



Exploring The Relationship Of Dissociative Experiences With Subjective Sleep Quality, Internet Addiction And Cyberbullying Victimization: A Correlational Study

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Abstract: Dissociative experiences are states of the human mind wherein one's thoughts, feelings, behaviors and memories can become split-off from one another. This may enable individuals to temporarily avoid distressing stimuli. Dissociation, thus, relies upon a person's primary response to stress or acts as a distorted coping strategy to demanding circumstances. This investigation aims to explore the relationship of Dissociative Experiences with Subjective Sleep Quality, Internet Addiction and Cyberbullying Victimization. A total of 205 female young adults completed the Dissociative Experiences Scale – II (Carlson & Putnam, 1993); Pittsburgh Sleep Quality Index (PSQI) (Buysse et al., 1989); Internet Addiction Test (IAT) (Young, 1998) and Cyberbullying Victimization (CBV) Scale (Lee et al., 2017). Only those qualifying the cut-off for DES-II scale were included into the sample for the correlational analysis (N=122). The demographic data, academic information and online habits were taken a note of. t-test and Pearson correlational analysis were applied to identify the differences and associations between the psychological variables. The results showed significant differences as well as associations were found between the Dissociative experiences on subjective sleep quality, internet addiction and cyberbullying victimization. These conclusions could help forth in clinical assessment, prevention and awareness efforts, while ameliorating the under-recognition of dissociation among Indian youth.

Keywords: Cyberbullying victimization, Dissociative experiences, Internet addiction and Subjective sleep quality.

I. INTRODUCTION

Dissociation is a pervasive notion belonging to the world of psychopathology. The Diagnostic and Statistical Manual of Mental Disorders: 5th Edition (DSM-5) defines it as “disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior” (American Psychological Association, 2013). This phenomenon covers a common array of experiences, such as being absolutely engrossed in a book/movie on one end, to extreme severe forms, such looking into the mirror and not recognizing oneself (Bernstein & Putnam, 1986). This highlights its ramification on memory, attention, consciousness and identity, which can impede daily life requirements (Ross et al., 2015). Dissociative features also participate in the symptomology of other mental disorders such as affective disorders (Parlar et al., 2016), obsessive compulsive disorder (Watson et al., 2004), eating disorders (La Mela et al., 2010), panic disorders (Ball et al., 1997), and schizophrenia (O'Driscoll et al., 2014).

Another important factor is the sense of being in harmony with one's own body describes the feeling of ownership of one's body or a body part that is felt as belonging to oneself. This prevails for a majority but for those with dissociative experiences, describe perturbing experiences involving loss of ownership over one's body as well as feelings of detachment from the environment, world, one's emotions or self (Sierra & David, 2011). Longden et al., (2020) showed vigorous associations of dissociation with other perplexing experiences including hallucinations, confusion, delusions, suspicion and paranoia in general as well as clinical samples. Moreover, such experiences are often accompanied by self-harm, suicidal tendencies, splitting of consciousness, memory lapses, attentional deficits, aggressive behaviours and loss of identity (Ross & Halpern, 2009).

A study done on Turkish women in the general population presented a prevalence rate of 18.3% (Sar et al., 2009). A study from Nepal proclaimed that dissociative disorders are more prevalent in developing countries (Khattari et al., 2019). Chaturvedi et al., (2010) reported that dissociative as well as convulsion disorders are more commonly diagnosed in females. It has been argued that the cross-cultural variation in the prevalence rates of the same is related to the possibility that Asian cultures downplay direct expression of distress; rather, physical symptoms are exaggerated to portray such emotions (Prabhuswamy et al., 2006).

Liotti's (2013) shows in his attachment framework, that the relationship an individual has with a caregiver in childhood lays the foundation to possibility of development of dissociative disorders, with heavy emphasis on childhood trauma. Similarly, Freyd (2005) portrayed betrayal as a major precursor for the same (McNally, 2007). Lewis (1995) found a significant relationship between shame and dissociative symptoms. It has also been hypothesised that trait shame, particularly embedded in the presence of early childhood sexual abuse experiences makes one highly vulnerable to the forementioned (Talbot et al., 2004).

