Computers and the Internet are essential to contemporary living. Computers, tablets, and smartphones can access the Internet, which is a useful tool for garnering information and sending and receiving e-mail communications. However, at times, technology interferes with social communication and interpersonal relationships. Opening laptops and using mobile phones during didactic classes is considered uncivil behavior by nursing students and faculty. In addition, the use of mobile phones violates psychiatric hospital and university policies, as well as HIPAA in clinical settings. However, students still check the time on their mobile phones during psychoeducation groups, take vital signs using a mobile phone, or decide impulsively to take a photograph of hospital grounds using their electronic devices.

During one clinical rotation, I had a group of eight students who would not talk to each other during lunch. As I sat at the end of the lunch table, they were all simultaneously using their smartphones. During a recent didactic class, I had students watch a Webinar in class on the integration of mental health into primary care and the future of psychiatric-mental health nursing in the United States; however, when I looked up, I found only 3 of 49 students watching the Webinar. The remaining students were gazing...
at their laptops or texting on their phones. Is this a phenomenon of student disengagement, or are we blind- ing ourselves to the fact that students (and our clients) may be addicted to the Internet?

In 2003, I had, for the first time, a female client who came to see me in my private practice because her husband was excessively using the computer, had exceeded the charge limits on several credit cards because of expensive computer equipment, and was hiding his online sexual exchanges and e-mails with a woman from a western state. At the time, cameras were not built into computers, and he had purchased a camera to mount onto the computer so that his sexual acts could be transmitted visually to his female friend. The client asked me if this relationship constituted an affair; today, it would be classified as Internet infidelity. At the time, I searched the literature and wrote an article on computer addiction (Wieland, 2005) to help myself and the patient work through this issue. Coming to her own conclusion, she stated “This is just another addiction,” and she observed that her husband had also been hiding alcohol in various parts of the house. She divorced her husband soon after this discovery.

When I wrote the overview article on computer addiction, I received a tremendous amount of media coverage (i.e., radio, television, newspapers). The media questioned whether computer/Internet addiction was real. My own family thought that I was not qualified to discuss the topic. I could not fix my own computer when it crashed and did not know how to replace the hard drive, so what did I know about computers?

Since 2005, more information on computer/Internet addiction has been forthcoming, but doubts still exist about whether the addiction is real. The evidence continues to grow, and findings have been substantive in the area of Internet gaming disorder, which was entered into the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association [APA], 2013).

Cyber disorders are an ever-increasing mental health concern and are classified as either an Internet addiction disorder or pathologic Internet use (Young & Rodgers, 1998). These disorders are identified based on the definition of substance abuse and pathological gambling in the DSM, fourth edition, text revision (APA, 2000). Internet addiction is an overarching term characterized by five problematic, Internet-related disorders: (a) cybersexual addiction, (b) cyberrelationship addiction, (c) net compulsions, (d) information overload, and (e) addiction to interactive computer games (Young, Pistor, O’Mara, & Buchanan, 2000). Cybersexual addiction is the use of adult Web sites for cybersex and cyberpornography. Cyberrelationship addiction is defined as the overinvolvement in online relationships (also known as virtual infidelity). Net compulsions include online gambling, shopping, and stock trading. Information overload is Web surfing and database searching. Addiction to interactive computer games is defined as addiction to playing interactive computer games, either alone or with online groups of gamers (Wieland, 2005).

Block (2008) wrote that Internet addiction merited inclusion in the DSM-5; however, more needs to be known about Internet addiction before it is officially accepted into the psychiatric nomenclature. Block described three subtypes of Internet addictive disorders: excessive gaming, sexual preoccupation, and e-mail/text messaging. These disorders have symptoms that are similar to other addictions, including excessive use, withdrawal, tolerance, and the avoidance of negative consequences to its use. Internet addiction is a process addiction. The behavior itself is addictive, and dopamine plays an important role in maintaining the pleasurable feelings that keep the addiction active (Carnes, 2001).

The most frequently searched topic on the Internet is sex (Freeman-Longo & Blanchard, 1998). Carnes (2001) has called the Internet a triple-A-engine (i.e., accessibility, affordability, anonymity). These characteristics of the Internet make it easy to become addicted to online pornography, chatrooms, and virtual spaces in which individuals can meet each other for sex. Lofgreen (2012) described individuals with sexual addiction as needing to be pursued and feel needed; in addition, they expect to experience intense sexual experiences to meet those needs. The Internet provides a turbocharged way to become addicted to sex.

Nurses continually interact with clients who identify Internet addiction-related problems as either their primary reason for seeking mental health services or a secondary problem to other issues, such as anxiety, depression, or family discord.
Nursing assessment should include instruments to assess Internet addiction disorders. For example, Young (1998) developed the Young Internet Addiction Test, and Young and Nabuco de Abreu (2011) wrote a handbook and guide on the evaluation and treatment of Internet addiction disorders.

The implications for psychiatric-mental health nurses are broad and challenging. Nurse educators need to add process addictions, such as Internet addiction, to nursing curricula, and continuing education on the topic is needed. Nurses in all settings should use screening instruments for Internet addiction when completing an intake interview.

Take a look around, and you will see individuals on their phones almost continuously. Consider what happens when a parent takes away a teen’s phone when he or she is disciplined. What type of reaction does the teen demonstrate? The teen’s emotional response and angry behavior is usually severe—sometimes almost catastrophic—as he or she feels as though his or her lifeline has been confiscated. What emotions do teens feel when they receive cyberbullying text messages? Cases exist in which teens commit suicide as a result of such communication.

What happens when your mobile phone battery dies, or when, for some reason, your data plan stops working on your phone and you are without e-mail? Do you feel panicked when your laptop finally runs out of power, and you find out that it may take a few days for a new one to be delivered? In the interim, everyone is asking why you have not responded to their e-mails!

What danger does texting while driving create? Are nursing students in clinical areas being sanctioned for their inappropriate use of mobile phones? Are faculty having difficulty with students constantly looking down during class to send text messages or flagrantly having laptops open during class when they should be looking at course PowerPoint presentations? Whenever you pass office doors, are faculty and other workers bent over their computer screens?

Have you been told by an administrator that e-mail is the preferred form of communication? As a psychiatric nurse, do you believe e-mail is truly effective, or is it simply a means to avoid face-to-face conversations?

I think it is time that we stop (or limit) looking at our computers and smartphones and start asking each other if society has created another addiction that exists in plain sight. Is the overuse of the Internet causing distress in individuals and families when parents do not have time to spend with their children or complete household chores because of time spent online? Is the overuse of the Internet causing issues in the workplace, home, and school? Are parents limiting their children’s and teens’ use of technology? Are teens finding themselves in difficult situations at school as a result of mobile phone, Instagram, Facebook, and Snapchat usage?

What can we do about this social phenomena—because technology is not going away. Other disciplines are writing, conducting research, and treating clients with Internet addiction. Where is the nursing science on this topic? Psychiatric-mental health nurses should take the lead in education, prevention, and treatment of Internet disorders—and they should start now.

REFERENCES


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