

Exploring the Role of Dissociative Experiences, Sleep Quality, Perceived Social Support and Cyberbullying Victimization in Internet Addiction Amongst Young Female Adults

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Abstract:

Technology dependence is rife among young adults, manifesting both assets and liabilities. The major risk of excessive internet use is maladaptive internet addiction. The incidence of the same has also been extensively explored in relation with the fear of missing out (FOMO) and difficulties including emotional dysregulation. The study examined the link between Internet addiction, dissociative experiences, poor sleep quality, perceived social support and cyberbullying victimization. The sample consisted of 207 female young adults in the age group 18 to 24 years. 'Internet Addiction Test' (Young, 1998); 'Dissociative Experiences Scale – II' (Carlson & Putnam, 1993); 'Pittsburgh Sleep Quality Index' (Buysse et al., 1989); 'Multidimensional Scale of Perceived Social Support Scale' (Zimet et al., 1988) and 'Cyberbullying Victimization Scale' (Lee et al., 2017) were used to assess the psychological correlates of Internet addiction. t-Test was implemented to delve into the comparison of groups and Pearson correlation analysis was applied to identify associations amongst the variables. The results showed significant variance between the IA group and Non-IA group on Dissociative Experiences, Sleep Quality, Perceived Social Support and Cyberbullying Victimization. The present investigation showed the association of Internet addiction with Dissociative experiences, Poor sleep quality and Cyberbullying victimization. These findings could facilitate clinical assessment, prevention and outreach efforts, boost the under-recognition and understanding of features, predictors, and risk factors of IA in the youth.

Keywords: internet addiction, dissociative experiences, sleep quality, social support and cyberbullying victimization.

Introduction:

Internet Addiction (IA) is a technology dependent form of addiction (Griffiths, 1996). It is characterized as the lack of personal management in relation to internet usage by an individual, and that can possibly trigger emotive and social problems in different aspects of life (Pontes et al. 2015). It is a complex and dynamic phenomenon, and often manifests as an uncontrolled urge or behaviour resulting in concomitant affects (Young, 1998). The ubiquity of internet addiction goes beyond individual differences, as it may manifest as societal and behavioural

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concerns, often ranging from pernicious consequences on mental health to attrition in the case of interpersonal relationships (Chung & Lee, 2023). Youth, negative self-beliefs, low self-esteem and self-efficacy, introversion, impulsive behaviour, and sensation seeking are often identified as risk factors for problematic mobile use (Bragazzi & Del Puente, 2014). As per Meng et al. (2022), the trend of Internet addiction increased drastically during COVID-19 pandemic. Especially in Asian countries, youngsters tend to experience it more easily (Jorgenson et al., 2016). Also, it was found that smartphone addiction prevalence rates account for over 27%, while internet addiction and gaming addiction stand at a modest 15% and 6%, respectively, at a global level (Meng et al., 2022). Additionally, addiction symptoms can manifest as sleep disturbance, isolation, aggression when forced to disconnect and losing track of time when online (Aparicio-Martínez et al., 2020). Hong et al. (2012) discovered that female college students scored higher than their male counterparts at a test of mobile phone addiction.

Internet use is very typical of university students worldwide, as a form of socialization, learning and entertainment. However, incessant use can become troublesome and lead to internet addiction (Shen et al., 2023). Its high prevalence among adolescents and college-goers is a major cause of concern as it is expected to induce detrimental psychological and social conditionings (Stavropoulos et al., 2013). This may be ascribed to behavioral and developmental changes, dearth of or permissive parental control and unlimited accessibility. Neurobiological research in this area has demonstrated under-development of the prefrontal cortex, which is a major player for impulse control and executive function. This fused with heightened sensitivity to societal and psychological incentives, can lay ground for further maladjustments (Crone & Dahl, 2012). Moreover, some struggling youngsters may choose this alternate 'reality' of cyberspace rather than the real world (Suler, 1999).

