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ORIGINAL ARTICLE

A Person-Centered Approach to Social Media Addiction in Adolescents: Latent Profile Analysis of the Sense of Coherence, Cognitive Flexibility, and Emotion Regulation

Bilal Kaya[1], **Fulya Cenkseven Önder**[2]

[1]Ministry of Education, Cevizlik Şehitler Ortaokulu, Mardin, Türkiye
[2]Department of Educational Sciences, Psychological Counseling and Guidance, Cukurova University, Adana, Türkiye

ORCID IDs of the authors: B.K. 0000-0002-6246-3540, F.C.Ö. 0000-0001-9748-626X.

Main Points

- This study suggests the protective role of sense of coherence, emotion regulation, and cognitive flexibility.
- Adolescents in the "high resource" profile had the lowest levels of social media addiction, while those in the "low resource" profile had the highest.
- Focusing on strengthening coherence, flexibility, and emotional regulation may be a promising prevention strategy.

Abstract

Social media addiction has become a widespread issue. Consequently, identifying the factors that mitigate social media addiction is of significant importance. The goal of this study was to explore how sense of coherence, cognitive flexibility, and emotion regulation are associated with social media addiction and to examine how profiles based on these variables differ in relation to social media addiction. Data were collected from 415 adolescents (mage = 16.36, standard deviation = 1.31), and profiles were identified using latent profile analysis. The analysis revealed three distinct profiles: "igh sense of coherence, cognitive flexibility, internal functional and external functional emotion regulation," "edium sense of coherence, cognitive flexibility, internal functional and external functional emotion regulation," and "low sense of coherence, cognitive flexibility, internal functional and external functional emotion regulation." The results indicated that sense of coherence, cognitive flexibility, and emotion regulation were negatively associated with social media addiction. Additionally, the high profile demonstrated lower levels of social media addiction compared to the medium and low profiles, while the medium profile exhibited lower levels of social media addiction than the low profile. These findings suggest that prevention and intervention programs generated by salutogenic theory could play a role in reducing and preventing social media addiction.

Keywords Cognitive flexibility, emotion regulation, sense of coherence, Social media addiction

Corresponding author:
Bilal Kaya
E-mail:
bilal00790@gmail.com

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Introduction

Over the past 2 decades, the dramatic growth of the internet has made it an integral part of daily life, with social media platforms becoming accessible at all times. As a result, instant sharing of videos and photos on these platforms has progressively increased social media usage (Sun & Zhang, 2021). Globally, 3.88 billion people use social media platforms such as WhatsApp, Instagram, TikTok, and Facebook (Statista, 2023). Furthermore, the average daily time spent on social media worldwide rose from 147 minutes between 2012 and 2021 to 151 minutes in 2022 (Statista, 2023). Consequently, the overuse and misuse of social media have contributed to the emergence of social media addiction (SMA)

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(Andreassen & Pallesen, 2014). SMA is characterized as the detrimental impact of excessive and uncontrolled use of social media platforms on academic, social, educational, and professional life (Andreassen & Pallesen, 2014). Symptoms of SMA include sudden mood swings (mood change), obsessive preoccupation with social media (salience), the need for increased use to achieve satisfaction (tolerance), restlessness when not using social media (withdrawal), a cycle of quitting and restarting (relapse), and disruptions in daily functioning (conflict) (Griffiths, 2005).

Although SMA poses a risk to individuals of all ages, adolescents are particularly vulnerable (Kuss & Griffiths, 2020). A survey by the Pew Research Center (PRC) revealed that 54% of adolescents exhibit symptoms of SMA (PRC, 2022). The I-PACE model suggests that affect (A) factors, such as emotion dysregulation and mood change, cognition (C) factors, such as cognitive bias and distortion, and execution (E) factors, such as inhibitory control and impulsivity, constitute the three inner circles that trigger SMA (Brand et al., 2019). Moreover, the model proposes that the regulation of affective, cognitive, and executive processes may buffer the risk of SMA. Specifically, strong emotion regulation may protect against affective vulnerabilities, robust cognitive flexibility may reduce the influence of cognitive distortions, and a strong sense of coherence may mitigate executive deficits. Hence, the combined presence of a sense of coherence, emotion regulation, and cognitive flexibility may buffer the key factors that drive SMA. In line with this view, salutogenic theory emphasizes that managing stressors, making them cognitively comprehensible, and regulating emotional responses serve as protective mechanisms against addiction (Antonovsky, 1987; Griffiths, 2009). Consequently, a sense of coherence, in conjunction with cognitive flexibility and emotion regulation, may serve to counteract SMA.