Dissociation is described as an auto-hypnotic defence mechanism. It acts as a psychological shield against extreme distress (Cardefina, 1994). Some hypothesize such a response "evolved" to serve as a "learned instinct" for adaptive survival. However, these become progressively dysfunctional with time and complex environmental demands. With respect to age, IJzendoorn & Schuengel (1996) found a weaker association between both, but Vine et al., (2020) have reported that adolescent females are at a higher risk, in case of history of abuse as compared to their male counterparts. Neurobiological studies present a conflicting array of views, with few supporting hyperactivation in some brain areas (Elzinga et al., 2007) and others vouching for hypoactivation (Tsai et al., 1999). Physiologically, dissociative experiences are linked to processes such as slumber (van der Kloet, 2012), hydration (Hoeschel et al., 2008) and personality (Giesbrecht et al., 2008).

Sleep problems are usually characterized as having trouble falling asleep, experiencing repeated awakenings, waking up early, or not feeling rested even after sleeping, nightmares, recurring dreams and sleep paralysis, which are highly prevalent in the general population (Watson, 2001). Disruptions in sleep patterns are also prevalent in depression, anxiety disorders, schizophrenia and personality disorders (Morin & Ware, 1996). The theory that dissociative symptomology including amnesia, inattention, absorption and/or derealization/depersonalization arise from maladaptive slumber patterns has been around since the 19th century. Hughlings Jackson, a renowned English neurologist of the times, viewed dissociation as the splitting of normal consciousness, resulting in what he calls as 'the dreamy state' (Meares, 1999). Carlson et al. (2007) felt that psychological states such as stress or sadness have a direct impact on the autonomic nervous system, endocrine system and eventually the sleep cycle. Such chronic dysregulations ultimately can lead to poor life quality, impaired well-being, fatigue and dissatisfaction. Watson (2001) found that dissociation correlates with unusual sleep and hypnopompic experiences, amongst non-clinical samples. He also argued that dissociative challenges might continue to persist during the day as well. He referred to such altered perceptions and cognitions as "cross-state continuity". On the similar vein, Agargun et al. (2003) studied an undergraduate sample to find that those suffering from chronic nightmare disorder, scored higher on dissociation, as compared to the controls. Suszek and Kopera (2005) in their study on medical staff found dream recall frequency to correlate with dissociative proneness. Kucukgoncu et al. (2010) studied young adults and suggests that dissociation significantly predicts general sleeping patterns.

Internet Addiction (IA) is defined as behavioral addiction involving excessive online dealings (Pontes et al., 2015). As per Griffiths' (2005) framework, IA has 6 components: "salience", "mood modification", "tolerance", "withdrawal", "conflict" and "relapse". Internet addiction affects one's social dealings and can cause difficulties in emotional regulation with a persistent need to be online 24/7. It can derange an individual's personal, professional, emotional and social life (Pontes et al. 2015). According to Cheng and Li (2014), the global prevalence rates sum up to around 6%. A psychodynamic view of the same supports that youngsters dealing with intense and demanding developmental state of affairs may seek out an escape in the form of an alternate cyber reality (Suler, 1999). Steiner (2003) supported this, arguing that some take refuge from the real world problems to the sovereignty of such cyber "psychic retreats", as a form of defence mechanism. Canan et al., (2012) explored the role of dissociation in association with addiction disorders. Craparo et al. (2014), further emphasized on the dissociative or detached nature of individuals while indulging in such addictions, which enables them to avoid negative feelings or excessive stress. He thus proposed dissociative tendencies to be a predictor of addiction. Moreover, neurological evidence suggests that extended technology use affects the anatomy of the brain (Wang et al., 2020). As a parallel to this investigation, Bernardi and Pallanti (2009), studied dissociative symptoms in relation with problematic Internet usage. Similarly, Dalbudak et al., (2014) worked on links between dissociative symptoms and Internet addiction amongst the non-clinical population.

