# Influence of Different Facets of Internet Addiction on Subjective Well-being in Malaysia: A Comparison Across Ethnic Groups

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### ABSTRACT

Despite a growing awareness that internet addiction is becoming a significant public health issue, there is limited research on how multiple facets of internet addiction relates to the humanistic concepts of well-being, particularly those captured in Diener's three subjective well-being dimensions: life satisfaction, positive affect, and negative affect across ethnic groups. Thus, this study aimed to investigate the relationship between different facets of internet addiction and the three subjective well-being dimensions in Malaysia. The research work also sought to investigate if the relationship operates equivalently across ethnic groups. Malaysians (n = 400, 66.5% female; age in years M = 24.52, SD = 5.7) completed Satisfaction with Life Scale and the PANAS. Structural equation modelling was used to examine these associations. Results showed that six facets of internet addiction, such as mood modification, impaired control, conflict, preoccupation, tolerance, and withdrawal, were significant predictors of lower subjective well-being on almost all scales across the total sample size. Invariances analyses also indicated that there were a few significant ethnic differences across these predictors for subjective well-being. The findings highlight the importance of efforts to reduce various characteristic symptoms of internet addiction to mitigate its harmful effects on subjective well-being across ethnic groups in Malaysia.

Keywords: Internet addiction, subjective well-being, ethnic groups, Malaysia, multidimensional.

### INTRODUCTION

Addiction disorder is a powerful and destructive condition that affects large segments of the population around the world. While usually connected with substances such as alcohol, drugs, and tobacco, internet addiction (IA) has become a major concern for the coming years, as internet use and availability has become immensely popular. IA ruins lives by causing psychological disturbances, neurological complications, and social concerns. Some studies which focused on IA found its negative impact in the form of poor mental health (Yoo et al., 2014), lower self-esteem (Chun, 2016), insomnia, stress, and anxiety (Hanprathet et al., 2015), unhappiness, depression, suicidal ideation, and self-harm (Akın, 2012; Ang et al., 2012). Additionally, IA is a consequence of deteriorated subjective well-being (SWB) amongst individuals.

Literature findings have revealed a significant relationship with IA, and three facets of SWB, including positive affect (PA), negative affect (NA), and life satisfaction (SWLS). For example, Koç (2017) reported on the relationship between IA and SWB indicators amongst university students. The findings of this study elucidated that PA and SWLS predicted IA negatively, but NA positively predicted IA. Some authors considered have stated that there is a negative relationship between cognitive impairment in problematic internet use, and

SWB, including emotional elements, SWLS, and self-esteem (Senol-Durak & Durak, 2011). Akın (2012) found that IA poses a potential risk factor for low levels of subjective happiness. Telef (2015) also found that the negative relationships between IA and families, as well as school satisfaction rates amongst Turkish adolescents, depicted a significant positive association between IA and NA.

Nevertheless, a good amount of scientific work has investigated the relationship between IA and SWB, but this is still insufficient. From a scientific perspective, the debate continues about whether IA is best understood as a uni- or a multidimensional construct, and if it is to be held responsible for the degradation of SWB. In most SWB studies so far, IA has been explicitly or implicitly viewed as a supposedly uniform entity and a one-dimensional construct. However, a closer look revealed that the diagnostic criteria for IA consist of several behavioral symptoms such as preoccupation, conflict, withdrawal features, and tolerance, which have stimulated a plea for its inclusion in the Statistical Manual of Mental Disorder 5th Edition (DSM-V). Thus, this study attempts to conduct a comprehensive investigation of the relationship between the facets of IA, and the three facets of SWB in Malaysia.

