Psychopathological Issues of Technological Addiction: New Diagnostic Criteria for Addiction

Vincenzo CARETTI\textsuperscript{a,1} and Giuseppe CRAPARO\textsuperscript{b}
\textsuperscript{a}Department of Psychology, University of Palermo, Italy
\textsuperscript{b}Department of Psychology, University of Palermo, Italy

Abstract. All forms of addiction (drug addiction, food addiction, sexual addiction, technological addiction, work addiction) are syndromic conditions characterized by a recurrent and reiterated search for pleasure derived from a specific dependence behavior, associated with abuse, craving, clinically significant stress, and compulsive dependence actions despite the possible negative consequences. The purpose of this article is to propose a new diagnostic criteria of addiction.

Keywords. Addiction, diagnostic criteria, dissociation, affect dysregulation.

Introduction

In post-modern society, technology created a fundamental change in the communications and in the interpersonal relationship; new forms of self-with-other representation; new possibilities to freely access to informations regardless of age, sex, race, culture, or religion. But the technology also changed the relationship between means and ends.

Langdon Winner described this swap between means and ends as a reverse adaptation: human ends are adapted to the characteristics of the available means [1]. The goals, purposes, needs, and decisions that are supposed to determine what technologies do are in important instances no longer the true source of their direction. Technical systems become severed from the ends originally set for them and, in effect, reprogram themselves and their environments to suit the special conditions of their own operation. The artificial slave gradually subverts the rule of its master (p. 227).

When the technology becomes an end, there’s the risk that it could be used as a necessary instrument for self-expression.

That’s the way it is in the Technological addiction, in which the use of personal computer, television, video games is a psychic retreat [2] alternative to the ordinary conscience. It is a dissociative mental state that excludes emotions and feelings characterized by internal and external pain from the field of conscience, and deals with a mechanism of segregation sheltering the ordinary conscience from an excessive flood of painful stimuli.

\textsuperscript{1} Corresponding Author: Full Professor of Developmental Psychopathology, Department of Psychology, University of Palermo, Viale delle Scienze – Edificio 15, 90128 Palermo, Italy, tel: (+39) 063219337; E-mail: vincenzocaretti@tiscali.it.
1. Internet Addiction: a form of Technological Addiction

Griffiths [3] defined the technological addiction as “nonchemical (behavioral) addictions, which involve human-machine interaction” (p. 471).

The author distinguishes between two types of technological addictions: passive (e.g., television); and active (e.g., computer games); both of which are hypothesised to promote addictive tendencies via a process of inducement and reward. Under this framework, Internet addiction is interpreted as an active technological addiction that develops as the user interacts with the addicted behavior, in this case the intangible entity of cyberspace.

“Internet addiction” is a specific type of Technological addiction. It is a broad term covering a wide-variety of maladaptive behaviors: online compulsive gambling, cybersexual addiction, cyber-relationship addiction, online role-playing addiction, information overload, online compulsive trading, and online shopping addiction.

Goldberg was the first to coin the term of Internet Addiction Disorder, borrowing from DSM-IV the criteria for substance abuse/dependence and pathological gambling.

Adopting the criteria for pathological gambling, Kimberley Young [4] defined the pathological use of Internet as Problematic Internet Use.

The diagnosis of PIU is indicated by five or more of the following symptoms: 1. preoccupation with the Internet; 2. increased amounts of time needed on the Internet to achieve satisfaction; 3. repeated unsuccessful attempts to control, cut back, or stop Internet use; 4. feeling restless, moody, depressed or irritable when attempting to cut down/control use; 5. staying online for longer than originally intended; 6. jeopardizing or risking the loss of a significant relationship, job, education, or career opportunity because of the Internet; 7. lying to conceal the extent of involvement with the Internet; 8. using the Internet as a means of escaping problems or relieving dysphoric mood.

In the diagnostic criteria of Kimberley Young, Internet addiction is considered an impulse-control disorder, which doesn’t involve a drug abuse.

But these diagnostic criteria do not consider the last studies about the difficulty for the addicted to regulate the affects [5].

