MODERATING ROLES OF SOCIAL SUPPORT ON THE RELATIONSHIP BETWEEN EMOTIONAL REGULATION AND INTERNET ADDICTION AMONG MILITARY PERSONNEL

YUSUF GBENGA RAFIU
Department Of Sociology/Psychology
Faculty Of Management And Social Sciences
Godfrey Okoye University, Enugu.

ABSTRACT
The present study investigated social support as a moderator of the relationship between emotion regulation and internet addiction among military personnel in Nigeria. Three hundred and one (301) (283 males, 94% and = 18 females, 6%) military personnel drawn from Army, Airforce and Navy units in the Headquarters Theatre Command in Maiduguri Borno state, North-East Nigeria took part in the survey (age range = 23-55 years, M = 36.14 years; SD = 7.50). Three instruments were used for data collection: Emotion Regulation Questionnaire, Perceived Social Support Scale and Internet Addiction Test were used to measure the factors. Three hypotheses (i. Emotion regulation will be associated with internet addiction among soldiers, ii. Social support will be associated with internet addiction among soldiers, and iii. Social support would moderate the association between emotion regulation and internet addiction of military personnel) were tested in the study. Results from HAYES PROCESS macro regression analysis indicated that emotion regulation partially predicted internet addiction symptoms (B = .19; t = 1.76, p < .05), social support predicted internet addiction symptoms (B = -.30; t = -2.63, p <.01), and significantly moderated the relationship between emotion regulation and internet addiction (B = -.40; t = -2.50, p<.01) such that the relationship was weak for military personnel with high social support scores and strong for military personnel with low social support scores. The implication of the present finding is that emotion regulation should be included in internet addiction therapy among military personnel in counterterrorism operations in Nigeria. The significances of the present finding were highlighted, while the limitations were stated and suggestions were made for further studies.

Keywords: emotion regulations, social support, internet addiction, military personnel, Nigeria

INTRODUCTION
Background to the study.
The use of internet, as a vital tool for gathering information and sharing of information, has increased significantly over the last 50 years with a growth rate of 305.5% in the last decade worldwide (Iacovelli et al., (2009 - 2013). While the use of personal computers (PCs) remains common among all populations. The reasonable use of internet can be helpful and make our lives easier; however, excessive, uncontrolled use has negative consequences (Shi et al., 2017). The available literature suggests that using the internet for 5hrs or more per day is considered problematic (Odacı & Kalkan, 2010). Extreme use of the internet has been described as internet addiction (IA), pathological use of the internet, internet dependency, and problematic internet use (PIU) (Odacı & Çelik, 2013). Aboujaoude et al., (2006) reported that 69% of the world population engage in internet use weekly and this has potentials to boost the economy. Surveys show that among regular Internet users, over 30% were Americans Americans and at least 5.9% felt their relationships suffered as a result of internet use and nearly 55% of households are connected to excessive Internet use, 8.7% attempted to conceal the Internet. According to Aboujaoude et al (2006), PC use and internet access have become widespread, as 13.7% found it hard to reports of their misuse, the extent of which was stay away from the Internet for several days at a recently documented in a telephone survey of 2513 time, 8.2% utilized the Internet as a way to escape boredomness, 20% of the population use the internet for businesses,

while 12.4% stayed online longer than intended either very often or always, leading to what is often termed internet addiction

According to Haw and Black (2008), the appropriate classification of Internet addiction has been debated. Some investigators have linked Internet addiction to addictive disorders, grouping it alongside alcohol and drug use disorders (Griffiths, 1999). Others have linked Internet addiction to obsessive-compulsive disorder (OCD) (Sussman & Hollander, 2005), or to the impulse control disorders (ICDs) (Shapira, Goldsmith & Keck, 2000). The names given to this phenomenon recognize the various ways in which it has been regarded: compulsive computer use, (Black, Belsare & Schlosser, 1999), pathological internet use (Davis, 2001), problematic internet use, internet dependency, internet addiction, and even internet mania (Caplan, (2003)). The terms suggest a tension between those who view the disorder as involving any abnormal or pathological computer use and those who focus specifically on computer usage.

An Internet or computer addiction is the excessive use of the former or the latter. The latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) actually includes it as a disorder that needs further study and research. In a publication on the National Center for Biotechnology Information website, the study, which was conducted by the Department of Adult Psychiatry in the Poland Medical University, showed that Internet addiction was seen to be quite popular and common among young people, especially those who were only children. In fact, every fourth child is addicted to the Internet. This is an alarming statistic that needs to be addressed as soon as possible.

Internet or computer addictions manifest in several ways that cover various degrees and areas of Internet usage. They are the following: Information overload where too much online surfing leads to decreased productivity at work and fewer interactions with family members, compulsions where excessive time spent in online activities such as gaming, trading of stocks, gambling and even auctions often leads to overspending and problems at work, cybersex addiction in which too much surfing of porn sites often affects real-life relationships, and cyber-relationship addiction in which excessive use of social networking sites to create relationships rather than spending time with family or friends may destroy real-life relationships.

The major signs and symptoms of internet addiction relate to physical and emotional reactions symptoms. However, these specifics may vary for each person. These are basically warning signals that an addiction may be developing. Emotional Symptoms of Online Addiction include but not limited to the following; feelings of guilt, anxiety, depression, dishonesty, euphoric feelings when in front of the computer, inability to keep schedules, no sense of time, isolation, defensiveness, avoiding work, and agitation. Others include physical symptoms such as; backache, headaches, weight gain or loss, disturbances in sleep, carpal tunnel syndrome, and blurred or strained vision.

These symptoms have are implicated in some long and short term effects which include unfinished tasks, forgotten responsibilities and weight gain. Long-term effects are seen more in the physical symptoms such as backache, neck pain, carpal tunnel syndrome, and vision problems from staring at the screen. It can also lead to bankruptcy, especially if the time spent online is focused on gambling, shopping and gaming.

<<Research has tried to understand internet addiction from a psychological perspective. To this effect, some interpersonal and individual variables have been suspected to influence combatants' expression of internet addiction. One of the most suspected factors emotion regulation. Emotion regulation refers to a person's ability to influence his/her emotional responses (Butler, Lee, & Gross, 2007). It includes emotional, cognitive, and behavioral strategies used to regulate emotional experience (Thompson, 1994). Collectively, processes that serve emotion regulation function, either up-regulate, down-regulate, or sustain emotions (Gross, 2015). These processes can be conscious or unconscious, internal or external, but they are used to increase, maintain, or decrease positive and negative emotions (Sala, Testa, Pons, & Molina, 2015), and have some mental health implications (Dixon-Gordon, Aldao, & De Los Reyes, 2015; Gross &Jazaieri, 2014; Tamir, 2011). Emotion regulation and emotion-related processes hold a central role in mental health and socio-emotional functioning (Ginot, 2012; Gross, 2015); and research has provided support for the contention that distressed persons use problematic emotion regulation strategies (Christou-Champi, Farrow, & Webb, 2015; Frewen, Dozois, Neufeld, & Lanius, 2012).

Two common strategies for down-regulating emotions have been identified: cognitive re-appraisal and expressive suppression (Gross, 2001). Cognitive reappraisal is changing how one thinks about a situation

in order to decrease its emotional impact, while expressive suppression is viewed as inhibiting the behavioural expressions of emotion after the emotional experience has begun (Gross, 2001). Expressive suppression is shown to be detrimental in the long-term, as it is associated with various physical and psychological stress symptoms over time (Wastell, 2002). Cognitive reappraisal is thought to be more effective than expressive suppression because re-appraisal is found to diminish the emotional experience (e.g., disgust) and behavioural expression of that emotion, with no impact on physiological responding or memory (Gross, 1998), and is not associated with negative psychological and physical health outcomes (Wastell, 2002).

Many influential theories of emotion agree that emotions are coordinated (Scherer, Schorr, & Johnstone, 2001). It is most times necessary to regulate emotions that are either too intense or are poorly matched to the demands of the present situation (Gross, 1998a). According to the process model of emotion regulation (Gross, 1998a), emotion regulation strategies can be used to modulate different components of emotion at different points on the trajectory of an emotional response. Expressive suppression (which involves inhibiting ongoing emotion-expressive behaviour) is considered a response-focused strategy, as it is used to modulate an emotional response after it has fully developed. Alternatively, cognitive reappraisal (which involves changing one's thinking so as to change one's emotional responses) is considered an antecedent-focused strategy, as it is typically used to modulate an emotional response prior to its complete unfolding.

