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Mobile Phone Addiction Among Young Adults: Recognition and Behavior Change

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BACKGROUND

Mobile phone dependency is a growing societal concern. According to recent reports, many sleep with their phones and refuse to travel to areas without service. Moreover, the media has reported on a growing populace of ‘nomophobes’—people who actually fear being without technology. Therefore, recent research has centered on problematic mobile phone use, or mobile phone use that causes problems (e.g., sleeping, financial, or dependence) in a user’s life. Often considered a subcategory of technology (or cyber) addiction, it has become so prevalent that some have suggested that mobile phone addiction be included as a diagnostic category in the DSM (e.g., Chóliz, 2010), as it shares some properties of other types of behavioral addiction (Billieux, 2012).

Recent surveys have measured individuals’ recognition and understanding of their own addictive mobile phone behaviors. For example, Smith (2012) found that a fair number of Americans (11%) worried that they spend too much time on their mobile device, and this number was higher among those with iPhones (15%) and young adults 18-24 (21%). In this study, we extended these investigations to examine the extent to which young adults are actually taking steps to change their addictive behaviors as well as what characteristics predict recognition of the problem and change behaviors.

RQ1: To what extent are people exhibiting problematic behavior, recognizing their dependency, and taking steps to curb their cell phone behaviors?

RQ2: What characteristics predict recognition of the problem and change behaviors?

METHODS

PARTICIPANTS AND PROCEDURE

Participants were 221 (60 men; 161 women) young adult undergraduates from a mid-sized Midwestern university, and they were enrolled in an introductory psychology class and participating in the study for class credit. Participants completed a two-part web survey were the first part was completed during the first four weeks of the semester and the second part was completed the last four weeks of the semester.

MATERIALS

The survey included demographic questions and:

