

*An in-depth exploration of the  
experience and sense-making of  
transactional analyst psychotherapists  
working with clients who present with  
Internet addiction.*

A thesis submitted to the University of Manchester as part of the Professional Doctorate in  
Counselling Psychology programme, in the School of Education.

**Matthew Shorrock, 2013.**

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## **ABSTRACT**

**Background:** This thesis explores, in-depth, the experience and sense-making of transactional analyst psychotherapists working with clients who present with Internet addiction (IA). It engages with the therapist's broad experience and understanding of Internet addiction presentation, therapeutic assessment, 'diagnosis' and 'treatment' rather than the singular experience, expression, and meaning-making of the individual client. **Method:** As a counselling psychologist trainee, I was particularly interested in sampling highly experienced therapists, with an extensive range of skills developed through a robust clinical training. Four therapist participants, all professional members of the European Association of Transactional Analysis (EATA), were interviewed using semi-structured, one-to-one interviews and the material was analysed using interpretive phenomenological analysis (IPA). **Findings and Discussion:** Four higher-order concepts emerged within this study. They concerned: the complexity of IA; aetiological and predisposing factors; functions and features of IA; and treatment factors. Practical and theoretical implications for future research, clinical supervision, treatment, psycho-educational and political programmes are presented. Of the key emergent findings the Internet was understood by participants as a conduit or medium for addiction given a high prevalence of an underlying 'disorders'. All of the participants believed in the existence of childhood aetiological roots which underpinned comorbidity with IA. Attachment difficulties in childhood would often predispose individuals to develop issues around loneliness, low self-esteem, control, loss and instability, and cognitive dissonance later in life. Participants believed a relationship existed between depression, low self-esteem and escapism as contributing factors. **Conclusion:** A systematic review of the extant research is proposed, along with quantitative studies to specifically evaluate the strength of this relationship. Further empirical research is particularly recommended to explore how these factors can predispose individuals to developing sub-types of IA, and especially in the context of historic childhood abuse and / or neglect. The complex nature and aetiology of IA can demand a high level of clinical expertise from professionals who would benefit from specific trainings concerning childhood attachment difficulties. Integrating a psychodynamic approach, or being aware of transference processes, could possibly enhance treatment effectiveness, and help safeguard both clients and therapists from counter-therapeutic interventions.

**Key words:** *Internet addiction; treatment; aetiology; interpretive phenomenological analysis (IPA); transactional analysis; counselling psychology.*

## STATEMENT OF ORIGINALITY

I hereby declare that this submission is my own work, while enrolled as a counselling psychology trainee on the counselling psychology doctorate program at the University of Manchester. To the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma of the university or other institute of higher learning, except where due acknowledgement has been made in the text.

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# CHAPTER 1

# INTRODUCTION

## 1.1 INTRODUCTION

As a teenager, and especially as a young man, when the Internet truly began to pervade every quarter of our domestic and professional lives, I began to notice an obsession developing. I would find myself spending countless hours ‘surfing the net’, and quite literally losing some sleep in the process. I considered myself high functioning, emotionally intelligent, and professional, yet I felt ‘the Internet’ was somehow able to entrance me for inordinate periods of time. Its properties were potent, powerful enough to seduce me away from spending time with my loved ones, a past-time I had previously cherished. Although the Internet was undoubtedly a helpful resource to me most of the time, there were the untold hours where I was left feeling utterly depleted and ill-nourished.

At the time, I was already an experienced counsellor, and had decided to train as a psychotherapist. Several years of intensive therapy happened to be a mandatory component of the robust training I was to receive as a transactional analyst psychotherapist. A minimum of 40 hours of therapy, for four consecutive years, offered me the luxury of 160 hours of quality ‘me time’. I achieved many great things throughout this therapy, and the successful depletion of my own addictive process was just one.

As clinical director of the *Oak Tree Therapy and Research Institute*, an independent community-based service in Manchester specialising in addictions, I have noticed a dramatic increase in the number of referrals concerning clients presenting with Internet associated problems, particularly over the past five years. My clinical experiences, in this managerial capacity, and as an extensively experienced UKCP registered psychotherapist, continued to spur my curiosity and interest in developing a deeper understanding of Internet addiction, including: aetiology; predisposing factors; potential correlations relating to sub-types and presenting problems; and treatment considerations. The more I thought about it (i.e. the Internet addiction phenomenon), consulted on it, and worked with it, the more complex I realised the situation actually was, perhaps more so than other forms of addiction.

