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Internet use disorders: What's new and what's not?

Commentary on: How to overcome taxonomical problems in the study of Internet use disorders and what to do with “smartphone addiction”? (Montag et al., 2019)

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COMMENTARY



ABSTRACT

This commentary critiques the recent paper by Montag et al. (2019) and (i) argues that there are a number of issues that are presented as contemporary but have been discussed in the internet addiction literature for over 20 years, (ii) argues that generalized internet use disorder (IUD)/smartphone use disorder (SmUD) and specific IUD/SmUD may mean different things to different scholars, (iii) suggests that online activities that involve content creation often utilize nonmobile devices, and (iv) suggests that there are some potentially problematic online behaviors that are not included as major activities in the proposed in Montag et al.'s taxonomy of internet-related problematic behaviors.

KEYWORDS

internet addiction, smartphone addiction, internet-related use disorders, internet use disorder, smartphone use disorder

INTRODUCTION: GOING ROUND IN CIRCLES?

The recent paper by Montag et al. (2019) presents some ideas and critiques concerning the taxonomical issues in the controversial areas of internet addiction (and internet use disorder [IUD]) and smartphone addiction (and smartphone use disorder [SmUD]). One of the key concepts running throughout the paper is that when it comes to internet and smartphone use “it is of high relevance for scientists to better describe and understand what persons are actually (over-)using” (p. 1). The first thing to note is that this debate is not new but there have been great changes since I published the first academic paper on internet addiction in November 1996 (Griffiths, 1996a), closely followed by Kimberley Young in December 1996 (Young, 1996).

In my 1996 paper, I specifically said that one of the main objectives of future research in the area should be for researchers to determine the object of this particular addiction (e.g., video gaming, pornography, emailing, information browsing, socializing and talking to others in chat rooms, etc.). I also made the point that “the internet provides a medium for the addiction to flow to its object of unhealthy attachment (i.e., a secondary addiction to more pervasive primary problems)?” (p. 34). I then argued that for sex addicts (by way of an example), the internet could be a very attractive medium given the perceived anonymity. I also made the point that some types of online activities (such as online chatting or the playing of role playing videogames) may more addictive than some other online activities.

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In the same year I also published the very first academic paper concerning online gambling and argued that this particular online activity was likely to be a future problematic behavior for a minority of individuals that engaged in it based on my initial research on internet addiction (Griffiths, 1996b). In short, the debates about what internet addiction (or IUD) is or what individuals are addicted to (or have problems with) is nothing new and have been there in the literature for a quarter of a century.

WHAT IS THE OBJECT OF ADDICTION IN INTERNET USE DISORDERS?

However, it is also worth noting that although I have published many papers on internet addiction in the past 25 years and many on smartphone addiction more recently, my general view is that individuals are no more addicted to the internet and smartphones than alcoholics are addicted to bottles (Griffiths, Kuss, & Demetrovics, 2014; Kuss & Griffiths, 2017). I (like other scholars) differentiate between generalized and specific IUD/SmUD but perhaps differ slightly on the definition because my own view is that generalized IUD/SmUD is when individuals have problematic use of multiple activities on the internet or smartphone, and specific IUD/SmUD is when individuals have problems concerning a specific activity on the internet or smartphone.

On a minor point, Montag et al. claim that “many researchers [have] switched from using the term *Internet addiction* to *Internet Use Disorder (IUD)* to describe the excessive use of the Internet and to find a fit with the terminology used in *ICD-11*” (p. 1). My own view is that this is not the case and that the majority of papers published in the past few years still use the terms “internet addiction” (and “smartphone addiction”) or “problematic internet use” (and “problematic smartphone use”) and that IUD is still a term used by a minority of researchers (although I agree that there are more researchers using the term).

Montag et al. also claim that “the term *Internet use disorder* is an improvement over *smartphone/Internet addiction* because persons might become addicted to certain online channels, hence content, and not to the Internet or the smartphone per se” (p.2). However, the terms “internet addiction” and “smartphone addiction” do not preclude individual being addicted to specific activities on the internet or smartphone any more than IUD or SmUD. The key is how these concepts are operationally defined.

GAMING DISORDER ONLINE OR OFFLINE: DOES IT REALLY MATTER?

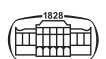
Montag et al. note that gaming disorder in ICD-11 (World Health Organization, 2019) comprises two categories (i.e., gaming disorder predominantly online or predominantly offline). While the ICD-11 terminology is better conceptualized than that in the DSM-5 (American Psychiatric

Association, 2013) because the DSM-5 erroneously says that internet gaming disorder [IGD] is the same as IUD and that IGD also (wrongly) includes offline gaming; Griffiths & Pontes, 2014; Kuss, Griffiths, & Pontes, 2017), there is an argument that the disorder should simply be termed “gaming disorder” irrespective of the medium (i.e., online vs. offline), the hardware on which it is engaged (e.g., personal computer, laptop, tablet, handheld gaming console, stationary gaming console, smartphone, smartwatch, MP3 player), game type (e.g., casual game vs. never-ending game; single player vs. multiplayer), gaming genre (e.g., massively multiplayer role-playing game, first-person shooter, real time strategy, sports simulation, etc.) or whether the device the game is played on is mobile or nonmobile. The issue I would raise is why is the mobile/nonmobile distinction in any more important than other differentiations that could be made especially when as the authors acknowledge that there are some types of hardware that are portable (e.g., laptops, tablets) and therefore mobile by definition, and consequently blurs the distinction between mobile and nonmobile devices.

