

Never Without My Mobile Phone: the Relationship between Nomophobia, Social Media Addiction and Emotion Regulation Difficulties

Cep Telefonum Olmadan Asla: Nomofobi, Sosyal Medya Bağımlılığı ve Duygu Düzenleme Güçlükleri Arasındaki İlişki

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Abstract

Objective: Nomophobia (No MOBILE PHOne PhoBIA) refers to the concern or fear that individuals experience when they're without their mobile phone or they're unfit to use it. This research aimed to elucidate the relationship between nomophobia, social media addiction, and emotion regulation difficulties in university students.

Method: A total of 100 volunteer medical school students, 55 female and 45 male, with an average age of 23, are included in this study. The questionnaires included sociodemographics and social media usage characteristics, The Turkish Nomophobia Scale, the social media addiction scale, and the emotion regulation difficulties scale. The data were collected in a face-to-face manner by the researchers.

Results: There was a moderately positive, statistically significant relationship between the emotion regulation difficulties scale total score, the social media addiction scale total score, and the total scores of the Turkish Nomophobia Scale.

Conclusion: Emotion regulation difficulties may explain nomophobia and social media addiction. Developing emotion regulation strategies may help reduce nomophobia and addictive use of social media.

Keywords: Nomophobia, social media addiction, emotion regulation

Öz

Amaç: Nomofobi (akıllı telefon yoksunluğu korkusu), bireylerin akıllı telefonu olmadığı veya akıllı telefonu kullanamayacak durumda olduklarında yaşadıkları endişe veya korkuyu ifade etmektedir. Bu araştırma üniversite öğrencilerinde nomofobi, sosyal medya bağımlılığı ve duygu düzenleme güçlükleri arasındaki ilişkiyi aydınlatmayı amaçlamıştır.

Yöntem: Bu çalışmaya yaş ortalaması 23 olan 55 kadın, 45 erkek olmak üzere toplam 100 gönüllü Tıp fakültesi öğrencisi dahil edilmiştir. Ölçme araçları olarak sosyodemografik ve sosyal medya kullanım özellikleri veri formu, Türkçe Nomofobi Ölçeği, Sosyal Medya Bağımlılığı Ölçeği ve Duygu Düzenleme Güçlükleri Ölçeği yer aldı. Veriler araştırmacılar tarafından yüz yüze görüşme yöntemiyle toplanmıştır.

Bulgular: Türkçe Nomofobi Ölçeği toplam puanı ile sosyal medya bağımlılığı toplam puanının bilgiye erişememe ve konfordan fedakarlık alt boyut puanı arasında pozitif yönde güçlü bir ilişkinin olduğu tespit edildi. Duygu düzenleme güçlükleri ölçeği toplam puanı, sosyal medya bağımlılık ölçeği toplam puanı ve Türkçe Nomofobi Ölçeği toplam puanları arasında orta düzeyde pozitif, istatistiksel olarak anlamlı bir ilişki vardı.

Sonuç: Çalışmamız duygu düzenleme güçlüklerinin nomofobi ve sosyal medya bağımlılığını açıklayabileceğini, duygu düzenleme stratejileri geliştirmenin, nomofobi ve sosyal medyanın bağımlılığını azaltmaya yardımcı olabileceğini düşündürmektedir.

Anahtar kelimeler: Nomofobi, sosyal medya bağımlılığı, duygu düzenleme

Introduction

Nomophobia is the fear of being disconnected from the communication people establish through their mobile phones. As a result of the rapid spread of technology, it has taken an indispensable place in human life. Within this framework, nomophobia is defined as a contemporary, age-specific anxiety related to losing one's sense of connection, communication, information access, and convenience (1).

Social media addiction is a global problem that causes loss of function in individuals due to excessive and uncontrolled internet use (2). Many studies have found a connection between excessive internet usage and signs of distress, including anxiety, depression, reduced social engagement, and lower academic achievement (3). According to these studies, social anxiety and depression are especially strongly linked to problematic internet use (4).