A large basic social and personality psychology literature has found that expressive suppression is typically maladaptive as it does not reliably reduce negative experiences, and paradoxically increases psychophysiological and neurobiological indices of negative emotional responding (Feldner, Zvolensky, Stickle, Bonn-Miller, Leen-Feldner, 2006; Gross & Levenson, 1997). In contrast, cognitive reappraisal is stypically adaptive, as it is effective at reducing unpleasant emotion in a broad range of contexts, without deleterious physiological or cognitive consequences (Gross, 1998b).

Mirroring these results, clinically oriented investigations have found that lesser use of expressive suppression and greater use of cognitive reappraisal tend to be associated with lower levels of psychopathology (Werner & Gross, 2010).Consistent with these findings, current conceptualizations of internet addiction hold that it is in part a disorder of experiential and emotional avoidance, as individuals with internet addiction attempt to limit or avoid exposure to trauma-related cues and associated emotional reactivity (Feeny & Foa, 2005; Marx & Sloan, 2005; Orsillo & Batten, 2005). Furthermore, cognitive models of addiction posit that inaccurate, negative appraisals of a stressful event, and lack of revision based on newly acquired information, produce a sense of current threat and contribute to the maintenance of intenet addiction symptoms (Ehlers & Clark, 2000).

This view suggests that military personnel with internet addiction may over-utilize avoidant emotion regulation strategies such as expressive suppression, and under-utilize cognitive reappraisal. Specifically, the use of expressive suppression to limit expression of these intense and frequent unpleasant emotional experiences that are characteristic of internet addiction may paradoxically increase unpleasant emotional experience among military personnel with internet addiction (Gross &Levenson, 1997). This is because, increased unpleasant emotional arousal may, (a) be experienced as internet addiction symptoms and accompany internet addiction re-experiencing symptoms.

Emotion regulation in relation to internet addiction have been documented in various samples globally, but combatants and theatre actors still constitute an underrepresented population in psycho-traumatology literature especially in Africa and say, Nigeria. Empirical findings on the relationship of emotion regulation and internet addiction symptoms show that use of expressive suppression was associated with more severe internet addiction symptoms; and use of cognitive reappraisal was associated with less severe internet addiction symptoms among veterans (Chukwuorji, Ifeagwazi & Eze, 2017; Boden et al., 2013), motor vehicle accident survivors (Wisco, Sloan, & Marx, 2013), trauma-exposed women, and ambulance workers (Eftekhari, Zoellner, & Vigil, 2009; Shepherd & Wild, 2014). Other studies show that difficulties in emotion regulation were associated with higher CSR manifestations (Durmaz, 2013).

However, it was reported that emotion regulation was not significantly associated with internet addiction among veterans (Cloitre, Miranda, Stovall-McClough, & Han, 2005), and that emotion suppression tends to come at emotional and interpersonal cost (Srivastava, Tamir, McGonigal, John, & Gross, 2009) especially in Western climes. A need arises to understand the role of emotion regulation in the manifestation of internet addiction symptoms among military personnel in combatants especially in Nigeria. The Nigerian situation is considered important to the - field because research is necessary in order to understand the relationship between different facets of emotion regulation and internet addiction symptoms in military populations.

Another factor that has been suspected to impact on internet addiction symptoms and manifestations is social support. Social support refers to the material and spiritual care, help, and support from others during difficult times or emergencies (Sherbourne & Stewart, 1991). Social support is generally believed to be divided into two dimensions according to its nature (Kessler et al., 1985). One is objective support (OS), which refers to objective, visible, or practical support. Such support is independent of individual feelings and is an objective fact (Thoits, 1983). For example, living with family, classmates, colleagues, or friends (Xiao, 1994). The other is subjective support (SS), which refers to the subjective and experiential emotional support of individuals (Thoits, 1983). For example, care and help from friends. Moreover Xiao (1994) proposed that social support should include support utilization (SU); for example, taking the initiative when in trouble to inform friends to obtain their support and understanding. Thus, it is proposed that when evaluating social support, the utilization of support should be a third dimension of social support.

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Social support is a subjective psychological feeling or experience that occurs when an individual senses a presence of others of materials or lack of satisfactory presence of same and a gap between his or her desired and actual levels of resources (Ditommaso et al., 2003) Other studies believed that social support is a happy experience related to an individual's or material presence of social networks, including quantity and quality of social relations. Some researchers have demonstrated that social skills and coping methods for negative emotional events as well as social support, especially from core family members, rather than demographic variables such as sex, age, marriage, occupation, educational level, family, economic conditions, and socioeconomic status, substantively influence loneliness (Wu, 2004; Levitt et al., 2005). Numerous studies have demonstrated that in stressful situations, those who are psychologically or materially supported by a partner, friend, or family member are less likely to feel lonely (Chen et al., 2007; Wu et al., 2016). Although many studies have confirmed a negative correlation between social support and internet addiction and feeling of loneliness, few have explored the relationship between social support and loneliness (Wu et al., 2016). Some researchers reported that individual differences exist in the utilization of social support; although some people are able to receive social support, they may refuse it (Xiao, 1994). Thus, examining the relationships between social support and internet addiction is necessary to understand how it could influence military personnel in field of operations.

Traditional friendships based on face-to-face communication are generally believed to provide social support, social identity, and a sense of belonging (Hamman & Faircloth, 2005). Some researchers have shown that when social resources are relatively scarce, some individuals choose the Internet as a medium through which to meet their needs and gain social support, especially when they are required to reestablish social networks and communication with others because of environmental changes (Kang et al., 2013; Yao & Zhong, 2014). Many researchers have reported that people often play different roles in online

games, which enables teenagers to obtain social support unavailable in real life and meet various emotional needs (O'Connor et al., 2015). However, some researchers believe that relationships formed on such networks are shallow, illusory, and sometimes risky and hostile (Wei, 2010; Fusco et al., 2015). In conclusion, whether the relationship between social support and Internet addiction is positive or negative as well as whether other variables (e.g., loneliness) exist between them is unclear. Dividing social support and Internet addiction into several dimensions as previously described helps to clarify the relationships between them. Therefore, determining the causation between the three dimensions of social support and the four dimensions of Internet addiction is necessary to understand the mechanism of Internet addiction.

However, despite the reported prevalence of social support and its implications in civil and community populations, the construct of social support appears yet to be studied extensively among military personnel who are most subjected to the effects of negative stress in combat. Army personnel exposed to such experiences often struggle with readjustment to their previous lifestyle. Often such individuals are overwhelmed by the situation, requiring understanding from friends, colleagues and family, as well as social support. Even though soldiers who take part in modern military operations are aware of the possible difficulties which they may face, some of them still struggle with the aftermath. The challenge is to skillfully deal with these circumstances. The Nigerian Army's experience in military action within and outside its borders, e.g. has allowed for the determination of the range and stages of social support which could include adequate preparation for military service such as classes on how to cope with stress, and helps that come from the civilian community and colleagues in the form of provision and sharing of basic amenities of life (food, shelter) and work experiences and facilities (information and cooperation). Studies have shown that military personnel who reported to have been supported by the social environment (colleagues and civilians) showed signs of wellness and agility during and after operations (Van Voor-hees et al., 2018; Terziev, 2018). In Nigeria, observation showed that psychological issues such as internet addiction, emotion regulation of personnel and its related cases have been neglected not only among the military personnel but also by the populace.

Statement of the Problem.

In the past few decades, research attention on internet addiction has been to understand the psychological and socio-cultural factors behind that induce or inhibit the behavior, and the best possible way of providing therapy for internet addiction clients. Engaging in the internet for information or leisure has become a daily occurrence among many military personnel in Nigeria. For instance, thousands of soldiers surf the internet for information, social interactions, business and official communications each day, week or month while they are on operations, missions or on leave. The number of soldiers who engage in internet activities has increased tremendously in recent times as they have turned to the internet for economic, psychological and social interaction reasons, and this could trigger addiction if not checked.