Cyberbullying is defined as sending or posting harmful contents using digital communication devices. A taxonomy of cyberbullying featured 8 types- 'framing', 'harassment', 'denigration', 'impersonation', 'outing', 'trickery', 'exclusion' and 'cyberstalking' (Willard, 2007). Calvete et al. (2010), also identified multiple types including written/verbal, visual and exclusion. An emerging type is "happy slapping" which involves filming an act of traditional bullying and sharing it to social media (Calvete et al. 2010). Kowalski & Limber (2007) have demonstrated that women are more likely to be harassed online than guys. Suler (2004) postulates, "people say and do things in cyberspace they would not ordinarily do in the face-to face world. They loosen up, feel less restrained and express themselves more openly." Nandi et al., (2022) have highlighted 'memes' as a form of cyberbullying. Ozturk (2020) explores cyber dissociation as an effort to adapt to high stimulation and multiple realities that exist within the digital world.

Dissociative experiences among Indian samples in particular, is not the most well-researched area. Youth in general is highly vulnerable to experiencing various forms of stress and pressures, while they face developmental and social challenges. Secondly, our female population specifically, is understudied and somewhat put on the back burner in the research scenario. Similarly, sleep quality, internet addiction and cyberbullying as constructs need to be explored in a collectivistic culture as ours. Also, this work, with all potency, paves way for further research in Cyber psychology as well as Cyber psychopathology. This study aims to corroborate the role of Subjective sleep quality, Internet addiction and Cyberbullying Victimization as risk factors of Dissociative experiences.

1.1 Objectives of the study:

- To study the relationship of dissociative experiences and its psychological correlates, namely, Subjective sleep quality, Internet addiction, and Cyberbullying victimization.
- To examine the differences between the Dissociative experiences group and Non-Dissociative experiences group and their psychological correlates, namely, Subjective sleep quality, Internet addiction and Cyberbullying victimization.

1.2 Hypotheses of the study:

- It was expected that dissociative experiences will be positively related to Subjective sleep quality, Internet addiction and Cyberbullying Victimization.
- It was expected that there would be significant differences between the Dissociative experiences group and Non-Dissociative experiences group and their psychological correlates, namely, Subjective sleep quality, Internet addiction, and Cyberbullying victimization.

II. Method

2.1 Participants:

The sample consisted of 205 female emerging adults, belonging to the age group of 18 to 24 years, selected from the educational institutions of urban Tricity (Chandigarh, Mohali and Panchkula) region.

2.2 Inclusion and Exclusion Criteria:

- Subjects were between the ages of 18 - 24 years
- Only female students will be included in the sample.
- Subjects with working knowledge of the English language will be included.
- Only those qualifying the 'cut-off' of DES-II scale were included in the Correlational analysis.
- Participants with any severe medical illness or psychiatric disorder will be excluded.
- Any cases exhibiting any physical disability (visual or auditory impairment) will be excluded.

Table I

Shows the Descriptive Analysis on the Socio-demographic characteristics of the sample.

	Frequency	Percentage
<i>Educational Qualification</i>		
12 th pass	43	20.9%
Under Graduate	91	44.3%
Graduate	50	24.3%
Post Graduate	21	10.2%
<i>Field of study</i>		
Humanities	141	68.7%
Sciences	34	16.5%
Commerce	12	5.8%
Others	18	8.7%
<i>Relationship Status</i>		
Yes	35	17.0%
No	170	82.9%
<i>Current Residence</i>		
Home	127	61.9%
Hostel/PG/Rented accommodation	78	38.0%
<i>Socio-Economic Status (SES)</i>		
Low SES	19	9.2%
Middle SES	99	48.2%
High SES	89	43.4%
<i>Father's Educational Qualification</i>		
Post Graduate	82	40.0%
Graduate	81	39.5%
12 th pass	42	20.4%
<i>Mother's Educational Qualification</i>		
Post Graduate	91	44.3%
Graduate	67	32.6%
12 th pass	47	22.9%
<i>Type of family</i>		
Joint	62	30.2%
Nuclear	143	69.7%
Single child	23	11.2%
Have sibling(s)	184	89.7%
<i>Screen Time (Hours)</i>		
0-5	120	58.5%
6-10	76	37.0%
>10	9	4.3%

2.3 Measures:

Socio-demographics Questionnaire: This socio-demographic was used to collect information regarding age, educational qualification, field of study, relationship status, current residence, socio-economic status, educational qualification of both parents, family type, being a single child and having a sibling and screen time.