The concept of social media addiction was first used by Goldberg in 1996 (5). This concept was introduced into the literature by Young. According to Young, social media addiction should be treated as an impulse control disorder that causes loss of academic, social, and professional function in individuals, such as alcohol or drug addiction, and is very similar to pathological gambling (6). In this context, social media addiction can be expressed as a problem that causes the person to lose control and function in different areas of life due to continuous, intensive internet use.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, does not currently include social media addiction; however, the inclusion of internet gaming disorder, a subtype of social media addiction, is regarded as a significant step in the right direction. In addition, it is seen that there has been an increase in the research carried out on social media addiction, which has started to be evaluated as a mental health problem in recent years (7). Upon reviewing the literature, it was found that social media addiction was linked to factors like substance abuse, substance use disorders, cognitive distortions in interpersonal relationships, depression, and psychosomatic symptoms (8).

The ability to control one's emotions and react appropriately to them is referred to as "emotion regulation." People unconsciously employ emotion regulation techniques to deal with challenging circumstances throughout the day. The majority of us employ a range of techniques for controlling our emotions, and we can apply these techniques in various contexts to adjust to the needs of our surroundings. Some of these strategies are healthy, while others are not. Using healthy coping mechanisms, such as walking as a stress reliever, is not harmful. They can aid in calming down intense feelings, which frequently makes it possible to comprehend the emotional experience and its causes better (9).

When the literature on addiction in psychopathology is examined, it is seen that maladaptive emotion regulation skills can be a predictor of addictive behaviors. At the same time, some studies have shown that individuals with emotion regulation difficulties avoid negative emotions, get rid of negative thoughts, or avoid depressive moods (10). Some studies show that there is a positive relationship between emotional regulation difficulties and excessive use of smartphones (11).

In light of this information, we believe that individuals who struggle to manage and respond to their emotions may find it hard to deal with negative feelings. As a result, they might use social media as a way to escape, seek validation, or distract themselves from their emotional challenges. The immediate gratification and social connection offered by social media can reinforce addictive behaviors. Nomophobia, or the fear of being without a mobile phone, may develop in these people as a result of their fear of missing out on social interactions or social media notifications. Recognizing and addressing difficulties with emotional regulation and understanding the connection between these difficulties, social media addiction, and nomophobia could help manage these issues. Our study intends to explore the connection between social media addiction, emotional regulation issues, and nomophobia in college students based on this hypothesis.

Methods

Participants

In the study, 4th, 5th, and 6th-grade students were included. Since the new academic year had not yet started for 1st, 2nd and 3rd grade students during the period when our study was conducted, these students were not included in the study. The population of the research consists of 349 participants who are students at Balıkesir University Faculty of Medicine. Using the Epi Info 7.2 program, the sample size was determined to be at least 100 individuals based on the assumption that the prevalence was 10% with a 5% margin of error ($p=0.05$) and a 95% confidence interval. The method of stratified random sampling was employed (12).

Participants who were over 18 years old, 4th, 5th, and 6th-grade students at Balıkesir University Faculty of Medicine, had no active psychiatric complaints, were not receiving psychiatric treatment, and those who willingly gave their time to the research were involved in it. Participants' treatment history was accessed through the Medula system, a database containing electronic medical records obtained from health services, and the E-Pulse system, a personal health record system where all health information can be accessed with the patient's permission. The study excluded participants who did not volunteer, had active psychiatric complaints, were receiving psychiatric treatment, and gave inaccurate or incomplete answers to the questionnaires and scales.

Procedure

Every procedure was carried out in accordance with the Helsinki Declaration of 1975 as amended in 2008, and the ethical guidelines established by the responsible committee on human experimentation. The ethics committee of our institution approved protocol number 2022/84 on August 16, 2022. Informed consent has been obtained from all participants. Participants were informed about privacy and data protection measures. Those with mental illnesses were excluded using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID I) (13). The data of students was collected in a face-to-face manner by the researchers. The questionnaire included sociodemographic and social media usage characteristics, a Turkish Nomophobia Scale, a Social Media Addiction Scale, and a Difficulties in Emotion Regulation Scale.