In pursuing my curiosities, and as a precursor to this thesis, it seemed logical that I undertake an in-depth study of my own experiences of successfully ‘treating’ a client with Internet addiction, with whom I had worked with for over four years (Shorrock, 2012a; Shorrock, 2012b). The course of therapy had coincided with the start of my training as a counselling psychologist and I had begun to

integrate new ideas and treatment methods into my core trainings of transactional analysis and person-centred therapy. The richness of my experience of working with this particular client also emanates from the fortunate position that he was able to conjointly attend one of my therapy groups for eighteen months.

My philosophical position towards my therapeutic work is that no one 'treatment' is the same, even though I notice patterns and correlations between clients' presenting problems and their origin, which can inform the approach I take to therapeutic treatment. As a trainee counselling psychologist, I have now developed what I understand to be a pluralistic approach to my work, (Cooper & McLeod, 2007, 2010, 2011; McLeod & Cooper, 2011) and am grounded in my belief that every course of therapy is uniquely co-created between therapist and client, given that every person is capable of making decisions (Berne, 1966) and being self-agentic.

In-depth case studies (Shorrock, 2012a; Shorrock, 2012b) have enabled me to systematically explore some of my own thinking and experience around Internet addiction, to complement that of my own rich personal and clinical encounters. A systematic review and meta-synthesis of the extant literature has helped me explore the meaning-making of *other academics* (Shorrock, 2013). However, as this critically under-researched, seemingly exponentially rising phenomenon pervades every home, work-place and treatment room, I am now hungry to deeply explore the understanding and experiences of *other clinicians*, working at the metaphorical coal-face.

This introductory chapter will present the key guiding concepts that will enable a richer understanding of the phenomenon, and the relevant literature and research to date. The introduction will conclude with: a statement regarding the aims and rationale for this study; the specific research question(s) to be addressed; a note highlighting the originality and distinctive contribution of the study; and a statement identifying the relationship of the research to professional practice and beyond. As with the *methodology* section (Chapter 2), and the *findings and discussion* section (Chapter 3), the structure of this introductory chapter will follow the guidelines proposed by Smith, Flowers and Larkin (2009) for writing up an in-depth interpretive phenomenological analysis (IPA) study.

## 1.2 DEFINITION, 'DIAGNOSIS' & ASSESSMENT OF INTERNET ADDICTION

### 1.2.1 DEFINING ADDICTION

Young, Yue, and Ying (2011) define addictions as 'the habitual compulsion to engage in a certain activity or utilise a substance, notwithstanding the devastating consequences on the individual's physical, social, spiritual, mental, and financial well-being' (p.6). By developing a pseudo coping mechanism the addict defends against facing life's challenges, daily stress and past or current trauma. Although the addictive substance of choice offers the user a pleasurable effect, in its absence an anxiety develops which in turn attracts the user to eliminate its presence by further consumption of the substance, thus giving rise to compulsive behaviour. Psychological dependence is typically an inevitable consequence of both substance and behavioural addiction.

The 'classic' components of an addiction cycle are:

- *Mood modification* (i.e. engagement with a substance or behaviour leading to favourable change in emotional states);
- *Salience* (i.e. behavioural, cognitive, and emotional preoccupation);
- *Tolerance* (i.e. ever increasing use of a substance or a behaviour over time);
- *Withdrawal symptoms* (i.e. experiencing unpleasant physical and emotional symptoms after withdrawal or cessation);
- *Conflict* (i.e. interpersonal and intrapsychic problems ensue because of usage); and
- *Relapse* (i.e. sudden reversion to excessive usage after an abstinence period).

It is beyond the scope of this thesis to discuss in particular depth the literature concerning addiction more generally. However, it is helpful to hold the classic addiction cycle model in mind as a specific focus is drawn towards understanding behavioural addictions. The relevant literature concerning behavioural addiction will be referred to in the following specific review of 'Internet addiction', where the emphasis is placed on psychological dependency and other psycho-social issues.

