

ADDICTION WITH INTERNET AND MOBILE: AN OVERVIEW

Unaiza Niaz

ABSTRACT

The mental health services discovered Internet Addiction (IA) and Pathological Internet Use (PIU) during the mid 1990s. Recent research shows that some users of the Internet spend so much time logged on, that their personal and/or professional life suffers. This finding is substantiated by numerous anecdotal accounts of people becoming captivated on on-line interactivity, accounts that have disseminated in on-line discussions as well as in real life settings.

Key words: Addiction, Internet, Mobile, Pakistan.

INTRODUCTION

The term Internet Addiction Disorder, was first proposed by Ivan Goldberg for pathological, compulsive Internet usage¹. The criteria for this disorder are based on similar criteria for substance abuse disorders in the DSM-IV. It is ironic that Goldberg was not serious about proposing this as an official diagnostic category, yet this term has been used extensively. Goldberg had publicly reiterated that he posted the information on Internet Addiction Disorder as a hoax, using a list of symptoms deduced from the DSM diagnoses of Substance Abuse and Compulsive Gambling. Nevertheless, IAD has taken on a life of its own. Goldberg recently revised his suggestion to change the term for this condition to Pathological Computer Use, and changed several of the criteria¹.

Pathological Computer Use Disorder is a disorder in which people overuse computers to the extent that (1 and/or 2):

1. Such a use causes them distress;
2. Such a use has a detrimental effect on their physical, psychological, interpersonal, marital, economic, or social functioning.

Jerald Block proposed in a recent editorial in the March 2008 American Journal of Psychiatry calling for inclusion of IAD in the upcoming DSM-V, due out in 2012, the American Medical Association decided not to recommend that the diagnosis be added. Block states about 86% of those diagnosed with IAD have some other mental disease².

Correspondence:

Dr. Unaiza Niaz, MD, DPM, FRCPsych. Director, Institute of Psycho-trauma Pakistan. Chair, Section on Women Mental Health, World Psychiatric Association & Adjunct Prof of Behavioral Sciences, University of Health Sciences, Lahore, Pakistan.
E-mail: drunaiza@gmail.com

INTERNET ADDICTION IN THE DEVELOPED COUNTRIES

In the developed countries technological developments have been shown to add to mental health problems². Most of the empirical work has indicated that television watching reduces social involvement, physical activity, mental health, and promotes boredom, and unhappiness. Time displacement (time not spent socially engaged) is identified as the major contributory factor of negative effects. Lonely people they report, watch television more than others,

Young KS (1998) point out the trend associated with the Citizen's Band (CB) Radio as a similar technological fascination (and potentially addictive agent) as the Internet (in terms of such qualities as inter-activeness and anonymity)^{3,4}. Capacity of the Internet Express Maladaptive Behaviors Life Project, has tracked the increase of Internet usage in the United States, from just under half of American adults in 2000 to about 59% of adults at the end of 2002. Developing trends on pathological Internet use suggest that nearly six percent of those online users suffer from Internet addiction⁵.

Initial impressions of the excessive computer user, was of a young, computer savvy, introverted, object-oriented male. This belief was challenged by Young KS (1998) who found that 61 percent of her survey respondents were women^{3, 4, 6}. Older persons and women are usually drawn to the socially interactive aspects of the Internet (conversation groups), while younger patients and men are more likely to access the interactive role playing games and pornography. Bai et al (2000) found 67 percent of Internet addicts to be women, 84 percent of those single, and 63 percent college educated⁷. Approximately, 10% of Americans have internet addiction³.

Obsessive internet use needs to be recognized as a clinical disorder. Sufferers spend unhealthy amounts of time playing online games, viewing pornography or e-mailing⁸. Four common symptoms are: They forget to

eat and sleep; they need more advanced technology or more hours online as they develop 'resistance' to the pleasure given by their current system; if they are deprived of their computer, they experience genuine withdrawal symptoms; And in common with other addictions, the victims also begin to have more arguments, to suffer fatigue, to get lower marks in tests and to feel isolated from society.

