Student's name

Professor's name

Course

Date

<div align="center">"Hello, my name is… I am an Internet addict"</div>

The Internet has profoundly changed the way people work, connect, and socialize. Notwithstanding multiple advantages, people get from the use of the Internet and other technologies, the later are more and more often referred to as a boon, which comes at a price. Nevertheless, while the majority stipulate whether the technology is making us dumper or smarter, some face more obvious and more dangerous side effect of the Internet use – Internet addiction. Though the Internet addiction (IA) is not a new notion and it has been recognized as a clinical problem by multiple scholarly researches, it is still not recognized by public institutions. Namely, IA is not recognized by the World Health Organization and treatment from this disorder is not unified (Flisher). There are no nationwide campaigns explaining the hazards of this disorder or at least encouraging people to take it seriously, as there are for depression, for example. Popular publications still perceive the excessive Internet use as a matter of choice (Gomez & Morrison). As a result, people either do not find adequate help and try deal with the problem on their own, getting rid of their devices, in particular (Gomez & Morrison), or refer to expensive treatment centers, that are commercial projects and are not required to be medically savvy (Foran). Therefore, Internet addiction should be officially recognized as a clinical disorder and a healthcare issue, so that the state plays a more active role in its prevention and treatment.

1. Extensive Internet Use vs Internet Addiction

There is a need to distinguish between people with IA and people who want to push back on their technology use. Ricardo Gomez and Stacy Morrison show that the wish "to

break technology addiction" has grown into a mass movement. Still, it is necessary to understand that the emotionally powerful word "addiction" is used by the authors rather to allude to the power, the technology has over people, rather than to label the frequent technology use as a clinical disorder. In particular, the authors show that the analysis of blog posts, in which people described the reasons why they wanted to push back on technology and their success in doing it, helped them distinguish between the three categories of "pushbackers": tech discontents, tech hipsters, and tech addicts (Gomes & Morrison). The overview of the reasons why people wish to push back is important to understand the drawbacks and/or hazards of the excessive technology use.

According to Gomes and Morrison, tech discontents decide to limit their use of the Internet or drop out of one form of social media altogether to form more intimate and meaningful real life connections. They sometimes agree with others to limit technology use on special days or occasions to devote more time to each other without being distracted by technology. Such unplugging, tech discontents claim, helps them realize what they really enjoy and see their real priorities (Gomes & Morrison). Tech hipsters mainly refuse from the use of technology as act of protest against the mainstream worship of it. They drop out of social media altogether, read physical instead of electronic books, send postcards instead of messages, etc. "Essentially, they resist the status quo, suspicious that technology-laden lives are full of mindless entertainment and shallow connections," explains the journalist James Poulos (as qt. in Gomes & Morrison). The third category, identified by Gomes and Morrison, is tech addicts. According to the authors, these people cannot stay away from technologies such as smartphones and the Internet. To regain control over their lives rather than lose themselves in distraction, they establish clear limits over the technology use. Occasionally, Gomes and Morrison write, they even give up their smartphones not to be tempted to use it. Therefore, the authors conclude, "Ultimately, it is about choice," meaning that people can

chose between living the meaningful real life and distracting themselves from it by digital entertainments (Gomes & Morrison). Though Gomes and Morrison give a good overview of the feelings of being overwhelmed by technology, characteristic of modern times, the examples they give show people are aware of their problematic Internet use and are able to limit and control it if they wish.