### 1.2.2 DEFINING 'INTERNET ADDICTION'

As the World Wide Web grew in accessibility and popularity during the mid-1990's, academics and researchers first started to publish reports revealing how the heavy use of the Internet was leading to clinical signs of addiction. Young (1996) had adapted the DSM-IV criteria for pathological gambling



to measure this new phenomenon, after reviewing 600 cases of heavy Internet users. The same year, a psychiatrist, Ivan Goldberg, had coined the phenomena as a new 'disorder' after borrowing criteria from two other DSM-IV categories – impulse control and substance use disorders, giving rise to what was claimed as a brand new pathology, Internet Addiction Disorder [IAD] (Goldberg, 1996; Warden et al. 2004). Academic researchers noted the emergence of two schools of thought: those authors who are of the belief that Internet addiction warrants classification as a new or emerging psychiatric disorder in and of itself, and those who define certain individuals as having problematic Internet use in relation to specific online activities, such as social networking, gambling, or pornography (Yellowlees & Marks, 2005).

In acknowledgement of its increasing prevalence, the American Psychiatric Association (APA, 2000) has decided to introduce Internet addiction within the appendix of its latest Diagnostic and Statistical Manual of Mental Disorders [DSM-V] (Block, 2008) whilst giving serious consideration to its inclusion as a disorder in subsequent revised additions. More recently, the APA has proposed revisions of the DMS-V that involve subsuming certain subtypes of Internet addiction under existing or 'new' disorders. For instance, diagnosticians would be able to categorise somebody understood to have cybersex addiction utilising a 'specific feature' of Hypersexual Disorder (APA, 2010).

It is worth noting at this juncture, there are various conceptualisations of the significant distress or predicament associated with using the Internet and a host of terminology has been presented to label and define this relatively new phenomenon. The terms *Internet Addiction Disorder* (Goldberg, 1996), and *Pathological Internet Use* (Young 1996) were terms introduced in the same year. Both terms refer to a phenomenon that has since been described as "the compulsive overuse of the Internet and irritable and moody behaviour when deprived of it" (Mitchell, 2000, p.632). In a meta-synthesis of quantitative research, from 1996 – 2006, Byon et al. (2009) noted that IAD was then the most popular term used to define this phenomenon. However, other terms are prevalent in the literature, such as *Problematic Internet Use [PIU]* (Caplan, 2002; Goyette & Nadeau, 2008; Shapira, Goldsmith, Keck, Khosla, & McElroy, 2000). PIU was understood by Shapira et al. (2000) in terms of the functional impairment of daily activities and feelings of distress brought about by the person's perception that they are unable to control their on-line dependence. Other terms evident in the literature include: *Pathological Internet Use* (Davis, 2001; Morahan-Martin & Schumacher, 2000); *Compulsive Internet Use* (Greenfield, 1999; Widyanto & Griffiths, 2006); *High Internet Dependency* (Davis, Flett, & Besser, 2002; Hur, 2006); and *Virtual Addiction* (Greenfield, 1999). More recently, Greenfield (2011) has suggested that the most accurate labels are *Internet-Enabled Compulsive Behaviour* or *Digital Media Compulsion*, which account for the pervasive compulsive behaviour that

can result from new and emerging Internet-enabled digital technologies, such as an iPhone. By and large, these terms have not been operationally defined by their authors, and so it is virtually impossible to ascertain whether they are referring to the same phenomena, or even in part.

### 1.2.3 'DIAGNOSIS' AND ASSESSMENT

It follows that a struggle to define IA will invariably lead to problems in the assessment and diagnosis of it. Block (2008) proposed that four core components must have been repeatedly affected or demonstrated, for a diagnosis to be possible:

- *Excessive* Internet use, often associated with a loss of sense of time (or 'flow'), or the neglecting of basic drives;
- *Withdrawal*, including feelings of anger, frustration, and/or depression when computer access is impeded or denied;
- *Tolerance*, including the felt need for more hours of Internet usage, or better computer equipment and software; and
- *Adverse consequences*, including antagonised personal or working relationships, lying, poor school or vocational achievement, fatigue and social isolation.

