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The Medicalization of Online Behavior

In the last several years, a growing number of articles have appeared that discuss how and why users behave in certain ways online. Online behavior has been the subject of interest and discussion not only among information professionals, but among social scientists as well. Entire journals are now devoted to the subject of online behavior, among them Computers in Human Behavior and CyberPsychology & Behavior.

Studies of online behavior have changed in emphasis over the years. These changes reflect changes in user behavior that have themselves resulted from changes in both technology and in users themselves. Early computer hardware and software were difficult to use, resulting in stress, frustration and anxiety among users. Early studies of online behavior thus tend to focus on “technostress,” computer anxiety, and computer phobia. As computers have become easier to use and the Internet has become more of a household word, studies of online behavior have increasingly emphasized different behaviors. The last few years in particular have seen the rise of studies of online users that emphasize the engaging, absorbing, entrancing aspects of online use. Many of these studies emphasize the negative aspects of the Internet’s newly discovered hypnotic power. Prolonged online use can result in users being characterized or “labeled” as “pathological,” “compulsive,” or “addicted,” by the authors of the study. These authors are usually clinical or counseling psychologists with academic affiliations and active clinical practices.

Is use of medical terminology simply the result of the training and experience of these professionals, training that predisposes them to view behavior in certain ways? Or is it the result of larger, more significant societal forces at work? It is the purpose of this

study to investigate the process by which online behavior appears to be increasingly medicalized and to suggest some possible reasons why non-medical problems are defined and treated as medical problems. Perhaps a good place to begin the investigation is to take a closer look at some of the studies of online behavior that have been done recently. This will provide us with a better idea of what is meant by "medicalization" and how the process works. Following this, the author will discuss some possible consequences of the medicalization of online behavior and their implications for online users.

Recent Studies Medicalizing Online Behavior

Many recent studies of online behavior that employ medical terminology have appeared since 1995. It was just at that time that colorful, user-friendly graphic browsers like Netscape became widely available to the public. The Internet and the Web suddenly became easy enough to use that large numbers of people began exploring the online world and spending more time online. Anyone who could point and click could quickly learn to navigate in cyberspace.

Shortly after, in 1996, an article appeared in the journal Psychological Reports entitled "On-Line Sexual Addiction: A Contemporary Enigma." The authors talk about online bulletin boards becoming a medium for users interested in "sexually perverse subjects" who are "afflicted" with "erotic predilections," and how these individuals are capturing the attention of professionals in the mental health field. They define "cybersex" in clinical terms, as an "interactive externalized fantasy" that allows online users to "operationalize sexual fantasies" that might otherwise have "self-extinguished" if it were not for the "powerful reinforcement" that is offered by interacting online with

others. The authors point out that mental health professionals have not paid enough attention to cybersex and the “mental health concerns” of those who engage in what they choose to term “dysfunctional” behavior. They go on to describe individuals who “have entered treatment for their addictions to ‘cybersex’” and then describe cognitive and behavioral “treatment strategies.” They “assess progress in treatment” by monitoring the client’s previous month’s online bills which they believe serve as a gauge of their online activity. The article concludes with a call for researchers to investigate “commonalities” in the treatment of “cybersex addicts” and sex offenders (Bingham and Piotrowski 1996, p.258).

Another article that appeared in 1996 that cast online behavior in medical terms was written by a clinical psychologist from the University of Pittsburgh at Bradford, Dr. Kimberly S. Young. Dr. Young’s article, “Psychology of Computer Use: XL. Addictive Use of the Internet: a Case That Breaks the Stereotype,” describes the “case” of a middle-aged homemaker who became “addicted” to using the Internet. Dr. Young believed that this woman’s situation was particularly important because the woman did not fit the stereotype of the youthful introverted male technophile who becomes “computer addicted.” The woman not only had no technological orientation, she had no “prior addiction or psychiatric history.” Young discusses the woman as part of a larger project that was started based on reports that suggested that people were becoming addicted to the Internet in the same way that they become addicted to alcohol, gambling, or drugs. The author then proposes that a clinical definition of Internet addiction can be arrived at by comparing it with the criteria for other “established addictions.” Internet addiction is compared with the criteria for substance dependence listed in The Diagnostic and