Measures

Turkish Nomophobia scale

The Turkish Nomophobia Scale comprises a total of 20 items and follows a 7-point Likert scale, with responses ranging from 1 (strongly disagree) to 7 (strongly agree). The scale consists of four sub-dimensions. "Losing online connection," "inability to access information," "giving up convenience," and "inability to communicate" are the sub-dimensions being discussed. Participants can score between 20 and 140 on the Nomophobia Scale. Scoring 20 points on the scale indicates that the participant has no nomophobia. Scoring between 20 and 60 points indicates mild nomophobia, while scoring between 60 and 100 points indicates moderate nomophobia. Finally, scoring between 100 and 140 points indicates extreme nomophobia (1).

Social Media Addiction Scale - Adult Form

The scale was developed to assess social media addiction in adults aged 18–60. The scale comprises 20 descriptions and 2 sub-dimensions (virtual tolerance and virtual communication) based on factor analysis. The virtual tolerance subscale of the scale consists of items 1–11, and virtual communication consists of items 12–20. Items 5 and 11 are reverse-scored. The following options are available for the 5-point Likert scale on the Social Media Addiction Scale-Adult Form: (1) completely inappropriate for me, (2) inappropriate for me, (3) indecisive, and (4) appropriate for me (5) appropriate for me (14).

Emotion Regulation Difficulties Scale

The ERDS-16 Short Form utilized in this study was developed by Bjureberg et al. in 2016. The scale's reliability and validity study involved reducing the number of subscales and questions, and it was determined to measure the intended subheadings (15). The form was adapted into Turkish in 2017. They conducted the adaptation study using a sample of 316 students between the ages of 18 and 28 who were studying at Ankara University. It was started to be used after the adaptation studies showed appropriate results in terms of reliability and validity. The scale comprises 16 items and a total of five subscales: openness, goals, motivation, strategies, and non-acceptance. The scale is presented in a 5-point Likert-type format (16).

Statistical Analysis

The statistical package for the social sciences, or SPSS 26.0, was used to conduct the analyses for this study. Since the Kolmogorov-Smirnov test resulted in $p > 0.05$, the numerical variables' suitability to the normal distribution was assessed, and the histogram graph was suitable for the bell curve. For descriptive analyses, the variables that represent numbers and percentages for categorical data, mean and standard deviation for continuous data that follow the assumption of normalcy, and median, minimum, and maximum values for continuous data that do not follow the assumption of normalcy are provided. The "Mann Whitney U" test was used in the analysis of two-group independent variables that do not meet the parametric conditions, the "Kruskal Wallis" test was used in the analysis of three or more group independent variables, and the "Student T" test was used in the analysis of two-group independent variables satisfying parametric conditions.

Results

The average age of the students in the study was 23.35 years with a standard deviation of 2.17 years. Most participants were female, 55%, and single, 65%. Almost half of the students (41%) were living by themselves. Any mental disorder diagnosis has been observed in 21% of the study population in the past. The participants' initial sociodemographic information is shown in Table 1.

Table 1. Sociodemographic characteristics of the participants (n=100)

Variable			(n)	(%)
Gender	Female		55	55
	Male		45	45
Marital Status	Single		65	65
	Married/In a relation		35	35
Cohabitants	Alone		41	41
	Friends		35	35
	Family		12	12
	Dormitory		12	12
Grade	4		37	37
	5		39	39
	6		24	24
Psychiatric Diagnosis History	Yes	Depression	13	13
		Anxiety Disorder	3	3
		OCD	2	2
		Other	3	3
	No		79	79

n: number of participants

Almost half of our study participants (45%) used the Internet for an average of more than 29 hours per week. A majority of the students (99%) used social media, and 23% spent time on social media for an average of more than 29 hours per week. Following an evaluation of their social media usage, 53.53% of participants said they used social media to see what other people were doing, 51.51% to share pictures and videos of their lives, 46.46% to share the places they visited, and 14.14% to look for a romantic partner. That of 54% of the study participants had moderate nomophobia and 15% had severe nomophobia. Table 2 shows how the individuals were grouped based on their Nomophobia Scale scores.