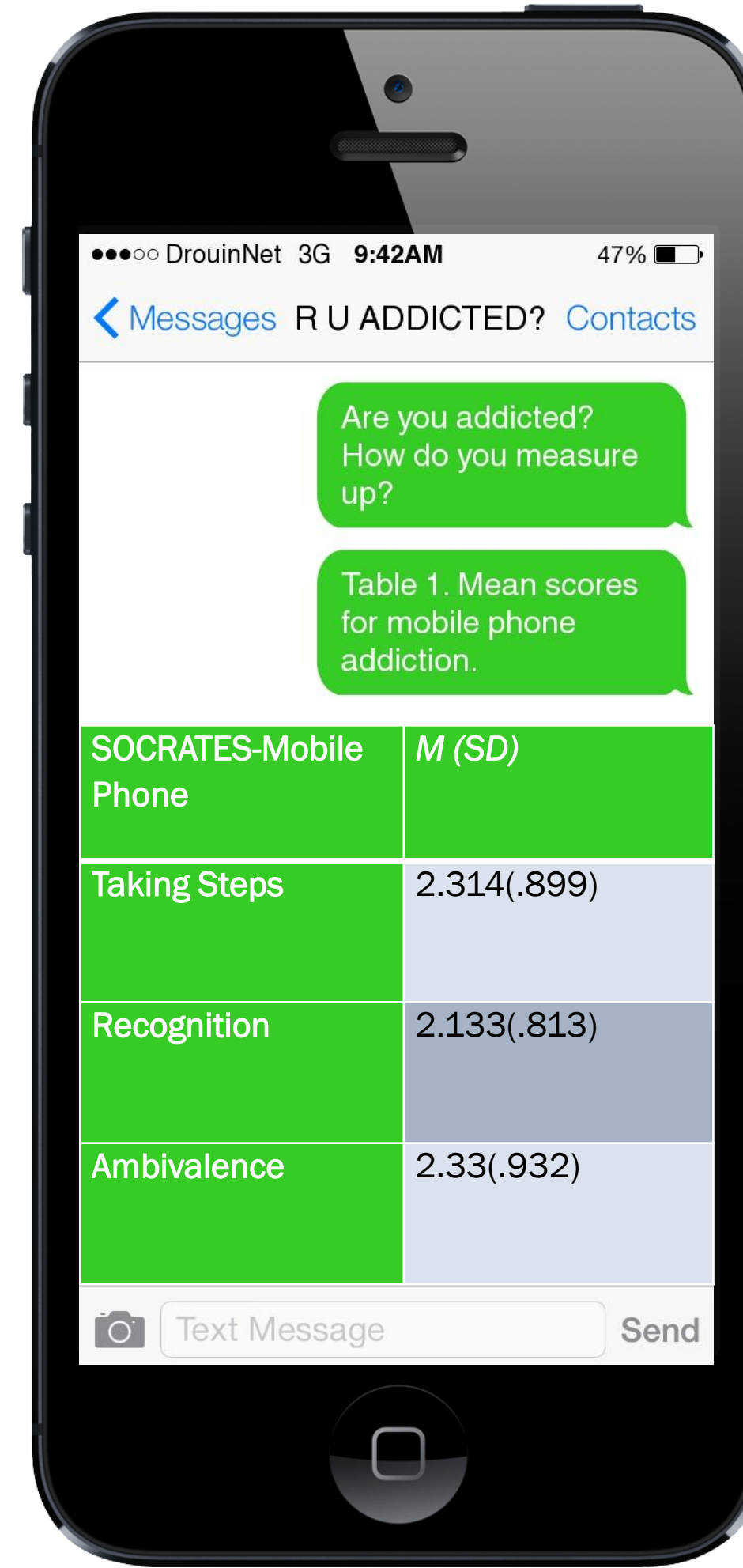
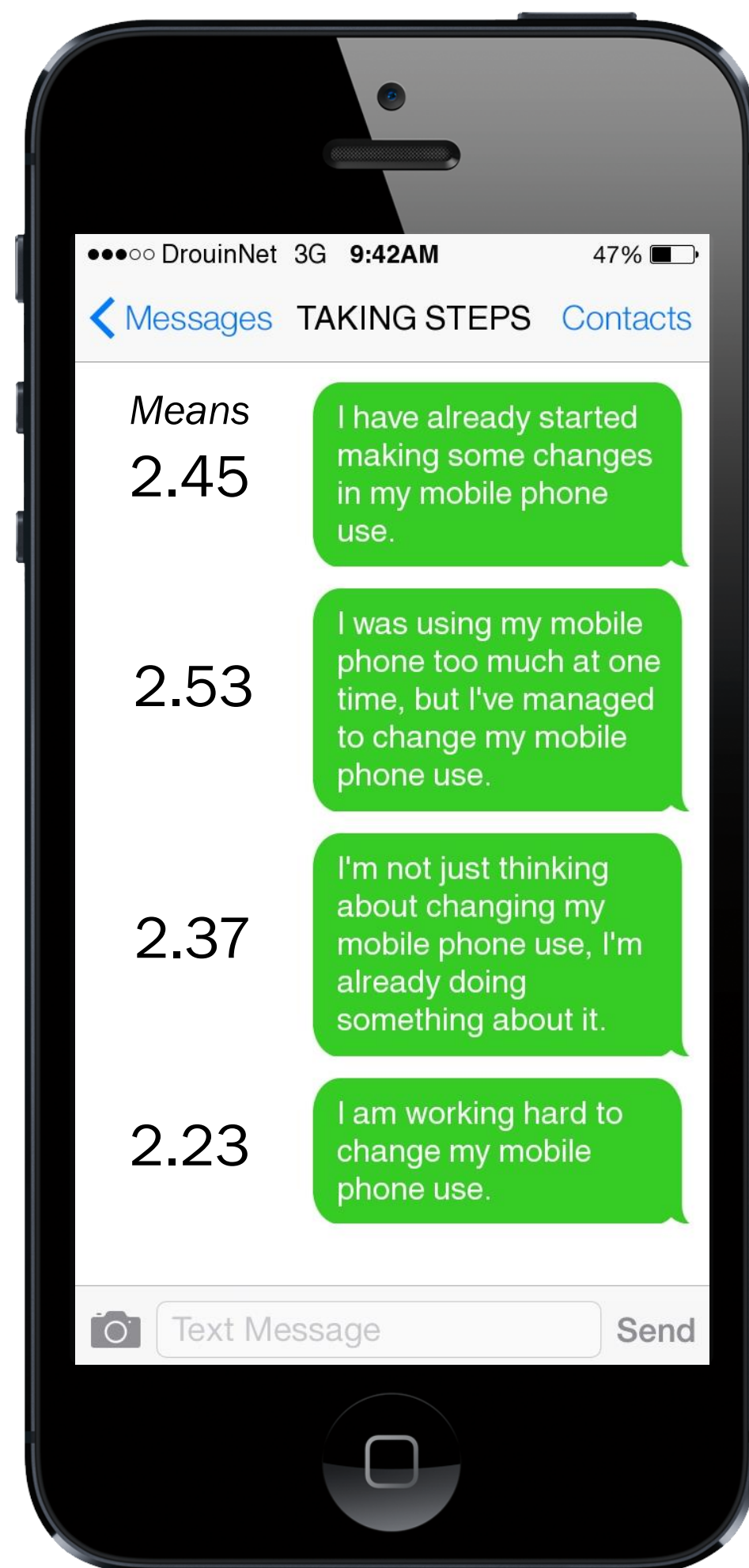
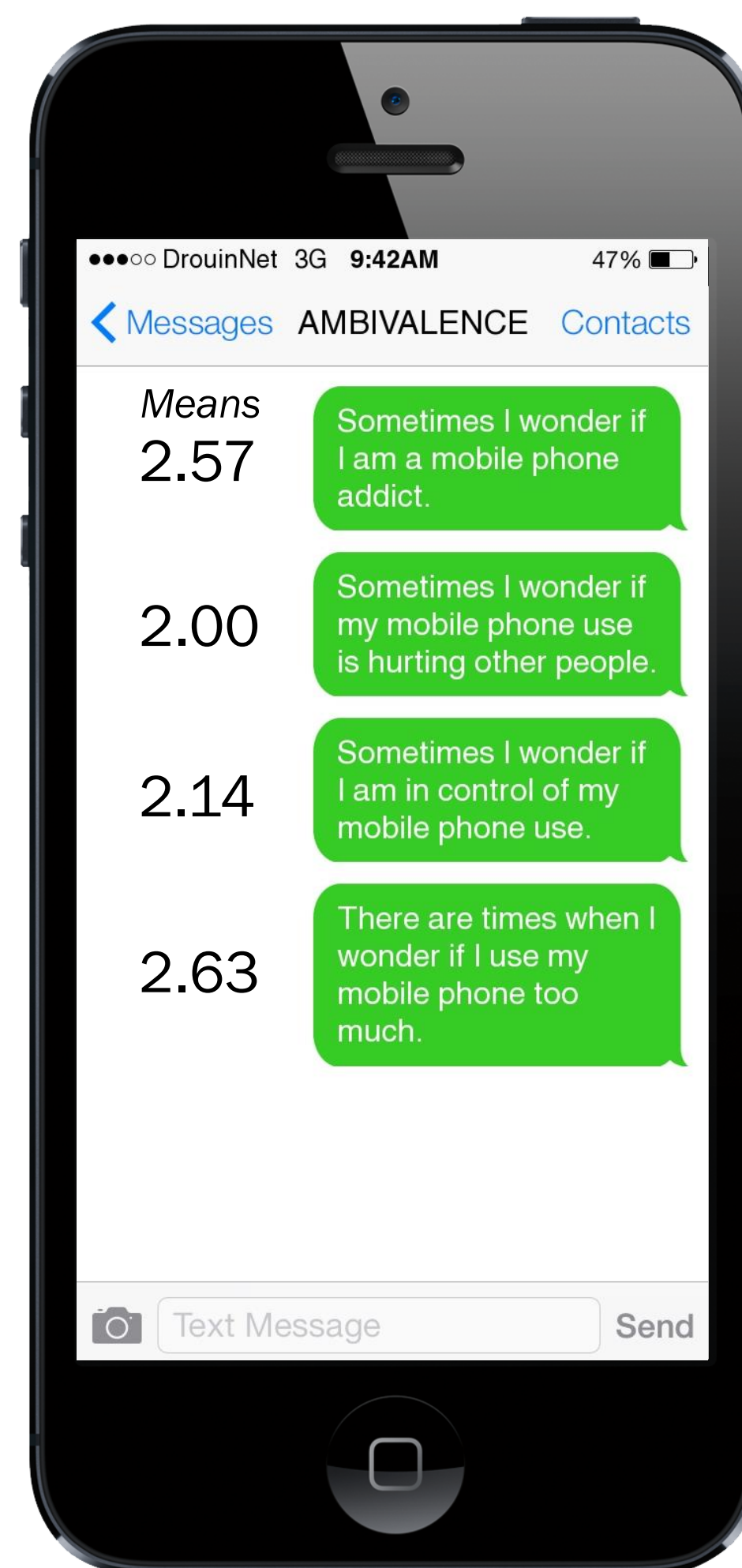