Statistical Manual of Mental Disorders: DSM-IV of the American Psychiatric

Association. The author notes that although many professionals believe “addiction” should only be applied to chemical substances, similar “diagnostic criteria” have been used for pathological gambling, eating disorders, sexual addictions, “generic technological addictions,” and videogame addictions. Dr. Young goes on to describe a 7-item questionnaire she developed by using criteria for substance abuse in the DSM-IV in order to measure Internet addiction. A person who completes the questionnaire and answers yes to 3 or more questions is termed an “Internet addict.” The article concludes with a recommendation that “cases” be monitored so that “implications for treatment” can be obtained and to determine whether this online behavior serves as a substitute for other “established addictions” or whether it is a “co-morbid factor with other psychiatric disorders, e.g. depression, obsessive-compulsive disorders” (Young 1996, p.902).

In 1997, Viktor Brenner, a counseling psychologist at the University of Wisconsin, attempted to measure the “addictive potential” of the Internet. He posted a 32-item questionnaire on the Web that assessed experiences similar to those characteristic of substance abuse in the DSM-IV. These experiences include an inability to control the amount of time spent online and social isolation resulting from computer use. Brenner received 563 usable responses, with the average user experiencing ten or more signs of “interference in role functioning” such as staying up late and skipping meals. Some users experienced “tolerance” (being warned of excessive time spent online), “withdrawal” (inability to stop thinking about the net if away from it for a time) and “craving” (unsuccessful attempts to spend less time on the Internet). The author concluded his

study by noting that preliminary results suggest that the Internet creates tolerance, craving and withdrawal in users (Brenner 1997, p.882).

The year 1997 marked the appearance of another article entitled “Sex and the Net: Clinical Implications,” written by a therapist affiliated with the Department of Psychiatry at the Robert Wood Johnson Medical School. Writing specifically about sexual behavior associated with the Internet, the author coined the term “netsex.” Engaging in netsex excessively may be explained by the personality of the individuals—they are “schizoid” or “socially inept.” Netsex users are frequently “anhedonic with marked clinical depression” but possess “enough of an observing ego to wonder whether the increasing amounts of time and money they are spending on the net is pathological.” “Netsex” the author states “is merely the tip of the iceberg.” Further evaluation is needed to get to the underlying conflicts, and this... “clinical assessment reveals that these individuals have conflicts about such issues as closeness, dependency, and abandonment.” Netsex is thus a “symptom” for which “a more accurate diagnosis, as well as a more meaningful treatment plan,” can reveal itself “if the patient can be persuaded to stay in treatment.” The “treatment” consists of that used in the treatment of sexual addiction “...whether this be 12-step programs or some combination of pharmacological (e.g. administration of serotonergic medications) and psychological interventions” (Leiblum 1997, p.23).

In “College Life On-Line: Healthy and Unhealthy Internet Use,” which was also published in 1997, online behavior is again medicalized. The article’s author, a counseling psychologist at the University of Texas, compiled a list of 10 “clinical symptoms” of “Internet dependency” by using the symptoms of substance abuse and dependency listed in the Diagnostic and Statistical Manual of Mental Disorders: DSM-

IV. The author created a questionnaire based on these and obtained responses from 531 college students. Anyone who indicated three or more “symptoms of dependency” in their responses was classified as “Internet –dependent.” The author suggests Internet dependents probably “have underlying psychological or psychiatric problems which cause or worsen their dependency.” The author concludes that although Internet use is not physiologically addictive, “Internet use can appear similar to other dependencies (e.g. substances, food, gambling, and sexual behavior)” (Scherer 1997, p.663).