Nevertheless, what is perceived by people as *Internet addiction* takes more severe forms, too, and is not necessarily recognized as a problem by the supposed *addicts*. As in case of alcohol addiction, people do not necessarily recognize their excessive use of technology as abusive, but it is assessed as such by their parents and relatives. For example, Kimberly Young, who has committed herself to a lifelog study of the Internet addiction, reports to have taken the decision to investigate this issue after her friend divorced her husband because he became addicted to AOL chat rooms (Young). Parents suspect their children's addiction to technology when their behavior, eating and sleeping patterns change, and when they cannot reduce the time spent playing or using the Internet (Foran). In other cases, people perceive their use as abusive, but find it hard to cope with limiting it even in the technology-free environment. For example, Chloe Mason, 19, clearly describes going through withdrawal when trying to live without technology. In particular, she reports being numb, extremely tired and, later, agitated, twitchy, and constantly dreaming about the use (Foran). The fact that many parents, spouses, and addicts could not overcome what they perceived as Internet addiction on their own, led to the scrupulous study of the phenomenon.

2.   The Change of the Attitudes towards IA

The attitudes towards IA have undergone a substantial shift. Kimberly Young shows science has contributed to understanding of addictive and compulsive use of the Internet and its treatment in the article "Internet Addiction over the Decade: A Personal Look Back". Notably, Young was the first to conduct a study on *Internet Addiction Disorder* in 1995, in

the same year the term was coined by psychiatrics Ivan Goldberg (Flisher 557). Young tells

that when she first identified IA in her 1998 book *Caught in the Net,* many journalists and

scholars regarded the idea as absurd. With time, research in the field has grown and Internet

addiction (also referred to as problematic Internet use and pathological Internet use) has been

identified as a national problem not only in the US, but also in countries such as China,

Korea, and Taiwan (Young). There have appeared nationwide surveys assessing the patterns

of Internet use. For example, having conducted a nationwide survey in 2010, E. Aboujaoude

revealed that one in eight Americans suffered from at least one sign of problematic Internet

use (Young). Considering the currency and the gravity of the issue, researchers started

investigating treatment methods and healthcare professionals started seeing patients suffering

from Internet-related clinical problems. Eventually, American Psychiatric Association

included the term "pathological computer use" into DSM IV revision (Young). Though

Young shows that there has occurred a marked shift of attitude towards Internet addiction in

the professional circles, this shift has not touched the public discourse, where Internet

addiction is still perceived as a matter of choice rather than a clinical disorder.

    3.   IA as a Clinical Disorder

    3.1. Definition of IA

        Goldberg defined IA as "a maladaptive pattern of internet use leading to clinically

significant impairment or distress" (Flisher 557). It is common to account for time spent at

the computer when talking about the IA. Still, there is no official consensus on what length of

time, spent using the technology, constitutes pathological use (Flisher 558). The commonly

accepted criteria, suggested by Tao et al., was six hours of non-business Internet use.

However, the latent study of the general population sample demonstrated that people

classified as having IA used the Internet for about four hours per day only (Rumpf et al.).

Therefore, time spent using a computer is a questionable criterion, which can never be used as a sole proof of IA.

The classification of compulsive Internet use as a pathological activity was conducted with the help of criteria suggested by DSM IV and the International Statistical Classification of Diseases (ICD-10) for identification of pathological gambling. In particular, for IA to be classified as dependence, it should meet at least three of the following criteria: tolerance, salience, withdrawal symptoms, difficulty in controlling use, continued use despite negative consequences, neglecting other activities, desire to cut down (Flisher 557). Based on the DSM IV criteria for pathological gambling, Young has developed eight criteria to diagnose IA. These include: (1) mental preoccupation with the computer use, (2) increasing time spent at the computer, (3) making futile efforts to cut back on computer use, (4) feeling of irritation, emptiness, and depression when attempting to cut down, (5) staying online longer than intended, (6) neglect and jeopardizing of significant relationships, career, job because of the Internet use, (7) concealing the fact of using Internet/computer from family, friends, and (8) the use of the Internet as a way to escape problems or anxiety, guilt, depression (Flisher 557). Nevertheless, these criteria are not formally accepted and should be rather understood as guidelines for IA identification. While the existence of IA is widely claimed and included as condition for further research in DSM V (Rumpf et al.), formal diagnostic criteria are still missing.