The “*Dissociative Experiences Scale (DES)-II*” is a 28-item self-report measure. These items depict the percentage of symptoms an individual experiences. The summed up score of the DES-II can range from 0% - 100% and the global score is obtained by adding up all item scores and dividing that by 28. It has served as a crucial instrument for testing trauma and dissociative experiences (Brand et al., 2014). It operates with a Cronbach’s alpha of .94.

The “*Pittsburgh Sleep Quality Index (PSQI)*” was developed by Buysse et al. (1989). It consists of 19 items and 7 domains of sleep difficulties: “subjective sleep quality”, “sleep latency”, “sleep duration”, “sleep efficiency”, “sleep disturbances”, “use of sleep medication” and “daytime dysfunction” for the past month. All sub-domain scores range from 0 to 3. An overall score can be calculated by adding up all the domains. The total score is from 0 to 21. High values indicate severe slumber challenges. A score above 5 indicates poor sleep.

The “*Internet Addiction Test (IAT) Questionnaire (Young, 1998)*” contains 20 questions. Each item had a 5 point Likert scale, with “0=being not at all relevant” and “5= always relevant”. A hundred points was the top score. Higher the score, higher possibility of severity. According to McDonald (2013), the measure has an internal reliability of 0.83.

The “*Cyberbullying Victimization (CBV) Scale*” was developed by Lee et al. (2017). It includes 27 items divided into three subscales a) 10 items representing “verbal/ written victimization” b) 10 items representing “visual/ sexual victimization” c) 7 items representing “social exclusion victimization”. It indicates how often an individual has been cyberbullied for the past month. All the items are scored on a 5 point Likert scale with a range of “1 = not at all” to “5 = very often”. High scores expose greater amounts of such experiences. The total internal consistency of the CBV Scale was .95 (Lee et al., 2017). The attainable score range for CBV is from 27 - 135 points.

2.4 Procedure:

These questionnaires were shared with the respondents personally through Google forms on WhatsApp. They were requested to follow the instructions given above each set of questions. They were assured confidentiality and that the information provided by them would only be used for research purposes. Participants fulfilling the inclusion and exclusion criteria were identified.

2.5 Statistical analysis:

Keeping in view the aforementioned objective of the research, statistical analysis was conducted using SPSS and the obtained results were tabulated and interpreted. Descriptive analysis including Means and Standard deviations were calculated. Karl Pearson’s correlational analysis was employed to examine the relationships between all the variables and t-test to identify the differences.

III. RESULTS

The primary aim was to examine the relationship of Dissociative experiences with poor sleep Quality, Internet Addiction and Cyberbullying victimization. The secondary aim of the investigation was to compare the Dissociation group with the Non-Dissociation group on the basis of Subjective sleep quality, Internet Addiction and Cyberbullying victimization.

Table 2

Shows the Means, Standard deviations and t-ratios of the Dissociative and Non-Dissociative group for total sample.

Variables	Dissociation Group (N=122)		Non-Dissociation Group (N=83)		t-ratios
	Mean	SD	Mean	SD	
Subjective sleep quality	1.23 ± 0.72		0.92 ± 0.61		3.194**
Sleep latency	1.43 ± 0.96		1.20 ± 1.00		1.690
Sleep duration	1.13 ± 0.97		1.20 ± 1.00		0.244
Sleep efficiency	0.72 ± 1.00		0.81 ± 0.99		0.639
Sleep disturbance	1.31 ± 0.62		1.03 ± 0.54		3.410**
Use of sleep medication	0.15 ± 0.56		0.08 ± 0.35		1.068
Daytime dysfunction	1.55 ± 0.85		1.17 ± 0.86		3.147**
Total Sleep Quality	7.56 ± 3.31		6.34 ± 3.26		2.630**
Internet addiction	51.07 ± 13.42		40.95 ± 13.08		5.392**
Verbal/Written victimization	18.22 ± 8.53		12.65 ± 3.58		5.667**
Visual/Sexual victimization	14.65 ± 7.36		11.22 ± 3.09		4.050**
Social exclusion victimization	12.00 ± 5.58		8.87 ± 2.86		4.754**
Total Cyberbullying victimization	44.88 ± 18.84		44.88 ± 18.84		5.567**
*t-value significant at .05 level= 1.97					
**t-value significant at .01 level= 2.60					