Two studies that have appeared more recently also attempt to medicalize online behavior. In 1999, a counseling psychologist named Alvin Cooper and his colleagues wrote an article called “Sexuality on the Internet: From Sexual Exploration to Pathological Expression.” In the article Cooper reports the results of a 59-question online survey of online sexual behavior. Although only 8 percent of respondents reported problems associated with compulsive disorders, the authors state that “...there is a need for mental health professionals to be involved in these early stages of [online] development in order to minimize potential problems and adverse effects.” They further point out that “There is a need for specifically tailored treatment strategies for those having difficulty with Internet sexuality.” They mention that methods of treatment are “already being developed” at “computer addiction programs” such as those at Del Amo Hospital in Torrance, California and Maclean Hospital in Belmont, Massachusetts. According to the authors, “treatment for online sexual acting out needs to be centered on breaking the denial and isolation.” This treatment that they are referring to is psychotherapy. Specifically, they recommend “Group (psychotherapy or 12-step

programs), couples, and individual psychotherapy is the optimal treatment combination” (Cooper, Scherer, Boies, Gordon 1999, p.162).

The following year J. Morahan-Martin and P. Schumacher published a study entitled “Incidence and Correlates of Pathological Internet Use Among College Students.” It reported the results of a 13-question survey of 277 undergraduate Internet users to assess incidence of “pathological Internet use.” The authors defined pathological Internet use as Internet use “which causes a specified number of symptoms, including mood-altering use of the Internet, failure to fulfill major role obligations, guilt, and craving.” The survey results indicated that only 8.1% of the sample reported four or more symptoms, which according to the authors, constituted pathological use (even though the students only spent an average of 8.48 hours a week online). Pathological users were more likely to be male, technologically skilled, and to use the Internet to reduce loneliness, provide companionship with other users, and to achieve a sense of mastery, confidence, and control. Those the authors considered “pathological” were more likely to report that they became “immersed” and “absorbed” online. The authors then go on to claim that immersion can lead to altered states of consciousness but offer no evidence from their survey that respondents experienced such states (Morahan-Martin and Schumacher 2000, p.27).

The Process of Medicalization

The medicalization of online behavior is part of a larger trend in which more and more aspects of behavior that deviate from the norm are being medicalized, which means “defining behavior as a medical problem or illness and mandating or licensing the

medical profession to provide some type of treatment for it” (Conrad, 1975, p.12).

Examples of deviant behavior that have become medicalized include alcoholism, drug abuse, hyperactivity, excessive eating or undereating, homosexuality, gambling, and infertility. Many of these problems were originally defined as moral or ethical concerns and were considered by society to be immoral or sinful behavior.

As religious institutions gradually came to exert less influence and society became more secularized, the way these behaviors were regarded began to change. At the same time, the medical profession was becoming more powerful in society and extending its influence over more areas. Many of the serious diseases that people suffered from in earlier times have gradually been eliminated, and the medical profession has had to create new “illnesses” to claim jurisdiction over in order to maintain its importance. The actual medicalization process typically begins with what sociologists refer to as “medical claims-making,” in which medical professionals begin to write about a certain behavior in professional journals, give papers or presentations about it at professional conferences, and develop professional services or clinics to treat the new “illness” (Conrad 1992, p.219).

Thus, in the case of online behavior, Dr. Kimberly Young wrote a second paper in 1996 called “Internet Addiction: The Emergence of a New Clinical Disorder.” It was the first paper on the subject of Internet addiction to be approved for presentation by the American Psychological Association at their annual convention. Dr. Young created a questionnaire designed to measure Internet addiction based on criteria used to diagnose compulsive gambling and alcoholism, taken from the Diagnostic and Statistical Manual of Mental Disorders: DSM-IV. She then went on to create the Center for On-Line

Addiction, just as online addiction clinics were being formed in Illinois, Massachusetts, and California.