Cyber-relationships or Cyber-affairs, involve individuals married or unmarried who form on-line love relationships which may or may not develop into real-life affairs. The user may carry on as many of these affairs as desired in virtual safety and at the same time without leaving the house or office⁹. Often these innocent chat room affiliations can turn into passionate cyber-affairs, growing into intense mutual erotic dialogue (cyber-sex) with text-based fantasies

Earlier research data on pathological Internet use shows that it is associated with significant psychosocial impairment such as increased depression, relationship friction, academic failure, financial debt, and often job loss^{3, 4, 10-14}.

MENTAL HEALTH ISSUES RELATED TO THE USE OF INTERNET AND MOBILE PHONES IN THE DEVELOPING COUNTRIES

Mental Health of men and women in the developing countries are also falling prey to these addictions². Some of the most interesting research on Internet addiction has been published in South Korea. After a series of 10 cardiopulmonary-related deaths in Internet cafés¹⁵, and a game-related murder¹⁶, South Korea considers Internet addiction one of its most serious public health issues¹⁷. In 2006, the South Korean government estimated that approximately 210,000 South Korean children (2.1%; ages 6–19) were afflicted and required treatment. About 80% of those needing treatment often need psychotropic medications, and about 20% to 24% possibly required hospitalization

China too is getting in the grip of globalization, Tao Ran, Director of Addiction Medicine at Beijing Military Region Central Hospital, reported 13.7% of Chinese adolescent Internet users meet Internet addiction diagnostic criteria, (about ten million teenagers). As a result, in 2007 China began restricting computer game use; current laws now discourage more than 3 hours of daily game use¹⁸.

SCENARIO IN PAKISTAN

In Pakistan, in the last few years, addiction to communication technology is increasingly becoming a problem. Psychiatrists can report dozens of histories of patients that were shattered by an overwhelming compulsion to use the mobile phones, surf the Net play cyber games, or chat with distant and invisible neighbors in the virtual, timeless, world of Cyberspace.

Clinical Presentations

A substantial number of young married, working women have reported to private psychiatric clinic of author, in the last 5 years in Karachi, Pakistan. These women came in emergency, in a state of acute distress, (anxiety, panic and depression, with suicidal preoccupations,) following love affairs on internet or mobile phones. They were all feeling lonely bored or depressed at the time, and chatting on internet or mobiles to unknown persons or acquaintances, (as a relief from loneliness, boredom or as a "game") developed into sharing their lives, miseries and dissatisfaction in their intimate relationships. Most of the men, who chatted with these women, were single, or engaged, and a few married, who "professed undying love, but were not prepared for marriage." Men on internet usually chose women, who gave the impression of being depressed and desperately lonely, independent working married women.

The taboo of relations out of family, traditional and religious restrictions, seem to dwindle in the virtual world of internet. Boredom, loneliness and at times lack of emotional support in the family were the common causes of Internet/mobile, phone affairs in women. But strong moral values, expectations of family and their responsibility towards marriage and children soon led to guilt and remorse, severe anxiety and depression. Interestingly none of the married women wanted to break up their marriages; they thought it was a harmless game/pastime, or a means to get emotional support without obligations. Intriguingly some of them even met their internet men friends and got into physical relationships. (Such extramarital behaviors until recently were extremely rare in Pakistan.)

Recently, a dozen young school and college girls were brought to author's clinic by parents, for mobile addiction. All these girls had failing grades, reported to be mostly absent from their classes, spending most of the time chatting on mobile phones or sending text messages to their friends (mostly boys). They were irritable, rude and belligerent, in their behavior; and often spent all night talking on phones. Antisocial behaviors like stealing money, roaming around with boyfriends during school or college hours & precocious sexual activities, were fairly common in these girls.

A fair number of male patients were also referred by their wives, in private practice of the author for addiction to internet sex-sites. Briefly, their wives had brought them for treatment for their addiction as these men sought sexual satisfaction on internet. All these men over a period of time had completely lost interest in their wives as sexual partners, and spent long hours on internet /cyber sex. They had lost interest in work and their family. Most of these men lost their jobs, as they were unable to work during the day; consequently added financial stress, lead to further family conflict and in a few cases led to divorce/family breakup.