Despite the restrictions placed on the use of mobile gadgets by military personnel on operational duty and terrorism control engagements, evidence shows that many military personnel are involved in internet use such as internet gambling, social media interaction and blogging in Nigeria. This is worrisome, owing to the fact that internet use and engagement act as a propeller and trigger for internet addiction and internet vices such as internet fraud and truancy. Good percentage of Nigerian soldiers have, in recent times, resorted to internet use as a viable means of livelihood such as internet gambling.

Studies show that internet addiction was associated with mental health challenges such as problem gambling, diffused focus, and role confusion as well as loss of properties. Unfortunately, military personnel have embraced and continue to embrace internet platforms despite these associated societal ills. Ironically, researchers in Nigeria seem to focus more on the socio-economic antecedents and impacts of internet, thereby neglecting the cognitive and psychological factors that push and pull the initiation and sustenance of internet addiction. The present research aims to fill this gap in knowledge by specifically examining such cognitive and thought indices as emotion regulation and social support as correlates of internet addiction among a sample of Nigerian military personnel. Finding from the present study will provide both theoretical and empirical frameworks that will aid internet addiction therapy, and more importantly, prevent internet addiction among soldiers. It is suspected that social support will amplify or attenuate the link between

emotion regulation and internet addiction. Specifically, the current study aims to provide empirical answers to the following research questions:

1. Would emotional regulation (cognitive re-appraisal and expressive suppression) be associated with internet addiction among military personnel?
2. Would social support be associated with internet addiction among military personnel?
3. Would social support moderate the association between emotional regulation (cognitive re-appraisal and expressive suppression) and internet addiction of military personnel?

Purpose of the Study

The study expected to benefit the authority of the Nigerian Armed Forces in managing its personnel in military operations or daily military duties, the Military mental health sectors, the military medial command, medial psychologists and those in academics.

This study would be useful in understanding some possible factors that may lead troops in combat zones or military environment to be internet addicted and possible symptoms and emotional regulation. The study would also encourage the benefiting military command to prevent and manage internet addiction and emotional regulation.

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- Examine whether emotional regulation (cognitive re-appraisal and expressive suppression) would be associated with internet addiction among military personnel.
- Examine whether social support would be associated with internet addiction among military personnel.
- Examine whether social support would moderate the relationship between emotion regulation (cognitive re-appraisal and expressive suppression) and internet addiction of military personnel.

Operational definition of terms

Emotion regulation: refers to the ability of a military personnel to influence (cognitively re-appraise or withhold physical expression) his/her emotional responses to battlefield events. This is as measured by Gross and John's (2003) 10-item Emotion Regulation Questionnaire (ERQ). In addition, the ability for military personnel to effectively exert control during combat or over one's emotions through a wide range of strategies to influence which emotions one has, experiences, or expresses.

Social support: The is defined as the perception and actuality that military personnel is cared for and has assistance from other people or immediate family members as measured by scores on Zimet, Dehiem and Farley (1988), Multidimensional Scale for Perceived Social Support (MSPSS).

Internet addiction: is defined as staying online longer than intended either very often or always as measured by the Internet Addiction Test (IAT; Young, 2008). It can also be defined as the inability for military personnel to control his use of the Internet which leads to negative consequences in daily life or in operational areas" (Li et al., 2015.)

REVIEW OF THE RELATED LITERATURE

This literature review is divided into two parts: Conceptual and empirical review.

Conceptual Review:

The following theories of Internet Addiction (IA) are reviewed

Hans Selye General Adaptation Syndrome (GAS) Model of Addiction

Psychological Models of Internet Addiction

Sociocultural Model of Internet Addiction

Biological Perspective of Internet Addiction

General Adaptation Syndrome (GAS) Model of CSR (Selye, 1954)

The General Adaptation Syndrome (GAS) views that addiction was a process that (a) took time to develop in response to a stimulus, (b) consumed practice and reinforcement, and (c) could, in most cases, be

sustained indefinitely. Accordingly, Selye divided the time course of the GAS into three phases that include the Alarm Phase, the Resistance Phase, and the Exhaustion Phase. In the first phase, the alarm phase, the organism mobilizes its resources to respond to the challenge it faces. Initially, its performance worsens under the impact of the stressor. Then, as adaptive changes take place, the organism's performance improves and it develops to the second phase of resistance (resistance phase) where the organism make every effort to overcome the challenges which could lead to a negative effects of that particular stressor. The final phase is the exhaustion or fatigue phase, during which adaptive resistance to a stressor is lost and a period of recovery may be necessary before an adaptive response can again be mounted to the same stressor.

Depending on the nature of individual stimuli and the biological systems that respond to them, the three phases of adaptation may be short or long, and the time dimension in the GAS may represent adaptive changes that occur over minutes, days, or months. Whether one charted the response of the body to the stress of an all-out sprint during the stress of a year-long operational deployment, the phases and their relationship would be much the same. Selye noted that in most instances, adaptive responses do more than just return the functioning of organisms to their previous baseline. Physiological adaptation is more than just a homeostatic mechanism. In many cases, adaptation to a stressor result in improved functioning and performance in one way or another. In the example just given above, recruitment of muscle fibers would enhance strength for the moment. Over a longer time period, of course, repeated exposure to the stress of lifting the same fixed weight would build muscle mass and power. The fact that the performance of organisms or their component parts typically improves as they adapt to stressors led Selye to introduce the concept of eustress, which he defined as the stress which is necessary for optimal functioning. Stress is necessary for the development of the body and the mind (Aldwin, 1994), and the benefits to war fighters of repetitive exposure to optimal stress underlies all training in the military.

Psychological Models of Addiction

Among the oldest theories devised to explain the relationship between enjoyable experiences and later symptoms are those crafted from a psychological perspective. The range and variety of psychological models of addiction and addictive behaviors are too great to review in depth in this paper. Rather, a brief overview will be offered of three different approaches to the psychological understanding of internet addiction based on psychoanalytic, learning, and cognitive orientations.

***Psychoanalytic perspectives of internet addiction resulting from "war neurosis"* (Fenichel, 1945).**

Sigmund Freud's approach to understanding mental phenomena was very much rooted in physics and medicine, as they were understood at the turn of the twentieth century. His most basic concept of mental dynamics-the pleasure principle-was based largely on the simple model of the neurological reflex arc. Just as the tap of a tendon by a physician's hammer elicits a reflex jerk of a limb, Freud theorized, life experiences elicit reflex impulses to act, which he called drives. As infants, our drives to obtain physical and emotional sustenance are relatively unimpeded. If we are hungry or frightened, we cry. If we are content, we sleep. Obtaining pleasure and avoiding pain, according to Freud, is apparent in all behaviour in the infant. As the infant grows, however, life becomes increasingly complicated. Prohibitions against freely acting on one's internal impulses are progressively internalized from parents, teachers, and peers; behavior becomes increasingly inhibited and controlled.

The central core of drives and impulses, present from birth, Freud termed the "id". The sum of all prohibitions later internalized from external authority figures he called the "superego." To mediate between the irreconcilable id and superego, according to Freud, each person slowly developed a set of executive mental functions that he collectively termed the "ego." The ego's job is to keep peace between id and superego while trying to meet the needs of both. One of the main tools the ego employs in its mediation between id and superego is "repression," which was the name given by Freud to the process of managing unacceptable or dangerous thoughts, feelings, and impulses by pushing them down into the realm of the unconscious mind. The ego maintains a barrier between the conscious decision-making functions of the mind and the unconscious store house of mental content on which the ego has decided the person had better not act. It is as if the ego says to itself, "what I don't know won't hurt me."

Under ideal conditions, the tension between impulses and prohibitions is kept to a minimum, and the barrier maintained by the ego between behavior and repressed, unconscious impulses remains intact. Under the impact of traumatic stress, however, unacceptable or dangerous emotions and impulses may be so intense as to be uncontainable beneath the repression barrier. On a battlefield, such overwhelming emotions may include terror or rage, for example, and be accompanied by intense impulses to flee or blindly attack. Because such intense impulses and the emotional reactions that generate them are unacceptable to the superego or in direct conflict with other impulses, such as an urge to charge the enemy in a fit of rage may run hard against the wish to survive the ego does its best to repress these impulses and their attendant emotions. But like too much water forced into a leaky barrel, these intense impulses and emotions spill or leak out in the form of "emergency discharges," which are the source, in Freud's view, of all neurotic symptoms such as addictions (Fenichel, 1945).

