Letters to Editor

Response to “Letter To Editor: Internet addiction disorder: Hype, a myth”

Sir,

We thank the author for the response to our guest editorial. We agree that the case for internet addiction (IA) should not be settled as a clear-cut case of a psychiatric disorder, at least not as yet. We also agree that each and every person with so-called IA deserves a thorough psychiatric assessment to ascertain the possibility of an independent psychiatric disorder. Indeed, many of those with excessive and maladaptive use of the Internet do suffer from an underlying independent psychiatric disorder that needs to be diagnosed and treated.

What we do not agree with is the tone of foreclosure and dismissal of the entire complex issue as “hype, a myth.” In this regard, it is ironic to quote from Pies that the author has quoted. That quote is a bit of a same-side goal because Pies says that it is not appropriate to write off the so-called IA with the allegation of medicalization. Instead, what he actually calls for at the very end of his commentary—and we entirely agree there—is to follow “a conservative approach to both diagnosis and treatment of PUEM-like behavior. This should be accompanied by rapid development of uniform diagnostic criteria and a vigorous research effort aimed at understanding the nature of this condition.”

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Our editorial was meant to focus on exactly this need for “a vigorous research effort aimed at understanding the nature of this condition” rather than dismissing the whole issue as a hype or myth. Hence, we have posed four “cardinal questions” to resolve the issue in a progressively hierarchical manner. Just to recapitulate, these are as follows:

1. Is IA better conceptualized as a “disorder” or as a continuum of normal behavior?
2. Assuming that some cases of these excessive, uncontrolled, and inflexible internet use behavior indeed is a mental and behavioral disorder: Is this pattern of behavior an addictive disorder?
   a. How can there be an addiction to something which is not as tangible a thing as drugs?
   b. Why is it not better explained by simply as a manifestation of the other underlying disorders such as depression, anxiety, or social phobia?
   c. Why is it not better conceived as, say, an impulse control disorder (as done for pathological gambling or the new category of compulsive sexual behavior disorder) or an obsessive-compulsive spectrum disorder?
3. If PIU is indeed best conceptualized as an addictive disorder (i.e., internet use disorder [IUD] as a behavioral addiction), what is the person addicted to?
4. Assuming that we conceptualize IUD as a unifying concept with varied “subtypes” based on specific applications of the Internet, there arises a question: How to diagnose such a condition?

Thus, there are many layered issues regarding IA, of which the author of this letter has chosen to focus on only one (question number 2b) as above. Our appeal is: do not prematurely close the issue as settled, but rather identify the challenges and tasks ahead and progress on the path so that we can gradually zero in.

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There are no conflicts of interest.

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