November 2019

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Recommended Citation

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Abstract

Perhaps no medium better encapsulates the hopes and anxieties of the new millennium than the Internet. For the Deaf community, the Internet promises to enhance communication, the dissemination of news and information, and overall accessibility. With the popularity of the Internet rapidly increasing, "cyber-addictions", a phenomenon little understood and little researched, may also become a serious clinical disorder (Young, Pistner, O'Mara and Buchanan, 1999). While research and information on this "disorder" is scarce, the "disorder" is becoming more recognized by the American Psychological Association as seen by the increase in numbers of papers given on this topic at their annual meetings. There is no such information on the effects of excessive Internet use among the Deaf* community. This paper will use the guidelines set up by the most current research on this "disorder" as it applies to the general (hearing) population. In addition, we will discuss when Internet use becomes a pathology and hypothesize about whether or not members of the Deaf community are more at risk for developing this addiction.

The "Disorder"

According to the Center for On-Line Addiction (netaddicitons.com, 2001), Internet addiction is defined as a wide range of impulse-control behaviors scattered over five categories: 1) Cybersexual Addiction—the viewing or downloading of pornography or adult sexual fantasy role-play chat rooms; 2) Cyber-Relational Addiction—individuals who become over-involved in online relationships or may engage in "virtual adultery"; 3) Net Gaming—obsessive on line gambling, shopping, stock trading, etc. 4) Information Overload—due to availability of information on the World Wide Web, this category refers to a compulsive need to have information available; 5) General Computer Addiction—non-interactive games such as Solitaire, Bingo etc. To qualify as having a true Internet disorder (Internet Addiction), the user must exhibit behaviors such that marriage, dating relationships, parent-child relationships, and close friendships were disrupted by excessive use of the Internet. Internet Addicts also use the Internet as an excuse to avoid needed, but reluctantly performed, daily chores such as doing the laundry, cutting the lawn or going grocery shopping. In addition, work performance also was affected negatively (Young, 1996).

Kimberly S. Young (1996) describes pathological Internet users as people who use the Internet 20-80 hours per week. In her research, she

notes that 56% of pathological users did not wish to alter their use. In one study it is suggested that clients with mild to moderate levels of depression, as assed by the Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, Erbaugh, 1961), have increased levels of personal Internet use (Young and Rogers, 1998). Computer-mediated communication weakens social influence by the absence of nonverbal behavior such as body language (touching, gesturing, facial expressions, eye contact etc) making electronic communication less threatening, thus allowing the depressed individual to overcome the initial awkwardness and intimidation in meeting and speaking with others. In addition, this anonymous "chat" helps depressives feel comfortable sharing ideas as they have time to plan, edit and contemplate their comments before sending them to others (Kiesler, Siegal, McGuire, 1984).

Young (1996) describes Internet Addiction to be most linked to Pathological Gambling as noted in the American Psychological Association, 1994, Diagnostic and Statistical Manual-IV. Using this model, Internet addiction can be defined as an impulse-control disorder that does not involve an intoxicant. Here is an example of modified criteria for pathological gambling to provide a screening instrument for addictive Internet use:

1. Do you feel preoccupied with the Internet (do you think about previous on-line activity or anticipate the next on-line session)?
2. Do you feel the need to use the Internet with increasing amounts of time in order to achieve satisfaction?
3. Have you repeatedly made unsuccessful efforts to control, cut back, or stop Internet use?
4. Do you feel restless, moody, depressed, or irritable when attempting to cut down or stop Internet use?
5. Do you stay on-line longer than originally intended?
6. Have you jeopardized or risked the loss of significant relationships, job, or educational or career opportunity because of the Internet?
7. Have you lied to family members, therapists or others to conceal the extent of involvement with the Internet?
8. Do you use the Internet as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)? (Young 1996).

As with Pathological Gambling, those who answer, "yes" to five or more questions were considered to have an Internet Addiction. Internet Addicts "become angry and resentful at others who questioned or tried to

take away their time from using the Internet, often times in defense of their Internet use to a husband or wife." (1996).