Dissociative experiences are subjective in nature, characterised by lack of self-integration, often serving as the epicentre in the development of other types of anomalous experiences. Such experiences can be distressing and maladaptive. Literature (Longden et al., 2020) shows sturdy synchrony between dissociation and other aberrant experiences like hallucinations, delusions and paranoia. However, such instances can at times even be non-pathological and worthwhile, as in the case of productive automatic writing and absorption (Koutstaal, 1992). The association between Internet addiction and dissociative symptoms has been found in both the clinical (Bernardi & Pallanti, 2009) and non-clinical populations (Dalbudak et al., 2014). Griffiths (2003) also examined dissociative experiences as one of the factors contributing to potential addictive online activities.

Sleep problems are characterized by having trouble falling asleep, repeated awakenings throughout the night, waking up very early, fatigue even after a night's sleep, nightmares, vivid, recurring dreams, sleep paralysis, and hypnagogic hallucinations (Watson, 2001). Sleep problems are quite prevalent in the general population. Mohammadbeigi et al., (2016) investigated the relation between internet use and sleep, to find poor sleep linked with bedtime texting, gaming or binge watching right before sleeping. The meshing amongst extended screen time, blue-light subjection and preoccupation with digital media may contribute to sleep disturbances ultimately, leading to daily-life dysfunction, decreased analytical abilities, and

upheaved levels of stress (Ozuysal et al., 2024). Research has portrayed that the sleep quality in female college students is much poorer compared to their male peers, especially in Asia (Saygin et al., 2016; Surani et al., 2015).

Perceived social support involves the personal perception of friends or family members as 'available' in providing material, psychological and comprehensive support at times of need. A strong association prevails between poor mental health and lower amounts of perceived social support (Liang et al., 2001). Kim et al. (2006) found that internet dependence may lead to weak social as well as familial relationships amongst university students. Similarly, Senormanci et al. (2014) demonstrated internet addicts to suffer from apprehensions and disrupted relationships. Conversely, a study by Yu et al. (2013) indicated that nourishing kin and peer relationships could prevent internet addiction. In a study by Xiao et al. (2020) those medical officials with higher sense of social backing also reported increased self-efficacy, better sleep quality, reduced anxiety as well as stress. Thus, increased levels of perceived social support may mollify effects of social isolation and social distancing measures (Ma et al., 2020).

Cyberbullying is defined as threatening or posting harmful contents using digital communication devices. Calvete et al. (2010) classified cyberbullying into 4 types-visual, written-verbal, impersonation, and exclusion. Victims report an array of negative resonance for the same such as anger and sadness (Beran & Li, 2005). Multiple studies do not find gender differences in the case of cyberbullying victimization (Ybarra et al., 2007), but some have exemplified that women are more susceptible to cyber harassment (Kowalski & Limber, 2007). According to Barlett et al. (2021) during the Covid pandemic, being chronically online increased the possibility of being cyberbullied. Thus, cyberbullying victims are at a higher risk for internet addiction (Gómez-Guadix et al., 2013).

Internet addiction among Indian samples, is not the most well-researched area. Youngsters in general, are highly vulnerable to experiencing various forms of stress and pressures as part of their overall development. Also, the female population, in particular, is understudied and somewhat put on the back burner in the research scenario. Moreover, a very few studies on internet addiction, dissociation and cyberbullying victimization featuring diverse groups have come up, in recent times. Similarly, sleep quality and perceived social support as constructs need to be explored in a collectivistic culture as ours. Therefore, there's an acute need for a larger amount of critical studies to examine and learn more about Internet Addiction, in order to address its implications and promote global digital well-being awareness. This study will aim to corroborate whether dissociative experiences, poor sleep quality, perceived social support and cyberbullying victimization are related to increased levels of Internet addiction.

Objectives:

- To study the relationship of Internet addiction with dissociative experiences, poor sleep quality, perceived social support and cyberbullying victimization among young females.
- To assess the differences between the Internet Addiction (IA) and the Non-Internet Addiction (Non-IA) group and their psychological correlates, namely, dissociative

experiences, poor sleep quality, perceived social support and cyberbullying victimization among young females.

Hypothesis of the Study:

1. It was expected that Internet addiction will be positively related to dissociative experiences, poor sleep quality and cyberbullying victimization, while it will be negatively related to and perceived social support.
2. It was expected that there would be a significant difference between Internet addiction (IA) group and Non-internet addiction (Non-IA) group in relation to their psychological correlates, namely, dissociative experiences, poor sleep quality, perceived social support and cyberbullying victimization among young females.

