PROBLEMATIC INTERNET EXPERIENCES AND DEPRESSION

To the Editor:

Wieland's (2015) article, “Psychiatric–Mental Health Nurses’ Exposure to Clients With Problematic Internet Experiences,” which appeared in the October 2015 issue of the Journal of Psychosocial Nursing and Mental Health Services, showed that health care workers, specifically nurses, who are in the psychiatric and mental health field do indeed care for patients who deal with problematic Internet experiences (PIE). It was also determined that nurses who treat individuals with PIE should receive further information and training on how to assess and treat this specific behavioral addiction (Wieland, 2015).

Wieland's (2015) mixed-methods pilot study found six themes that mental health nurses identified in clients with PIE: (a) searching for pornography, (b) developing romantic relationships, (c) gaming, (d) excessive time, (e) cyberbullying, and (f) coming to terms with online sexual behavior and addiction. These themes compared well to the ones Wells, Mitchell, Finkelhor, and Becker-Blease (2007) reported in their study, which found that pornography, sexual exploration, gaming, gambling, role-playing, isolative-avoidant use, harassment, and infidelity were reasons for PIE. Wieland (2015) called for more nursing research to be conducted in connection to PIE; I agree that this needs to be done as nurses tend to provide the first line of care.

However, Wieland's (2015) study did not include much information on how PIE correlate to low self-esteem, depression, and anxiety. Consequently, Koronczai et al. (2013) concluded that men had more neglect problems and women had more control problems according to the three-factor PIE Questionnaire used in their study. Such mental health issues may lead to suicide. Suicide is becoming a growing issue in society; it is the second leading cause of death in individuals ages 25 to 34 and the third leading cause of death in individuals ages 15 to 25 in the United States (Centers for Disease Control and Prevention, 2013).

As the mental health system within the United States is under scrutiny among the media and society, it is important to address the issues of depression, anxiety, and decreased self-esteem. There may never be a complete elimination of PIE, but with continued research, especially within the nursing field, a steady decrease in PIE may begin.

REFERENCES


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The author has disclosed no potential conflicts of interest, financial or otherwise.
Response:

I appreciate receiving Mr. Wells’ response to my recently published article (Wieland, 2015) on problematic Internet experiences (PIE). The issue in the letter addressed the lack of information on PIE and low self-esteem, depression, and anxiety. These mental health issues did not present themselves as findings in my study per se, as the study was a descriptive quantitative design of survey results and narratives of clinical cases described by nurses, which resulted in themes. The letter also addresses the potential interplay of depression, anxiety, suicide, and social media/Internet use.

Depression, anxiety, and PIE are indeed findings in the literature (Koronczai et al., 2013), but as such, future correlational studies continue to be needed to address underlying relationships. The aim of Koronczai et al.’s (2013) study was to determine the relationship of dissatisfaction of body image on intensity of Internet use. Results showed that dissatisfaction with physical appearance seems to have a significant role in immersion into Internet use. Studies have reported the high comorbidity of Internet addiction with many psychiatric disorders, such as mood and anxiety disorders, attention-deficit/hyperactivity disorder, and obsessive compulsive disorder (Weinstein, Feder, Rosenberg, & Dannon, 2014). Other researchers have noted an association between PIE, depression, suicidal ideation, and bipolar symptoms in Korean adolescents (Park, Hong, Park, Ha, & Yoo, 2013).

It is imperative that information yielded from all studies be used in the education of health professionals (e.g., nurses, advanced practice nurses, physicians, pharmacists, social workers, psychologists, other mental health providers) and to begin to routinely screen for PIE in all settings to provide for patient safety and well-being.

REFERENCES


socioemotional network can easily dominate the cognitive-control network when there are social and/or emotional stimuli (Steinberg, 2007). Through the understanding of these two brain networks, the concept of peer pressure, all of a sudden, starts to make sense.

During adolescence, when the socioemotional network is stimulated, by peers in this case, the cognitive-control network that is only partially developed cannot withstand the assertiveness of a socioemotional network. Under this dominance, the partially developed cognitive-control network cannot “impose regulatory control over [the] impulsive and risky behavior that the adolescent is being 'peer pressured' into. This is why adolescents engage in risky behaviors” (Steinberg, 2007, p. 56). Adults generally do not engage in risky behaviors because their cognitive-control network is already fully developed.

The article by Ahern et al. (2015) was informative and enlightening despite not providing a detailed analysis of why adolescents engage in risky behaviors. Nevertheless, Ahern et al.’s (2015) article introduced the topic to me, which ignited my interest to explore it further.

REFERENCES

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The author has disclosed no potential conflicts of interest, financial or otherwise.

Response:
I appreciate Mr. Korogoda’s thoughtful review of this very important topic by adding a more extensive explanation as to why adolescents are risk takers. As a means of introducing the content of adolescent risk for our article (Ahern, Sauer, & Thacker, 2015), our intent was to offer a succinct explanation of why youth participate in such behaviors. Most of the literature relates such risk as being due to the partial development of the prefrontal cortex, along with peer pressure influence, which is why we included this explanation.

I have reviewed Steinberg’s (2007) perspective and will consider an exploration of his view of adolescent risk taking in the future.

REFERENCES

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The author has disclosed no potential conflicts of interest, financial or otherwise.

doi:10.3928/02793695-20160122-02