Table 2. Classification of participants according to their nomophobia scale scores

Scoring	(n)	(%)
None (=20)	2	2
Mild ($\leq 21 - < 60$)	29	29
Moderate ($\leq 60 - < 100$)	54	54
High ($\leq 100 - 140$)	15	15

n: number of participants

Table 3: The relationship between participants' social media usage purposes and nomophobia

Purpose		Unable to reach information (Median $\pm$ SD)	Disclaimer of comfort (Median $\pm$ SD)	Unable to communicate (Median $\pm$ SD)	Loss of online connection (Median $\pm$ SD)	TNS Total (Median $\pm$ SD)
Fake Account	Yes	21.17 $\pm$ 5.96	20.88 $\pm$ 6.79	26.76 $\pm$ 10.28	16.11 $\pm$ 8.35	84.94 $\pm$ 23.05
	No	16.72 $\pm$ 7.09	17.93 $\pm$ 7.71	25.26 $\pm$ 10.98	11.46 $\pm$ 5.90	71.39 $\pm$ 24.93
	Test value/p	t:2.41 p:0.02	t:1.45 p:0.14	t:0.51 p:0.60	t:2.74 p:0.007	t:2.06 p:0.04
Photograph Video Sharing	Yes	17.33 $\pm$ 7.32	20.27 $\pm$ 7.90	27.68 $\pm$ 11.23	13.45 $\pm$ 7.24	78.74 $\pm$ 27.38
	No	17.91 $\pm$ 6.69	16.68 $\pm$ 6.85	22.93 $\pm$ 9.85	11.10 $\pm$ 5.63	68.64 $\pm$ 21.54
	Test value/p	t:-0.41 p:0.68	t:2.40 p:0.02	t:2.23 p:0.03	t:1.79 p:0.07	t:2.03 p:0.04
New People Recognition	Yes	20.43 $\pm$ 5.91	20.26 $\pm$ 8.29	26.34 $\pm$ 9.65	14.91 $\pm$ 7.99	81.95 $\pm$ 25.38
	No	16.76 $\pm$ 7.10	18.01 $\pm$ 7.35	25.09 $\pm$ 11.16	11.52 $\pm$ 5.93	71.39 $\pm$ 24.68
	Test value/p	t:2.25 p:0.02	t:1.24 p:0.21	t:0.48 p:0.62	t:2.20 p:0.03	t:1.78 p:0.07
Knowing What Other People Are Doing	Yes	19.81 $\pm$ 7.16	20.71 $\pm$ 7.33	27.54 $\pm$ 10.46	12.71 $\pm$ 7.13	80.79 $\pm$ 23.87
	No	15.08 $\pm$ 5.91	16.02 $\pm$ 7.17	22.89 $\pm$ 10.75	11.84 $\pm$ 5.94	65.84 $\pm$ 24.36
	Test value/p	t:3.54 p:0.001	t:3.21 p:0.002	t:2.18 p:0.03	t:0.65 p:0.51	t:3.07 p:0.003
Sharing Achievements	Yes	20.56 $\pm$ 6.54	22.17 $\pm$ 7.22	29.21 $\pm$ 11.59	15.30 $\pm$ 7.29	87.26 $\pm$ 23.99
	No	16.72 $\pm$ 6.91	17.43 $\pm$ 7.40	24.22 $\pm$ 10.34	11.40 $\pm$ 6.12	69.78 $\pm$ 24.16
	Test value/p	t:2.36 p:0.02	t:2.70 p:0.01	t:1.97 p:0.05	t:2.55 p:0.01	t:3.04 p:0.003
Finding a Romantic Partner	Yes	23.50 $\pm$ 3.97	23.00 $\pm$ 6.22	28.21 $\pm$ 9.11	19.35 $\pm$ 6.34	94.07 $\pm$ 14.46
	No	16.64 $\pm$ 6.92	17.80 $\pm$ 7.58	24.91 $\pm$ 11.02	11.15 $\pm$ 5.89	70.51 $\pm$ 24.98
	Test value/p	t:3.59 p:0.001	t:2.43 p:0.02	t:1.06 p:0.29	t:4.77 p:0.001	t:3.42 p:0.001

