

Attempts to transpose the concepts of tolerance and withdrawal symptoms from substance addictions to behavioral addictions have failed. If behavioral addictions are to be conceptualized rigorously and taken seriously, they should not be portrayed as a literal counterpart of substance

addictions. Criteria sets for various behavioral addictions should be developed independently, which would exclude the currently used, “borrowed” concepts of tolerance and withdrawal symptoms.

OR-100

Measuring Facebook addiction among adults: Validating the Bergen Facebook addiction scale in a non-student sample

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Background and aims: The problem of Facebook addiction has received quite some attention in the past few years. Thus far, however, the prevalence and correlates of Facebook addiction have been examined solely in student samples. As the average Facebook user is growing older, it is interesting to investigate whether Facebook addiction also affects adult Facebook users and to explore its determinants specifically for older user groups. The aim of the current study is to determine the validity and underlying factor structure of the Bergen Facebook Addiction Scale (BFAS), developed and commonly used among student samples (Andreassen et al., 2012), in a non-student population. **Methods:** A websurvey was conducted among Belgian adult Facebook users (aged 25–80), generating 1188 usable responses (mean age 49.5y). The questions contained the 18-item BFAS scale, translated with back translation in Dutch and French, as well as a

self-declared Facebook addiction scale. Exploratory factor analysis is performed on the BFAS scale in order to determine its underlying factor structure and correlates with self-declared Facebook addiction are examined. **Results:** The internal consistency of the 18-item BFAS proved high (Cronbach alpha = .94). When studying the underlying factor structure, however, only four of the six original sub-factors surfaced: conflict, salience, withdrawal and mood modification. The original sub-factors (tolerance and relapse) could not be retrieved as separate dimensions. **Conclusions:** The findings indicate that Facebook addiction prevails also amongst adult Facebook users. Moreover, the 18-item BFAS had high internal consistency in the current sample. A closer look at the underlying factor structure, however, is necessary.

OR-101

How do people with specific Internet addiction symptoms perform on a cognitive task when specific stimuli are presented?

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Background and aims: Previous theoretical models argue that the development and maintenance of a specific Internet addiction (SIA), e.g. the addicted use of communication applications, are mediated by specific cognitions. It has already been examined that Internet addicts show deficits in executive functioning and decision making measured with neuropsychological tasks using non-specific stimuli. However, to understand possible cognitive mechanisms in addictive behavior, recent literature recommends the presentation of specific addiction-related stimuli in experimental paradigms. In this analogue study, we adapted the Modified Card Sorting Test (MCST) with specific Internet communication stimuli and examined the participants' performance in relation to their SIA-symptoms. **Methods:** Currently 90 participants (58f; 18–38 years, M = 23.32, SD = 4.45) worked either on the original MCST (n = 43) or the adapted version with specific stimuli represented by

icons of four popular Internet communication applications (MCST-com; n = 47). Additionally, all participants filled out the short Internet Addiction Test modified for SIA tendencies toward Internet communication (s-IAT-com). **Results:** Simple slope analysis showed that participants who indicated higher scores on the s-IAT-com generally performed better on the MCST-com. Additionally, participants with higher s-IAT-com scores generally made more mistakes while working on the original MCST with plain symbols. **Conclusions:** Interestingly, when subjects are confronted with addiction-related stimuli, those with higher SIA-symptoms showed a better performance, which could be explained by better cognitive processing, possibly due to higher vulnerability to the specific stimuli as well as reasons of compensation and habituation. Future studies should focus on possible mediation effects between personal predispositions, cognitive functioning, and SIA-symptoms.