Full length article

Behaviour change strategies for internet, pornography and gaming addiction: A taxonomy and content analysis of professional and consumer websites

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1. Introduction

Despite a rapid rise in reporting of problems associated with excessive internet use, the understanding of its characteristics and treatment is limited (Kuss, Griffiths, & Pontes, 2017; Pies, 2009). Internet addiction (also referred to as excessive or problematic internet use) includes a group of internet-enabled behaviours such as excessive gaming, social media, pornography, communications (e.g., email) as well as generalised internet addiction (IA) (Block, 2008; Kuss et al., 2017). Due to a lack of evidence to guide diagnostic criteria, IA (inclusive of gaming and pornography) is not recognised as a disorder in the Diagnostic and Statistical Manual (Version-5) (American Psychiatric Association, 2013); however, internet gaming disorder was identified as a condition warranting further study. Similarly, in the proposed revision of the International Classification of Diseases (ICD), gambling and gaming disorder both include subtypes that are predominantly online (Saunders et al., 2017).

A meta-analysis indicates a global prevalence estimate of IA at six percent, however, this may be substantially higher for some groups, such as those from countries with lower quality of life, as well as adolescents or males (Cheng & Li, 2014). IA has characteristics similar to gambling and substance use disorders in terms of loss of control, withdrawal when not online, tolerance (e.g., needing to stay online for longer periods of time), consequences of use (e.g., social isolation, relational problems or study/employment), and pre-occupation when not online (Beard & Wolf, 2001; Van Rooij & Prause, 2014). IA is also highly comorbid with other mental health disorders including depressive disorder, substance use disorder, anxiety and impulse control disorder (Kuss, Griffiths, Karila, & Billieux, 2014).

Interventions for IA are most frequently psychotherapeutic or pharmacological. Three recent systematic reviews reported the...
most frequent type of psychological treatment as CBT and to a lesser extent family therapy and motivational interviewing (King, Delfabbro, Griffiths, & Gradisar, 2011; Kuss & Lopez-Fernandez, 2016; Zajac, Ginley, Chang, & Petry, 2017). These reports reviewed that most studies involved a post-post design (i.e., no control group) and an average sample size of 54 (range 25–114). Interventions were most frequently delivered via individual or group face-to-face format and targeted those with severe IA. A recent Canadian longitudinal study reported low rates of help seeking for problems associated with sex or video gaming (Konkoly-Thege, Woodin, Hodgins, & Williams, 2015). This rate of help seeking was far less than other behavioural addictions that were also examined in the study (i.e., eating and exercise). Perhaps, because of the relative recency in the recognition of IA as a potential disorder, there is limited information on how those with mild, moderate or severe IA recover with or without face-to-face treatment.

Across a range of behaviours, there is a growing body of research investigating the specific and detailed strategies people can use to change behaviour. One approach involves the identification of Behaviour Change Techniques (BCT) that are recommended in the intervention literature (i.e., protocols, treatment manuals). Taxonomies of these intervention techniques have been reported for general behavioural change as well as smoking, and problem gambling (Abraham & Michie, 2008; Michie et al., 2012, 2013; Rodda et al., 2017). Another approach is to identify behaviour change strategies (BCS) that people use with or without professional oversight. Websites and internet based peer-to-peer forums offer unprecedented access to naturally occurring data describing the experiences of recovery from addiction. This data can be examined for the presence of change strategies. For instance, a recent study involving gamblers examined two peer-to-peer forums and via analysis of 2937 posts identified 27 discrete change strategies (Rodda et al., 2018). Rodda et al. (2018) concluded change strategies were complex (i.e., they include a variety of actions within each strategy) and disorder specific (i.e., the identified actions for limiting or reducing were frequently gambling specific, such as limiting access to funds for gambling). There appears to be some overlap between intervention informed taxonomies and those based on consumer experiences (e.g., both include categories associated with social support). However, intervention-based taxonomies focus on how the change strategy could be delivered whereas consumer informed change strategies focus more on the implementation of the change strategy.