Generally, the medicalization process for online behavior involved researchers creating various assessment tools in the form of surveys or questionnaires based on criteria for other addictions that had already been established by the medical profession. Once the questionnaire has been created and administered, a certain percentage of respondents are then diagnosed with a degree of professional certainty that they are suffering from “Internet addiction.” The criteria for Internet addiction are vague enough that anyone can be considered a potential addict. Researchers like Dr. Young then begin to offer workshops to train other clinicians how to recognize and treat Internet addiction in their clients. As teachers, counselors, and therapists attend these workshops and become more sensitive to “symptoms” of Internet addiction, they diagnose more and more cases. The media and news services pick up on these activities and amplify them by calling attention to the new “illness” and getting more users to self-identify as Internet “addicts” (Umiker-Sebeok 1997, p.276). What was formally seen as a problem eventually begins to be seen and treated as an illness.

Consequences of Medicalization

One effect of labeling online behavior as “addictive” or “compulsive” is that what was originally intended to identify behavior eventually comes to identify the online users themselves. Online users gradually begin to be seen as “having an addiction,” and when anyone asks why these people behave the way they do they will be informed that “they have an addiction.” What was originally a classification or label becomes an explanation.

Medicalization does not entirely attribute the source of the “illness” to external causes. While the online environment may be seen as “entrancing,” “absorbing,” or “mesmerizing,” the ultimate source of the person’s problem is internal, not external. If online addiction is a disease, then it must be at least partly a result of individual weakness. Those vulnerable to this illness are somehow inferior or defective. In order to address the underlying pathology, a person’s previous weaknesses must be examined. Online addiction may thus be seen as symptomatic of a person’s larger and deeper problem that can be discovered by probing the person’s psychological history.

Another potential effect of medicalization is that it can create a kind of self-fulfilling prophecy in the person labeled “compulsive” or “addictive.” Patients may take an avid interest in their diagnosis and read extensively about their condition. The reading process may help to convince them that they are suffering from a real pathology that has compromised their ability to behave as fully-functioning adults. Labeled individuals may expect to behave pathologically, according to clinical descriptions. They may begin to look for and to find “signs” or symptoms that they are “really ill.” Their therapist may reinforce or reward their “observations” or “insights” into their “pathology.” (Smead 1983, p.25)

It should be noted that from the standpoint of clinical psychology and psychiatry what is deemed “normal” and “abnormal” is not always based on empirical evidence or sound scientific reasoning. In fact, these are sometimes value-laden classifications that involve some degree of interpretation. Homosexuality, for example, was until relatively recently considered “abnormal” or “pathological” behavior by the medical and psychiatric establishment and classified as a disorder. History suggests that various

aspects of behavior are continually being classified and reclassified as either “pathological” or “normal.” “Addiction” is another example of human behavior that is not simple. Exactly when an online user crosses a threshold between “addicted” and “compulsive” or “compulsive” and “absorbed” is difficult to determine in any real scientific way that can be replicated (Wildes 1999, p.17).

For online users who are diagnosed as “compulsive” or “addicted” by a health care professional, the medicalization process can serve to compromise their sense of autonomy and control. As long as the user agrees with the diagnosis and submits to treatment, the health care professional assumes a degree of control over the individual. Yet even if the user does not agree that he or she has a “pathological” condition, it is not all that easy to have the label removed. If the labeled user disputes the label, the health care professional simply characterizes the user as someone who is too ill to know what is good for him or her. The larger issue of what degree of control a user should have over his behavior is overshadowed by the medical diagnosis (Zola 1975, p.86). Any sort of objection on the part of the user may be seen as a manifestation of the illness and even an indication of its severity (e.g. the user is “in denial”).

Diagnostic labels used in medicalization serve as a way to categorize and classify behavior into a meaningful shorthand. In the process, however, human complexity is necessarily reduced and simplified. An online user who has been labeled “addicted” will not be viewed as a person who has a high degree of technical proficiency with information technology, nor will he or she be seen as someone who is curious, sociable, interested in meeting new people in new ways, etc. The person’s uniqueness and strengths are diminished by the label. They are reduced to a collection of symptoms

(Smead 1985, p.18). It is not that the person “has” symptoms, the person *becomes* the symptoms. The medicalization process winds up labeling the person rather than the disorder. Strengths that online users have in common with those not so labeled tend to be ignored.

