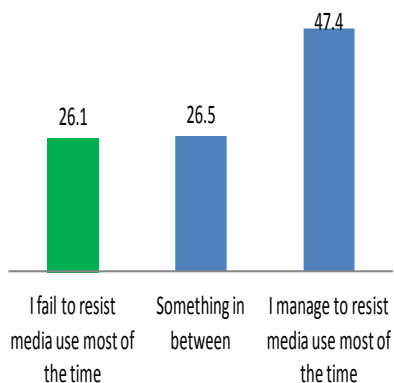Figure 1 Survey answers to question I2 "Do you feel that you use media too much?"

Figure 2 Percents of answers to the survey question I3 "How often do you feel you are unable to resist media use (…)?"
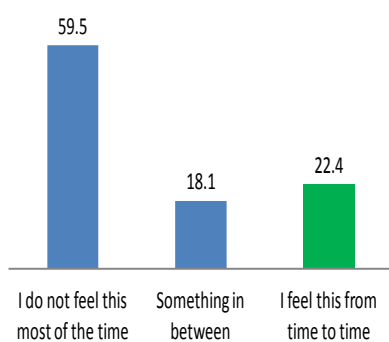
Figure 3 Percents of answers to survey question I4 "How often do you feel you want to get rid of your social network profile…?"
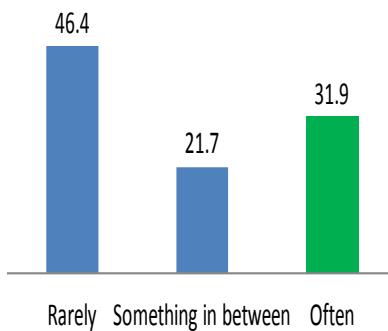
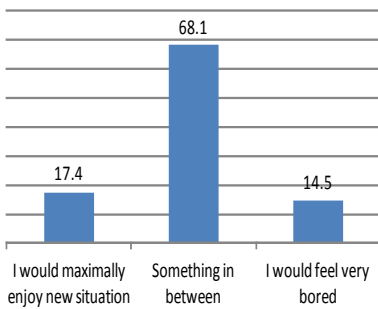Figure 4 Percents of answers to survey question I5 "How often do you use media to forget problems?"

Figure 5 Percents of answers to survey question I6 "How would you feel if you found yourself at some place without any media? ..."
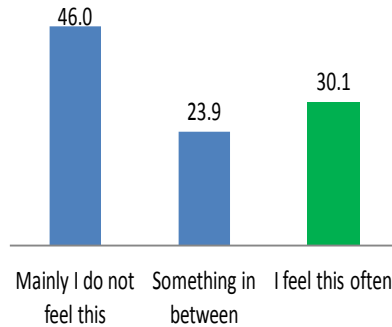

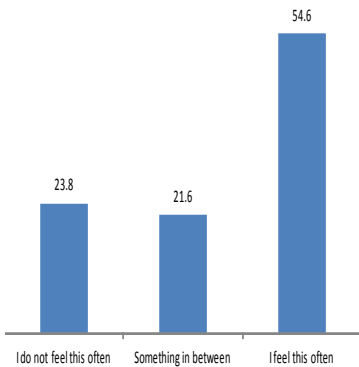Figure 6 Percents of survey answers to question "How often do you need to go to a place without media access to work?"

Figure 7 Percents of survey answers to question "How often do you feel that news about crimes, … negatively affect your mood?"
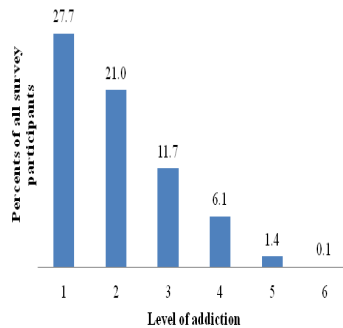

Figure 8 Media addiction in Serbia 2011.

After this, it is recognized that 67.9% of research participants have some signs of media addiction (Figure 8), as they fall into one or more indicators, while 20% of them grasp 0 indicators. To get "fine results", research participants are sorted out depending on the number of media addiction indicators they fall into. Thus, the lowest level of addiction is recognized with 27.7% of population. Individuals with two indicators (21.0%) still show low level of addiction towards media. The middle level of media addiction is manifested by 11.7% of research participants, therefore grasping three indicators. The highest level of media addiction is manifested by those research participants grasping four or

more indicators. In total, the highest level of media addiction has been manifested by 7.6% of research participants.