To date, little is known of the process of recovery from IA. A 5-year longitudinal study of a variety of behavioural addictions reported that most people recover from their problem without professional help and they do so in a relatively short period of time (i.e., less than one year) (Konkoly-Thege et al., 2015). Similar to gambling and substance use disorders, it appears some people with IA recover without ever having sought treatment and it is possible that change strategies are used to aid recovery. For instance, a study examining gamblers change strategies found that gamblers who did not seek help used change strategies as frequently as those that did seek professional treatment (Lubman et al., 2015). While no published research has specifically sought to document the range of strategies used to recover from IA, some studies have documented the use of change strategies as part of a treatment program. For example, cognitive-behavioural treatment programs for IA encourage decisional balance, identification of triggers, engagement with alternative behaviours, self-monitoring, impulse control, and/or social support (Du, Jiang, & Vance, 2010; Griffiths & Meredith, 2009; Lemos, de Abreu & Sougée, 2014; Orzack, Voluse, Wolf, & Hennen, 2006; Santos et al., 2016; Wölling, Beutel, Dreier, & Müller, 2014). The components of these programs have for the most part been adapted from substance use treatment programs and there is limited information on the exact characteristics of these strategies for IA.

Understanding the types of change strategies people use to limit their internet use is important for multiple reasons. First, it is likely most people with IA do not seek professional treatment. Low rates of help-seeking are observed in other mental health and behavioral addictions (e.g., gambling) that are also associated with shame and stigma (Clement et al., 2015; Suurvali, Cordingley, Hodgins, & Cunningham, 2009). Additionally, a recent longitudinal study on IA reported low rates of help seeking (Konkoly-Thege et al., 2015). It is, therefore, important to understand what strategies people with IA use outside of treatment programs. Second, there is limited information on the specific strategies used for limiting or reducing IA. This is important for the development of targeted health promotion programs as well as targeted interventions. One way of identifying the types of change strategies used to reduce IA is to examine the content of websites dedicated to IA and discussions by consumers in peer-to-peer internet, gaming, or pornography forums. This method has previously been used to document change strategies for problem gambling (Rodda et al., 2018). The benefit of this approach is that a large amount of information on strategies promoted or discussed in naturalistic settings can be identified and extracted for analysis without any participant burden. The current exploratory study aimed to identify and describe the types of behaviour change strategies used to limit or reduce IA (including internet, gaming and pornography). As sub-groups of IA are often clustered together, we were also interested in determining whether the types of change strategies discussed differed across these three behaviours.

2. Method

2.1. Sample characteristics

In July and August 2016, an online search was conducted to identify websites containing cognitive or behaviour change strategies that could be used to limit or reduce internet use (inclusive of internet, pornography, and gaming). The inclusion criteria for each site were that it contained at least five change strategies and that these strategies were related specifically to limiting or reducing internet use, internet pornography, or internet gaming. Search terms included: (i) self-help, tips, techniques, strategies, management, behaviour change (ii) internet, pornography, sex, gaming, social media (e.g., Facebook) and (iii) indicators of a problem (i.e., problem, problematic, addiction, compulsion) or loss of control (i.e., cut-down, quit). All websites were examined for the presence of change strategies including sites that were professional or personal, peer-to-peer forums, blogs and news articles. We excluded 12-step programs from our search of professional or personal websites because our study sought to report on strategies that could be used without oversight. However, strategies that may have been sourced from 12-step programs were not excluded from data obtained from community forums or blogs. For each keyword search the first two pages of the search results (using Google search engine) were examined for the presence of change strategies. We reviewed the first two pages to ensure that a thorough search was conducted even though research suggests people rarely review their search results beyond the first page (Van Deursen & Van Dijk, 2009). Each relevant page from websites was archived as a pdf, and the URL address and characteristics of the site were recorded.

The final sample included 79 websites involving IA-general (n = 43), pornography (n = 19) and gaming (n = 17). Websites were a mix of consumer and professional/semi-professional sources. Consumer sources were those derived from peer-to-peer forums and included personal stories and advice. These included 21
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