Medicalization also serves to individualize the behavior of the online user and remove it from any social context. A person diagnosed as “compulsive” or “addicted” may internalize the diagnosis and view the illness as a sign of weakness or failure. It may make a user feel vulnerable and in need of help. The user may feel that he or she is the cause of the problem and experience pressure to affect a cure, because the sources and the solution to the problem are seen as within one’s own head (Wellman 2000, p.30).

Research suggests, however, that at least some online behavior characterized as compulsive or addictive is socially learned and socially motivated. Heavy online use may be learned and socially reinforced by peers. Some individuals who spend a substantial amount of time online do so to associate with others who may also spend much time online. There is also a strong social element to those who spend hours online engaging with other online users in games and chat rooms. The online world includes many conventional and deviant subcultures that reflect different interests, and it is easy for the online user to get caught up in interacting with like-minded users. Medicalizing online behavior makes any social factors contributing to the behavior irrelevant. The individual becomes both the source and the solution to the problem.

It was noted earlier that labeling online behavior as unhealthy or pathological can have a negative effect on users by becoming a “self-fulfilling prophecy.” In one study conducted by two psychologists at Colgate University, a group of students were recruited

to participate in what was described as an “acquaintance process in social interactions.” Students were asked to conduct a 10-minute get-acquainted conversation with each other. Some students were led to believe that their partner was experiencing psychological problems and was in therapy, while others were not. The students were then asked to rate their partners on overall interpersonal attractiveness.

Students who had partners they believed were in therapy formed more negative impressions of them than did those students who were not told their partners were in therapy. They rated students believed to be in therapy as more boring, awkward, egoistic, cruel, and cold and also rated them as being relatively unsociable, unconventional, unsuccessful, and sad. Raters also behaved more negatively toward these students, treating them insensitively, cruelly, and unsociably during the get-acquainted process. Moreover, the students who were treated this way began to behave in ways that conformed to the expectations of the raters. They acted in ways that were less desirable socially, and behaved less confidently and likably than did students who were not described as being in therapy. The overall results of the study indicated that people described as being in therapy were regarded less positively and treated less favorably than people who were not. Perhaps more significantly, students perceived as being in therapy behaved in less socially desirable ways, suggesting that labeling behavior creates a self-fulfilling prophecy. Those labeled may internalize people’s negative impressions of them and gradually exhibit stereotype-confirming behaviors. This suggests that labeling the behaviors of some people may actually make them worse (Sibicky and Dovidio 1986, p.153).

Another study that suggests the potentially detrimental effects of labeling online behavior was conducted by a researcher at Columbia University. He administered a scale measuring beliefs about whether people in psychiatric treatment would be devalued and discriminated against to a sample of both patients and community residents. The results of the study indicate that both groups believe that persons in therapy will experience devaluation and discrimination. The author feels that labeling behavior as pathological causes the person labeled to devalue himself. This is because most people regard other people's conceptions of mental illness as negative and have internalized these beliefs long before they themselves are ever diagnosed. Once labeled, the person fears discrimination or rejection by others as a result of turning the negative views of others onto him or herself.

The fear of prejudice or rejection that the labeled person harbors then tends to become a self-fulfilling prophecy. Labeled persons may feel confused, hopeless, and demoralized, which can affect their work performance and evoke the very negative responses in others that they most fear. Those diagnosed may also withdraw from others to protect themselves from possible exposure to the fact that they are in therapy and the anticipated negative reactions from others that this might bring about. These protective strategies may further impair their ability to function. The study concludes by noting that the results suggest that labeling behavior as unhealthy or "pathological" may actually contribute to the development and persistence of behavioral disorders (Link 1987, p.111).

