

**SCIENTIFIC FRAMEWORK**

**Internet Addiction: Scientific Framework to Contextualize Dianova’s Internet Addiction Campaign: #DONTLETYOURSELFBEPOSSESSED**

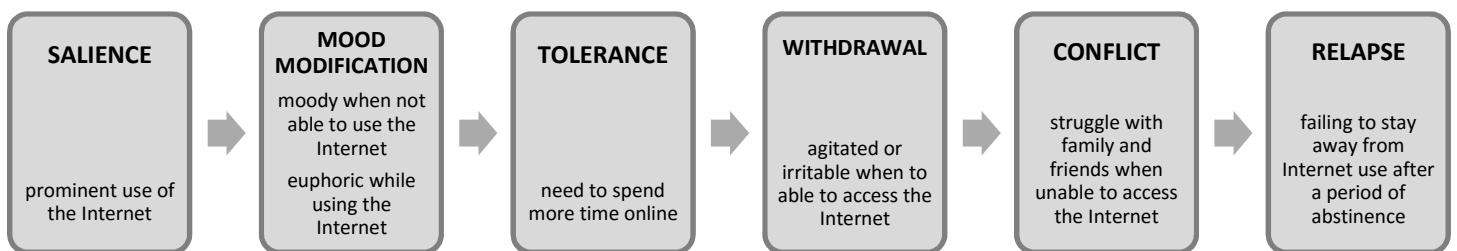
**DEFINING INTERNET ADDICTION**

The Internet is in itself a neutral tool originally developed for military and academic purposes. However, Internet, as it is well established, has spread to almost all corners of the world becoming a tool accessible to the masses and one people already grown accustomed to rely on whether it be for professional or personal use. In fact, the Internet is a highly promoted technological tool.

As a result of massive access and the progress of digital technologies, the way people use the Internet has also evolved to a “always on” approach enabled by an array of devices (PCs, tablets, smart phones, smart watches,...) and constant wireless access or Internet mobile. And choice to always be available to connect has increasingly become a need to always be connected.

Therefore, “addictive use of the Internet is a new and rapidly growing phenomenon” (Young, 2004). As this is yet a new behaviour disorder, it makes it difficult to detect and diagnose Internet addiction. In fact, there is a lot of discussion whether it should be considered as an addiction on its own or as a way of enabling other kinds of recognised addictions (cf. Young, 2004, Young 2007, Shapira et al. 2003).

Nonetheless, **COMMON CHARACTERISTICS OF INTERNET ADDICTION** have been identified with classical models of addiction (involving the intake of a substance) such as salience, euphoria, tolerance, withdrawal, conflict and relapse (Griffiths, 1995 in Shapira et al., 2003; Chang & Hung, 2012) and can provide basis to identify problematic use of the Internet:



Inferring on definitions of alcohol and drug addiction as used for other addictions’ definition such as gambling, video games, or overeating, Young (2004) defines Internet addiction as an impulse-control disorder not involving an intoxicant. Shapira (2007) also focuses on the individual’s inability to control his/her Internet use resulting in feelings of distress and functional diminishing of everyday activities.

**CONSEQUENCES OF INTERNET ADDICTION**

Because the object of Internet addiction, contrary to other addictions, is also a very useful one as it is a media that facilitates information and communication, it is important to distinguish normal from problematic Internet use. When detecting and diagnosing Internet addiction “only nonessential computer/Internet usage” (Young, 2004, p. 404) should be considered.

- **Time management**

When it refers to becoming addicted to the Internet, researchers have described a relation between the amount of time spent online and negative consequences of that behaviour (Griffiths, 2001 in Shapira et al., 2003). And although it is not a direct function for diagnosis, Internet addicts usually spend from 40 to 80 hours/week online and with sessions that can go up to 20 hours straight (Young, 2004). As consequence, sleep patterns are altered resulting in sleep deprivation. Time distortion is a frequent effect of Internet addiction and addicts are often unable to manage everyday commitments and spend less time with loved ones, slowly withdrawing from normal routines (Greenfield, 1999 in Young, 2007).