Malaysia is a multi-ethnic country in South-East Asia, with a population of 32 million people (Department of Statistics Malaysia, 2018). It is not without the negative effects of technological advancement (Hazita et al., 2014; Mahyuddin & Juriah, 2017). As the country is arguably one of the most tech-savvy societies, this comes with a price. Based on a three-stage survey by the Malaysian Communication and Multimedia Commission (2017), internet dependency amongst Malaysians have reached an alarming rate, placing the country amongst those with the highest rates of IA in the Asia-Pacific region. In the first stage of this survey carried out across 725 respondents, the results showed that the internet forms a significant part of life, with over 89 per cent of the respondents reported to being addicted to the internet. Besides, 32 per cent suffered from clinical depression, and 60 per cent of them showed raised levels of anxiety. One study amongst adolescents across six Asian countries (i.e. China, Hong Kong, Japan, South Korea, Malaysia, and the Philippines) showed a much greater prevalence of IA in Malaysia (Mak et al., 2014). Furthermore, a cross-sectional survey across five ASEAN countries found that amongst these countries, the highest prevalence of IA was Thailand, followed by Indonesia, Vietnam, Malaysia, and Myanmar (Turnbull et al., 2018). Malaysia also has a relatively high rate of internet users across different ethnic groups ( Rohaya et al., 2013; Soh et al., 2011).

Although there have been numerous studies conducted to demonstrate the diagnostic criteria for IA from a Malaysian context, the consequences of IA remain unidentified. The association between IA and SWB, in particular, has been a topic that needs to be addressed by Malaysian researchers. Malaysia can provide an interesting case study for investigating these relationships across ethnic groups, with possible lessons and clinical implications for other multi-ethnic and multicultural countries (Syarizan et al., 2019). Nevertheless, a previous study in Malaysia examined the association between SWLS and IA amongst young adults (Wong et al., 2016). Thus, the first aim of this study is to investigate the association between different facets of IA and three facets of SWB based on a Malaysian population. In Malaysia, an ethnic group with a distinctive set of values and behavior, provides the basis which significantly affects their internet use, as it constitutes a subculture (Norsiah et al., 2016; Sirkeci, 2009). Thus, it is also important for researchers to realize the cultural uniqueness to bring value to a specific segment (Mooij, 2018). Nevertheless, we expect that,

based on the results by Lindridge, Henderson, and Ekpo (2015), the effect of internet use on well-being may differ across the ethnic group. This leads to our second goal, which was to examine if there differences across ethnic groups in the power of the relationship between IAD and SWB, within the context of Malaysia.

#### METHODOLOGY

#### Participants

400 participants completed the questionnaire. The participants were selected randomly from four states in Malaysia. Approximately 100 participants made up each of these states. Stratified random sampling was performed to ensure that the current proportion of ethnicities in Malaysia represented the participants. Drawing on the Department of Statistics Malaysia (2018) the ethnic group in Malaysia was made up of almost 56% Malays, 23% Chinese, 14% Sabahans and Sarawakians, and 7% Indians. In essence, this constitutes 222 samples which were identified as Malays, 94 samples as Chinese, 56 samples as Sabahans and Sarawakians, and 28 were Indians. In this study, 66.5 % of the participants were female.

In Malaysia, heavy internet users are individuals, aged between 20 and 40 (MCMC, 2017). Therefore, in this study, we focused on participants who were youths and young adults aged between 20–40 years. A total of 41.3% of the participants formed the 21-25 age group, followed by those in the age group below 20 years 26.5% (106), ages 26-30 (16.8%), and above 31 years of age (16.85). The mean score recorded for the age group was 24.5 years. The participants who volunteered for this study were provided with self-administered questionnaires, which were collected on the same day. All participants provided informed consent before completing the survey. The survey took approximately 20 minutes to complete, and the process of data collection took place between January to August 2019. Additional characteristics of the participation samples mean, and standard deviations for each of the constructs are presented in Table 1, across the ethnic groups.