Table 2 (N=205) shows a comparative analysis based on the differences between the Dissociation group and the Non-Dissociation group on their psychological variables namely poor sleep Quality, Internet Addiction and Cyberbullying victimization. Interestingly, the Dissociative group scored higher on Subjective sleep quality ($t=3.194$, $p<.01$), Sleep disturbance ($t=3.410$, $p<.01$), Daytime dysfunction ($t=3.147$, $p<.01$), Total Sleep quality ($t=2.630$, $p<0.1$), Internet addiction ($t=5.392$, $p<.01$), Verbal/written victimization ($t=5.667$, $p<.01$), Visual/sexual victimization ($t=4.050$, $p<.01$), Social exclusion victimization ($t=4.754$, $p<.01$) and Total Cyberbullying victimization ($t=5.567$, $p<.01$).

Table 3

Shows the correlational matrix of Dissociative experiences, Subjective sleep quality, Internet addiction and Cyberbullying victimization (N=122).

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Amnesia factor	1	.57 4**	.49 3**	.79 6**	.24 3*	.04 4	.08 1	- .09	.393* *	.05 1	-.027 1	.13 8	.20 5*	.30 5*	.110	.257 *	.257 *
Depersonalization factor	.54 7**	1	.55 0**	.82 4**	.40 5**	.15 4	.18 5*	- .01	.335* *	.15 0	.179* 7**	.31 7**	.13 9	.25 1**	.156	.296 **	.262 **
Absorption factor	.49 3**	.55 0**	1	.82 6**	.38 1**	.06 6	.19 4*	.00 5	.274* *	.04 6	.326* *	.30 4**	.10 8	.17 6	.136	.123	.169
DES	.79 6**	.82 4**	.82 6**	1	.43 7**	.09 8	.19 8*	- .01	.388* *	.07 9	.213* 8**	.31 0*	.19 9**	.28 9**	.167	.263 **	.274 **
Subjective sleep quality	.24 3**	.40 5**	.38 1**	.43 7**	1	.30 0**	.32 6**	.30 6**	.215* *	.17 2	.410* *	.67 0**	.18 9*	.11 0	.116	-.009	.092
Sleep latency	.04 4	.15 4	.06 6	.09 8	.30 0**	1	.21 7*	.31 4**	.098	.16 5	.105	.58 8**	- .05	- .00	.094	-.124	- .003
Sleep duration	.08 1	.18 5*	.19 4*	.19 8*	.32 6**	.21 7*	1	.50 4*	.049	.09 6	.145	.64 4**	.16 5	.15 1	.101	.083	.133
Sleep efficiency	- .09 1	- .01 7	.00 5	- .01 8	.30 6**	.31 4**	.50 4**	1	.051	.16 5	.105	.67 4**	.01 3	- .05 5	- .042	-.097	- .070
Sleep disturbance	.39 3**	.35 3**	.27 4**	.38 8**	.21 5*	.09 8	.04 9	.05 1	1	.21 2*	.270* *	.39 8**	.02 2	.28 3**	.073	.138	.198 *
Use of sleep medication	.05 1	.15 0	.04 6	.07 9	.17 2	.16 5	.09 6	.16 5	.212* *	1	.249* *	.43 7**	- .00	.19 8*	.281 **	.029	.208 *
Daytime dysfunction	- .02 7	.17 9*	.32 6**	.21 3*	.41 0**	.10 5	.14 5	.10 5	.270* *	.24 9**	1	.54 5**	.02 6	.08 3	.085	-.013	.067
Global PSQI score	.13 8	.31 7**	.30 4**	.31 8**	.67 0**	.58 8**	.64 4**	.67 4**	.398* *	.43 7**	.545* *	1	.08 7	.15 8	.152	-.015	.126
Internet addiction	.20 5**	.13 9	.10 8	.19 0*	.18 9*	- .05	.16 5	.01 3	.022	- .00	.026	.08 7	1	.24 4**	.117	.182 *	.210 *
Verbal/Written victimization	.30 5**	.25 1**	.17 6	.28 9**	.11 0	- .00	.15 1	- .05	.283* *	.19 8*	.083	.15 8	.24 4**	1	.754 **	.623 *	.932 **
Visual/Sexual victimization	.11 0	.15 6	.13 6	.16 7	.11 6	.09 4	.10 1	- .04	.073	.28 1**	.085	.15 2	.11 7	.75 4**	1	.516 **	.885 **
Social exclusion victimization	.25 7**	.29 6**	.12 3	.26 3**	- .00	- .12	.08 3	- .09	.138	.02 9	-.013	- .01	.18 2*	.62 3**	.516 **	1	.780 **