The symptoms that Freud saw as emergency discharges of excessive internal urges or emotions could be of many kinds, including losses of physical function ("conversion" of emotional urges into physical disability) such as blindness or addiction to habits or maladaptive behaviors, for example; irrational fears (phobias); or inexplicable feelings of anxiety or depression. Psychoanalytic theory contends that addiction symptoms of all kinds represent not only emergency discharges of dammed up impulses, thoughts or feelings, but also symbolic solutions to the unresolved unconscious conflicts associated with them. For example, war fighters who witness horrible scenes of carnage that they are subsequently unable to tolerate in consciousness may develop temporary blindness as a means of simultaneously convincing themselves they didn't really see anything horrible after all, protecting themselves against further visual horrors, and denying that they were unable to master an experience that others seemed to take in stride.

In the Freudian psychoanalytic view, the individuals who would be expected to be most susceptible to addictive behaviors by a particular stressor than are those who have not yet gotten over neurotic conflicts from their pasts, whether stemming from prior traumas or other unhealthy early life experiences ("infantile neuroses"). To the extent a given individual's repression barrier is already leaking because of too great a quantity of unacceptable and dangerous impulses left over from childhood or past traumas, that person's ego is weakened against managing current life stressors.

One of the goals of aggressive pre-induction screening carried out in the early years of WWII was to eliminate from military service all individuals judged to have pre-existing addictions. Of course, addiction, as defined by the psychoanalytic model, lie on a continuum between adaptive and maladaptive; they are never so clearly either present or absent. And having addiction symptoms before deploying to combat is not so clearly a predictor of vulnerability. One study of a group of so-called addiction types in WWII showed that they were very capable on the battlefield, and had no higher rates of addiction than supposedly normal troops.

Treatments devised directly from the psychoanalytic model have typically focused on abreaction of drawing unconscious, repressed memories and their associated thoughts and feelings into conscious awareness, to relieve the pressure on the repression barrier. During and after WWII, when psychoanalytic theories provided the dominant foundation for addiction treatment, hypnosis and drugs such as sodium amytal (truth serum) were used to disinhibit addicted warriors to the point of forgetting about the addiction objects.

One major drawback of the psychoanalytic model is its assumption that all stress injury symptoms are volitional-somehow chosen by individuals, albeit unconsciously, as solutions to otherwise unsolvable problems. This assumption is founded on the premise that all components of everyone's mental and neurobiological machinery can and should fall under their conscious control, and that internet addiction do not involve actual damage to this machinery. This calls for further examination of learning-based model of addiction as could be applicable to military personnel in Nigeria.

Learning model of addiction and conditioned responses

Learning theory, in its many present-day forms, is based on the discovery by the physiologist Ivan Pavlov of what he termed conditioned reflexes in experimental animals (Pavlov, 1960/1927). Pavlov contended that hungry animals such as dogs naturally responded to the stimulus of the sight and smell of

food by salivating. He called this an unconditioned reflex because it was a natural response that required no learning or conditioning. By repeatedly exposing hungry dogs in his laboratory simultaneously to the sight and smell of food and the sound of a bell, however, Pavlov was eventually able to elicit a conditioned reflex of salivation to the sound of the bell alone. Pavlov's insight was that the temporal pairing of unrelated stimuli (food and bell) could cause an animal to learn to respond to both the same way. This form of learning that Pavlov described has become known as classical conditioning.

Although Pavlov used a rewarding stimulus (food) in his now-famous experiments, other researchers have since studied classical conditioning using aversive stimuli such as electric shocks or the sights or smells of predators. The form of classical conditioning that results from the pairing of an aversive stimulus and a neutral stimulus has become known as aversive conditioning or fear conditioning. Classical fear conditioning is the theoretical paradigm that learning theorists have used to explain learned fear responses that result from traumatic experiences. Just as Pavlov's dogs learned to respond with salivation to the sound of a bell, even in the absence of food, combatants and war fighters exposed to terrifying situations in combat learn to respond with physiological arousal and subjective feelings of excitement and elation when confronted with subsequent neutral reminders of those positive mood experiences. Such reminders (conditioned stimuli) could include the internet friends and colleagues, models and gambling similar to that experienced in the combat free zone and on parades.

Classical addiction and internet addictive behavior is a normal process of learning, and not necessarily a pathological process of imitation. Most, if not all, individuals exposed to the internet tend to later experience the urge to stay longer than planned. But also normal is the process known as extinction, in which repeated exposure to the internet without simultaneous experience of addiction causes the conditioned constant stay on the internet to gradually fade.

Treatments based on learning theory are among the most successful in controlled clinical trials for treatment of internet addictions. They include systematic desensitization, stress inoculation training (SIT) (Foa & Rothbaum, 1998). Known collectively as exposure therapies, these treatments all make use of controlled re-experiencing of physical or community based elation and excitement.

Sociocultural Model of addiction (Halgin & Whitbourne 2000)

Sociocultural factors, provide additional perspectives on the presentation of addictive behaviors. Research revealed that among many Vietnam combatant and veterans with lack of social support rather than combat itself, may have contributed to the development of online addiction (Halgin & Whitbourne 2000). In one study of Vietnam combatants and veterans in which such factors as pre-combat personality, intensity of combat experiences, and post combat experiences and social support were compared as predictors of internet and alcohol addiction (Green et al., 1990), there were indications that people with certain back grounds are more likely to get involved in exactly the high internet situations that would place them at most risk for later addiction. In another study, pre-military Minnesota Multiphasic Personality Inventory scores were found to be predictors of addiction symptoms (Schurr, Friedman, & Rosenberg, l993).

Research has also shown that advantaged economic settings may set the stage for increased vulnerability of soldiers to internet addiction. It has been established, for example, that serving in internet availability areas and zones increases the likelihood of internet addictions among combatants. So does living in high-brow areas of the state (Lima, Pair, Santacruz, & Lozano, 1991 as cited in Halgin & Whitbourne, 2000). Cultural factors are also evident in the ways that people from various ethnic groups respond to addiction prevalence (de Silva, 1993). However in a study conducted to determine whether the factor structure of the addiction syndrome in Cambodian youth soldiers earlier reported factor studies in Caucasian samples, Sack, Seeley and Clarke (1997) reported that, addiction as a result of prior internet and war exposure appears to surmount the barriers of culture and language.

Biological Model of CSR (Tamunomete, 2006)

For more than a century, ever since people's responses to overwhelming experiences were first systematically explored, it has been noted that the psychological effects of stress and trauma are expressed as changes in the biological stress responses. For example, in 1889, Pierre Janet postulated that intense

emotional reactions make events traumatic by interfering with the integration of the experience into existing memory schemes. Stating that the intense emotions cause memories of particular events to be dissociated from consciousness, and to be stored instead as visceral sensations (anxiety and panic) or as visual images (nightmares and flashbacks) (Heim, Owens, Plotsky, & Nemeroff, 1997).

Similarly, some researchers (Charney, Dautch, Krystal, Southwick & Davis, 1993) have formulated the theory that, once a traumatic experience has occurred, parts of the individual's nervous system become primed or hypersensitive to possible danger in the future. That is to say, subcortical pathways in the central nervous system, as well as structures in the sympathetic nervous system, become permanently on alert for signs of impending harm (Halgin & Whitbourne, 2000). Increasingly, other researchers have been turning up evidence linking addiction reactions to biological abnormalities. A comprehensive review of the psychobiology of stress and trauma by Charney et al (1993) indicates the possible involvement of brain structures, including the amygdala, locus coerulus, and the hippocampus as well as noradrenergic, dopaminergic, opioid and corticotrophin- neurochemical releasing systems. Studies suggesting hypothalamic - pituitary - adrenal axis alterations in stress and addiction, promotes the perspective that enduring hormonal changes are associated with chronic forms of addiction, and these changes are intimately tied to adjustment (Yehuda, Resnick, Kahana, & Giller 1993).

Altered neurotransmitter functioning has also been identified to play a role. For some individuals and soldiers with internet addictions, alterations seem to occur in the nor-epinephrinepathways, while in others, abnormalities in the serotonin pathways are more likely (Southwick, Krystal, Bremmer, Morgan, Nicolaou, Nagy, Johnson, Heninger, & Charney 1997). Dopamine, particularly in neurons in the prefrontal area that are sensitive to stress, may also be involved in the symptoms of internet addictions (Horger & Roth, 1996).   It seems, therefore, that even the structure of the brain can change as a result of combat stress. For example, in a study designed to measure both hippocampal structure and function in women with and without early childhood sexual abuse and the diagnosis of internet addictions, Bremmer, Vythilingan, Vermetten, Southwick,McGlashan, Nazeer, Khan, Vaccarino, Soufer, Garg, Ng, Staib, Duncan, & Charney (2003), found that the results were consistent with deficits in hippocampal structure and function in substance abuse-related internet addictions.