	Total	Malay	Chinese	Indian	Sabahan/ Sarawakian
N	400	222	94	28	56
Age	24.52 (5.7)	25.23 (6.187)	22.70 (4.8)	25.32 (4.83)	24.37 (4.98)
Ethnic groups (%)		55.5	23.5	7	14
Gender (% female)	66.5	72.5	51.1	46.4	78.6
SWLS	4.57 (1.07)	4.34 (1.09)	3.94 (1.08)	4.29 (1.15)	4.234(1.48)
Positive affect	2.97 (.64)	3.03 (.64)	2.93 (.65)	2.99(.55)	2.842 (.65)
Negative affect	2.87 (.62)	2.92 (.61)	2.85 (.66)	2.85(.55)	2.72 (.63)
IA					
Preoccupation	2.39 (1.27)	2.26 (1.28)	2.61 (1.202)	3.03 (1.17)	2.23 (1.29)
Tolerance	2.47 (1.33)	2.23 (1.31)	2.82 (1.34)	2.78 (1.17)	2.45 (1.49)
Withdrawal	3.6 (1.96)	3.64 (1.42)	3.32 (1.21)	3.82 (1.28)	3.80 (4.26)
Mood modification	4.92 (1.64)	4.95 (1.59)	4.82 (1.59)	5.07 (1.69)	4.87 (1.89)
Impaired control	3.43 (1.29)	3.43 (1.29)	3.55 (1.22)	3.39 (1.26)	3.34 (1.41)
Conflict	2.92 (1.16)	2.84 (1.12)	2.21 (1.23)	2.39 (1.34)	1.55 (.93)
Functional Impairment	2.96 (1.20)	2.82 (1.09)	2.36 (1.34)	2.39 (1.34)	1.66 (1.12)

### Measures

Participants in the study completed the questionnaires, along with the Internet Addiction Questionnaire (IAQ), including questionnaires on the Satisfaction With Life Scale (SWLS), and the Positive and Negative Affect Schedule (PANAS). The study was cross-sectional in design. Internet addiction disorder questionnaire

To date, a variety of IAQ has been used to determine the IA criteria. This variation exists due to the lack of agreement in defining studies that examined the various behavioral symptoms and signs for IA. In this study, we used the term disorder over similar terms like dependence, or addiction, because it puts the clinical disorder at the center of focus. It would therefore not be confused with informal understandings of addiction. It is also more in agreement with current notions of disorders, rather than the dependence on DSM-5. Dependence may be confused with chemically involved development of withdrawal and tolerance, which do not occur for behavioral addictions. Thus, IAQ was represented by seven criteria describe best in such an order: preoccupation with internet (e.g., "I always think about the internet, when I am not using it"; DiNicola, 2004), non-chemical tolerance (e.g., "the time I spend online has increased over night more than sleeping"; Widyanto & Griffiths, 2007), withdrawal (I feel left out when I am not browsing the internet even for while"; Widyanto & Griffiths, 2007), impaired control (e.g., "I found that I use the internet longer than I intended"; Lu & Yeo, 2015), conflict (e.g., "I neglect my daily responsibilities because you prefer to go on the internet"; Widyanto & Griffiths, 2007), functional impairment (e.g., "my work/study performance is reduced because I spend a lot of time on the internet"; Ferraro et al., 2006), and mood modification (escapisms) (i.e., "internet usage leaves a good impression on my current life and relief me from negative feeling"; Widyanto & Griffiths, 2007). The response format was that of a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). In this study, the alpha value of the overall sample was 0.693, while those of the Malay, Chinese, India, and Sabahans and Sarawakians were 0.70, 0.772, 0.736, and 0.682 respectively.

### Subjective Well-Being

SWB was represented by three latent constructs — SWLS, PA, and NA. The multi-item measures were used to assess the internet user's SWLS which was applied in the study conducted by Leelakulthanit (2013) and Leelakulthanit, Day, and Walters (1991). The measures were carried out for satisfaction with social life, family life, work-life, personal health, recreation, spiritual life, and self-development. In this study, the alpha value for the overall sample size was 0.808.

The Positive and Negative Affect Schedule (PANAS) is an instrument invented by Watson, Clark, and Tellegen (1988), for evaluating PA and NA. The Cronbach's coefficient,  $\alpha$ , was 0.766 for PA, and 0.844 for NA. Each item of PANAS was scored on a scale of 1 to 5.