- **Relationships management**

Addicts will spend less time with relatives and friends becoming solitary and isolated. Interpersonal relationships suffer as addicts become detached from personal contact leaving those around them with feelings of confusion, frustration, and jealousy (Young, 2004).

This is particularly alarming within love relationships where marriages can be affected by cyber affairs, defined as “[...] romantic and/or sexual relationship that is initiated via online contact and maintained predominantly through electronic conversations [...]” (Young, 1999 in Young, 2004, p. 405).

Similarly to individuals with other kinds of addiction, Internet addicts tend to hide their problem engaging in lies regarding the amount of time they spend online or the expenses they incur on, whether they be fees for Internet services or money spent on gambling, pornography, or online shopping (Young, 2004, 2007).

Also in relation to other addictions, Internet addiction tends to develop on triggers or cues that lead to long hours emerged in a virtual reality. That emersion allows the individual to escape his/her own reality – that he/she can’t healthily cope – finding online momentary, and sometimes illusionary feelings of emotional relief, mental escape, and ways to avoid problems, as other types of addiction tend to do (Young, 2004, 2007).

- **Academic performance**

One group that is especially at-risk of developing Internet addiction is students. As Internet has also become an educational tool and its use been encouraged by free and unlimited access on college campuses, it set the ground for addiction to flourish among this specific group. Students are a vulnerable group because, among other causes, many experience for the first time a new level of freedom away from parental control and have plenty of free time to fill as classes only amount 12 to 16 hours/week leaving plenty of unstructured free time (Young,

2004). In fact, Young (1996 in 2004) found that 58% of students showed a decline in study habits, drops in grades, or increasing times of probation due to abusive Internet use.

- **Work performance**

As organisations have come to rely on Internet to run their daily tasks the question of a balanced Internet use by employees has also risen. Issues of lower productivity, negative publicity and potential legal liability come into the equation (Young, 2004). Misuse of the Internet is a major concern for managers as 55% of executives from the nations’ Top 1000 companies believe that time used on the Internet for non-business purposes undermines employees’ effectiveness (Robert Half International, 1996 in Young, 2004).

**ASSESSMENT**

Internet addiction is still a recent subject in the area of dependencies and therefore, further research is needed in order to better understand the origins of this problem and engage in effective strategies to approach this specific addiction. Notwithstanding, Young (1999) points to some factors professionals must account for when assessing an individual’s situation in order to correctly identify and define an Internet addiction. Clinicians must look at:

|   |
|---|
| <b>Applications</b>   |
| The Internet is a broad term for a wide range of online functions and addicts usually become addicted to a particular application that becomes a trigger for abusive use of the Internet.   |
| <b>Emotions</b>   |
| Positive feelings associated with Internet use such as excitement and euphoria reinforce addictive use patterns and contrast with negative feelings often experienced by addicts when offline   |
| <b>Cognitions</b>   |
| Negative and catastrophic thinking tends to affect Internet use as addicts use it to escape and avoid real or perceived problems. Also, cognitions of low self-esteem and self-worth as well as clinical depression can trigger problematic use of th Internet. |
| <b>Life events</b>  |
| Specific life situations that don’t satisfy or upset individual can lead to developing an Internet addiction as they don’t understand and find other ways of coping with unpleasant situations in their lives   |

**TREATMENT APPROACH**

While an agreement on criteria for diagnosis of Internet addiction remains aloof, there is a real demand for treatment and interventions range from boot-camp style programmes to specialised clinics including treatments of Cognitive Behavioural Therapy (CBT), family and group therapy, social skills training, and addiction counselling (King et al, 2011 in Chang & Hung, 2012)

Researchers have suggested CBT as the treatment of choice for Internet addiction. CBT is a treatment approach based on the premise that thoughts determine feelings and where

patients are encouraged to monitor their thoughts and to identify triggers and actions while learning new coping skills and ways to prevent relapses (Young, 2007).