METHOD

Participants:

The sample consisted of 207 female students, belonging to the age group of 18 to 24 years, selected randomly from the Government and Private educational institutions of Tricity (Chandigarh, Mohali and Panchkula) region

Inclusion Criteria and Exclusion Criteria:

- Only female students
- Subjects with knowledge of English language
- Subjects belonging to the age group 18 to 24 years of age
- Subjects suffering from chronic, severe or medical psychiatric illness will be excluded
- Those exhibiting any physical/visual or auditory impairment will be excluded

Table 1

Shows the Descriptive Analysis on the Socio-Demographic Characteristics of the Total Sample

	<i>Frequency</i>	<i>Percentage</i>
<i>Educational Qualification</i>		
12 th pass	44	21.3%
Under Graduate	91	44.0%
Graduate	50	24.2%
Post Graduate	22	10.6%
<i>Field of study</i>		
Humanities	142	68.9%

Sciences	34	16.4%
Commerce	13	6.3%
Others	18	8.7%
<i>Relationship Status</i>		
Yes	35	16.9%
No	172	83.1%
<i>Current Residence</i>		
Home	129	62.3%
Hostel/PG/Rented accommodation	78	37.7%
<i>Socio-Economic Status (SES)</i>		
Low SES	19	9.2%
Middle SES	101	49.0%
High SES	89	41.7%
<i>Father's Educational Qualification</i>		
Post Graduate	83	40.1%
Graduate	82	39.6%
12 th pass	42	20.3%
<i>Mother's Educational Qualification</i>		
Post Graduate	93	44.9%
Graduate	67	32.4%
12 th pass	47	22.7%
<i>Type of family</i>		
Joint	62	30.0%
Nuclear	145	70.0%
Single child	23	11.1%
Have sibling(s)	184	88.9%
<i>Screen Time (Hours)</i>		
0-5	122	58.9%

6-10	76	36.7%
>10	9	4.3%
<i>Used internet for the first time at what age</i>		
<6	9	4.3%
7-12	68	32.9%
13-17	124	59.9%
>18	6	2.9%
<i>Most used Social Media Application</i>		
Instagram	148	71.5%
Snapchat	6	2.9%
X/Twitter	4	1.9%
WhatsApp	46	22.2%
Reddit	3	1.4%

Measures:

Socio-demographics Questionnaire: This socio-demographic questionnaire was used to collect information regarding as age, educational qualification, field of study, relationship status, current residence, socio-economic status, father’s educational qualification, mother’s educational qualification, family type, screen time, age at which they first used internet and most used social media application.

The ‘*Internet Addiction Test (IAT)*’ (Young, 1998) Questionnaire which contains 20 questions was used. Each and every item had a 5 point Likert scale, 0 (not at all relevant) and 5 (always relevant). The top score was 100. The more severe the situation, the higher the score will be. IAT can be administered to an individual or a group in about 5-10 minutes. The Cronbach’s α of IAT stands at 0.88, reliability = 0.82, and a cutoff point of 46 (Alavi, 2010).

The ‘*Dissociative Experiences Scale*’ (DES)-II (Carlson & Putnam, 1986) is a 28-item test of dissociative experiences. The items quantify the percentage of time an individual experiences symptoms (e.g., “Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Circle the number to show what percentage of the time this happens to you”). The total score of the DES-II can range from 0% to 100%. The average score is obtained by adding up all the 28 item scores and dividing that by 28. The internal consistency, test-retest reliability, and convergent validity are good (van Ijzendoorn & Schuengel, 1996).

The ‘*Pittsburgh Sleep Quality Index*’ (*PSQI*) was developed by *Buysse et al. (1989)*. It includes 19 items also, seven sub-domains of sleep difficulty: subjective sleep quality, sleep latency, sleep duration, sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction over a 1-month period. All subscales scores range from 0 to 3. A total score of overall slumber quality can be calculated by adding up the subscales, resulting in a total score ranging from 0 to 21. High values indicate severe sleep problems, and a total score above 5 is generally used to indicate poor sleep. Multiple studies have tested out the internal consistency (*Beaudreau et al., 2012*), test-retest reliability (*Backhaus et al., 2002*), and validity (*Curcio et al., 2013*) of this very scale.