### ANALYSES

First, correlations across the symptoms of IA and SWB were examined separately for the subgroups within each ethnicity (Malay, Chinese, Indian, and Sabahans and Sarawakians). Second, we performed a confirmatory factor analysis (CFA) and structural equation modelling (SEM) with AMOS 23 software. We dealt with missing data by using a maximum likelihood estimation. In the model, the seven the symptoms of IA, represented by manifest

constructs, were simultaneous predictors of the three latent constructs, which reflected SWB (SWLS, PS, NA; see Figure 1). IA domains were represented by manifest constructs, rather than latent constructs, to minimize the number of parameters employed at the intermediate stages of the estimation of the parameter itself, thus, confirming the sufficient power when the sample was split into four ethnic groups.

In the third part of the analysis, a Multi-sample Structural Equation Modeling (MSEM) was conducted to evaluate the equivalency of the factor-to-factor pathways between the ethnic groups. For all model comparisons - one for each group, a single Chi2 goodness-of-fit statistic was used. To confirm the normal assumption that the groups were equal, subsamples needed to have the same estimates for a fully constrained model. The constraints were located in a sequence of nested models:



#### RESULTS

### Single-Sample Structural Equation Model

In the first stage of the analysis, CFA was estimated for each sample. CFA determined the suitability of the study's measures in representing their associated constructs using the latent and manifested constructs, as shown by the questionnaire items relating to each construct. Besides, factor correlations for all constructs in each sample are presented in Table 2 and 3. All factors correlations varied significantly, providing solid evidence for the discriminant validity of the constructs in this study. Given the suitability of CFA, SEM was used for specifying the structural association between the constructs (Figure 1). The goodness of fit of the model was acceptable across the total sample size ( $\chi^2 = 255.751$ , df = 117,  $\chi^2$ /df = 2.186, GFI = .949, RMSEA = .055, IFI= .950, CFI=. 920). Nevertheless, modification indices showed that the model fit could be significantly corrected via the removal of six SWLS items. After eliminating these items, the loading factor from each construct was fairly large (ranging

from 0.54 to 0.84), and significantly better than zero (p > .01), thus providing solid evidence of convergent validity.

Standardized regression coefficients from the symptoms of IA to the SWB dimensions are presented in Table 4. Across the total sample, mood modification was a significant negative predictor of SWLS and PA. Tolerance was also a significant positive predictor of NA. Besides, tolerance, preoccupation with the internet, withdrawal, and functional impairment had significant negative effects on PA. Impaired control also had a significant negative effect on SWLS. Mood modification showed a significant positive influence on NA. As a summary, SWLS, NA, and PA intended persistence were each well-predicted in the model (R<sup>2</sup>=.498, .158, and .497, respectively).

	Table 2: Factor correlation coefficients for Malay (222) and Chinese (99)									
	1	2	3	4	5	6	7	8	9	10
1.SWLS	-	.523	283	515	360	212	.514	398	311	316
2.PA	.794	-	258	523	470	494	.694	334	335	379
3.NA	102	023	-	.427	.290	.255	036	.279	.293	.416
4.Preoccupation	176	201	.201	-	.618	.346	242	.369	.586	.482
5.Tolerance	173	131	.344	.515	-	.199	256	.294	.366	.429
6.Withdrawal	299	310	.132	.226	.131	-	191	.438	.314	.391
7.Mood modification	.622	.681	103	146	037	.296	-	.189	.080	.482
8.Impaired control	277	245	.198	.364	.32	.603	219	-	.462	.342
9.Conflict	192	031	.313	.526	.511	.137	019	.265	-	.524
1o.Functional Impairment	107	058	.243	.294	.419	.044	002	.062	.473	-

Table 2: Factor correlation coefficients for Malay (222) and Chinese (99)

Note: Values below diagonal are from Malay; Values above diagonal are from Chinese; Correlations are statistically significant, p<.001.