The researchers identify five subtypes of IA (Flisher 558). Net compulsions is revealed in online shopping and online gambling addiction. Other subtypes are online game playing addiction, online research addiction, cyber-sexual addiction, and cyber-relational addiction. The latter is the compulsory use of the Internet to participate in chat rooms, view social networks profiles, and send personal messages and emails (Flisher 558). It should be noted that though researchers agree that IA is an umbrella term, which includes several

subtypes of problematic Internet use, in DSM V, the proposed criteria are related to Internet gambling only.

3.2. Consequences of IA

IA has serious consequences for the addict, his family, and society overall. Pathological Internet use results in increasing the amount of time spent in online activities and leads to social withdrawal, family problems, self-neglect and poor diet. Parents of teenagers with IA face physical aggression when trying to remove their children from the computer. Adults with IA report to have marital problems, which, in many cases, lead to a breakdown. Late night use, which is common among the addicted, causes sleep deprivation and fatigue, which can lead to poor performance at work and, eventually, loss of the job. In addition, IA is associated with depression, anxiety disorders and anger problems (Flisher 558). Other addiction-related health problems include repetitive injury and back ache. A sedentary life-style can increase the risk of vein thrombosis and pulmonary embolus, which eventually leads to obesity and its associated complications. There were reported 10 cases when IA has caused the imminent death of the user. In particular, users collapsed and died after several days of uninterrupted online video game playing (Flisher 558). Such consequences clearly show IA as an important healthcare issue.

3.3. Prevalence of IA in the General Population Sample

Studies on the occurrence of IA in the general population are rare and are often criticized for using diagnostic criteria, which are not formally accepted. To address these shortcomings, there have appeared several promising studies on IA prevalence employing latent class analysis. Latent class analysis (LCA) is a statistical, data driven method that identifies groups of respondents having similar response patterns. The advantage of such method is that it does not require initial definition of a disorder or indication of how many criteria should be fulfilled (Rumpf et al.). The 2014 study by Rumpf et al. is the largest

representative general population study using this methodological approach (Rumpf et al.). The results of the study give valuable insight in the occurrence and characteristics of pathological Internet use.

Rumpf et al. have identified six latent groups, two of which represent problematic Internet use. The sixth group is regarded as participants with probable IA, and the fifth group is regarded as participants with At-risk use. The two groups show less social participation and less general trust in people (Rumpf et al.). The time, spent in the Internet for private purposes, is 4.2 hour per day for participants with probable IA and 3.1 hours per day for participants with At-risk use (Rumpf et al.). Out of the total sample, 1% belongs to sixth class and 4.6% - to fifth class (Rumpf et al.), which means that 5.6% of the general population demonstrate problematic Internet use. However, considering the younger age groups, proportions of the two groups are higher. In particular, considering the participants aged 14-24, occurrence of IA (sixth class) is 2.4%, and occurrence of at risk-use (fifth class) is 13.6%. Based on 14-16-year-old participants, occurrence of IA (sixth class) is 4%, and occurrence of At risk-use (fifth class) is 15.4% (Rumpf et al.). Contrary to other studies that found prevalence to be higher in males, the study by Rumpf et al. identified no statistical difference according to gender. Moreover, in the youngest group (14-16-year-old) of this study, females showed higher proportions: 4.9% vs 3.1% in IA group, and 17.2% vs 13.7% in At-risk use group (Rumpf et al.). Elevated rates of IA are observed among unemployed participants and participants with migration background (Rumpf et al.). The results of the study show the need for preventative measures especially in relation to young age groups, unemployed, and immigrants.

4. Treatment of Internet addiction

There is no standardized treatment for Internet addiction, which, therefore, varies according to the cultural norms. For example, In China, clinics use strict discipline and

timetable, medication, addiction counseling, and electric shock treatment (Flisher 558). Treatment clinics in the USA commonly use 12-step program coupled with cognitive behavioral treatment (CBT), family therapy, group therapy, social skill training, and addiction counseling. However, as IA is not recognized by ICD-10, psychiatrists are not required to take formal training in its assessment and treatment (Flisher 558). The research of the effectiveness of treatment programs and of the long-term results of treating IA is still to be done.

