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# Internet Addiction as Diagnostic Addiction

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**Abstract.** This article continues the series on research reported at the 1999 American Psychological Association (APA) Annual Convention, Boston, MA, August 20-24, 1999. The topic this week concerns the nexus of politics and the diagnosis of mental disorder. The construct of Internet addiction is used as an example.

Rebelling against formally constituted authority could constitute the sole grounds for being diagnosed with a mental disorder in the Soviet Union. A prominent psychiatrist in the United States advocates that harboring racist thoughts and--based on these thoughts--acting violently against members of negatively stereotyped groups necessitates a diagnosis. In many countries, the use of illegal or illicit psychoactive substances--without a documented detriment to cognition, emotion, motivation, and/or behavior--can be the sole grounds for diagnosis. And in many countries, solely a pattern of legal violations can lead to a diagnosis.

These observations relate to ongoing controversy in the history of the diagnosis of mental disorder. Can a diagnosis be free of political judgment? If not, can the political and health aspects of diagnosis be adequately separated for analysis? And through the analysis, can the relative variances of political and health aspects that contribute to a diagnosis be identified?

It is extremely unlikely that diagnosis can be free of political judgment. Diagnoses explicitly or implicitly suggest some defect, dysfunction, or deviancy that are at least partially defined by what is valued in a specific society and culture--with this value bearing on the political power potentially accruing to individuals with and without the stigmas. Above and beyond this definition, a diagnostician is confronted with social and cultural constraints about what kinds of people are allowed to be diagnosed at all and to be accurately diagnosed. Violating such constraints bears on threats to a diagnostician's political power. Moreover, socioeconomic phenomena can engender defect, dysfunction, or deviancy, yet are very often discounted by diagnosticians who are too quick to attribute causality and blame to hypothesized phenomena "inside" people--an insidious example of the fundamental attribution error elaborated on by social psychology. This fundamental attribution error exemplifies false consciousness of the diagnostician and engenders false consciousness in the diagnosed.

Separating out and analyzing political and health aspects of diagnosis can, perhaps, only be done in the abstract. Why is this? As suggested above, political structures, functions, and processes induce, affect, and effect health, diagnostic nomenclature, and diagnostic processes and functions. Moreover, health characteristics can induce, affect, and effect political structures, functions, and processes--the crests and troughs of political issues.

All the above is germane to research on Internet Addiction (IA) reported at the 1999 APA Convention in Boston. Kimberly Young, who generated somewhat of a media controversy when she introduced the IA construct in 1996, has developed an 8-item scale as an IA diagnostic aid. The scale is based on an assumed isomorphic parallelism between IA and compulsive gambling. In fact, the latter seems to have been used as a model to develop the former.

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Traditional reliability and validity issues aside, political-health interactions and confluences have not been addressed in development of the IA construct and scale. The choice of yet another nexus of behaviors to be medicalized has implications for an individual's self-efficacy, self-worth, self-esteem, and very construction of self as exemplified by intrapsychic motives, cognitions, and emotions--as well as choice of behaviors and environments in which behaviors are expressed.

In fact, the IA construct can be seen as an addiction to diagnosis as a means to power: a route to professional stature by mental health professionals, behavioral scientists, and mass media representatives; a route to attention by people craving it in otherwise lackluster lives; and even a route to dissuade people from engaging in an intensive Internet immersion that might be creative and productive--although in venues that might not be socially valued. The construct of IA may form a nomological net with an addiction to diagnosis--an addiction that only can bemuse those people who wield vast political power obtained through a nondiagnostic route. (See Brenner, V. (1997). Psychology of computer use. *Psychological Reports*, 80, 879-882; Griffiths, M. (1999). Internet addiction: Fact or fiction? *Psychologist*, 12, 246-250; Pratarelli, M.E., et al. (1999). The bits and bytes of computer/Internet addiction: A factor analytic approach. *Behavior Research Methods, Instruments, and Computers*, 31, 305-314; Young, K.S. (1999). Evaluation and treatment of Internet addiction. In L. VandeCreek & T.L. Jackson (Eds.). *Innovations in Clinical Practice: A Sourcebook Vol. 17*. Sarasota, FL, USA: Professional Resource Press/Professional Resource Exchange, Inc., pp. 19-31; Young, K. (August, 1999). The controversy behind Internet addiction: Historical and current arguments. Poster presented at the meeting of the American Psychological Association, Boston, MA.) (Keywords: False Consciousness, Internet Addiction, Political Power.)