Table 3: Factor correlations coefficients for Indian (28), and Sabahans and Sarawakians (56)

	1	2	3	4	5	6	7	8	9	10
1. SWLS	-	.877	146	443	134	179	784	386	289	217
2. PA	.607	-	132	402	.287	268	657	364	238	033
3. NA	131	127	-	.279	.303	.215	.006	.227	.107	.164
4. Preoccupation	225	221	.231	-	.190	.242	.190	.426	018	.144
5. Tolerance	075	398	.009	.359	-	.183	.147	.465	.500	.487
6. Withdrawal	283	453	.206	.401	.172	-	.239	.257	.060	.192
7.Mood modification	.694	.688	185	390	158	603	-	425	060	117
8. Impaired control	002	045	.128	.192	.438	.368	195	-	.215	.399
9. Conflict	178	250	.040	.156	.458	.107	.117	.059	-	.603
1o.Functional Impairment	205	069	.229	.557	.434	.129	.312	.103	.425	-

Note: Values below diagonal are from Indians; Values above diagonal are from Sabahans and Sarawakians

## Full Sample

	-		Ethnic Groups	· · · · ·		
		Total sample	Malay	Chinese	Indian	Sabahan/ Sarawakian
Model		(1)	(2)	(3)	(4)	(5)
Life satisfaction		••	••			<u> </u>
Preoccupation	Life sat	080	073bd	378**a	037d	420***ac
Tolerance	Life sat	021	068d	055	032	151a
Withdrawal	Life sat	011	072	118	209	070
Mood	Life sat	.599***	.591***b	.409c	.836***b	.748***b
modification						
Impaired control	Life sat	070*	.074	239*d	077	092b
Conflict	Life sat	113*	.138	064d	155d	364***abc
Functional	Life sat	030	.037	125	092	025
Impairment						
Positive affect						
Preoccupation	Pos affect	111*	079d	166	034	277*a
Tolerance	Pos affect	135*	123	126	408*	198
Withdrawal	Pos affect	091*	087	272**	010	088b
Mood	Pos affect	.633***	.640***	.567***	.933***	.624***
modification						
Impaired control	Pos affect	005	005	034	197	056
Conflict	Pos affect	769	050d	026	026d	331*abc
Functional	Pos affect	097*	105b	094ac	276	371**ab
Impairment						
Negative affect						
Preoccupation	Neg affect	.038	.057b	.332*a	.143	.203
Tolerance	Neg affect	.158*	.251**	.017	.202	.202
Withdrawal	Neg affect	.081	.148	.074	.134	.047
Mood	Neg affect	153**	151*	167***	009	080
modification						
Impaired control	Neg affect	.094	.027	.117	.095	.055
Conflict	Neg affect	.098	.184*	093	.073	.036
Functional	Neg affect	.097	.011	.227	.203	.012
Impairment						
R2 for SWLS		.498	.439	.474	.439	.808
R2 for Neg affect		.158	.180	.270	.180	.136
R2 for Pos affect		.497	.502	.707	.502	.649

Table 4: Results of the Predictor role of internet addiction variables on subjective well-being constructs

Note: a Significantly different from the Malay sample; b significantly different from the Chinese sample; c significantly different from the Malay sample; d significantly different from the Sabahan/ Sarawakian sample. \*p < .05, \*\*p < .01.

### Multisample Analyses

In the second stage of the analysis, we performed a series multisampling structural equation modelling to detect any variation in the structure of the measurement model, and structural associations amongst the constructs across the four ethnic groups. Byrne (2016) recommended the invariance routine generally consists of actor loadings (factor coefficients), separating the variance in factor analysis, and factor correlations, followed by the structural parameters which demonstrate the association amongst the constructs. Measurement parameters through the invariance routine were firstly constrained as equal across the