Empirical Review
Emotion regulation and internet addictions

Omidi, Fini, Akbari and Akasheh (2017) examined the effects of emotion regulation and internet addictions of Iranian veterans with secondary posttraumatic stress symptoms. The study adopted a randomized block design to assess 61 veterans referred for counseling in 2015. They were randomly assigned into two groups (30 controls and 31 cases). The case group underwent the emotion regulation treatment. The result showed that no significant difference was observed in the total score of combat stress reaction of the veterans before treatment in the 2 groups. However, the difference between pre- and post-test of internet addictions subscale of the treatment package was significant. In addition, the total scores in the internet addictions at pre- and post-test was significant. It was concluded by the study that it seems that emotion regulation significantly affects internet addictions among veterans. The limitation of this results hinges on its involvement of veterans and not serving combatants. Thus, this finding has limited generalizability. This is so, because, veterans may have adjusted to civilian lifestyle through their interaction with the civilian community, unlike combatants who are still very active in theatre operations. Therefore, there is need to study the relationship between emotion regulation and CSR among serving combatants.

In another unique study, Chukwuorji, Ifeagwazi and Eze (2017) examined the association of emotion regulation and addictions symptoms among internally displaced person in Nigeria. A multi-group cross-sectional design was adopted by the study to assess emotion regulation and trauma 2-IDP camps located in Benue State, North-central region of Nigeria. Hierarchical multiple linear regression results indicated that cognitive reappraisal dimension of emotion regulation was a negative predictor of PTSD symptoms while expressive suppression was a positive predictor of PTSD symptoms. The findings is suggestive of the fact that since PTSD and internet addictions are often confused for each other, emotion

regulation would have a positive significant effect on CSR even though internet addictions has a noticeable short duration compared to PTSD.

Knezevic, Krupic and Sucurovic (2016) examined the relationship between four factors of internet addictions symptoms and particular domains of emotion regulation and control among 215 Croatian homeland war veterans. Cross-sectionally, emotion regulation and control subscales influence of emotion and mood on memory and emotional reaction control were associated with dysphoria and re-experiencing symptom clusters. The results of the study are consistent with the view that successful recovery from internet addictions requires adaptive emotion competence skills and that therefore difficulties in dealing with emotions (understanding, expressing or regulating) are a risk factor for the development and/or maintenance of internet addictions symptoms. They suggested that interventions organized toward improving emotion regulation may be useful as complementary or independent treatments for internet addictions symptoms.

Badour and Feldner (2013) investigated combat related stress reactivity and regulation of emotion among predominantly male soldiers involved in internet addictions (mean age = 37.48, SD 4.65) using the internet addictions and emotion regulation questionnaire developed by the researchers. It was predicted that internet addictions will associate with emotion regulation among the soldiers. Regression analysis result of the data indicated a negative association between internet addictions and emotion regulation. These findings means that soldiers who are high on emotion regulation are less likely to manifest serious internet addictions reactions but could rather show more commitment to winning the battle as they feel that victory over the enemy is a major source of fulfilment and motivation for a combatant soldier. Soldiers who were low in emotion regulation manifested high internet addictions symptoms.

In another study, Bush, Reger, Luxton, Skopp, Kinn, Smolenski and Gahm (2013) explored psychological causes of internet addictions in the U.S. Military. The study involved 1723 serving and veteran combatants across 10 years 26-59 (mean = 41.11, SD = 5.28). The study variables were measured by means of questionnaires and were administered both cross-sectionally and through randomized block designs. The study findings revealed that among the leading causes of internet addictions by serving combatants was poor emotion regulation, while veterans are more likely to contemplate suicide if they were defeated in a battle. This implies that, emotion regulation was negatively related with internet addictions in the military population, as those who are high in emotion regulation are less likely to commit internet addictions while those who rank low on emotion regulation tend to consider committing internet addictions so often.

Ehring and Quack (2010) examined emotion regulation and internet addictions symptom severity among war soldiers in Yon Kipur war. A total of 703 veterans (mean age = 68.41) took part in the study. Data was elicited with the aid of the emotion regulation and internet addictions questionnaires developed by the researchers. It was predicted that veterans who had more emotion regulation ability will report less internet addictions reactions while those who had less ability to regulate their emotions will likely report more internet addictions symptoms. The study result after analysis did not provide support for the predictions. The result show that veterans who had more emotion regulation ability did not differ from those who had less emotion regulation ability on report and manifestation of internet addictions. The study concluded that emotion regulation ability was not a factor in internet addictions among veterans. Though, this finding is limited to the extent that, it involved only veterans and not serving combatants, it provides an insight to the possible association between emotion regulation and internet addictions.

Hassija, Jakupcak and Gray (2012) investigated the factors implicated in internet addictions among Iraq and Afghanistan war veterans. The study found that majority of the veterans who reported symptoms of internet addictions had earlier expressed reactions to internet addictions related stress. The found link between internet addictions and PTSD was strongly mediated by inability to regulate emotions by the veterans. This means that, most of the veterans who reported internet addictions similar to PTSD were those who had earlier scored poorly on the emotion regulation skills questionnaire. Therefore, it is possible that poor emotion regulation ability was a risk factor in internet addictions of war veterans, and this could be the case with counterterrorism combatants in Nigeria.

In another study, Kashdan, Breen and Julian (2010) examined the role of emotion regulation in everyday striving of veterans and combatants with combat stress reactions. The study observed that emotion regulation correlated negatively with manifestation of internet addictions symptoms. Result obtained from a

study of 1358 (male and female) serving combatants and veterans showed that generally, (1) combatants reported more internet addictions symptoms than veterans, (2) both combatants and veterans who ranked low on emotion regulation measures had more internet addictions than those who ranked high on emotion regulation. The study noted that combatants with higher emotion regulation scores have significant immunity to internet addictions while those with low emotion regulation scores have significant exposure to internet addictions.

Social support and internet addiction

Researches have examined the relationship between social support and internet addiction among both veterans and serving combatants in many countries and regions. Unfortunately, little or no known research has focused on social support and internet addiction among combatants involved in counterterrorism operations especially in Nigeria. The study of Dami, James and Zubairu (2018) examined social support and internet addiction among military combatants in north east Nigeria. A total of 249 respondents (mean age = 39.53) participated in the study through a purposive sampling technique. Participants include both officers and men of the Nigerian army on the operation *Lafia Dole*. An ex-post facto design was employed in the study. With the aid of questionnaires measuring social support and internet addiction, it was hypothesized that social support will correlate with internet addiction among the participants. Pearson correlation statistic result showed that social support was strongly correlated with internet addiction.

Mooney (2017) investigated the influence of government support in internet addiction of soldier. The study reported that while individuals' internet addiction reduced as the perceived government support increased. The result however, changed when internet addiction was treated in dimensions of time, resources and activities wasted. The dimensional analysis result showed that perception of social support significantly and negatively related with time spent online, and had no significant relationship with resources wasted.

In another study, Yacob-Haliso (2016) investigated the factors that cushion against internet addiction among IDPs in African states. A total of 2855 respondents completed measures of perceived social support and internet addiction as well as demographic variables. The study result revealed that females report more social support availability than males, males had less internet addiction symptoms females, and social support was found to be associated with less feeling of internet addiction, among internally displaced persons in Uganda. In particular, the study argued that military men carry an unequal internet addiction because of a gendered responsibility toward caring for the family when compared with women and this extra-role burden tend to affect their feeling in the camp.

mpirical studies reviewed show that emotion regulation was influential in internet addiction reactions among both serving combatants and veterans (Omidi et al., 2017; Chukwuorji et al., 2017; Knezevic et al., 2016; Badour & Feldner, 2013; Bush et al., 2013; and Ehring & Quack, 2010). The relationship between social support and internet addiction was observed to be significant (Dami & Zubairu, 2018; Dauda et al., 2016; Meis et al., 2010; Dietz, 2014; Copp, 2009; and Dekel et al., 2003). Due to the dearth of empirical documentation of the moderation effect of social support on the relationship between emotion regulation and internet addiction, it was difficult to make categorical statement of any possible moderation effect.

