

Internet Addiction – Fact or Fiction?

Research on Internet addiction originated in the US by Dr. Kimberly Young. In 1996, she presented the first paper on the topic at the American Psychological Association's annual conference. Dr. Young applied the diagnostic criteria for pathological gambling to Internet Addictions.

Despite being harshly criticized, she remained undeterred, because more and more people began to seek her help for issues involving Problematic Internet Use.

By 2013, we have a number of terms (used interchangeably) for **Internet Addiction (IA)**:

Online Addiction, Problematic Internet Use (PIU), Internet Addiction (IA), Excessive Internet Use (EIU), Pathological Use of Electronic Media (PUEM), Internet Gaming Disorder (IGD), Internet Addiction Disorder (IAD), Internet Overuse, Pathological Internet Use, etc. (Possible future classification as a psychological disorder continues to be debated and researched in the psychiatric community.)

So how useful are these labels?

Personally, I don't care much for labels (unless they somehow lead to assistance).

However, what I do care about are the young people and their families that I see, struggling to get on with their day-to-day lives, because of some invisible chain, tying them to their screens.

The issue is not the Internet, but rather, the behavior – the problematic relationship with and the abnormal reliance upon technology.

What constitutes ‘problematic’?

The first question I get asked by parents is this,

“How much time should I allow my child to spend online, before I know he is addicted?”

My answer is always,

“Time alone cannot be an indicator of being addicted or engaging in compulsive behavior. Time must be taken in context with other factors.”

I find Grohol’s Phasic view of Internet Use a helpful tool. Most new internet/site/game users will go through a phase of what I call ‘binge practice’. Something new is always exciting and people tend to spend a number of hours and expend considerable effort, trying to master a new skill or concept. However, the behavior does not escalate to a harmful place but, instead, is self-correcting.

Therapists are becoming increasingly concerned about the number of children (and adults) stuck in Stage I, never moving beyond it. This manifests as school/work refusal, cutting down on hours of sleep, forgetting to eat or exercise etc., in order to spend more time online.

They need some help to get to Stage III.

“For a small but significant minority, this compelling and highly-rewarding experience can lead to social, educational and behavioural difficulties. This particularly seems to appear in young people and in those with predisposing mental/behavioural vulnerabilities.” [NiIRA](#)

Why Problematic Internet Use can be tricky to detect

Attempts to assist with this phenomenon are often clouded by shame, denial, and minimization (by both parents and children). The issue is further complicated by comorbidity. I.e. About 86% of Internet addiction cases have some other diagnosis present (e.g depression). In the United States, patients generally seek help only for the

comorbid condition(s). Thus, unless the therapist is specifically looking for Internet addiction, it is unlikely to be detected. (Jerald J. Block, M.D, 2008)

Some argue that excessive use of the Internet is a secondary manifestation of depression or a personality disorder for example. They believe that it may represent adaptive 'self soothing' or avoidance of interpersonal discomfort.

The fact or fiction debate:

There is still some debate as to whether Internet Addiction can be viewed similarly to drug or alcohol addiction. Some experts compare it more to a gambling addiction, because it does not involve actual drug addiction with the development of physiological tolerance and the drug/chemical withdrawal symptoms.

Cognitive scientist Tom Stafford believes,

“The Internet is not addictive in the same way as pharmacological substances are, but it’s compulsive; it’s compelling; it’s distracting.”

He goes on to explain,

“The cognitive-reward structure offered by services like email and social media are similar to those of a casino slot machine: Most of it is junk, but every so often, you hit the jackpot.” (This is a symptom of low-risk/high-reward activities, like lotteries in general.)

Sub Types

Prof. Young has likened Internet addiction to impulse-control disorders on the Axis I Scale. Internet Addiction (or PIU) is useful as an umbrella term, with four subtypes:

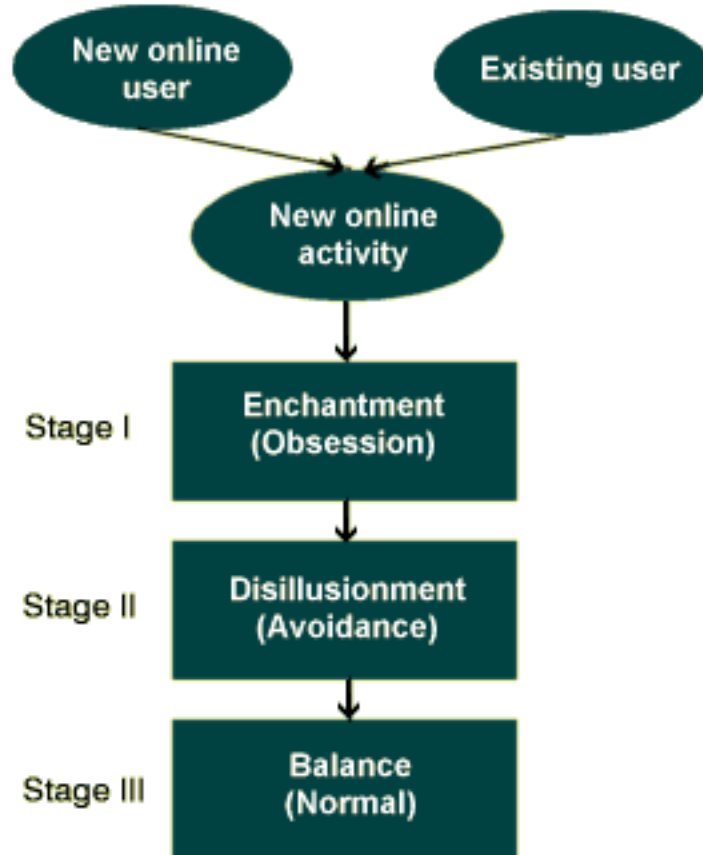
1. Net Compulsions – Online gaming addiction, Internet Gambling
2. Cyber-Affair/Relational Addiction
3. Cybersex/Pornography Addictions
4. Information overload

Screening for Problematic Internet Use:

USE → OVERUSE → ABUSE

Dr. Zur's addiction model

Figure 1. Grohol's Model of Pathological Internet Use



In order to effectively help young people, therapists and parents need to be aware of what constitutes problematic behaviour.

10 Teen behaviours to look for (not all need to be present):

1. Minimizing offline life through less time and withdrawal from sports, reading, community, and family
2. Neglecting sleep to stay online
3. Excessive use: School, social and work time, and resources used for gaming and web surfing.

4. Using the Internet to fill (almost) all emotional, social, and/or sexual needs
 5. Being dishonest with others
 6. Heightened sense of euphoria while involved in computer and Internet activities
 7. Feeling guilty, ashamed, anxious, or depressed as a result of online behavior
 8. Physical changes such as weight gain or loss, backaches, headaches, carpal tunnel syndrome
 9. Playing for extended periods almost every day (over 4 hours a day) – this does not include work related tasks online.
 10. Becoming restless or irritable if can't play
- Dr. Kimberly Young developed the [Internet Addiction Diagnostic Questionnaire \(IADQ\)](#) to diagnose the disorder. Meeting five of the symptoms were considered necessary to obtain a diagnosis. ReSTART also developed a questionnaire, [here](#).

Due to the now inescapable integration of online and offline environments, the realm of Internet addiction is not a simplistic one. The biggest barrier to change is Denial of a problem. Children need a reason to change!

Therapists and parents will need to be creative in finding a solution for each unique family. More importantly we need to become better at educating for prevention.

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