Total Cyber victimization	.25 7**	.26 2**	.16 9	.27 4**	.09 2	- .00 3	.13 3	- .07 0	.198*	.20 8*	.067	.12 6	.21 0*	.93 2**	.885 **	.780 **	1
*Value of Correlation significant at 0.05 level= 0.174																	
**Value of Correlation significant at 0.01 level= 0.228																	

Table 3 (N=122) revealed that the Amnesia factor was positively and significantly related to Subjective sleep quality ($r=.234$, $p<.01$), Sleep disturbance ($r=.393$, $p<.01$), Internet Addiction ($r=.205$, $p<.01$), Verbal/written victimization ($r=.305$, $p<.01$), Social exclusion victimization ($r=.257$, $p<.01$) and Total Cyberbullying victimization ($r=.257$, $p<.01$). Depersonalization factor was positively and significantly related to Subjective sleep quality ($r=.405$, $p<.01$), Sleep duration ($r=.185$, $p<.05$), Sleep disturbance ($r=.335$, $p<.01$), Daytime dysfunction ($r=.179$, $p<.05$), Total Sleep quality ($r=.317$, $p<.01$), Verbal/written victimization ($r=.251$, $p<.01$), Social exclusion victimization ($r=.296$, $p<.01$) and Total Cyberbullying victimization ($r=.262$, $p<.01$). Absorption factor was positively and significantly related to Subjective sleep quality ($r=.381$, $p<.01$), Sleep duration ($r=.194$, $p<.05$), Sleep disturbance ($r=.274$, $p<.01$), Daytime dysfunction ($r=.326$, $p<.01$) and Total Sleep quality ($r=.304$, $p<.01$). The total DES score was positively and significantly related to Subjective sleep quality ($r=.437$, $p<.01$), Sleep duration ($r=.198$, $p<.05$), Sleep disturbance ($r=.388$, $p<.01$), Daytime dysfunction ($r=.213$, $p<.05$), Total Sleep quality ($r=.318$, $p<.01$), Internet Addiction ($r=.190$, $p<.01$), Verbal/written victimization ($r=.289$, $p<.01$), Social exclusion victimization ($r=.263$, $p<.01$) and Total Cyberbullying victimization ($r=.274$, $p<.01$).

IV. DISCUSSION

Semantically, dissociation means to cleave, detach, unlink, disjoin, dissociate, disunite, disaggregate or sunder. Dissociative experiences are a subjective and commonplace ordeal amongst the general population, according to Ray (1996). University students undergo such experiences although at varied levels of severity and often at a sub-clinical level (Ross et al., 1990). One theorized reason for the relative high incidence is that dissociation is a spectrum or continuum, which ranges from daytime dreaming during lectures to a severe dissociative disorder. These experiences are often classified into normal dissociation, daydreaming for instance; physiological dissociation, as in forgetting what one dreamt last night or going to the washroom; abnormal dissociation, as in the case of amnesia/derealization/depersonalization, and organic brain damage related dissociation. Dissociation in adults has been studied with its roots set in early childhood trauma instances (Carlson et al., 2012; Dalenberg et al., 2012). On the other hand, dissociative experiences can be seen within a desirable and positive light at times, as in the case of automatic writing (Koutstaal, 1992).