Sense of Coherence and Social Media Addiction

Sense of coherence (SoC) refers to the ability to manage stressors by making them comprehensible and finding meaning in them (Antonovsky, 1987). It encompasses three dimensions: understanding stressful situations (comprehensibility), addressing stressors (manageability), and being motivated to cope with stressors (meaningfulness) (Antonovsky, 1987). According to salutogenic theory, a high SoC strengthens adolescents' personal resources and coping mechanisms, which helps them manage stressors and protects against addiction (Antonovsky, 1987). Additionally, Griffiths (2009) reported that SoC-enhancing practices improved coping skills and reduced addiction. Previous research has demonstrated a negative correlation between SoC and internet addiction (Mortezaei & Rahiminezhad, 2017; Skonieczna et al., 2018). Furthermore, Mao and Zhao (2023) found that SoC mitigated SMA in college students. To date, only 1 study has examined the association between SoC and SMA, focusing on adolescents (Kaya & Cenkseven-Önder, 2024). However, it remains unclear how SoC operates in relation to SMA when considered alongside cognitive flexibility and emotion regulation. Thus, the present study aims to investigate the relationship between SoC and SMA in an adolescent population.

Cognitive Flexibility and Social Media Addiction

Cognitive flexibility is defined as the ability to recognize alternatives in any situation, respond flexibly, and adapt to varying conditions (Martin & Rubin, 1995). Individuals with high cognitive flexibility seek alternative solutions when confronted with stressful situations (Jonassen & Grabowski, 1993). The cognitive flexibility model emphasizes that high cognitive flexibility enhances problem-solving skills and stress management, thereby serving as a protective factor against risky behaviors (Stevens, 2009). Moreover, Aydın et al. (2020) highlighted that cognitive flexibility, as an executive function, fosters behavioral regulation, the consideration of alternatives, and problem-solving, and acts as a buffer against SMA. Existing studies have reported a negative relationship between cognitive flexibility and SMA in university students (Tanhan et al., 2024; Wang et al., 2023). Additionally, Negahdari and Seyfe (2022) found that cognitive flexibility negatively predicted SMA in adolescents. While these studies have predominantly focused on university students, surprisingly, only 1 study has explored the relationship between cognitive flexibility and SMA in adolescents. More research is therefore needed to clarify the mechanisms underlying the association between adolescents' cognitive flexibility and SMA. Accordingly, this study aims to explore the relationship between cognitive flexibility and SMA in an adolescent sample.

Emotion Regulation and Social Media Addiction

Emotion regulation refers to the ability to employ strategies to manage one's emotional responses (Gross, 2015). Phillips and Power (2007) identified two types of emotion regulation: internal functional and external functional. Internal functional emotion regulation involves using internal processes to control emotions, while external functional emotion regulation involves seeking external support to manage emotions (Phillips & Power, 2007). Based on the process model of emotion regulation, the actions of observing, reinterpreting, modifying, and suppressing emotional responses serve as protective factors against addiction (Gross, 2015; Massah et al., 2016). In this context, Giordano et al. (2023) highlighted that high levels of emotion regulation improve emotional management and reduce SMA. Previous studies have identified a negative association between emotion regulation and SMA (Liu & Ma, 2022; Zsido et al., 2021). Additionally, emotion regulation has been shown to be a negative predictor of SMA in adolescents (Quaglieri et al., 2021). Although these studies have uncovered the relationship between emotion regulation and SMA, further research is required to gain a deeper understanding of this association in adolescent populations. Therefore, the current study aims to investigate the relationship between emotion regulation and SMA in adolescents.