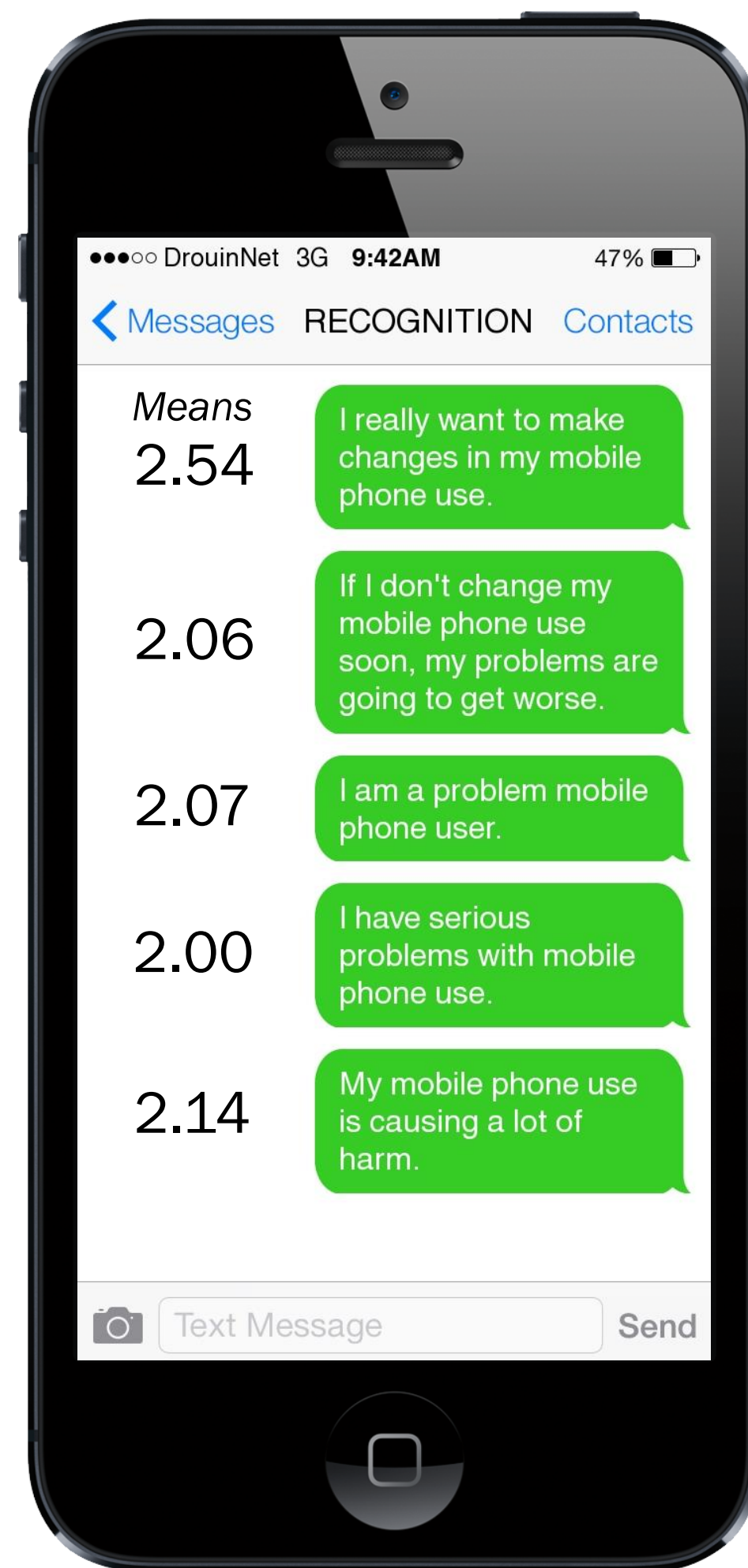
- **Mobile Phone Problem Use Scale (MPPUS;** Bianchi & Phillips, 2005)– Participants answered 27 items on a scale of 1 (not true at all) to 10 (extremely true), $\alpha = .94$. (e.g., “I feel lost without my mobile phone.”)