Hypotheses

The following hypotheses were formulated by the researcher for the study:
  i. Emotion regulation (cognitive re-appraisal and expressive suppression) will be associated with internet addiction among military personnel.
  ii. Social support will be associated with internet addiction among military personnel.

Social support would moderate the association between emotion regulation (cognitive re-appraisal and expressive suppression) and internet addiction of military personnel.

METHOD

Participants

Participants in this study were three hundred and one (301) military personnel serving in the Army, Airforce and Navy units in Headquarters Theatre Command in Maiduguri Borno state, North-East Nigeria,

to fight insurgency. The participants were made up of 283 males (94%) and 18 females (6%). Their ages ranged from 23-55 years ($M = 36.14$; $SD = 7.50$). A total of 188 of them were married at the time of the study, 213 of them were Muslims, while 81 were Christians, while 7 did not indicate their religion. In all, 112 Soldiers had B.Sc and above, 156 had O'Level certificate, 30 had First School Leaving Certificat, while 3 failed to indicate their level of education. A purposive random sampling technique was employed to select the participants. This technique was used as it allows for the sampling of available and willing soldiers.

Instruments
The following measures of the four variables in this study were used to collect the data: Emotion Regulation Questionnaire (ERQ), Material Support subscale adapted from the Medical Outcomes Study Social Support Survey (MOS-SSS-MS), and Internet addiction Test (IAT).

Emotion Regulation Questionnaire (ERQ)
The 10-item Emotion Regulation Questionnaire (ERQ) developed by Gross and John (2003), was used to measure the 2 dimensions of emotion regulation strategies (cognitive reappraisal and expressive suppression) among the Soldiers. The ERQ items were rated on a 5-point Likert scale ranging from "Strongly disagree" to "Strongly agree" (5). The internal consistency reliability Cronbach's alpha coefficient of both the cognitive reappraisal and expressive suppression reported by Gross and John (2003) were high ($\alpha = .80$ and $\alpha = .76$ respectively). Several studies using student samples have provided evidence of the two-factor structure of the ERQ with exceptional model fit (See Melka et al., 2011; Spaapen et al., 2014) (see Appendix A). Examples of items in the ERQ include "When I'm faced with a stressful situation, I make myself think about it in a way that makes me stay calm (Cognitive reappraisal); When I am feeling negative emotions, I make sure not to express them (Expressive Suppression). Validation analysis of the modified ERQ for the present study among 100 male and female military personnel whose ages ranged from 26-45 years ($M = 38.21$, $SD = 3.08$) was conducted. Item analysis on the scale showed that it yielded good internal consistency alpha ($\alpha = .81$).

Social Support Scale
Social support will be measured with a modified Material Support subscale adapted from the Medical Outcomes Study Social Support Survey (MOS-SSS-MS) developed by Sherbourne and Stewart (1991). The measure is a 4-item assessment of IDPs' level of agreement that government and nongovernmental organizations provide support in the form of food materials and medical services for them in the camp. The original scale is rated on a 7-point ranging from "Very strongly disagree" (rated 1) to "Very strongly agree" (rated 7). The scale item is directly scored. Total scale scores are obtained by summing up all individual item scores, and high scores indicate high ranking on social support. Sherbourne and Stewart (1991) reported high internal consistency reliability coefficient for the measure ($\alpha = .86$). Example of items in the MOS-SSS-MS include, "The government is doing a lot to provide food and medical materials to help me out of the challenges in the camp", "I count of the government for food and other materials as long as I am in this camp") (Appendix C). Validation analysis of the modified MOS-SSS-MS for the present study among 100 male and female military personnel whose ages ranged from 26-45 years ($M = 38.21$, $SD = 3.08$) was conducted. Item analysis on the scale showed that it yielded good internal consistency alpha ($\alpha = .79$).

Internet Addict Test
The Internet Addiction Test (IAT) by Young (2008) is one of the most utilized diagnostic instruments for Internet addiction. The IAT total score is the sum of the ratings given by the examinee for the 20 item responses. Each item is rated on a 5-point scale ranging from 0 to 5. The maximum score is 100 points. The higher the score is, the higher is the severity of your problem. Total scores that range from 0 to 30 points are considered to reflect a normal level of Internet usage; scores of 31 to 49 indicate the presence of a mild level of Internet addiction; 50 to 79 reflect the presence of a moderate level; and scores of 80 to 100 indicate a severe dependence upon the Internet. Validation analysis of the IAT for the present study

among 100 male and female military personnel whose ages ranged from 26-45 years ($M = 38.21$, $SD = 3.08$) was conducted. Item analysis on the scale showed that it yielded good internal consistency alpha ($\alpha = .77$).

Procedure

The researcher personally visited the Headquarters Theatre Command in Maiduguri Borno state, North-East Nigeria, to request for permission before having access to the military personnel in their units, Camps, Hospital bed (for the wounded military personnel), Officers' Mess, and Training Gyms. The researcher introduced himself to the military personnel, explained the purpose of the study to them. The non-probability (purposive) sampling technique was applied to select the participants from different units in the Headquarters Theatre Command Maiduguri. The researcher was assisted by a research assistant (a military personnel) to distribute the questionnaire sets to the military personnel through a purposive sampling method that involved only military personnel with combat operational experience. The procedure was consistent with Ollenburger and Tobin's (1999) study of military personnel. The literate participants were given the questionnaire forms for completion at their leisure and the semi or non-literate personnel will be educated on the tests by the researcher. Completed questionnaires were collected by the researcher and his assistant on completion.

Design/Statistic

The study adopted a cross-sectional survey research design. HAYES PROCESS macro regression analysis was used to test the study hypotheses. This design allowed the researcher to involve available and willing to participate military personnel in the study, while the HAYES PROCESS allows for separate examination of the role of each of the predictor (cognitive reappraisal and expressive suppression) and moderator (social support) variables on the outcome factor (internet addiction) as well as the moderation effect.

RESULT.

The results of the findings of this study are presented in this chapter. In Table 1, means, standard deviations and correlations of the variables is shown, while results of the Hayes PROCESS macro for testing the hypotheses are shown in Tables 2 and 3.

Table 1: Means, standard deviations, and Pearson's correlations of age, rank, emotion regulation, social support and internet addiction.

Variables	Mean	*SD*	1	2	3	4	5	6
1 Age	36.12	7.50	-					
2 Rank	-	-	-.17**	-				
3 Cognitive reappraisal	24.32	10.55	.33***	.03	-			
4 Expressive suppression	18.67	6.66	-.21***	-.05	-.70***	-		
5 Social support	28.92	6.57	.22***	-.26***	.01	.06	-	
6 Internet Addiction	77.46	18.97	-.27***	-.05	-.52***	.48***	-.36**	

Note. ***$p<.001$; **$p<.01$; Gender (coded 1 = men, 2 = women)

Table 1 showed that age was negatively associated with internet addiction ($r = -.17$, $p<.01$), rank was not related with internet addiction ($r = -.05$, $p > .05$), cognitive reappraisal was negatively related with internet addiction ($r = -.52$, $p<.001$), expressive suppression was positively related with internet appraisal ($r = .48$, $p<.01$), and social support was negatively associated with internet addiction ($r = -.36$, $p <.001$).