The Present Study

The I-PACE model highlights the potential of strategies targeting emotion, cognition, and execution functions, the internal processes that trigger SMA, to alleviate this addiction (Brand et al., 2019). Similarly, salutogenic theory suggests that making addiction cognitively comprehensible buffers its cognitive component, finding meaning and motivation in coping buffers its emotional component, and developing management skills buffers its executive component. Thus, this study sought to examine the connections among SoC, cognitive flexibility, and emotion regulation with SMA and to compare the profiles generated by these variables in relation to SMA (Antonovsky, 1987; Griffiths, 2009). Thus, this study sought to examine the connections among SoC, cognitive flexibility, and emotion regulation with SMA and to compare the profiles generated by these variables in relation

to SMA. Although grounded in salutogenic theory, the proposed hypotheses have not yet been fully explored. The study sought to bridge this knowledge gap, which may inform the design of prevention and intervention programs targeting SMA, using the salutogenic framework. Also, the findings will contribute to a clearer understanding of factors that buffer against SMA. Additionally, the results of this study will contribute to the formulation of psycho-educations, education plans, and policies that include a SoC, cognitive flexibility, and emotion regulation for the prevention and intervention of SMA. Based on these objectives, the following five hypotheses were proposed: (i) SoC is negatively associated with SMA; (ii) Cognitive flexibility is negatively associated with SMA; (iii) Internal functional emotion regulation is negatively associated with SMA; (iv) External functional emotion regulation is negatively associated with SMA; (v) SMA differs across latent profiles defined by SoC, emotion regulation, and cognitive flexibility; in other words, the mean levels of SMA vary according to these profiles.

Material and Methods

Participants and Procedure

In accordance with Tein et al. (2013) recommendation for latent profile analysis, which suggests a sample size between 250 and 500 participants, the current study included 415 participants recruited via convenience sampling. The sample included 230 females (55.4%) and 185 males (44.6%), with ages spanning from 13 to 18 years (Mage = 16.36, standard deviation = 1.31). The grade distribution was as follows: 97 students (23.4%) in 9th grade, 83 (20%) in 10th grade, 149 (35.9%) in 11th grade, and 86 (20.7%) in 12th grade. Participants reported an average daily social media usage time of 3.34 hours. Data were collected in high school classrooms, where participants completed the required scales. Participants and their parents signed informed consent forms and did not receive any incentives. The inclusion criteria were: (i) daily use of at least 1 social media platform, (ii) willingness to participate, (iii) parental consent, (iv) being a high school student, and (v) selecting the correct response to an attention-check item placed randomly within each scale (e.g., "If you are reading this question, tick three"). Participants who did not fulfill these criteria were omitted from the study. Ethical approval was obtained from the Çukurova University Scientific Research and Publication Ethics Committee in the Field of Social and Human Sciences (Approval No.: E-1097428 Date: 11/09/2024). The research followed the principles outlined in the Declaration of Helsinki during the entire study process.

Measures

Revised Sense of Coherence Scale

Developed by Bachem and Maercker (2018) and adapted into Turkish by Tekin and Kırlıoğlu (2019), this scale measures SoC across three dimensions: manageability, comprehensibility, and meaningfulness. The RSoC contains 13 items (e.g., "People can find a way to deal with the pain in life") and is scored on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). A higher score indicates a stronger SoC. The Cronbach's alpha for the original scale was 0.82, and for this study, it was 0.77. In the present study, model fit values were found to be within the acceptance range (χ^2/df = 2.43, Adjusted Goodness of Fit Index (AGFI) = 0.92, Incremental Fit Index (IFI) = 0.92, Goodness of Fit Index (GFI) = 0.95, Comparative Fit Index (CFI) = 0.92, Root Mean Square Error of Approximation (RMSEA) = 0.06, Standardized Root Mean Square Residual (SRMR) = 0.05).

Emotion Regulation Scale for Adolescents

The Emotion Regulation Scale for Adolescents, developed by Phillips and Power (2007) and adapted into Turkish by Duy and Yıldız (2014), consists of four dimensions and 18 items (e.g., "I try to think and understand the situation"). It is a 5-point Likert scale (1 = never, 5 = always). For the current study, only the internal functional and external functional emotion regulation dimensions were used, in line with the salutogenic framework. Higher scores on these dimensions indicate stronger emotion regulation. The original scale's Cronbach's alpha values for these dimensions were 0.86 and 0.65, respectively, while in this study, they were 0.79 for internal functional emotion regulation and 0.64 for external functional emotion regulation.

