

Internet Addiction Disorder (IAD): A Stealth Disorder Undermining Treatment?

Elaine Brady, PhD



Elaine Brady, PhD

(docelaine@elainebrady.com) has over thirty years of experience working with behavioral and substance abuse issues. She is a Certified Addiction Specialist (CAS) as well as a Certified Sex Addiction Therapist (CSAT). Dr. Brady was the founder and Executive Director of *Net Worth Recovery,*

Inc., an Internet and Tech Addiction treatment center in San Jose; has authored a number of professional articles and a book (*Forged in Fire*, 2015); provides consultation and training to many treatment centers throughout the Bay Area; and continues to provide counseling services through her San Jose office.

Tom is a twenty-six-year-old man who has never worked a day in his life. He lives at home with his parents, smokes marijuana and plays Internet games all day. He is thin and malnourished as a result of his poor eating habits and disrupted sleep cycle.

Judy has been married for thirty years and thought her relationship with her husband was very good until the day she set down at the family computer to pay bills and was confronted by pornographic images. A brief online history search revealed visits to prostitute “rating” sites, massage parlor listings, and a gay men’s “hook-up” site – with her husband’s profile on prominent display.

Nanci, a previously thriving thirteen-year-old, went from compulsively checking her phone and her Facebook (FB) page to a complete avoidance of both. She became anxious, depressed, withdrawn and no longer wanted to go to school. In therapy, she finally disclosed that, at her boyfriend’s urging, she had texted a topless picture of herself to him, which he had posted online after their break-up (“revenge porn”). Since then, she has been constantly “flamed” and “mimed” through her phone and FB, as well as being laughed at and humiliated at school.

While my openly declared specialty areas of Internet and Sex Addiction results in an increased likelihood that new clients will announce such issues as the “presenting problem,” it still took considerable probing on my part for the young client in the third example above to reveal the origins of her distress. I was extremely grateful that she was finally able to disclose her victimization, as it allowed me to both support her and educate her parents as to their options in addressing their daughters’ bullies through the school administration. Doing so would allow them to confront her “attacker” with the seriousness of his behavior – not only as a form of bullying, but as a felony offense – for the transmission of child pornography. And, most importantly, it might have averted possible suicide attempt by Nanci (an all too common outcome of online bullying). Unfortunately, most therapists do not enjoy the same kind of overt presentation of Internet-related problems that I do, nor



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are they aware enough of the prevalence of Internet-related addictions to screen for them as possible underlying problems.

In his argument to the American Psychiatric Association for inclusion of Internet Addiction (IA) in the DSM-5, Block (2008) noted that “about 86% of all Internet Addiction cases have some other DSM diagnosis present,” and that “patients generally present *only* with the co-morbid condition(s)... thus, unless the therapist is specifically looking for Internet Addiction, it is unlikely to be detected.” As mental health providers then, we might now wonder how many of our “treatment failures” and premature terminations occurred because this significant component was not detected and addressed. To aid in this process, this article will attempt to provide the reader with a brief overview of Internet Addiction Disorder (IAD) and offer guidelines for its early identification.

Definition

The nature and definition of Internet Addiction has been under debate since it was first described in the mid-1990's. It has been alternately referred to as Internet addiction disorder, pathological Internet use, compulsive Internet use, virtual addiction, compulsive computer use, as well as other terms. This confusion and debate can best be understood within the overall context of an ever-evolving field and the specific complexity of Internet-related compulsions.

Pontes et. al (2015) stated that all psychological phenomena involve complex properties which make “standalone definitions” challenging. Over the years, as our understanding of these phenomena has grown and medical technology has enabled us to actually see the underlying biochemical processes involved in them, our definitions and treatment of psychological difficulties have evolved. This has been reflected in the addiction field by an expansion of the definition of addiction to include behavioral addictions like Internet Gaming Disorder (American Psychiatric Association, 2013) and Compulsive Sexual Behavior Disorder (Grant et. al., 2014).

Given that the definition of addiction, in general, is ever-evolving, Internet Addiction (IA) has generally been characterized by “excessive or poorly controlled preoccupation, urges, and/or behaviors regarding Internet use that lead to impairment or distress in several life domains and continues despite increasingly negative consequences” (Weinstein et. al., 2014).