- **Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES** Version 8; Miller & Tonigan, 1996; modified for the present study). Answering 1 (NO! Strongly disagree) to 5 (YES! Strongly agree), participants were asked whether they agreed with statements about their mobile phone usage in the following dimensions:

Taking Steps : 8 items, $\alpha = .95$ (e.g., “I am working hard to change my mobile phone use.”)

Recognition : 7 items, $\alpha = .92$ (e.g., “I know that I have a problem with my mobile phone use.”)

Ambivalence : 4 items, $\alpha = .82$ (e.g., “There are times when I wonder if I use my mobile phone too much.”)



RESULTS

RQ1: Although 23% of young adults indicated that they were taking steps to curb their cell phone behaviors, and 20% exhibited problematic behaviors, only 13% recognized their dependency.

RQ2: As shown in table 2, recognition, ambivalence, and taking steps were significantly higher among women. Most importantly, although problematic behaviors predicted taking steps to curb behaviors, this was mediated by recognition of the problem (see Figure 1).

Table 2. Mean scores for gender for mobile phone addiction

SOCRATES-Mobile Phone	Male M (SD)	Female M (SD)	t	d	Sig. (2-tailed)
Taking Steps	1.90(.82)	2.47(.88)	4.33	.67	.000
Recognition	1.89(.79)	2.20(.81)	2.50	.38	.013
Ambivalence	2.04(.90)	2.45(.92)	2.92	.45	.004

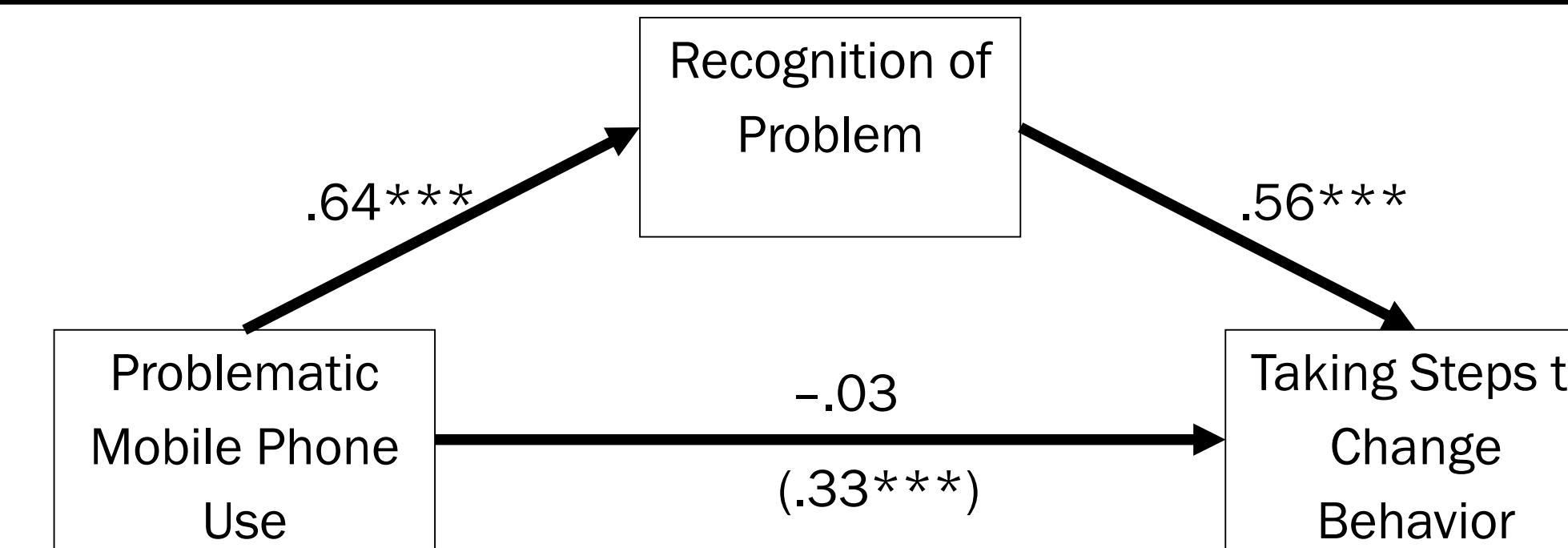


Figure 1. Total and direct effects of problematic mobile phone use on taking steps to change behavior. Total effect in parentheses. ***p < .001.

CONCLUSIONS

Approximately one fifth of young adults reported problematic mobile phone behaviors and were taking steps to curb problematic mobile phone behaviors. However, fewer recognized that they had mobile phone dependency problems. As recognition seems a critical factor in taking steps toward curbing behavior, interventions for mobile phone addiction should focus on recognizing dependency.

Additional research is needed to further our understanding of problematic mobile phone behaviors and recognition of dependency problems. Future research could continue to examine intervention methods as well as other forms of computer mediated communication (e.g., internet use and social mediate use).