Cognitive Flexibility Scale

Originally developed by Martin and Rubin (1995) and adapted into Turkish by Çelikkaleli (2014), the Cognitive Flexibility Scale measures cognitive flexibility with 12 items (e.g., "I can express an idea in a different way"). It is a 6-point Likert scale (1 = strongly disagree, 6 = strongly agree), with higher scores indicating greater cognitive flexibility. The Cronbach's alpha for the scale was 0.74 in the original study, and 0.72 in the current study.

Social Media Addiction Scale for Adolescents

Developed by Özgenel et al. (2019), the Social Media Addiction Scale for Adolescents measures SMA with nine items (e.g., "When I don't use social media, I get angry, anxious, or sad"). It is a 5-point Likert scale (1 = never, 5 = always), with higher scores indicating greater levels of SMA. The original scale's Cronbach's alpha was 0.90, and in this study, it was 0.87.

Statistical Analysis

In this study, Little's Missing Completely at Random (MCAR) test was used to check for the randomness of missing data. A *p*-value greater than .05 indicates that the data are missing at random (Little, 1988). The missing data rate was below the 5% threshold recommended by Little (1988). Skewness and kurtosis values were used to assess normality, with acceptable values between ± 2 indicating normal distribution (George & Mallery, 2010). To assess for common method bias, Herman's single-factor test was performed, with a score under 50% suggesting that common method bias was not an issue (Podsakoff et al., 2003). Following these preliminary checks, the Pearson correlation coefficient was used to evaluate the relationships between the variables.

Latent profile analysis was performed using the Jamovi 2.5.6 package based on R software. Models ranging from two to six profiles were evaluated to determine the most suitable number of profiles. Selection criteria included the smallest Bayesian Information Criterion (BIC), Akaike Information Criterion (AIC), and Sample-size-adjusted BIC (SABIC) values (Spurk et al., 2020), as well as entropy goodness-of-fit values greater than 0.80 (Muthén, 2004). Additionally, the sample size for the smallest profile had to be above 5% (Marsh et al., 2009). The bootstrapped likelihood ratio test (BLRT) was employed to compare sequential models (k-class model compared to k-1 class model) with a non-significant BLRT *p*-value indicating that the prior model was the

best fit (Tein et al., 2013). After identifying the profiles, they were compared in terms of SMA using one-way ANOVA. Analyses were performed using both Jamovi 2.5.6 and SPSS 25 (IBM SPSS Corp.; Armonk, NY, USA) .

Results

Preliminary Assumptions

The MCAR test resulted in a *p*-value of .39, indicating that the missing data were randomly distributed. Missing data from 18 participants (less than 5%) were imputed using series averages. Skewness values ranged from −0.90 to 0.28, and kurtosis values ranged from −0.59 to 0.97, satisfying the normal distribution criteria. Herman's single-factor test resulted in a score of 19.24%, which ruled out common method bias. With these preliminary assumptions met, the correlation analysis was conducted.

Correlation Statistics

The Pearson correlation analysis revealed that SoC was negatively related to SMA ($r = -0.19$, $p < .05$), cognitive flexibility was negatively related to SMA ($r = -0.26$, $p < .05$), internal functional emotion regulation was negatively related to SMA ($r = -0.18$, $p < .05$), external functional emotion regulation was negatively related to SMA ($r = -0.14$, $p < .05$) (see Table 1).

Best Number of Profiles with Latent Profile Analysis

Five models were tested, ranging from two to six profiles. The two-profile and four-profile models were rejected due to entropy goodness-of-fit values below 0.80. The five-profile and six-profile models were excluded because the sample size of the smallest profile was below 5%. The three-profile model was accepted as the best model, having the smallest AIC, BIC, and SABIC values, entropy values above 0.80, and a sample size for the smallest profile exceeding 5%. Additionally, the BLRT *p*-value for the four-profile model was non-significant, confirming that the three-profile model was optimal (Table 2).

In this three-profile model, Profile 1 was labeled the "low profile," Profile 2 the "high profile," and Profile 3 the "medium profile." SoC, cognitive flexibility, internal functional emotion regulation, and external functional emotion regulation mean scores were below the overall mean for the low profile, near the overall mean for the medium profile, and above the overall mean for the high profile (see Table 3). Figure 1 shows a comparison of the three profiles based on SoC, cognitive flexibility, internal functional emotion regulation, and external functional emotion regulation.