When considering the specific complexity of Internet-related compulsions, it is important to distinguish between addictions that occur *on* the Internet and addictions *to* the Internet. For example, for some gamblers, shoppers, and sex addicts, the Internet is simply another way to engage in pre-existing addictions while, for others, the Internet is an *essential* component to their addictive activities- like information browsing (e.g., “Googling”), interacting in online chatrooms, social networking, specific cybersex activities, and online multi-player gaming.



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Unlike any previous technology, the unique properties of the Internet (e.g. interactive, social, visual, intensity, anonymity, availability, and accessibility), have been shown to be particularly addictive (Greenfield, 2010). Especially in the venues of cybersex activities (Carnes et. al., 2007) and online multi-player gaming (Király et. al., 2014), vulnerable populations can find pre-existing behaviors accelerating and individuals with no prior history of problematic behavior can quickly develop compulsive characteristics. A therapists' ability to distinguish between these two populations can have a significant impact on treatment efficacy. For example, a pre-existing, "traditional" sex addict and an exclusive online pornography addict may have a very different prognosis and require different treatment plans (Carnes et. al., 2007).

Scope and Consequences of the Problem

In general, we find that 6-10% of users (17-28 million) become addicted to some form of Internet or tech-related activity (Brand et al., 2014). However, this percentage increases as age decreases: 16-19% of college students meet the criteria for addiction (3.8 million), while 25% of teen boys (7 million) and 13% of teen girls (3.8 million) become addicted (Brand et al., 2014). However, a recent survey by CivicScience (2016) found that 59% of the total sample *perceived themselves* as being addicted to the Internet, while 76% of 13-to 24-year-olds and 66% of 25-to 34-year-olds said they were "addicted" to their digital devices. This large discrepancy between scientific studies and self-report surveys appears to suggest that Internet-related difficulties are much greater than formal studies or current assessment tools are able to accurately evaluate.

Individuals suffering from Internet Addiction Disorder (IAD) can suffer significant, life-long, and even deadly consequences as a result of the disorder. A wide range of damaging physical effects has been identified in individuals who use the computer for long periods of time. Gamers, in particular, who may play for 3-4 hours a day and for 48 plus hours on the weekends, are at high-risk for serious physical injuries and deformities (e.g. seizures, sleep disturbances, Carpal tunnel syndrome, thumb deformities, and "hunch-back" syndrome) (Subrahmanyam et al., 2000). There have even been a number of gaming-related deaths attributed to *Deep Vein Thrombosis* (The Guardian, August 2015).

As mentioned earlier, numerous studies (reviewed by Weinstein et al., 2014) have found significant psychiatric co-morbidity with Internet Addiction (e.g. depression, anxiety, ADHD, social anxiety and phobia, neurosis, psychosis, and suicidal ideation). Research has determined that while Internet-related activities may serve as an escape and coping mechanism for individuals suffering from social inadequacies or mental health issues, certain venues (especially violent video games) can actually change the brain and cause depression (Tortolero et. al., 2014).

Like all addictions, IAD is progressive – the seriousness of the "disease" increases over time – so the earlier it can be de-

tected and intervened upon, the greater the chances for a successful “detox” and long-term recovery. However, it appears that for many children, smart phones and tablets are the new “babysitter” for harried or distracted parents. Consequently, some surveys are finding signs of “dependence” and “addiction” in children as young as six years old (Levy, 2013). What this means, in terms of psychotherapy, is that it is never too early to inquire and assess for possible Internet and technology overuse by children or to suspect full-blown addiction in high-risk age groups (13-to 34-year-olds).

Identification and Assessment

I utilize a triple – A model for early detection of possible underlying issues – *Ask, Assess, and Address*. I have incorporated a modified CAGE list of questions designed to detect alcohol and addiction issues:

Please clarify any *yes* answers below:

1. Have you ever made attempt to Cut down or stop a problematic behavior?
2. Have people Annoyed you by criticizing a problematic behavior?
3. Have you ever felt Guilty about a problematic behavior?
4. Have you ever felt you needed to engage in the problematic behavior in order to distract yourself from uncomfortable feelings (Ease discomfort)?

Yes answers can be explored in more depth during therapy sessions and problem-specific issues can be further evaluated with appropriate assessment tools. In regards to IAD, the following tools are the most widely utilized (Beard, 2005): the Internet Addiction Test (IAT), the Compulsive Internet Use Scale (CIUS), the Chen Internet Addiction Scale (CIAS), the Problematic Internet Use Questionnaire (PIUQ), and the Game Addiction Scale (GAS). ■

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