Table 2: Hayes PROCESS macro results for predicting internet addiction by cognitive reappraisal and social support, with age and rank as covariates

Predictors	B	SE	T	95%CI
Age	-5.73	3.68	-1.56	[-12.97, 1.51]
Rank	-.12	.13	-.98	[-.37, .12]
Cognitive reappraisal (CR)	.19	.25	1.76*	[-.30, .67]
Social support (SS)	-.30	.39	-2.63**	[-.52, -.08]
CR x SS	-.04	.01	-2.50*	[-.06, -.01]

Results in Table 2 showed that age did not significantly predict internet addiction ($B = -5.73$; $t = -1.56$). Rank did not significantly predict internet addiction ($B = -.12$; $t = -.98$). Cognitive reappraisal significantly and positively predicted internet appraisal ($B = .19$; $t = 1.76$, p < .05). The B showed that for each one unit rise in cognitive reappraisal, internet addiction increases by .19 units, therefore, the earlier stated hypothesis was accepted. Social support was a negative predictor of internet addiction ($B = -.30$; $t = -2.63$, $p <.01$). The B showed that for each one unit rise in social support, internet addiction decreases by -.30 units, therefore earlier stated hypothesis was accepted. The interaction effect of cognitive reappraisal and social support was significant ($B = -.40$; $t = -2.50$, $p<.01$), showing that social support moderated the relationship between cognitive reappraisal and internet addiction, therefore earlier stated hypothesis was accepted. Slope for probing the interaction (see figure 1) revealed that for soldiers with high social support, cognitive reappraisal was more strongly associated with lower internet addiction ($B = -72$, $t = -3.93$, $p<.01$), while for those with low social support, cognitive reappraisal was not significantly associated with internet addiction ($B = -.13$, $t = -.90$, $p = .371$). Thus, social support buffered the relationship between cognitive reappraisal and internet addiction.
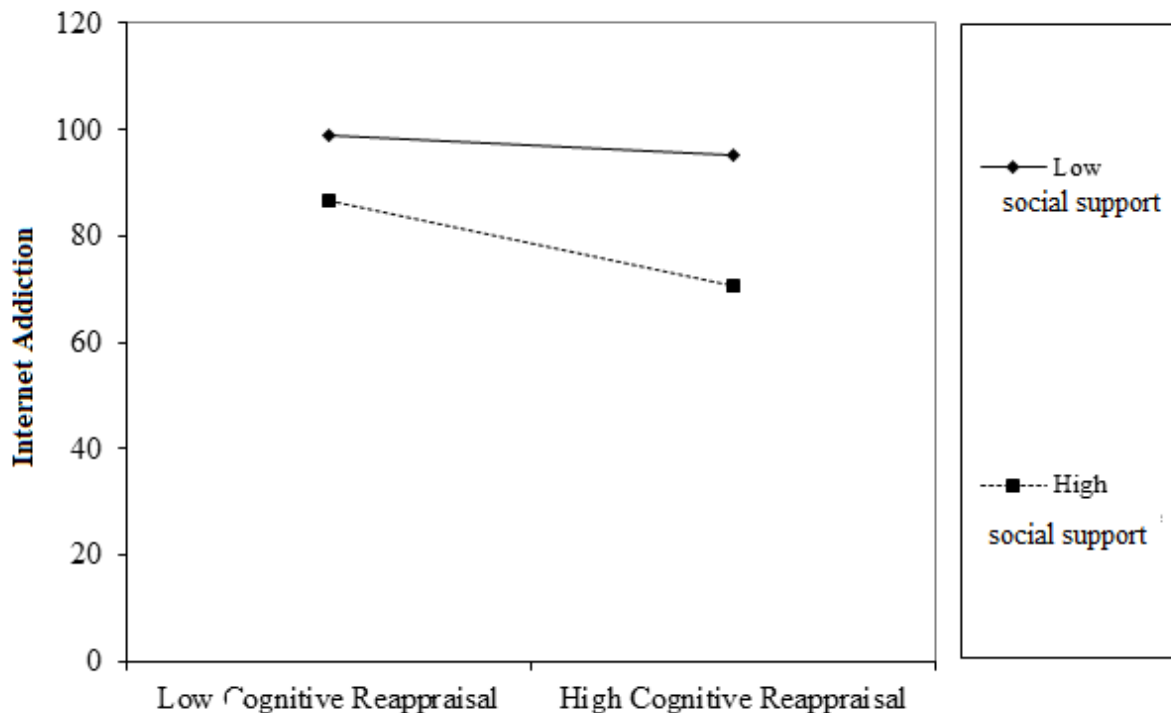

Figure 2: Slope of the interaction effect of social support and cognitive reappraisal in relation to internet addiction.

Table 3: Hayes PROCESS macro results for predicting internet addiction by expressive suppression and social support, with age and rank as covariates

Predictors	B	SE	t	95%CI
Age	-5.37	3.72	-1.44	[-12.70, 1.95]
Rank	-.20	.13	-1.61	[-.45, .05]
Expressive suppression (ES)	-.07	.40	-.19	[-.86, .71]
Social Support (SS)	-1.81	-.41	-4.44***	[-2.62, -1.01]
ES x SS	.03	.02	1.45	[-.01, .07]

Results in Table 3 showed that age did not significantly predict internet addiction ($B = -5.37$; $t = -1.44$). Rank did not significantly predict internet addiction ($B = -.20$; $t = -1.61$). Expressive suppression did not significantly predict internet addiction ($B = -.07$; $t = -.19$) therefore earlier stated hypothesis was rejected. Social support was a negative predictor of internet addiction ($B = -1.81$; $t = -4.44$, $p<.001$), therefore earlier stated hypothesis was rejected. The B showed that for each one unit rise in social support, internet addiction decreases by -1.81 units. The interaction effect of expressive suppression and social support on internet addiction was not significant ($B = .03$; $t = 1.45$), showing that social support did not moderate the relationship between expressive suppression and internet addiction.

Summary of Major Findings
1. Cognitive reappraisal significantly predicts internet addiction.
2. Expressive suppression did not significantly predict internet addiction.
3. Social support negatively predicted internet addiction.
4. Social support moderated the relationship between cognitive reappraisal and internet addiction, such that for military personnel with high social support, cognitive reappraisal was more strongly associated with lower internet addiction, while for those with low social support, cognitive reappraisal was not significantly associated with internet addiction.
5. Social support did not moderate the relationship between expressive suppression and internet addiction.

DISCUSSION
The present study examines the moderating role of social support in the relationships between emotion regulation and internet addiction of Nigerian Military personnel. The study findings show that only the cognitive reappraisal form of emotion regulation significantly associated with internet addiction. Based on this finding, the hypotheses that emotion regulation will predict internet addiction was partially accepted. The present results provided support for past reports (Omidi et al., 2017; Chukwuorji et al., 2017; Knezevicet al., 2016; and Badour & Feldner, 2013) that emotion regulation was associated with internet addictions and combat reaction. The present findings tend to suggest that cognitive reappraisal was a risk factor in the prevalence of internet addiction among soldiers, as the observed levels of cognitive reappraisal was a significant predictor of internet addiction.

The finding of the study also revealed that social support was negatively associated with internet addiction such that a unit increase in social support was associated with 1.8 decrease in internet addiction. On the account of this result, the hypothesis that social support will be associated with internet addiction was upheld. This finding provides support for extant research (Bruenig et al., 2015; Reger & Gahm, 2008; Michael, 2015; Turner-sack et al., 2015) that social support acts as a protector against internet

addiction among military personnel. These studies also observed that combatant and workers involved in stress-prone tasks such as fire-fighting and rescue operations manifest less internet addiction when they are high ranking on social support measures.

The present result aligns with the general adaptation syndrome (GAS) model of internet addiction and implies that military personnel on regular or counter-terrorism operation who score high on social support measures tend to have less addiction symptoms, they could easily rely on their colleagues for support than the internet. This indicates that the feeling of being supported triggers psychological mechanisms that suppress temptations and lures to engage in the internet. This position is consistent with the psychological resource model's (Foa &Kozak, 1986) position that feeling of support availability was crucial to combatants' wellness and sense of community.

The hypothesis that social support will moderate the associations between emotion regulation and internet addiction (hypothesis 3) was confirmed only for cognitive reappraisal. Thus, social support moderated the relationship between cognitive reappraisal and internet addiction. Specifically, as shown in *Fig. 2,* cognitive reappraisal was associated with less internet addiction for military personnel with high social support scores, while the association between cognitive reappraisal and internet addiction was high for military personnel with low social support scores. Thus, the moderation effect found for the cognitive reappraisal-internet addiction association suggests that the association was a function of military personnel' ranking on social support. This finding was a trail blazer in the moderation analysis of social support on the relationship between emotion regulation and internet addiction. The present study present social support as a pathway through which the influence of emotion regulation on internet addiction could be understood. This finding aligns with the social learning theory of addiction and suggests that only military personnel who feel isolated and not helped by their colleague tent to engage in internet addiction.