In the same time, Clare Foran, the author of the article "The Rise of the Internet-Addiction Industry", suggests that current IA treatment in the USA has grown into a large industry, operating in "a medically gray area" (Foran). Treatment is various centers ranges from the clinical to unconventional, including digital-detox retreats, overnight hospital stays, wilderness-therapy camps, and medication and talk therapy. For example, Internet-addiction recovery program *Outback,* designed for technology-addicted adolescences, specializes in wilderness therapy. This program combines hiking and practicing survival skills in the Utah desert and individual and group therapy sessions, where Internet addicts are invited to discuss what might be driving them to use technology to excess. The cost of the program is between $25,000 to $30,000 (Foran). Center for Digital Technology Sustainability *reSTART* treats patient in the luxurious clinic for 8-12 weeks. During the stay, patients receive licensed counseling and pet therapy, and participate in support groups modeled after Alcoholics Anonymous' 12-step recovery. An eight-week treatment costs over $30,000 (Foran). Though such expensive centers, not covered by national insurances, are the only way for citizens to receive the treatment from Internet addiction, they do not guarantee the long-term treatment for a disorder. What is more, the person, treated at such centers, does not necessarily have IA. First, as it has been mentioned, there are no formal criteria for IA diagnosis. Second, even if

the centers had such criteria, they are not likely to be interested in them, as long as the person is willing to pay for his stay.

Scientific research gives reasons to think that American Internet recovery centers, whose programs are based on substance-abuse and gambling addiction treatment, are not effective (Muller et al.). In particular, Muller at al. compared personality profiles of patients with addiction disorder meeting the criteria for IA to personality profiles of alcohol-dependent patients. The researchers assessed Big Five personality traits and depressive symptoms and revealed that patients with comorbid IA differ from other patients by higher neuroticism, lower extraversion, and lower consciousness (Muller et al.). Lower consciousness has been identified as a disorder-specific risk factor (Muller et al.). Therefore, Muller et al. argue, "As internet addiction is related to unique patterns of personality traits and can be discriminated from alcohol dependence, treatment approaches are needed that meet the specific requirements of patients with internet addiction." The lack of national program developed to meet the need of patients with AI is rather concerning regarding the burden, IA may place on healthcare.

5. The Need of Preventative Measures

Unfortunately, pathological use is difficult to identify until it has gravely affected all aspects of individual's life. Meanwhile, the state does not take any preventative measures to stop the development of this disorder. The study by Salman Alavi et al. shows that prevention programs can reduce the occurrence and decrease risk of IA (Salman Alavi et al.). Therefore, the authors stipulate there is a need to educate people on the warning signs of online addiction for early detection of the disorder. "Authorities and cultural institutions have a duty of providing healthy and proper usage of the internet to individuals, especially adolescents who are most vulnerable, via mass media education and training", suggest the authors (Salman Alavi et al.). Though the definition of appropriate use might be just as problematic

as of a pathological one, there is a pressing need to educate the general population on the

hazards of IA.

Marc Potenza, a psychiatrist, the director of the Yale's Program for Research on

Impulsivity and Impulse Control Disorders, believe the solution may be found in what is the

initial problem – the technology. This way, prevention of excessive Internet use may be

accomplished by applications blocking certain Web pages or disabling computer's Internet

connectivity after a certain period of time (Konnikova). Such applications may help use the

technology without a risk of abusing it.

To conclude, though IA is widely appreciated as a clinical disorder, the formal criteria

for diagnosis and unified approaches to treatment have not been developed. Considering the

great burden AI may place on healthcare, as well as adverse effect it may have on the society,

the state should develop programs aimed at public education on the hazards of Internet use,

assistance to people diagnosed with IA, and prevention of the disorder.

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