The ‘*Multidimensional Scale of Perceived Social Support Scale*’ (*MSPSS*) scale (*Zimet et al., 1988*) was used to assess the perceived sufficiency of social support from family, friends, and a significant other. The scale consisted of 12 items, and participants responded using a 5 point Likert scale. Cronbach’s Alpha coefficients were found to be for the ‘significant other’ subscale, ‘family’ subscale and ‘friends’ subscale turned out to be .91, .87 and .85, respectively. The reliability score was calculated as .88.

‘*Cyberbullying Victimization*’ (*CBV*) Scale was developed by *Lee et al. (2017)*. It includes 27 items in total, divided into three subscales i) 10 items for verbal/ written victimization ii) 10 items for visual/ sexual victimization iii) 7 items for social exclusion victimization. Respondents are asked to indicate how often they have been cyberbullied by others during the past 30 days (e.g., “I have been sent threatening statements via e-mail or text”). Each item had a 5-point Likert scale that ranged from 1 = not at all to 5 = very often, for example, “someone has blocked me on an instant messenger to upset me – 1 2 3 4 5.” The Cronbach Alpha of CBV Scale was .95, for verbal/written victimization, visual/sexual victimization, and social exclusion victimization, it was .92, .89, and .91 respectively.

Procedure

These questionnaires were shared with the respondents as a Google form, via e-mail and Whatsapp. They were requested to follow the instructions given above each set of questions. They were assured of the confidentiality of their personal information and it was assured that their information would be used for research purposes only.

Statistical analysis

In accordance with the above mentioned objectives of the research study, the respondents were administered all the questionnaires at once and scoring was done as per the instructions provided in the scoring manual of the tests. The descriptive analysis including mean and standard deviation of the total sample was calculated. t-ratio was applied to study the differences between internet addicts and non-addicts and pearson product moment correlation were applied to explore the association among the psychological variables.

RESULTS

The primary aim here was to study the relationship of Internet addiction with dissociative experiences, poor sleep quality, perceived social support and cyberbullying victimization among young females. The secondary aim was to assess the differences between the Internet

Addiction (IA) and the Non-Internet Addiction (Non-IA) group and their psychological correlates, namely, dissociative experiences, poor sleep quality, perceived social support and cyberbullying victimization.

Table 2

Shows the Means, Standard Deviations and t-ratios Internet addiction (IA) group and Non-Internet addiction (Non-IA) group of young female adults.

	IA Group	Non-IA Group	
	(N=139)	(N=68)	
Variables	Mean ± SD	Mean ± SD	t-ratios
Amnesia	18.29 ± 11.21	12.92 ± 8.58	3.479**
Depersonalization	20.62 ± 13.06	13.22 ± 9.69	4.147**
Absorption	30.70 ± 13.80	24.22 ± 13.50	3.197**
Dissociative experiences score (DES)	40.49 ± 18.46	29.51 ± 16.33	4.171**
Subjective sleep quality	1.19 ± 0.72	0.94 ± 0.62	2.479*
Sleep latency	1.32 ± 0.97	1.36 ± 1.02	.300
Sleep duration	1.14 ± 0.96	1.08 ± 0.97	.388
Sleep efficiency	0.73 ± 0.99	0.80 ± 1.01	.506
Sleep disturbance	1.26 ± 0.65	1.07 ± 0.46	2.170*
Use of sleep medication	0.14 ± 0.50	0.08 ± 0.44	.772
Daytime dysfunction	1.55 ± 0.81	1.08 ± 0.90	3.706**
Global PSQI score	7.35 ± 3.20	6.45 ± 3.55	1.838
Significant other	4.58 ± 1.84	4.41 ± 2.29	.547
Family	4.36 ± 1.71	4.91 ± 1.86	2.112*
Friends	4.83 ± 1.88	4.83 ± 1.88	.861
Total Social support	4.59 ± 1.42	4.64 ± 1.63	.211
Verbal/Written victimization	17.03 ± 7.80	13.69 ± 6.13	3.095**
Visual/Sexual victimization	13.65 ± 6.49	12.41 ± 5.55	1.353