Diagnostic Features

Internet addiction appears to be a common disorder that merits inclusion in DSM-V. Conceptually, the diagnosis is a compulsive-impulsive spectrum disorder that involves online and/or offline computer usage^{15, 16} and consists of at least three subtypes: excessive gaming, sexual preoccupations, and e-mail/text messaging¹⁷. All of the variants share the following four components:

- 1) **Excessive use**, often associated with a loss of sense of time or a neglect of basic drives
- 2) **Withdrawal**, including feelings of anger, tension, and/or depression when the computer is inaccessible
- 3) **Tolerance**, including the need for better computer equipment, more software, or more hours of use, and
- 4) **Negative repercussions**, including arguments, lying, poor achievement, social isolation, and fatigue^{16, 17}.

Kimberly Young used the following criteria for assessing IAD in a large initial study of this problem:

1. Do you feel preoccupied with the Internet or online services and think about it while off line?
2. Do you feel a need to spend more and more time on line to achieve satisfaction?
3. Are you unable to control your on-line use?
4. Do you feel restless or irritable when attempting to cut down or stop your on-line use?
5. Do you go on line to escape problems or relieve feelings such as helplessness, guilt, anxiety or depression?
6. Do you lie to family members or friends to conceal how often and how long you stay on-line?
7. Do you risk the loss of a significant relationship, job, or educational or career opportunity because of your on-line use?
8. Do you keep returning even after spending too much money on on-line fees?
9. Do you go through withdrawal when off line, such as increased depression, moodiness, or irritability?
10. Do you stay on line longer than originally intended?¹⁸

TREATMENT

Treatment of any behavioral addiction is conducted by a thorough assessment of the unique behavioral reinforcement patterns contained in any individual case. There is a severe lack of psychologists that are familiar enough with the specific types of Internet social

interactions to be qualified to formulate a treatment plan to address IAD.

Total abstinence is a reasonable "cure" (following the general caveat that what causes a problem is a problem). Most patients will not be agreeable to that solution, as so many of them are from student community or working in jobs, where the use of the Internet to accomplish research or professional goals is a requisite, and not an option. It is wiser then to offer the patient with IAD a treatment plan of recovery like going on a diet (like a twelve step group that addresses eating disorders)¹⁹.

Treatment in principle includes, various inventions with a primary focus on techniques from cognitive behavioral and interpersonal psychotherapy to regulate and moderate internet use and to attend to underlying psychosocial issues often coexistent with this addiction (for example, mood disorders, marital dissatisfaction, social phobia, job burnout, childhood sexual abuse). Psychopharmacological treatment is recommended in some cases.

And finally, it should be emphasized that methodical evaluations that assess computer usage among patients are essential to further understanding of the role of compulsive use of the internet in other established addictions (such as drug addiction, alcoholism or sexual compulsivity) and psychiatric disorders (for instant, major depression, bipolar disorder, attention deficit disorder).

Internet addiction is reported by some researchers, to be resistant to treatment, entails significant risks, and has high relapse rates⁸.

CONCLUSION

The obsessive internet or mobile use must be considered a public health problem. Mental health professionals in Pakistan need to raise the awareness about the dangers associated with excessive Internet use. Two groups are at apparently at the greatest risk from Internet addiction disorder. The first are adolescents/young adults. And astonishingly, the second group is of women and men in the age range of 30-40. Mental health professionals in schools/colleges and workplaces should be made aware of the risks of Internet addiction.

It is critical that mental health professionals help people realize their level of dependency or addiction, and offer expert evaluation, diagnosis & management of this disabling disorder, which is, socially restrictive, and clearly affects the quality of life of these individuals. Therapists must be taught to screen for this disorder, create awareness in the media, besides their medical colleagues, paramedical staff and the primary care physicians to control this growing epidemic in our part of the world.

Technological advancements in communication tools have opened a new domain in social interactivity. Addiction to, on-line pornography and interpersonal

cyber-sex, is still not addressed appropriately, even in the West. Clinicians must be aware that anything that can safely, quickly, and completely satisfy such a basic human desire is bound to be addictive to some.

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