These results cannot be compared with other research inquiries because of different methodologies used (indicators themselves and number of indicators needed to consider someone pathological user) and varying sample. To illustrate these differences two examples are given. Fisher (1994) identifies 6% of the sample as "pathological players", while Griffiths and Hunt (1998) find 20% of sample "dependent" on computer games. The most significant reason which makes it hard to compare results of this research with others measuring media addiction is because the sample constituting research participants in most of other investigations is far from representative. University researchers usually have small sample constituted of college students. The importance of these issues in currents times triggers the need for continuous and standardized monitoring of the media addiction.

5. CONCLUSION AND RECOMMENDATIONS

This research examines the overall media addiction in Serbia by using the universal indicators for all media. To calculate the media addiction, 8 of indicators are included encompassing all pathological gambling indicators from the DSM, except tolerance.

After filtering research participants through the prism of the prolonged use (40% top above the mean of duration of use for each medium), the PMA are identified. Then, use of subjective indicators (7 of them) yield that 67.9% of them show some signs of media addiction, while 7.6% are considered to be extremely addicted. Low levels of addiction are manifested by 48.7% of PMA.

Future research might incorporate different values for indicators, depending from the severity of addiction indicated by them. Also, there is a need to examine relationship between the media reality and the levels of media addiction. For social significance, the media addiction research should be standardized and continuous.

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МЕДИЈСКА ЗАВИСНОСТ ПРЕКО УНИВЕРЗАЛНИХ ИНДИКАТОРА

Сажетак

Са експлозијом технолошких иновација, људи теже да повећају време које проводе у «имагинарном свету» користећи нове медије, као што су мобилни уређаји, рачунари и играчке конзоле. У општем случају зависност се дефинише као зависност од понашања или супстанци које није могуће контролисати. Ова студија проширује претходна истраживања разматрајући укупну медијску зависност у Србији. Студија нуди анкетна истраживања зависности популације у Србији од утицаја старих и нових медија.

Током истраживања зависности од интернета Јанг (Young) (1996) консултује показатеље патолошког коцкања из Дијагностичког и статистичког приручника за менталне поремећаје (ДСМ) Америчког психијатријског удружења (1995). При истраживању зависности од телевизије, Кубеи (Kubey) (1996) закључује да може применити пет дијагностичких критеријума из ДСМ (прекомерно коришћење, покушаји да се смањи употреба, продужена примена, замена и повлачење). Међутим, преглед литературе показује да до сада ниједно истраживање није публиковано о у коме се истражује зависност популације од свих врста медија истовремено.

У овом истраживању зависности од свих врста медија, користе се дијагностички показатеьи ДСМ постављањем седам питања. Истраживање се одрадило на вишестепеном случајном узорку од 2208 учесника. Овај узорак је репрезентиван за становништво Србије старије од 15 година. Учесници истраживања су интервјуисани од јануара до маја 2011 од стране студената Факултета за културу и медије Мегатренд универзитета.

Резултати анкете се обрађују користећи следећи алгоритам. У првом кораку се за појединачне испитанике одређује време и просек коришћења појединачно интернета, телевизије, радија и штампе. У другом кораку се одређује група испитаника која кори-

сти појединачне медијуме изнад просека, као 40 % испитаника из те групе који користе ове медије највише. Они се означавају као потенцијални медијски зависници (ПМЗ). Показало се да их од читаве интервјуисане популације има 88%. _У трећем кораку, ПМЗ се даље разматрају користећи показатеље субјективне медијске зависности (као што су прекомерна употреба медија, покушаји да се смањи употреба медија, замена, повлачење, и стално коришћење медија). Само, онај ПМЗ који бира екстреме у понуђеним скалама добија показатељ медијске зависности. Коначно, узимајући у обзир резултате медијске зависности, ПМЗ су сортирани зависно од броја показатеља медијских зависности које поседују.

Истраживање је дало следеће резултате. Што се тиче прекомерног коришћења, 24% од ПМЗ осећа да прекомерно користи медије. Што се тиче покушаја да се смањи коришћење медија, 26.1% испитаника не успева да се одупре употреби медија, а 22,4% испитаника осећа потребу да затвори своје профиле на друштвеним мрежама. Што се тиче замене активности, 31,9% испитаника је одговорило да често користе медије да забораве своје проблеме. Што се тиче повлачења, 37,2% би се осећали досадно и празно без медија. Што се тиче даљег коришћења медија, 31,1% не борави тамо где не постоји приступ медијима, а 44,9% сматра да негативне вести у медијима негативно утичу на њихово расположење. Коначни резултат говори да 27.7% ПМЗ има најнижи могући ниво зависности од утицаја медија док 7,6% ПМЗ има највиши ниво медијске зависности који се састоји у томе да је нађено да поседују по четири или више показатеља медијске зависности.

Кључне речи: претерана употреба медија, приступ медијима, друштвена мрежа, бекство помоћу медија.