samples. Model fit indices for five models in the invariance routine and comparisons between these five models are depicted in Table 5. In all ethnic groups CFI, RMSEA, X<sup>2</sup>/df indicated a good fit of the data for the model (Table 5). Though the X<sup>2</sup> was statistically important across most of the sub-samples, all indicators were within the suggested ranges. Therefore, the fit indices indicated reasonable fits for the models. By assessing the differences between unconstrained and constrained models, the differences across all models were significant. In Table 5, the baseline model (model 1) first was assessed to check if the configuration of the items and factors was reasonable across the samples. Model 1 confirmed a good fit of the data. The Chi2/df showed that models 2, 3, and 4 significantly fit the data and then can be expected to match the interrelations (factor covariance and paths), the measurement, the factor variances, and covariance are invariant. Lastly, model 5 was assessed and showed a decrement in good fit indices from the baseline model, but slight change comparatively to the two earlier models in the invariance routine (see Table 5). There were a few structural paths, which differed significantly across the samples.

The results established that the standardized parameter estimates for the mood modification and PA paths were significant across all samples, while the effects of the mood modification for SWLS was significant in all, but the Chinese sample. Besides, the effect of mood modification on NA was significant in the Chinese and Malaysian samples. Sabahan and Sarawakian individuals presented a much higher association of preoccupation, and SWLS, than the Chinese. In the Indian sample, the three relationships were well supported and significant. The association between tolerance and PA was significant in the Indian sample. The multiple analyses also accounted for large amounts of the predictive variance in SWLS, PA, and NA amongst the ethnic groups (for SWLS, R<sup>2</sup>=.439 in Malay, .474 in Chinese, .439 in Indian, and .808 in Sabahan and Sarawakian; for positive affect, R<sup>2</sup>=.502 in Malay, .707 in Chinese, .502 in Indian, and .649 in Sabahan and Sarawakian; for NA, R<sup>2</sup>=.180 in Malay, .270 in Chinese, .180 in Indian, and .134 in Sabahan and Sarawakian).

Table 5: Invariance analyses across the ethnic groups in the research model										
Model	n	X <sup>2</sup>	df	X²/df	CFI	RMSEA	ΔX <sup>2</sup>	∆df	P<.01	ΔCFI
Ethnicity										
Malay	222	259.423	117	2.217	.901	.064			.000	
Chinese	99	131.290	117	1.122	.979	.036			.000	
Indian	28	187.825	117	1.605	.962	.050			.000	
Sabahan/	56	242.682	117	2.074	.901	.040			.000	
Sarawakian										
Model 1		5070	306	1.578	.917	.038				
Baseline										
Model 2		737.390	471	1.566	.914	.049	230.19	165	Yes	-0.003
Model 3		757.783	504	1.714	.905	.044	250.583	198	Yes	-0.009
Model 4		800.683	550	2.167	.901	.043	293.483	244	Yes	004
Model 5		881.376	619	2.698	.899	.060	371.176	313	Yes	-0.002

Note: Model 1 – unrestricted model, Model 2 – measurement equivalent model; Model 3: model 2 constraints plus equal factor variance and covariances; Model 4: model 3 constraints plus equal paths; Model 5: model 4 constraints plus equal factor residuals ("fully constrained"). The models of four and five refer to the latent construct.

### DISCUSSION AND IMPLICATIONS

This study sought to examine existing literature by focusing on non-western countries like Malaysia, by incorporating SWLS, NA, and PA of SWB. This was achieved by using a multidimensional approach for measuring IA. Another novel aim of this study was to investigate the relationship between IA and SWB across different ethnic groups. This study also evaluated how various characteristic symptoms of IA relate to the SWB dimensions simultaneously. By examining the IA predictors in one model, we were capable of assessing the unique role of each predictor. In line with previous studies, we discovered that the three facets of SWB were differentially related to the symptoms of IA.

Past researchers found that mood modification through internet use is often linked with increased NA (Brand et al., 2016; Elhai, Levine, Dvorak, & Hall, 2016; Hormes, Kearns, & Timko, 2014). We also realized that mood modification was linked with increased PA and SWLS. According to Young (2004), one possible explanation of this result is that interactive internet application allows the formation of an online stimulation that may modify users' moods which includes reduced loneliness and depression, increased self-esteem, happiness, and well-being. According to Caplan (2010), mood regulation is realized as the use of the Internet to decrease feelings of loneliness, or emotional distress. In short, internet users seek to address their negative mood or to escape from the realities of life, which leads to the Internet-related addiction (Gmel et al., 2019; Vas & Gombor, 2009). One of the implications of these findings is what clinicians consider as a self-regulatory model for effective management of mood modification. This model can help internet users by providing a much more suitable long-term strategy for dealing with negative effects (e.g. depression and anxiety), and balancing the habitual control of behavior when they use the internet frequently.