Comparison of Profiles

A one-way ANOVA was conducted to compare SMA across the three profiles. As shown in Table 4, SMA significantly differed across profiles ($F = 14.51$, $p < .05$). Post hoc comparisons indicated that the high profile exhibited significantly less SMA than the medium and low profiles, while the medium profile displayed less SMA than the low profile.

Discussion

The current study examined the relationships between SoC, cognitive flexibility, emotion regulation, and SMA and found significant differences in SMA across different profiles. The first hypothesis, which posited a negative association between SoC and SMA, was confirmed. This is consistent with findings by

Table 1.
Descriptive Statistics and Correlation Values

Variable	Mean	SD	Skewness	Kurtosis	1	2	3	4	5
1. SoC	45.80	8.39	−0.75	0.97	–				
2. CF	49.53	9.21	−0.19	−0.52	0.51**	–			
3. IFER	15.25	3.65	−0.90	0.78	0.67**	0.50**	–		
4. EFER	12.85	3.74	−0.22	−0.51	0.23**	0.21**	0.29**	–	
5. SMA	23.26	8.79	0.28	−0.59	−0.19**	−0.26**	−0.18**	−0.14**	–

Note: CF = Cognitive flexibility; EFER = External functional emotion regulation; IFER = Internal functional emotion regulation; SMA = Social media addiction; SoC = Sense of coherence.
*$p < .05$.
**$p < .01$.

Table 2.
Fit İndices for Different Profile Models

Models	AIC	BIC	SABIC	Entropy	BLRT	Smallest Profile Ratio (%)
Two profiles model	10189.264	10241.631	10200.379	0.767	325.208**	30
Three profiles model	10032.051	10104.561	10047.442	0.835	167.212**	6
Four profiles model	10033.408	10126.059	10053.074	0.756	8.643	6
Five profiles model	10037.922	10150.714	10061.863	0.771	5.486	2
Six profiles model	10026.588	10159.521	10054.804	0.678	21334*	4

Note: AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion; BLRT = Bootstrapped likelihood ratio test; SABIC = Sample-size-adjusted Bayesian Information Criterion.
*$p < .05$.
**$p < .01$.

Table 3.
Descriptive of Three Profiles Model

Profiles	Profile 1: Low Profile (6%)			Profile 2: High Profile (56%)			Profile 3: Medium Profile (38%)		
Variable	***N***	**Mean**	**SE**	***N***	**Mean**	**SE**	***N***	**Mean**	**SE**
CF	24	37.72	2.47	232	54.21	0.59	159	44.65	0.67
SoC	24	26.76	2.09	232	50.66	0.42	159	41.70	0.60
IFER	24	6.33	0.70	232	17.60	0.19	159	13.23	0.22
EFER	24	9.48	1.02	232	13.86	0.25	159	11.92	0.38

Note: CF = Cognitive flexibility; EFER = External functional emotion regulation; IFER = Internal functional emotion regulation; SMA = Social media addiction; SoC = Sense of coherence.
*$p < .05$.
**$p < .01$.

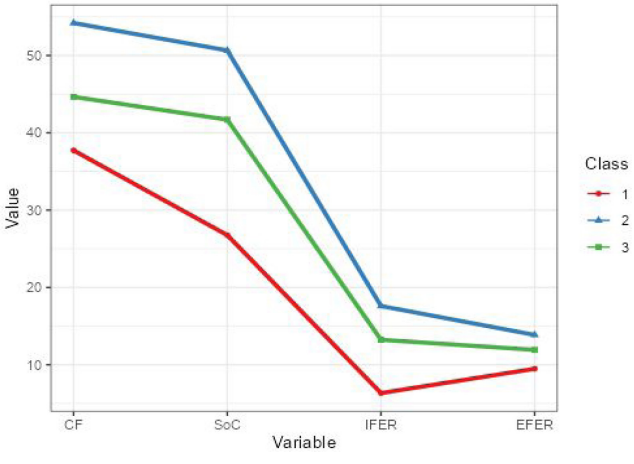

Figure 1 Comparison of Profiles. CF = Cognitive flexibility; EFER = External functional emotion regulation; IFER = Internal functional emotion regulation; SoC = Sense of coherence.