At this time, there are no diagnostic instruments for Internet addiction that show adequate validity and reliability across countries. The most commonly used questionnaire is Young's *Internet Addiction Test* [IAT], which has been validated in the United States, Finland, Korea, as well as in the United Kingdom (Widyanto & McMurran, 2004). The IAT was developed to support Internet addicts, those who are uncertain as to whether they are Internet addicted, and those concerned about associates who may be struggling with issues connected to the Internet. Other scales have been developed and utilised, and include: the *Chen Internet Addiction Scale* [CIAS], the *Questionnaire of Experiences Related to Internet* [QERI], *Compulsive Internet Use Scale* [CIUS], and the *Problematic Internet Use Questionnaire* [PIUQ]. However, given that these instruments are based upon different theoretical

and philosophical foundations, they do not necessarily agree on the underlying dimensions that constitute problematic Internet use (Weinstein & Lejoyeux, 2010).

King et al. (2011), in a recent systematic review and CONSORT evaluation (Consolidating Standards of Reporting Trials, a 'gold standard' proposed by Altman et al., 2001), discovered five of the eight shortlisted studies utilised variants of Internet Addiction Test [IAT] (Young, 1996). Whilst other instruments have been proposed, the King et al. (2011) study reflects the lasting popularity of the IAT diagnostic instrument, in the assessment and evaluation of Internet addiction.

#### 1.2.4 TERMS RELATING TO INTERNET ADDICTION EMPLOYED WITHIN THIS THESIS

Whilst the terms explained above (described the focal phenomena) will be used interchangeably throughout this thesis, where possible, the respective terminology employed by authors will be used, when discussing their studies. However, unless otherwise specified, generally, the term of *Internet addiction* [IA] will be utilised informally throughout this study, as a generic term meant to broadly accommodate all of the above definitions. This is commensurate and congruent with the qualitative methodological philosophy presented within this study, and centres its concern on the therapists' unique experience and understanding of 'Internet addiction', however they or their clients define it.

For the sake of simplicity, the shorthand of *Internet addiction* will also be used as a label to subsume addiction to all Internet-enabled, digital media devices. These include, but are not limited to: iPhones, Blackberries, Android and all other 'smart' or 3<sup>rd</sup> and 4<sup>th</sup> generation phones; MP3 players; laptop, desktop, and netbook computers; Internet-enabled console portable game devices; and personal digital assistants (PDAs). Issues concerning nosology will be addressed and debated at various points throughout this thesis, and in some depth in Chapter 3.

Where earlier studies were more concerned with defining and categorising Internet addiction as an emerging pathological phenomenon, and differentiation from 'normal' Internet usage, later studies have shifted towards examining prevalence, aetiological factors and treatment considerations.

## **1.3 ESTIMATED PREVALENCE & THE EMERGENCE OF SUB-TYPES**

### **1.3.1 ESTIMATED PREVALENCE**

Despite the difficulties inherent in the endeavour, there has been a surge of research interest across the world attempting to estimate how prevalent Internet addiction is. Despite the well documented increase of individuals presenting to clinics with Internet related problems, King et al. (2011) have warned of the inclination to overestimate the severity and extent as a result of the poor methodological design within studies. Byun et al. (2009) support this claim in a metasynthesis of quantitative studies conducted between 1996 and 2006, and discovered that a large proportion of studies are flawed by a serious sampling bias, due to inconsistent identification criteria recruitment methods. However, seven years have elapsed since the cut-off point within the Byun et al. (2009) study and many more quantitative studies have since been conducted, necessitating the need for a contemporary replication of this study.

One of the earliest studies emerged from the Americas, where Greenfield (1999) collaborated with ABCNews.com to survey active Internet users. Of the 17 000 respondents, it was claimed that 6% fitted their Internet addiction profile. Although merited as one of the largest psychological surveys, across a broad cross-section of the population, the survey relied solely on self-reported data. More recent reputable United States studies (Aboujaoude, Koran, Gamel, Large & Serpe, 2006) generalised from their findings that at least one in eight Americans experienced significant distress associated with Internet addiction.