Further evidence that labeling online behavior as pathological can lead to recurrent emotional stress is contained in a study conducted by Robbins and Greenley. They studied samples of college students with prior psychotherapy experience and those

without and then compared the two. They found that those who had been in therapy were more likely to see their problems as caused by personal flaws, to view subsequent problems later in life as psychological in origin, and to seek further treatment. Each new problem was seen as being caused by one's own psychological difficulties. The authors concluded that seeking therapy may alter a person's self-image such that the person will continually blame his or her personality and behavior for problems encountered in life. Once a person is defined as having a behavioral disorder, that style of attribution is likely to remain with them (Robbins and Greenley 1983, p.228).

Conclusion

Online users who engage in online activity that is viewed by medical professionals as "excessive" are being labeled "addicted," through a process known as medicalization. This diagnosis is scientifically questionable given the fact that there appears to be no organic basis for this "illness." It also suggests that members of the medical community may not adequately understand the online experience. Users may have positive reasons for spending long hours online, such as socializing, that tend to be overlooked in the diagnostic process. Users and professionals may thus have different ideas of what "addiction" is.

The process of medicalization, however well-intentioned, may be harmful to online users. Those who spend unusual amounts of time online resulting in them being labeled as "addicted" may suffer both social and psychological consequences. On a social level, friends and family may regard them as "sick," "dependent," or unbalanced. Depending upon the circumstances, they may be avoided by friends, or placed under

surveillance by parents or relatives. On a psychological level, the online user who has been diagnosed may feel stigmatized, and may internalize the negative views of others that he or she is someone lacking in stability and self-control. This tendency to blame oneself may extend beyond online behavior to encompass other problems encountered in life. The effects of being labeled may persist and continue to have negative consequences as the user continues to “psychologize” and reduce problems that occur in the course of living as being due to personal shortcomings. In this case, the diagnosis may be more harmful than the alleged “illness.”

The chief weakness of the medicalization process is that it is a narrow, one-dimensional construct that suffers from the fallacy of psychological reductionism. It represents an attempt to explain how people behave online solely in terms of their mental and emotional makeup. In reality, the causes of online behavior are more complex and may involve social, technological, and political factors that are generally overlooked by medical professionals. For example, it seems equally valid to argue that one possible explanation for people spending “excessive” time online is because they feel socially isolated. In that case, what is actually a social problem is reduced by medicalization to a personal one. Members of the medical community tend to ignore important changes in information technology itself, particularly the hypnotic, entrancing, mesmerizing effect that the Web can have on users. They do not take into consideration the relative ease of using graphical user interfaces, point and click navigation, and the growing amount of information available online, all of which may help explain why certain individuals spend a lot of time online.

The medicalization process is also blind to its own value-laden assumptions about what properly constitutes “normal” online behavior. Operating under the guise of value-neutral science, medical professionals would have us believe that their diagnostic processes are objective, impartial, and universally valid across all societies and cultures. In fact, as the history of medicine suggests, diagnoses are often the reflection of the norms, beliefs, and values of medical professionals themselves. After the psychiatric community was confronted by gay rights activists, homosexuality was removed as an “illness” from the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

The scientific veneer of medicalization tends to mask the underlying political aspects of the process. Medicalization represents an attempt by the medical community to define what is “healthy” or “unhealthy” online behavior. If medical professionals are successful in convincing the public that certain forms of online behavior are “normal” or “pathological,” then they will have gained a degree of control over online users, along with the ability to diagnose and treat those whose behavior deviates from medicine’s definition of what is appropriate. Many information professionals have been intensely interested and have actively resisted the attempts of government to control online behavior through the use of Internet filtering devices, but have not shown a similar sensitivity to the encroachment of the medical profession upon online use. One possible explanation for this is that medical control is much more subtle and seemingly less partisan than government.

Information technology has had an important effect on the ways people behave and relate to one another, and this will likely continue in the near future. It may thus

seem premature that any one sector of society should attempt to define what is or is not appropriate behavior online, until all of us have had a chance to study and better understand this new technology and the complex ways it is affecting us. Online users and online communities might benefit by developing a greater awareness of those groups in society that would attempt to influence what is considered “normal” or “abnormal” behavior online. The medicalization of online behavior represents one such attempt.

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