Case Study

In one such case, a Deaf male client in his early 40's going through a particularly painful divorce recalled becoming obsessed with chat rooms he knew his ex wife was frequenting. He would go into the chat room and use a fake screen name in the hopes of catching her in an on-line affair. He admitted to spending "every minute that I am not at work" on the computer in pursuit of his wife. At one point he logged on to a "Deaf" chat room five times in one hour to see if he could find his wife. He even hypothesized that she had a different screen names as well. He would then (via a chat room in a Deaf user group) become verbally abusive to whomever he suspected his wife was, accusing the woman in the chat room of having an affair, stealing his money, using him, etc. He was never 100% sure if this was his wife, but stated that "this woman's English skills were the same" as his wife's skills. While he stated he did not think his Internet use was affecting any other part of his life, his children (of whom his first wife had custody), complained that time with their father was either cut short or canceled all together. In many cases his family stated that he spent the whole weekend on the computer and suspected he was doing this when he canceled visits with them. While he and his wife have since reconciled, he still is accused (by his family) of spending too much time on the computer. His wife complains that when he arrives home from work the first thing he does is check his e-mail. He often misses family dinners and family events to "have time to myself on the computer". Although he denies having on-line affairs or gambling, he says he likes to "keep in touch with old friends"—as many as 200 old friends. He does not believe he has a problem at this time, but does admit to "becoming obsessed" with the Internet during his separation from his wife. He denies ever having any other type of addiction (alcohol, drug etc).

Certainly we can view this Internet addiction as a symptom of larger issues this man is experiencing. Perhaps there are issues of intimacy, dependence, control, depression and the like. If we look only at the symptom of Internet usage we may be missing a bigger picture. But like many clients who present themselves for therapy, his Internet use (or misuse) was one of the primary reasons he came to therapy. He was not attending sessions to deal with depression, anger management or intimacy issues. He wanted to stop obsessing about catching his wife cheating on him on-line! Now that he and his wife are back together, his wife wants

him to spend more time with her and her children and less time "on-line". Initial diagnostic impressions were of a man who has a tendency towards dependence on others and depression due to marital problems.

This particular Deaf client with the questionable diagnosis of "Internet Addiction" is not socially isolated, which we might hypothesize to be the case for an Internet Addict. He has many real friendships with other Deaf and hearing people. He has a full time job that requires a great deal of over-time work. He often complains that his work hours are long and the work arduous. Part of the charm of the computer is to have contact with people without having the added pressure of having to actually socialize. As he puts it: "I can chat with friends or meet new friends at home without leaving the house. Without worrying about what I look like or what I am wearing. If I am bored I can just get off line". The computer-mediated communication of being on-line does offer a sense of separateness that is very comfortable for this man. In terms of the newly tested diagnostic criteria for Internet Addiction this client was able to answer "yes" to six of the eight questions. His wife, when asked the same questions about her husband's Internet use answered "yes" to eight of the eight questions.

Does the above-mentioned Deaf client fit the criteria for being an Internet Addict? He is using the Internet over 20 hours a week. He did test as moderately depressed based on the BDI, but only during the time of his separation from his wife. When reconciled with his wife his test scores went back to normal. He does state that he likes e-mail because it gives him time to compose his thoughts. He also likes the instant messaging system that enables him to "chat" with another member friend who is on line at the same time. He is defensive about his use and has admitted to lying to his wife about the actual time he spends on-line. His work is not suffering; his family relationships are. Both he and his wife say that socializing with friends has not been affected by Internet use. This client states that he becomes "extremely angry" at his wife when she brings up Internet usage. He has asked me to ban the topic from our counseling sessions to focus on real problems. When asked what the real problems are he will respond: "She won't let me use the computer!" For certain this man is teetering on the brink of having an Internet Addiction. Could this addiction be better explained as an Avoident Personality Disorder? Depression? Dysthymia? Perhaps. But the problem behavior remains the Internet usage. Do I treat the behavior first, or if I treat the issues will the problem behavior dissipate? Will the client and his wife stick around for treatment that is not directly addressing the Internet usage?