In a previous study [6], we found a correlation between Technological addiction, affect dysregulation, and dissociation.

In addicts the dissociation has the purpose to modulate unbearable and traumatic affective states. Through the dissociation, the subject may build up a parallel and more favorable reality- an easy shelter.

The relief coming from a temporary withdrawn inside, this retreat is not pathological by itself and can be at service of the personal energy, the creativeness, and the object relationships. When the withdrawal extends to an excessive reiteration and a morbid addiction, instead, it involves the risk of coercion, isolation, and distortion of the sense of Self and relationships, causing the loss of the vital contact with reality, a series of compulsive activities, and various forms of addiction- up to DSM-IV dissociative disorders.

From a trauma perspective, the dissociation, in addicts, is correlated to childhood traumatic experiences (neglect, sexual, psychological, and/or physical abuse).

During the last 20 years, the presence of the association between relational traumas, affect dysregulation and dissociation in people suffering from addiction (drug addiction, sexual addiction, food addiction, gambling addiction, alcohol addiction, technological addiction), has been confirmed by several researches [5-15].

278


2. New rationale for the diagnosis of addiction

On the basis of the presence of these common features, we consider the addiction as a syndromic condition characterized by a recurrent and reiterated search for pleasure derived from a specific dependence behavior, associated with abuse, craving, clinically significant stress, and compulsive dependence actions, despite the possible negative consequences. We also proposed the following new diagnostic criteria for addiction:

A. Persistent and recurrent behaviors of addiction. The behaviors are maladaptive and lead to clinically significant impairment or distress, as manifested by five (or more) of the following, occurring at any time in the same 12-month period: with at least two by (1), who one is (c), two by (2) and one by (3).

1) Obsessivity
   a) recurrent thoughts and images about the experience of dependence, or ideas related to dependence (e.g. being totally absorbed in mentally reliving experiences of dependence happened in the past, fantasizing or planning about the future behaviors and experiences of dependence);
   b) the dependence thoughts or the images are intrusive and cause inappropriate tension and arousal, as well as clinically significant anxiety and discomfort;
   c) the subject is aware that dependence thoughts and images are produced by the mind, and they are not provoked by external stimuli.

2) Impulsivity
   a) restlessness, anxiety, irritability, or distress when it is not possible to enact the dependence behavior;
   b) recurrent failure in resisting the inappropriate desires of dependence and self-regulating the impulses to enact the behavior of dependence.

3) Compulsivity
   a) the person feels obliged to repeatedly enact the dependence behavior, even against his or her own will, despite of the negative consequences.
   b) the coercive addictive behaviors and actions are finalized to avoid or prevent states of mental and physic pain, or to alleviate a disphoric mood (e.g. feelings of irritability, impotence, guilt or shame).

B. Thoughts or behaviors related to the addiction occur frequently and repeatedly during the day, and significantly interfere with normal habits, social functioning, activities, and relationships.

C. Thoughts and behaviors of addiction do not occur only during a maniac episode or because of a general medical condition.

The three factors of addiction (obsessivity, impulsivity, and compulsivity) explain the craving as an “uncontrollable desire toward a rewarding stimulus, intended as an environment element able to activate a behavioral approach toward the stimulus” [16].

The construct of craving assumes the characteristics of urgency and the compulsivity, especially in presence of specific internal or external stimuli; the strong, both impulsive and compulsive, attraction toward the addictive behavior goes really
beyond the drug-object by itself. The craving is activated in presence of environmental stimuli recalling the drug or the behavior, but also in answer to stressful events or particular emotional situations. The withdrawal inside-mental dissociated states in the addictive behavior in this way strengthen the mechanism of craving [17].

If we consider the pathological addiction as a disorder based on dissociation, originating from childhood traumatic experiences, it is easy to understand that the physiological effects produced by a drug-object (internet, substance, food etc.) is not the exclusive factor inducing the addiction, but there is a previous psychopathological predisposition, and the craving is its own natural epiphenomenon.

The craving is pre-existing to the addiction, it belongs to the sphere of aware and unconscious motivations that push the subject to seek a behavior, which puts aside the traumatic memories and the anguishes of fragmentation.

References