TNS: Total scores of Turkish nomophobia scale; SD: Standard Deviation; p: p value (P<0.05 there is a significant relationship)

Students who used fictitious accounts scored higher overall on the nomophobia scale than students who did not. Table 3 shows the correlation between participants' use of fictitious accounts, their motivations for using social media, and their fear of being alone. The Turkish nomophobia scale total score, the inability to access

information, and the sacrifice of comfort sub-dimension score all had a strong positive relationship with the total score of social media addiction.

Table 4. The relationship between participants' Turkish nomophobia scale, social media addiction scale, and emotion regulation difficulties scale (n=100)

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Social Media Addiction Scale Total	r	1	0.903	0.873	0.607	0.609	0.605	0.398	0.305	0.339	0.405	0.242	0.175	0.299	0.150
	P		0.001	0.001	0.001	0.001	0.001	0.001	0.002	0.001	0.001	0.015	0.081	0.003	0.136
2.Virtual Tolerance	r		1	0.610	0.564	0.514	0.588	0.361	0.285	0.362	0.397	0.327	0.223	0.300	0.155
	P			0.001	0.001	0.001	0.001	0.001	0.004	0.001	0.001	0.001	0.026	0.002	0.124
3.Virtual Communication	r			1	0.522	0.581	0.496	0.366	0.243	0.224	0.324	0.093	0.077	0.213	0.076
	P				0.001	0.001	0.001	0.001	0.015	0.025	0.001	0.357	0.447	0.033	0.450
4.Turkish Nomophobia Scale Total	r				1	0.725	0.886	0.722	0.780	0.440	0.490	0.295	0.256	0.419	0.207
	P					0.001	0.001	0.001	0.001	0.001	0.001	0.003	0.010	0.001	0.039
5. Inability to Access Information	r					1	0.621	0.430	0.354	0.297	0.295	0.257	0.074	0.270	0.112
	P						0.001	0.001	0.001	0.003	0.003	0.010	0.466	0.007	0.268
6. Giving Up Convenience	r						1	0.580	0.547	0.414	0.480	0.228	0.249	0.380	0.217
	P							0.001	0.001	0.001	0.001	0.023	0.012	0.001	0.030
7. Losing Online Connection	r							1	0.405	0.303	0.349	0.120	0.214	0.316	0.192
	P								0.001	0.002	0.001	0.234	0.033	0.001	0.054
8. Inability to Communicate	r								1	0.348	0.374	0.276	0.257	0.315	0.146
	P									0.001	0.001	0.005	0.010	0.001	0.148
9.Emotion Regulation Difficulties Scale Total	r									1	0.714	0.710	0.750	0.870	0.705
	P										0.001	0.001	0.001	0.001	0.001
10. Openness	r										1	0.388	0.452	0.565	0.547
	P											0.001	0.001	0.001	0.001
11. Goals	r											1	0.457	0.477	0.376
	P												0.001	0.001	0.001
12.Impulse	r												1	0.644	0.405
	P													0.001	0.001
13.Strategies	r													1	0.504
	P														0.001
14. Non-acceptance	r														1
	P														

*Pearson Correlation Analysis;**P<0.05 there is a significant relationship, p>0.05 there is no significant relationship.

The total and clarity sub-dimension scores of the emotion regulation difficulties scale showed a statistically significant correlation with the overall score of the social media addiction scale. There was a moderate relationship between the Turkish nomophobia scale total score and the emotion regulation difficulties scale total score. Table 4 shows the correlation between the participants' social media addiction, emotion regulation difficulties, and Turkish nomophobia scales.