Montag et al. propose that in their proposed taxonomy, IUD should be classified into “IUD predominantly mobile” and “IUD predominantly nonmobile”. While I can see some utility for the distinction based on some of the arguments made by the authors, why is this better than the other ways that types or ways that gaming could be differentiated? Also, when we consider other behaviors in the proposed taxonomy, there are some behaviors that may be engaged in more equally in the mobile vs. nonmobile and online vs. offline dichotomies (e.g., shopping, sex, gambling).

SOCIAL NETWORKING USE AND SMARTPHONE USE DISORDER

Montag et al. also include some commentary regarding the use of social networking sites on mobile vs. nonmobile devices. Research in the field has consistently shown that there is large crossover between smartphone addiction and social networking addiction/social media use addiction mainly because the most time spent on smartphones concerns social networking activity rather than other types of activity (Kuss & Griffiths, 2017). I have also previously noted that social networking addiction and social media addiction are not the same (Kuss & Griffiths, 2017). However, there are some types of social media activity that when engaged in from a content creation perspective (e.g., constantly creating content for *YouTube* or constantly using photo manipulation software for improving selfies before they are uploaded onto social networking sites), users appear to spend more time on nonmobile devices than smartphones because of the software and screen size needed (i.e., the smartphone screen is simply too small to engage in such content creation activities). Research has shown that individuals experiencing problematic *YouTube* use and problematic selfie-posting appear to spend more time on nonmobile devices creating the content (Balakrishnan & Griffiths, 2017, 2018; Griffiths & Balakrishnan, 2018).



Later in the paper, Montag et al. (rightly) note there are social media applications that contain “different specific contents (e.g., WeChat in China). WeChat has many functions going beyond communication. . . This also illustrates the importance to take a detailed look at what functions a person is using of an application to better understand if a certain area falls in the context of IUD” (p. 4). I made this same argument back some years ago when I critiqued the newly developed Bergen Facebook Addiction Scale (Andreassen, Torsheim, Brunborg, & Pallesen, 2012).

More specifically, I noted that although the Facebook platform was initially developed to facilitate online social friendships, there were now so many other activities that could be engaged in on Facebook besides communicating with other individuals including playing games (e.g., Farmville), gambling, viewing photos, watching video clips, etc. I then said:

“[J]ust like the term ‘Internet addiction’ – ‘Facebook addiction’ as a term may already be obsolete because there are many activities that a person can engage in on the medium. Therefore, ‘Facebook addiction’ is not synonymous with ‘social networking addiction’ – they are two fundamentally different things as Facebook has become a specific website where many different online activities can take place” (p. 59).

As I have pointed out on numerous occasions over the past 20 years, there is a fundamental distinction between addictions to the Internet and addictions on the Internet (Griffiths, 2000, 2012). The same argument can apply to Facebook use and smartphone use.

I totally concur with Montag et al. who “believe that technology per se is neither good nor bad, but the way and the context of technology use matter” (p. 4). Again, these arguments have been made by myself and others for over 20 years. For example, I made a number of points concerning the addiction criteria used by Kimberly Young and others to assess internet addiction. More specifically, I noted that the internet addiction measures (i) had no measure of severity, (ii) had no temporal dimension, (iii) had a tendency to overestimate the prevalence of problems, and (iv) took no account of the context of internet use (Griffiths, 2000).

I have also made the point about the context of internet use in many of my papers since then, most notably in a paper where I demonstrated that even very excessive online use may have little or no detrimental effects depending upon the context of use in the individual’s life (Griffiths, 2020). For me, context of internet and smartphone use is the most important factor when determining whether something is problematic, disordered, or addictive.

OTHER POTENTIAL INTERNET USE DISORDERS?

The final point I would make is whether there are any other online behaviors that are engaged in as much as gaming, pornography, communication (typically social networking

use), gambling, and shopping/buying that could be potentially problematic and should be included in the taxonomy proposed by Montag et al. The activities that spring to mind involve the watching of online videos, television programs, and films although these are not type of unified activity. On the one hand, there is growing research that has started to investigate problematic online “box set bingeing” and online television shows/films (via online streaming sites such as Netflix, Amazon Prime, etc.) (e.g., Orosz, Bóthe, & Toth-Kiraly, 2016; Orosz, Vallerand, Bóthe, Tóth-Király, & Pas-kuj, 2016; Walton-Pattison, Dombrowski, & Presseau, 2018). On the other hand there is the aforementioned potentially problematic use of YouTube (Balakrishnan & Griffiths, 2018; de Bérail, Guillon, & Bungener, 2019; Klobas, McGill, Moghavvemi, & Paramanathan, 2018, 2019). Related to this are niche problematic behaviors related to the watching of very specific online videos and broadcasts, most notably “mukbang” in which viewers watch others eat food on camera. Recent research also suggests that this may be problematic or addictive for some individuals (Kircaburun, Harris, Calado, & Griffiths, 2020; Kircaburun, Stavropoulos, et al., 2020). There is also the aforementioned compulsive selfie-taking which has been reported as a problematic behavior in itself as well as being associated with problematic social media use more generally (Boursier, Griffiths, & Gioia, 2020a, 2020b; Gioia, Griffiths, & Boursier, 2020).

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