Treatment Modalities

To date, the APA does not recognize Internet Addictions as a true disorder. There is no mention of it in the DSM IV. There are no established guidelines for diagnosing an Internet Addiction. The criteria mentioned above are in the process of being researched and have not been endorsed by the APA as being "the criteria" for diagnosing such an Addiction. The criteria are certainly a springboard for further discussion and further research. There is likely no agreement among practitioners on whether or not such a "disorder" even exists. It is the contention of this paper that while no formal diagnostic category exists, Internet usage can be problematic for some people. And while there is no formal diagnostic category, there is also no widely recognized treatment modality currently being used to treat Internet Addicts. To date the treatment given to this particular client has been a mix of family, couples and individual psychotherapy and cognitive behavioral therapy. If there were a group meeting that addressed Internet Addiction issues, this client would likely be referred to such a group. The Deaf client did have a consultation with a psychiatrist to evaluate the depressive symptoms and he was not given medication. The psychiatrist felt that he was within a normal range for depression based on his life circumstances of separation and reconciliation with his wife, and believed that with some therapy, he and his wife, and the Internet Addiction would do better over time. While the client and his wife have been attending regular (weekly) counseling sessions, their relationship remains too volatile to be able to predict what the outcome will be.

Deaf Community: At Greater Risk for Internet Addictions?

Are Deaf people at greater risk then the general population for developing an Internet Addiction? Are Deaf people more depressed and socially isolated? There are no easy answers to these questions. In his book *The Mask of Benevolence: Disabling the Deaf Community*, Harlan Lane discusses the confusing body of literature that describes mental and emotional illness in Deaf people. Debates on both sides have occurred. Some assert that mental and emotional disabilities are more prevalent in the deaf community while others assert this is simply not the case. The literature on both sides is scholarly, however as Lane points out there may be a bias toward "pathologizing" deaf people much as any majority group (or colonizer) would pathologize minority (colonized) people. There is currently no evidence that states deaf people to be at greater risk for developing any of the DSM IV Addictive Disorders. Similarly, there is no evidence that people who are deaf have a greater incidence of Depressive Disorders.

Counselor training programs lack sufficient emphasis on counseling people from different cultural backgrounds. (Sue and Sue, 1999). A persistent problem in clinical work with deaf clients is misdiagnosis. For the practitioner who is not versed in Deaf culture, language and community norms, a pathological view of *deafness* may be prevalent.

Providing appropriate psychotherapeutic services to deaf people requires the practitioner to be knowledgeable about an array of psychological issues in addition to being knowledgeable about Deaf culture (Harvey and Glickman, 1996). Deaf people are certainly a minority group in this country. There is no evidence that Internet Addictions strike minorities at any greater rate.

The Internet is clearly a powerful medium for commerce, information, entertainment, communication, education and the creation of various cyber communities and virtual realties. We are just beginning to understand how to use the Internet and how to abuse it. Clearly we need further research on Internet Addictions and greater debate about this "disorder" within the psychiatric, psychological and counseling communities. Those of us practicing with deaf clients would be remiss if we failed to consider this issue until after it has been thoroughly studied by the general "hearing" community. We must now study the effects of the Internet on our deaf clients.

*"d" deaf refers to the entire population of people with hearing loss. "D" Deaf refers to those who consider themselves to be a part of Deaf Culture.

References

Bech, A. T., Ward, C.M., Mendeleson,, M., Mock, J.F., & Erbaugh, J.K. (1961). *An inventory for measuring depression.* Archives of General Psychiatry, 4, 5-571.

Diagnositc Criteria from DSM-IV. American Psychiatric Association, 1994.

Glickman, N.S & Harvey, M. A., (eds) *Culturally Affirmative Psychotherapy with Deaf Persons.* Lawrence Erlbaum Associates, 1996.

Kiesler, S., Siegal, I & MGuire, T. W. (1984) *Social psychological aspects of computer-mediated communication.* American Psychologist 39(10), 123-134.

Lane, Harlan. *The Mask of Benevolence: Disabling the Deaf Community.* First Vintage Books. 1992

Sue, D.W and Sue, D, *Counseling the Culturally Different: Theory and Practice.* John Wiley and Sons, Inc. 1999.

Young, K.S., *Internet Addiction: The emergence of a new clinical disorder.* CyberPsychology and Behavior, Vol. 1 No. 3., 237-244. Paper presented at the 104th annual meeting of the American Psychological Association, Toronto, Canada, Auguest 15, 1996.

Young, K.S and Rodgers, R, *The Relationship Between Depression and Internet Addiction.* CyberPsychology and Behavior. Voume 1, Number 1, 1998.

Young, K., Pistner, M., O'Mara, J., Buchanan, J., *Cyber-Disorders: The Mental Health Concern for the New Millennium.* Paper presented at the 107th APA convention, August 20, 1999. In press for CyberPsychology and Behavior.

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