

P02-358 - CLINICAL FINDINGS ON COMPUTERGAME ADDICTION: THE ROLE OF PERSONALITY, STRESS AND COPING

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Introduction: Behavioral addictions, like computergame addiction respectively internet addiction, have become a growing concern in research. Currently similarities between behavioral addictions and substance dependency are discussed in the scientific community controversially. Unfortunately a mismatch exists between high rates of treatment seeking people and low rates of scientific studies on computergame-addiction, especially concerning risk factors and their contribution to the etiology of computergame addiction.

Objectives: The aim of this contribution is to shed light on possible etiological factors of computergame addiction concerning personality and vulnerability to stress in clients of the “Ambulanz für Spielsucht”, a specialized outpatient clinic at the University of Mainz.

Methods: 131 clients were tested with several psychometric measures including ACA-S (Scale for the Assessment of Computergame-Addiction), SCL-90R (Symptom Checklist 90R), NEO-FFI (NEO Five-Factor-Inventory) and Brief-COPE.

Results: 69.4% (91 clients) fulfilled criteria for computergame addiction, 30.6% (40 persons) showed no psychopathology. The examination unveiled several characteristics in addicted computergamers: They revealed higher levels concerning Global Severity Index (GSI), with increased subscales of depression and social insecurity. They showed significantly higher scores in the personality factor “Neuroticism” and decreased scores in the factors “Extraversion” and “Conscientiousness”. Addicted computergamers stand out from normal gamers in respect of nature of coping strategies, making predominantly use of avoiding ones.

Conclusions: The results contribute to a better understanding of underlying mechanisms leading to and sustaining addictive computergame behavior. The role of maladaptive coping strategies and social insecurity points out the necessity to add appropriate elements to psychotherapeutic intervention strategies.