Social exclusion victimization	11.38 ± 5.46	9.35 ± 3.13	2.850**
Total Cyberbullying victimization	42.07 ± 17.53	35.45 ± 13.22	2.754**

Note: *t-value significant at .05 level= 1.97

**t-value significant at .01 level= 2.60

Table 2 shows the comparative analysis between the Internet Addiction (IA) and Non-Internet addiction (IA) group in relation to the psychological variables namely, dissociative experiences, sleep quality, perceived social support and cyberbullying victimization. Interestingly, the following t-ratios were found to be significant: IA group scored higher than Non-IA group on Amnesia (t=3.479, p<.01), Depersonalization (t=4.147, p<.01), Absorption (t=3.197, p<.01), DES (t=4.171, p<.01), Subjective sleep quality (t=2.479, p<.05), Sleep disturbance (t=2.170, p<.05), Daytime dysfunction (t=3.706, p<.01), Verbal/Written victimization (t=3.095, p<.01), Social exclusion victimization (t=2.850, p<.01) and Total cyber victimization (t=2.754, p<.01). The Non-IA group scored higher than IA group on the Family subscale (t=2.112, p<.05).

Table 3

Shows the Correlational Analysis of Internet addiction, dissociative experiences, sleep quality, perceived social support and cyberbullying victimization.

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Internet addiction	1	.349**	.322**	.333*	.379*	.237*	.104	.098	-.013	.187*	.068	.233*	.209**	.062	-.066	.024	.012	.348*	.196	.300**	.320*
Amnesia	.349**	1	.729**	.699*	.866*	.290*	.118	.057	-.063	.398*	.085	.119	.209**	.067	-.063	-.064	-.069	.453*	.274	.388**	.423*
Depersonalization	.322**	.729**	1	.725*	.885*	.380*	.147	.073	-.061	.342*	.138	.234*	.269**	.080	-.019	-.055	-.058	.395*	.298	.404**	.406*
Absorption	.333**	.699**	.725**	1	.916*	.330*	.113	.118	-.010	.309*	.076	.327*	.177**	.034	-.014	-.010	-.010	.372*	.277	.299**	.359*



									4 1							8 5	7 7	*	*			
DES	.37 9**	.86 6**	.88 5**	.91 6*	1	.38 2*	.1 39	.1 0	- .0	.37 1*	.0 9	.28 2*	.2 93	.0 0	- .18	- .1	- .1	.4 4	*	*	.39 6**	.43 6*
Subjective sleep quality	.23 7**	.29 0**	.38 0**	.33 0*	.38 2*	1	.36 1*	.2 7	.2 9	.26 8*	.2 1	.38 8*	.6 65	- .0	- .22	- .0	- .1	- .1	*	*	.07 6	.15 9*
Sleep latency	.10 4	.11 8	.14 7*	.11 3	.13 9*	.36 1*	1	.1 9	.3 2	.20 2*	.1 8	.16 3*	.6 28	.1 1	.05 8	.0 3	.0 9	.1 0	*	*	.00 8	.09 4
Sleep duration	.09 8	.05 7	.07 3	.11 8	.10 7	.27 4*	.1 94	1	.5 0	.05 6	.1 0	.16 4*	.6 24	- .0	- .02	.0 7	.0 1	.1 2	*	*	.04 8	.09 9
Sleep efficiency	- .01 3	- .06 3	- .06 1	- .04 1	- .04 7	.29 6*	.3 20	.5 0	1	.08 1	.1 5	.10 0	.6 66	.0 0	- .00	- .0	.0 3	- .0	*	*	- .04 6	- .01 8
Sleep disturbance	.18 7**	.39 8**	.34 2**	.30 9*	.37 1*	.26 8*	.2 02	.0 5	.0 8	1	.2 7	.34 1*	.4 66	- .0	- .14	- .0	- .1	.3 8	*	*	.25 3**	.32 2*
Use of sleep medication	.06 8	.08 5	.13 8*	.07 6	.09 5	.21 6*	.1 84	.1 0	.1 5	.27 6*	1	.24 6*	.4 34	- .0	- .06	- .1	- .0	.2 2	*	*	.06 4	.21 6*
Daytime dysfunction	.23 3**	.11 9	.23 4**	.32 7*	.28 2*	.38 8*	.1 63	.1 6	.1 0	.34 1*	.2 4	1	.5 66	- .0	- .18	- .0	- .1	.1 9	*	*	.13 6	.18 6*