Mao and Zhao (2023), who highlighted that a high SoC enables adolescents to manage stress and cope effectively with problems, thereby reducing SMA. Similarly, Kaya and Cenkseven-Önder (2024) found a positive association between SoC and SMA among adolescents. Salutogenic theory offers a potential explanation for this relationship. According to this theory, SoC fosters personal resources and coping mechanisms, protecting adolescents from addiction by promoting resilience to stress (Antonovsky, 1987). A high SoC enables adolescents to manage negative emotions and withstand stress, ultimately lowering their susceptibility to SMA.

The second hypothesis, which suggested a negative association between cognitive flexibility and SMA, was also supported. This aligns with previous studies, such as those by Tanhan et al. (2024) and Wang et al. (2023), which found similar results. Aydın et al. (2020) argued that cognitive flexibility mitigates SMA by enhancing problem-solving skills and the ability to consider alternative solutions. The cognitive flexibility model posits that cognitive flexibility equips individuals with better coping mechanisms and protective factors (Stevens, 2009), allowing them to adapt to stressors, think flexibly, and thus disrupt SMA.

The third hypothesis, regarding the negative association between emotion regulation and SMA, was confirmed as well. The study by Quaglieri et al. (2021) reported similar findings. According to Liu and Ma (2022), high emotion regulation improves the ability to manage negative emotions, thereby acting as a buffer against SMA. The process model of emotion regulation offers insight into this relationship. This model suggests that emotion regulation enhances the ability to monitor, manage, and suppress emotions, reducing the likelihood of SMA (Gross, 2015; Massah et al., 2016).

Lastly, the study found that the profiles differ in terms of SMA. The high-profile group exhibited lower SMA levels than both the medium- and low-profile groups, while the medium profile showed less SMA than the low profile. Salutogenic theory posits that making stressors cognitively comprehensible, regulating them emotionally, and developing management resources protects against addiction (Antonovsky, 1987; Griffiths, 2009). Consistent with this assumption, the present study found that the profile characterized by a high SoC, cognitive flexibility, and emotion regulation reported lower levels of SMA compared to profiles with lower levels of these attributes. Moreover, this finding aligns with the I-PACE model (Brand et al., 2019). Emotion regulation, through its role in managing emotional fluctuations, addresses the affective factors that trigger SMA. Cognitive flexibility, by disrupting rigid and maladaptive cognitions, mitigates the cognitive factors that contribute to SMA. SoC, by strengthening the ability to manage stressors, acts as a buffer against the

Table 4.
ANOVA Results of Profiles

Variable	Profiles	*N*	Mean	SD	F	*P*	Post Hoc (Tukey)
SMA	Low profile	24	29.50	10.38	14.51	.00	Low profile-High profile
	High profile	232	21.48	8.98			Low profile-Medium profile
	Medium profile	159	24.92	7.46			Medium profile-High profile

Note: SD = Standard deviation; SMA = Social media addiction.

executive factors linked to SMA. Taken together, the integration of SoC, cognitive flexibility, and emotion regulation may serve a protective function against SMA.

Limitations and Directions/Suggestions for Future Research

This study had several limitations. It employed a cross-sectional design, preventing the examination of changes in profiles over time. Future longitudinal studies could explore the evolution of these profiles and their relationship with SMA. Another limitation was the use of self-report scales, which may introduce biases. Future research could adopt a mixed-methods approach to enhance validity. Additionally, the convenience sampling method may not have captured a fully representative sample of adolescents, suggesting that future studies could use more robust sampling techniques. This study has practical implications. SMA prevention and intervention programs based on salutogenic theory can be developed, focusing on enhancing adolescents' SoC, cognitive flexibility, and emotion regulation. Educators and practitioners could organize group activities or psycho-education sessions aimed at strengthening these attributes, helping to buffer adolescents against SMA. Developing psycho-education programs targeting adolescents with low scores on SoC, cognitive flexibility, and emotion regulation could be a vital step in reducing SMA.

This study addresses a significant gap in the literature by demonstrating the negative association of SoC, cognitive flexibility, and emotion regulation with SMA. It also found that profiles characterized by high levels of these attributes had lower SMA scores compared to medium- and low-profile groups. These findings suggest that SoC, cognitive flexibility, and emotion regulation play a protective role against SMA.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: Ethical committee approval was received from the Çukurova University Scientific Research and Publication Ethics Committee (Approval No.: E-1097428; Date: 11/09/2024).

Informed Consent: Written informed consent was obtained from the participants and parents of the participants who agreed to take part in the study.

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