Besides, the results showed that tolerance was a predictor of both decreased PA and increased NA, which is in line with that of previous studies (Charlton & Danforth, 2007; Starcevic & Aboujaoude, 2017). Tolerance is believed to be central in maintaining internet dependence and is a frequently measured pre-eminent \ indicator of higher risks for later dependence in minors or early cases (Rounsaville et al., 1986). From the results obtained, promoting the healthy use of the internet represents a thoughtful step toward successfully preventing and avoiding this potentially debilitating symptom. The Hong Kong Family Welfare Society (2018) established a zero-tolerance approach to cope with cyberbullying and promote the healthy use of the internet culture in schools. HKFWS also developed a website that served as a Healthy Internet for Family platform to encourage efficient learning via the internet, as well as promote children and adolescents toward improving safe and healthy habits, and encourage family harmony.

Furthermore, results showed that impaired control negatively predicted SWLS. Impaired control deals with scenarios where addicts realize that they may have been behaving excessively in terms of internet addiction, and want to reduce or prevent it, but realize they do not have effective control over their behavior. Our results are also consistent with previous research works, which realized that IA can lead to loss of control, and reduced levels of wellbeing or SWLS (Meerkerk et al., 2010; Muusses et al., 2014). Clinical implications can be derived from these findings, of which self-control has been suggested to be the main factor related to IA (Dong & Potenza, 2014). Like most activities, moderation and controlled internet use are crucial, and the best part of preparing people for modern life, thus, assisting them in

developing self-control and self-management when using the internet is a large step toward driving improvement.

The results also showed negative relationships between conflict, functional impairment, and PA. Based on the results, most users claimed to have an uncertain relationship between their internet use, and their capabilities to focus on tasks. The internal conflict between the user's capability to be helpful, and productive or spending too much time on the internet, has some influence on how users perform their daily responsibilities.

According to the distraction-conflict theory (Baron, 1986), these results confirm that some internet users faced various distracting secondary tasks during internet use, which disrupted their capability to cognitively process the information needed to fulfil a major task. In return, the distractions led to conflicts during which the users decided how best to reply. This decision has been related to raising stress levels (Baron, 1986). Under the lens of the theory, we place IA as a possible stress element induced by distractions. The results also showed a negative relationship between functional impairment and PA. Functional impairment or distress across several life domains refers to having really lost, or nearly lost social relationships, educational and vocational opportunities, due to IA. These results are in line with previous studies, which pointed out functional impairment is intended to indicate imperative of issues affecting social interactions, and academic performance or work (Chen et al., 2015; Milani, Osualdella, & Di Blasio, 2009).

Based on these findings, clinicians can provide reality therapy-based group counselling which enables Internet-addicted clients to recognize that they may have allowed themselves select to get hooked on internet use in an unhealthy way and that they are responsible for mental disorders or psychiatric disorders that arise through internet use which is a consequence of spending hours online. The result of a previous study displayed the reality of therapy based group counselling which showed a decrease in the levels of internet dependency amongst students and increased their actual SWLS levels (Odacı & Çelik, 2017). Moreover, two further characteristic symptoms of IA, such as preoccupation with the Internet, and withdrawal, play negative roles in predicting PA in the current study. These findings have demonstrated the potential ill effects of IA concerning cognitive processes, such as being preoccupied with thoughts. Similarly, many studies concluded that preoccupation with internet use might cause several psychological and social issues or clinical problems (Alavi et al., 2011; Kuss et al., 2014). Our findings were related to withdrawal symptoms from IA. It also appeared to contradict those of previous experimental studies which have, thus far, suggested that abstinence from social media use is likely to result in positive changes to the person's well-being (Kross et al., 2013; Tromholt, 2016) and conversely its continued use reduces SWB and promotes NA (Fardouly et al., 2018; Verduyn et al., 2015). In terms of treatment, rational Emotive Behavior Therapy (REBT; Ellis, 2004) which is a form of cognitive behaviour therapy for the symptoms of preoccupation with the internet and withdrawal are highly beneficial. However, many users suffering from IA do not seek help and don't recognize that they have a problem. The essence of REBT in treating internet dependencies is to facilitate abstinence and a return to happiness and health by decreasing irrational thoughts and beliefs, as well as emotions that lead to addictive behaviors.