Findings of this study revealed that 58.9% of the total sample scored higher than the cutoff point for DES II scale. The majority of the sample belonged to an 'Undergraduate' category (44%), belonging to nuclear families (70%) with an average screen time between 0 to 5 hours (58.9%). Interestingly, there was a significant variability between the Dissociative group and the Non-Dissociative group. The former scored higher on subscales of poor sleep quality, Internet addiction and Cyberbullying victimization. The association between Internet addiction and dissociative symptoms was found in both clinical and general samples (Canan et al., 2012; Bernardi & Pallanti, 2009). Similarly, Griffiths (2003) examined dissociative experiences as one of the major contributors to addictive online activities.

Sleep disruptions are considered as a transdiagnostic factor contributing to the onset as well as maintenance of a large number of mental health issues. Inversely, good sleeping habits are associated with positive aspects such as quality of life and psychological wellbeing (Bacaro et al., 2024). Historically, Levitan (1967) proposed that "depersonalization is a compromised state between dreaming and waking". Watson (2001) extensively studied dissociative experiences with its links to sleep abnormalities like nightmares, recurrent dreams and hypnopompic imagery, on an undergraduate population. More recent studies, like Van der Kloet et al. (2012), supported the same.

A considerable amount of literature has demonstrated that dissociative experiences are associated with internet addiction (De Berardis et al., 2009). As Aardema et al. (2010) explains that virtual reality induces a sense of dissociation that increases the tendency to remain online. Boysan et al. (2019) calls it "online

dissociation” which reflects the nature of online dissociative experiences, such as identity/role confusion, a sense of escape/detachment, absorption and an altered perception of reality. The Interaction of Person-Affect-Cognition-Execution (I-PACE) model seeks an interlaced system to portray the predisposing factors, both emotional and cognitive response and execution related to a specific stimuli, reduced inhibitory control being one of the major perpetrators to the development of addictive conduct (Brand et al., 2019). Studies have also warned about negative mental states such as depression, anxiety, alexithymia and emotion dysregulation to be related to maladaptive technology dependence. A study done on Turkish college-goers brought up a significant relationship between dissociation and childhood trauma (Evren et al., 2019). On a related note, cyberbullying and emotional distress are highly related (Juvonen & Gross, 2008). Also, psychological vulnerability and achievement take a hit with the experience of cyberbullying victimization, which shows the aforementioned can fully disrupt the dealings and psychological well-being of the victims (Nishina et al., 2005). Women are more likely to go through cyberbullying victimization, along with a compulsion on checking social networking sites (Sampasa-Kanyinga & Hamilton, 2015).

The correlational analysis in the present investigation revealed a significant positive relationship of dissociative experiences with subjective sleep quality, internet addiction and cyberbullying victimization. These findings shed light on physiological, behavioural and social ill effects, which might be risked through a psychological one. Individuals with high levels of dissociative experiences may exhibit higher tendencies of sleep disruptions, incessant internet use and emotional negativity caused by cyberbullying instances. A study by Mustafa Eşkişu (2021) explored the interplay between dissociative experiences, childhood trauma, problematic internet use and online dissociation, to rightly demonstrate that prolonged internet use and online dissociation can predict internet addiction. Work needs to be done in this very field, there is a dearth of studies in the interaction of variables like dissociative experiences and cyberbullying victimization although a common basis of stress and trauma exists amongst them.

Limitations and Future implications of the Study:

This is a very specific study to explore Dissociative Experiences using a uni-method approach with a sample of female youth. Also, this study has focused on self-reported inter-correlational data. The results herein, showed the positive relationship of Dissociative disorders with Subjective sleep quality, Internet addiction and Cyberbullying Victimization. There is a dire need for supplemental research to evaluate potential mediating demographics as well as individual factors. As this study did control gender and area of study however, larger and more diverse samples might assist with stronger psychometrics and generalizability. Moreover, the current study found Cyber-psychological aspects to be relevant to dissociative experiences and this link should be investigated further. Clinicians, counsellors and researchers are urged to be aware of and assess the physiological, emotional and digital wellbeing related dissociation in youth, and consider how it relates to other symptoms.

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