											*							*			
											*							*			
Global PSQI score	.209**	.209**	.269**	.177*	.293*	.665*	.628**	.624*	.606*	.466*	.434*	.566*	1	-	-	-	-	.260	.194	.109	.223*
Significant other	.062	.017	-.008	.034	.002	-.089	.118	-.026	.006	-.041	-.049	-.066	-.021	1	472**	.437	.834	-.059	-.109	-.082	-.092
Family	-.066	-.063	-.190**	-.140*	-.181*	-.222*	.058	-.023	-.008	-.149*	-.064	-.187*	-.123	.47	1	.33	.75	-.065	-.105	-.077	-.112
Friends	.024	-.164*	-.159*	-.085	-.155*	-.086	.034	.073	-.004	-.078	-.100	-.054	-.077	.43	.331**	1	.764	-.077	-.101	-.176*	-.129
Perceived Social support	.012	-.089	-.148*	-.077	-.139*	-.165*	.091	.011	.003	-.111	-.091	-.127	-.062	.83	.752**	.74	1	-.086	.161*	-.141*	-.142*
Verbal/Written victimization	.348**	.453**	.395**	.372*	.445*	-.187*	.109	.108	-.005	.385*	.223*	.192*	.260**	-.059	-.065	-.077	-.076	1	.764	.670**	.938*
Visual/Sexual victimization	.196**	.274**	.285**	.271*	.312*	.138*	.114	.070	-.005	.193*	.205*	.156*	.194**	-.09	-.159*	-.111	-.111	.764	1	.563**	.889*
Social exclusion victim	.300**	.388**	.404**	.299*	.396*	.076	.008	.048	-.006	.253*	.064	.136	.109	-.082	-.077	-.107	-.107	.670	.563	1	.812*

ization																					
Total Cyber victimization	320**	.423**	.406**	.359*	.436*	.159*	.094	.09	-0.108	.322*	.216*	.186*	.223**	-0.092	-0.112	-0.129	-0.134	.093	.088	.812**	1

Note: *Value of Correlation significant at 0.05 level= 0.138

**Value of Correlation significant at 0.01 level= 0.181

Table 3 showed the bivariate correlational analysis exploring the linkage between Internet addiction and its psychological correlates namely, dissociative experiences, sleep quality, perceived social support and cyberbullying victimization. Findings disclose that Internet addiction was positively and significantly related to Amnesia ($r=.349, p<.01$), Depersonalization ($r=.322, p<.01$), Absorption ($r=.333, p<.01$), DES ($r=.379, p<.01$), Subjective sleep quality ($r=.237, p<.01$), Sleep disturbance ($r=.187, p<.01$), Daytime dysfunction ($r=.233, p<.01$), Global PSQI Score ($r=.209, p<.01$), Verbal/Written victimization ($r=.348, p<.01$), Visual/Sexual victimization ($r=.196, p<.01$), Social exclusion victimization ($r=.300, p<.01$) and Total Cyberbullying victimization ($r=.320, p<.01$).

DISCUSSION

In today's time and age, the internet plays a significant role in our lives. Its efficiency has increased our dependency on the same for day-to-day tasks. Despite being highly functional, concern is mushrooming about its addictive nature, which could harm human mental health and wellbeing. Studies have reported various ill effects of internet addiction including anxiety, depression, aggression, anti-social behaviour, dwindling performance, social isolation, poor sleep and musculoskeletal disorders, to name a few (Mo et al., 2020; Zheng et al., 2016). Maladaptive internet dependence is now classified as a form of behavioural disorders (Griffith, 1996), characterized by repetitive, compulsive, and unfettered behavioural patterns that can cause marked distress to the individual and their environment (Turpin et al., 2023). A recent study by Gupta et al. (2018) done on North Indian college students found the prevalence of the same to be around 25.3%.