Therapy usually requires 3 months of therapy or 12 weekly sessions. The first stage if the treatment is behavioural with strong focus on specific situations in which impulse-control is more difficult. As treatment progresses, the focus shifts to cognitive assumptions and distortions developed and their effects on behaviour (Young, 2007). When it comes to cognitions, Young (1999 in Young, 2007) suggests that addicts tend to have more catastrophic views on life that may contribute to use compulsively use the Internet as a psychological escape mechanism, avoiding real problems.

Therefore, cognitive restructuring should be used to address underlying negative beliefs. Regarding the behavioural approach, it is generally agreed that, due to the wide spread of the Internet and its benefits to society, abstinence is not a suitable option for recovery and as such moderated and controlled use of the Internet is the most appropriate in Internet addiction treatment (Young, 2007).

Specific tactics can be implemented according to the assessment of each problematic case (Young, 1999):

|                              |   |
|------------------------------|---|
| <b>Practice the Opposite</b> | <ul style="list-style-type: none"> <li>• Have patients change their normal routine and re-adapt new time patterns of use in an effort to break the online habit.</li> </ul>   |
| <b>External Stoppers</b>     | <ul style="list-style-type: none"> <li>• Use specific tasks the patient needs to complete or places to go as prompters to help log off.</li> </ul>  |
| <b>Setting goals</b>         | <ul style="list-style-type: none"> <li>• In order to avoid relapse, structured sessions should be programmed by setting reasonable goals of online interaction, thus avoiding feelings of withdrawal</li> </ul>   |
| <b>Abstinence</b>            | <ul style="list-style-type: none"> <li>• If a specific application is identified as addictive and moderation of it fails, then abstinence from that application may be an adequate intervention.</li> </ul>   |
| <b>Reminder cards</b>        | <ul style="list-style-type: none"> <li>• To help the patient stay focused on the goals, have the patient make a list of problems caused by Internet addictions, and of benefits of cutting down Internet use. Have the patient keep it as a reminder whenever he/she feels tempted to use the Internet and for reflexing.</li> </ul>  |
| <b>Personal inventory</b>    | <ul style="list-style-type: none"> <li>• To instruct the patient to make a list of every activity that has been neglected or shortened since the online habit emerged. Have the patient rank each one as very important, important, or not important. Ask the patient how the very important activities helped improve quality of life. This exercise helps the patient become aware of his/her choices.</li> </ul> |
| <b>Support groups</b>        | <ul style="list-style-type: none"> <li>• Support groups that fit the patient's particular life situation will enhance his/her ability to make friends who are in a similar situation outside the online environment, relying increasingly less on the Internet to find comfort and understanding.</li> </ul>  |
| <b>Family Therapy</b>        | <ul style="list-style-type: none"> <li>• If family relationships have been affected by the problem it is important to educate the family on how addictive the Internet can be, reduce blame on the addict for their behaviours, improve open communication about the family problems that drove to the addiction, and inspire the family to support the addict's recovery.</li> </ul>                               |

Chang, J. P-C., Hung, C-C. (2012) «Problematic Internet Use» in Rey, J.M. (ed.), *IACAPAP e-Textbook of Children and Adolescent Mental Health*. Geneva: International Association for Child and Adolescent Psychiatric and Allied Professions.

Shapira, N.A., Lessig, M.C., Goldsmith, T.D., Szabo, S.T. (2003) «Problematic Internet Use: Proposed Classification and Diagnostic Criteria», *Depression and Anxiety*, 17, pp.207-216.

Young, K. (1999) «Internet Addiction: Symptoms, Evaluation, and Treatment» in VandeCreek & T.L. Jackson (eds.) *Innovations in Clinical Practice*. Sarasote, FL: Professional Resource Press.

Young, K. (2004) «Internet Addiction: A New Clinical Phenomenon and Its Consequences», *American Behavioral Scientist*, 48(4), pp. 402-415.

Young, K. (2007) «Cognitive Behavior Therapy with Internet Addicts: Treatment Outcomes and Implications», *CyberPsychology & Behavior*, 10(5), pp.671-679.