Discussion

The results of this study showed that the total scores of the Turkish nomophobia scale, the social media addiction scale, and the emotion regulation difficulties scale had a statistically significant, moderately positive relationship. One of the more modern forms of communication is the internet, which has become an essential component of daily life due to its ability to simplify tasks, save time for users, and expedite information access. Despite all of these advantages, studies have now classified this circumstance as a new addiction phenomenon (17). In our study, almost half of the participants (45%) use the internet for more than 29 hours per week on average, and when it is considered that the working hours per week are 40 hours, the seriousness of this situation is seen in line with the literature.

In a study investigating the purpose and scope of students' social media use, it was reported that 58.7% of students living in rural areas used social media to share photos and videos, and 67.5% used it to network with other people (18). Similar to this study, when the participants' social media use purposes were evaluated, 53.53% of the participants stated that they used social media to learn what other people were doing, 51.51% to share photos and videos from their lives.

The current study examined the frequency and correlates of nomophobia, as well as the mediating function of smartphone addiction between Facebook addiction and nomophobia in a sample of Bangladeshi university students. A different study discovered that 34.5% of people had severe nomophobia and 56.1% had moderate nomophobia (19). Similarly, in a study investigating the prevalence and correlations of nomophobia among university students, 56.1% of the participants were found to have moderate nomophobia (20). In our study, in line with the literature, it was determined that 54% of the students participating in the research had moderate nomophobia. These results can be considered as a warning about the prevalence of nomophobia.

It has been demonstrated that there is a positive correlation between issues with emotion regulation and excessive smartphone use when studies examine the relationship between emotion regulation abilities and smartphone use. Casale and colleagues state that adolescents who have difficulty in emotion regulation have a high rate of problematic smartphone use (21). The total score of the Turkish nomophobia scale and the emotion regulation difficulties scale showed a statistically significant, moderately positive correlation in our investigation. These results suggest that smartphone use may be a predictor of nomophobia, as stated in our hypothesis.

The results of a study examining nomophobia as a result of heavy usage of social networking sites show that there is a significant correlation between nomophobia and the amount of time spent on social media and the level of attachment to it (22). Therefore, it was discovered that there was a positive correlation between adolescent nomophobic behaviors and social media addiction. Similar to this study, we also found a positive, statistically significant relationship between the Turkish nomophobia scale's total score and the social media addiction scale's total score. Additionally, we found a strong correlation between nomophobia and social media use in our research. Specifically, we found that activities like sharing photos and videos, keeping up with others' activities, sharing personal accomplishments, and seeking romantic relationships were linked to higher nomophobia scores. These findings suggest that these activities may potentially predict nomophobia.

Our investigation has certain limitations. Participants self-reported all of the information that was gathered, including how much time they spent online. This may lead to biased responses. Another limitation of our study is that it only included students in the 4th, 5th, and 6th grades, so the outcome's capacity to be generalized might be impacted. Furthermore, the study's cross-sectional design precluded the establishment of cause-and-effect correlations between variables. There were only a limited number of participants, despite the sample size being statistically sufficient. Despite these limitations, our study is thought to be important in showing how emotional dysregulation may contribute to the development of nomophobia and social media addiction.

In conclusion, it appears that our hypothesis—that individuals who struggle with emotional regulation may have difficulty coping with negative emotions and may use social media as a way to escape these issues—can be supported. This suggests that nomophobia, or the fear of being without a mobile phone, may develop as a result of the fear of losing out on the social connections made possible by social media. Developing strategies to manage emotions can help decrease nomophobia and social media addiction. Therefore, we expect that this study can provide a valuable contribution to the current literature on this topic. More studies with larger sample sizes are required to examine these relationships in more detail. This approach will allow us to address factors that could potentially reduce the risk of developing smartphone addiction and nomophobia, both of which are increasingly common in society.

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