Implications of the Study

The study findings have both theoretical and practical implications. First, the finding does not in any way or form argue the fact that ability to regulate emotions would influence the manifestation of internet addiction symptoms among military personnel. However, the interaction between emotion regulation and social support suggests that ability to feeling of being supported by colleagues and the civilian community may be plausible in managing internet addiction of military personnel, especially among military personnel with heightened internet addiction signs. In particular, the association between emotion regulation and internet addiction heightened when military personnel felt lack of social support. In contrast, emotion regulation was associated with reduced internet addiction among soldiers with high social support scores. It may, thus, be suggestive that the promotion of strategies to reduce internet addiction among soldiers should not only focus on emotion regulation and management, but more importantly on encouraging social support.

One key strength of the present study was its provision of insight on social support as a pathway for the understanding of the association between emotion regulation and internet addiction among a sample of Nigerian military personnel. Extant research on the topic had focused on samples drawn from Western culture. The present finding also, serves as a precursor as little or no insight exist on the moderation effects of social support on the relationship between emotion regulation and internet addiction of military personnel both in Nigeria, and other African countries.

Limitations of the Study

Despite the strengths of the present research, generalizing the present finding should be done with caution due to some methodological concerns. For instance, the sample included only Military personnel in Nigeria, the extent to which the current finding can apply to other Military personnel involved in conventional war operations may not be concluded.

Another major drawback to the present finding is the spate and state of insecurity in Maiduguri, the capital of Borno state where the study was conducted. It was challenging to undertake the study following the engagement of the military personnel. Thus, the present result may have been different under a research conducive environment.

Also, the cross-sectional method adopted in the study prevents inferences about causation. Importantly, while emotion regulation may be suspected to be a precursor to internet addiction, it was not possible to test this assertion in a controlled study. This may limit the generalizability of the current findings.

Finally, obtaining the permission of the Military authorities to carry out this research even when the anonymity of the participants was guaranteed was tough. This may have in one way or the other affected the study result.

Conclusion

This study examined the role of social support in the association between emotion regulation and internet addiction. Findings from the study revealed that among the factors, only cognitive reappraisal predicted internet addiction. A more salient finding was that the association between emotion regulation and internet addiction was largely dependent on the soldier's ranking on social support. That is, soldiers who score high on social support tend to score low on internet addiction despite their scores on emotion regulation, whereas those who score low on social support are more likely to score high on internet addiction irrespective of their scores on emotion regulation. Based on extant research report that social support was an influential and moderating factor in internet addiction, and supported by the present study, the present study recommends the adoption of measure that increase social support among Nigerian soldiers as way of minimizing incidences of internet addiction.

Recommendations

The researcher recommends that its finding could be included in internet addict treatment plan for military personnel.

References

Shaw, M., & Black, D. W. (2008). Internet Addiction. *CNS Drugs, 22(5),* 353–365. doi:10.2165/00023210-200822050-00001

Aboujaoude, E., Koran, L. M., & Gamel, N. (2006). Potential markers for issue of gender differences is not yet settled, al- problematic internet use: a telephone survey of 2,513 adults. *CNS Spectrums, 11 (10),* 750-755

Griffiths, M. D. (1999). Internet addiction: fact or fiction? Psychologist persistent, waxes and wanes in severity or remits. *Military Reports, 12,* 246-251

Sussman, N., & Hollander, M. D. (2005). New York City [online]. http://www.primarypsychiatry.com/aspx/article_pf.aspx. Accessed 2021, 24th August.

Shapira, N., Goldsmith, T., & Keck, J. P. (2000). Psychiatric features of individuals with problematic internet use. *Journal of Affective Disorders, 57,* 267-272.

Black, D. W., Belsare, G., & Schlosser, S. (1999). Clinical features, psychiatric comorbidity, and health-related quality of life in persons reporting compulsive computer use behavior. *Journal of Clinical Psychiatry, 60,* 839-843

Davis, R. A (2001). Cognitive-behavioral model of pathological internet use. *Computers in Human Behavior, 17,* 187-195.

Caplan, S. E. (2003). Preference for online social interaction: a theory of problematic internet use and psychosocial well-being. *Community Research, 30,* 625-48

Zhang, S., Tian, Y., Sui, Y., Zhang, D., Shi, J., Wang, P., Meng, W., & Si, Y. (2018). Relationships between social support, loneliness, and internet addiction in Chinese postsecondary students: a longitudinal cross-lagged analysis. *Frontiers in Psychology, 9,* 1707. doi: 10.3389/fpsyg.2018.01707

Chen, X., Li, F. H., & Long, L. L. (2007). Prospective study on the relationship between social support and internet addiction. *Chinese Mental Health Journal, 21,* 240–243. doi: 10.1016/j.ridd.2014.12.025

Ditommaso, E., Brannen-Mcnulty, C., Ross, L., & Burgess, M. (2003). Attachment styles, social skills and loneliness in young adults. *Personality and Individual Differences,* 35, 303–312. doi: 10.1016/S0191-8869(02)00190-3

Fusco, S. J., Michael, K., Aloudat, A., & Abbas, R. (2015). Monitoring people using location-based social networking and its negative impact on trust. *IEEE International Symptoms of Technological Society, 26,* 1–11.

Hamm, J. V., & Faircloth, B. S. (2005). The role of friendship in adolescents' sense of school belonging. *New Directions of Child and Adolescence Development, 5,* 61–78. 10.1002/cd.121

Kang, S. J., Kim, Y. B., Park, T., & Kim, C. H. (2013). Automatic player behavior analysis system using trajectory data in a massive multiplayer online game. *Multimedia Tools and Application, 66,* 383–404. doi: 10.1007/s11042-012-1052-x

Kessler, R. C., Price, R. H., & Wortman, C. B. (1985). Social factors in psychopathology: stress, social support, and coping processes. *Annual Review of Psychology, 42,* 531–572. doi: 10.1146/annurev.ps.36.020185.002531

Levitt, M. J., Levitt, J., Bustos, G. L., Crooks, N. A., & Santos, J. D. (2005). Patterns of social support in the middle childhood to early adolescent transition: implications for adjustment. *Social Development, 14,* 398–420. doi: 10.1111/j.1467-9507.2005.00308.x

O'Connor, E. L., Longman, H., White, K. M., & Obst, P. L. (2015). Sense of community, social identity and social support among players of massively multiplayer online games (MMOGs): a qualitative analysis. *Journal of Community Social Psychology, 25,* 459–473. doi: 10.1002/casp.2224

Sherbourne, C. D., & Stewart, A. L. (1991). The MOS social support survey. *Social Science Medicine, 32,* 705–714. doi: 10.1016/0277-9536(91)90150-B

Thoits, P. A. (1983). Dimensions of life events that influence psychological distress: an evaluation and synthesis of the literature" in *Psychological Stress*, 1st Edn, ed. H. Kaplan (New York, NY: Acdemic Press) 33–103.

Wei, C. (2010). An analysis of the negative functions of network social media communication. *Science and Technology Community, 4,* 77–78.

Wu, C. H. (2004). The role of social support on internet addiction. *Journal of Cybercrime, 7,* 173–189.

Wu, X. S., Zhang, Z. H., Feng, Z., Wang, W. J., & Li, Y. F. (2016). Prevalence of internet addiction and its association with social support and other related factors among adolescents in China. *Journal of Adolescence, 52,* 103–111. doi: 10.1016/j.adolescence.2016.07.012

Xiao, S. Y. (1994). The theoretical basis and research application of social support rating scale. *Journal of Clinical Psychology and Medicine, 4,* 98–100.

Young, K. S. (1997). What makes the internet addictive: potential explanations for pathological internet use, in *Paper Presented at the 105th Annual Conference of the American Psychological Association*, Chicago, IL.

Yao, M. Z., & Zhong, Z. J. (2014). Loneliness, social contacts and internet addiction: a cross-lagged panel study. *Computers in Human Behavior, 30,* 164–170. doi: 10.1016/j.chb.2013.08.007.

Terziev, V. (2018). Possible aspects of occupational and psychological adaptation of the military, discharged from military service and their families to a new activity life cycle. *IJASOS – International E-journal of Advances in Social Sciences, 4,* 786–794.

Van Voorhees, E. E., Wagner, H. R., Beckham, J. C.,Bradford, D. W., Neal, L. C., Penk, W. E., & Elbo-gen, E. B. (2018). Effects of social support and resilient coping on violent behavior in military veterans. *Psychological Services, 15,* 181–190.