Interestingly, 67.14% of the present sample fell into the category of people who were addicted to the internet. This highlights the growing trend of online dependency and related ramifications. A majority of the respondents (58.9%) had a screen-time of about 0 to 5 hours, with most of their time being spent on Instagram (71.5%), predominantly undergrads (44%) and belonging to a nuclear type of family system (70%).

A comparison between the Internet Addiction (IA) Group and Non-Internet Addiction (Non-IA) group (Table 2) revealed that IA group scored significantly higher on aspects like Amnesia factor, Depersonalization factor, Absorption factor, Total DES Score, Subjective sleep quality,

Sleep disturbance, Daytime dysfunction, Verbal/Written Victimization, Social Exclusion Victimization and Total Cyberbullying Victimization. Thus, we can say online dependency affects major aspects of life, including sleep, social dealings, emotional regulation and mental health (Rodríguez-García et al., 2020).

According to Craparo et al. (2014), the basis of addictive behaviors lie in their overpowering and engulfing illusive nature that allows individuals to shun unregulated negative emotions. Dissociative symptoms are thus related to problematic Internet dependence (Bernardi & Pallanti, 2009). De Berardis et al. (2009) conducted a study on university students, supporting this claim by demonstrating that those with internet addiction are more likely to exhibit symptoms of dissociation. Kurniasanti et al. (2019) also suggested incessant internet gaming can work for better mood adjustment, escapism or overcoming low moods. In our present investigation, those belonging to the IA group scored significantly higher on Dissociative aspects such as amnesia, depersonalization and absorption, suggesting regulatory inhibition and escapist tendencies. Musetti et al. (2018) gained similar results.

Internet addiction disturbs circadian rhythm. It negatively influences sleep duration, fatigue and impaired work functionality (Chen & Gau, 2016). Yang et al., (2018) explains that females are at an increased risk for the same. This very investigation pans out in a parallel vein, with internet addicts scoring higher on factors of sleep disturbance and daytime dysfunction.

Cyber-bullying victimization is characterized by negative physical and emotional feelings including insecurities, stress, anxiety, depression, suicidal ideation and self-injurious behaviour (Machmutow et al., 2012). Generally, victims are hypothesized to spend excessive time on the internet to be on the lookout for the latest material spread against them by the cyberbullies. Studies have shown that the incessant use of media is associated with cyberbullying victimization, especially in females (Sampasa-Kanyinga & Hamilton, 2015; Mesch, 2009). Valkenburg and Soeters (2001) felt that risky internet use contributes heavily not only to cyberbullying but also to cyberstalking as well as pedophile contact. In a like fashion, the results portrayed internet addicted females scoring higher on verbal/written Victimization, social exclusion victimization and total victimization

The correlational analysis reveals a significant positive relationship of Internet addiction with dissociative experiences, poor sleep quality and cyberbullying victimization among participants. These findings suggest a noteworthy association of emotional dysregulation, physiological factors coupled with social implications of the same. According to Engelberg and Sjoberg (2004), Internet dependence affects one's ability to decipher emotions. Technological addiction might even affect us physiologically or help evade psychological hassles, to those suffering from distresses caused by social or cyber mishaps.

Limitations and future implications:

This is a very specific study done on the topic of Internet addiction using a uni-method approach with an Indian female youth alongwith self-reported inter-correlational data. Therefore, no causal inferences could be made. The suggestions and explanations made are somewhat speculative but the main aim here is to inspire further research and consideration. Another obvious limitation of this study is that the population tested was generally a young,

non-clinical or subclinical student group, from a college population, which affects its generalizability. Future research could address this issue by incorporating a more diverse sample and extensive qualitative methods or additional psychological measures. This could help in securing a deeper understanding of Internet addiction and its portents and repercussions that could help in exploring its deleterious effects on students' well-being. Despite these limitations, the study contributes significantly to the research in the field of Internet addiction, dissociative experiences, poor sleep quality, perceived social support and cyberbullying victimization amongst youngsters in India.

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