Finally, the results showed significant differences across Malays, Chinese, Indians, and Sabahans and Sarawakians ethnicities in Malaysia in terms of the relationships between the constructs, magnitudes of both factor loadings, and the standardized coefficients from the

predictors to SWB. These results suggest that IA has a different influence on SWB across ethnic groups in Malaysia, and these ethnic groups play a vital function in shaping Malaysian expectations about the potential difficulties they may face which is associated with IA. Our findings underline the importance of cross-cultural studies in the area of IA and SWB. It means that Malaysians from different cultural backgrounds are exposed to different environmental stressors, different cultural values and beliefs, and even different coping responses with regards to each symptom of IA. Luczak et al. (2017) assumed that addictive behaviors may vary across ethnic groups. Lindridge et al. (2015) also stated that different ethnic groups may have varied rationales for why they may use the internet, how they use the internet, and how they deal with negative fallouts of internet usage. This study is consistent with a previous study, which suggested that ethnicity may qualify relationships between smartphone use disorders, and SWB (Lachmann et al., 2018).

In particular, our findings call for the consideration that internet addiction may perpetuate preoccupation symptoms among Sabahan and Sarawakian people. Clinicians may use this information to screen these people for Internet addiction and to monitor for higher preoccupation symptoms that may be undetected by their parents and the community. Considering the opposite causal pathway, it may be that all samples except the Chinese sample with high mood modification symptoms are likely to use the internet as an outlet or a more comfortable area to feel good, suggesting that clinicians may be successful in using treatments that capitalize on their affinity to these media (Ceranoglu, 2010). The overall implication from these results is to shift ethnicity regarding internet use so that IA and its common mental health comorbidities are given suitable priority in the operational awareness of leaders, workplace policies, and mental health treatment in Malaysia. This paper also recommended that an ethnical education for all digital citizens should be emphasised in Malaysia. Education in digital ethnics should be a requirement, not an option. It should be an essential part of public education and university curricula.

### LIMITATION AND FUTURE RESEARCH

This study is limited in several ways. Firstly, this study is based on a correlational, crosssectional study. Hence, this empirical research is not adequate to realize how individuals experience difficulties reporting their perceptions of IA. Therefore, an in-depth interview and lab-scale study are needed to validate these findings. Secondly, the study is limited to examining Sabahans and Sarawakians separately as heterogeneous ethnic groups that permitted fine-grained examination of ethnic subgroups. Future studies should examine all ethnic groups separately with regards to the relationships between IA and SWB in Malaysia. Third, and most importantly, as a cross-sectional study, our results only indicated the causal relationships between seven symptoms of IA and individuals' of SWB. Further studies should include additional symptoms of IA to increase the confidence in the applicability of IA on SWB. Finally, clinical samples need to be included in future research works to ensure the specificity of the association between IA and SWB.

In conclusion, the findings of this research showed a significant relationship between different symptoms of internet addiction disorders, and areas of life satisfaction, as well as positive or negative effects across ethnic groups in Malaysia. The results strongly maintain the assumption that internet addiction disorder is not homogenous. Further studies investigating internet addiction disorder and its consequence on subjective well-being should

thus be cautious to consider several underlying internet issues with regards to problematic internet use, as well as particular symptoms, characteristics, and predictors.

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