Young and Abreu (2011) review disturbing findings from the most recent Statistical Report on Internet addictive behaviour in China (Cui, Zhao, Wu, & Xu, 2006) conducted by the China Youth Association for Internet Development. Of the 162 million users of the Internet in China, 100 million are younger than 24 years old; of which 9.72% - 11.06% are classified as serious addicts (an estimated 10 million young people). Other researcher within China, Taiwan and South Korea offer prevalence estimates ranging as low as 1.6% (Kim et. al, 2006). Whilst others research (Geng et. al, 2006) supports the Cui et al. (2006) and Aboujaoude et al. (2006) studies revealing a prevalence of 11.3%; indicating a cross-cultural correlation in the case of the latter. Using the Pathological Internet Use (PIU) scale on students in the United Kingdom, 18.3% were considered to be pathological Internet users (Niemz et al, 2005). It is also well documented that British children and young people are heavy users of the Internet and other new technologies (see, for example, Ofcom, 2008). Again, these studies are now outdated, and the knowledge base would benefit from a robust cross-cultural meta-analytical study of recent findings. Also, research is scarce that explores how young people

“are distributing their engagement across the various resources of the Internet” (Crook, 2008, p.18) and what this may mean for education and learning.

### 1.3.2 SUB-TYPES OF IA

Studies exploring the prevalence of specific types of Internet addiction within adults began to emerge at the turn of the millennium. Young (1999) and Young et al. (2000) categorise Internet addiction into five subtypes:

- *computer addiction* – i.e. pathological computer game playing;
- *cybersexual addiction* – i.e. excessive use of the Internet for cybersex and cyberporn;
- *information overload* – i.e. disproportionate surfing of the Internet and searching for information;
- *cyber-relationship addiction* – i.e. an excessive engagement with virtual relationships, such as those generated through social networking sites (SNS's);
- *net compulsions* – i.e. compulsive behaviours, such as online gambling, stock exchange dealing, and online shopping.

Using this framework to help understand the various manifestations of Internet addiction, I now introduce each sub-type in turn, with studies that account their distinction and prevalence. In reality however, the distinction is not always too clear, and overlap often occurs.

#### *Computer game addiction*

As a result of the rapid advances in technology, computer gaming is now largely on-line, because of the interactive capabilities of the Internet. For those that do engage in on-line gaming, the average time spent per week, irrespective of whether they are deemed addicted or not, is approximately 25 hours (Griffiths, Davies, & Chappell, 2004; Smahel, Blinka, & Ledabyl, 2008). Other researchers have revealed that a significant proportion of players (11%) will spend at least 40 hours gaming, equivalent to a full-time job (Ng & Wiemer-Hastings, 2005). Of those seeking psychological support

for problematic Internet use, 21% are on-line gamers, according to research conducted by Mitchell, Becker-Blease, and Finkelhor (2005). Marginally more adolescents than adults present for therapy in such cases (55%), but of the adults that do present, a significant majority are men (74%). It is worth noting however, that a major limitation of the questionnaires measuring gaming addiction within the above studies is that they more often target Massively Online Role-Playing Games (MMORPGs), and whilst very popular, this does not reflect the diversity of games that users are addicted to. A more accurate and versatile assessment tool is required to determine actual prevalence within and across this sub-type of IA.

### *Cybersexual addiction*

One survey revealed that 9% of users who were deemed to be presenting with Internet addiction struggled with compulsions relating to cybersex or viewing sexually explicit material (Cooper, 2002). This may not seem so surprising when figures from a study by Family Safe Media (2010) suggest that in 2006 Internet pornography accounted for 23% of the total market share for pornography in the United States (almost \$3 billion). Delmonico and Griffin (2011) suggest that our cultural assumptions are further challenged by these statistics, as the same study reveals that a third of visitors to pornographic websites are female, and 60% of those who type the term *adult sex* into search engines are female (Family Safe Media, 2010).

Cooper, Delmonico, and Burg (2000) estimate that one fifth of people who use Internet for sexual purposes experience devastating consequences that can be long lasting. Griffiths (2012) notes that the healthy majority of the population are able to use the Internet to complement their off-line sexuality, which actually enhances and enriches their lives. For instance, individuals are able to network within non-normative gendered and sexually marginalised communities, where they believe they can freely and safely express their sexuality without fear of shame, ridicule, or even prosecution. However, for the 20% minority, to which Cooper, Delmonico, Berg (2000) refer, they may find themselves unable to physically withdraw from the Internet, for several hours at a time (in some cases, unbroken days at a time), in search of sexual intimacy, romance, compulsive collecting and viewing of pornographic images and videos. Often, individuals will find themselves transgressing their own ethical boundaries and the legal boundaries of the country in which they reside and are accountable.

In a review of the empirical research concerning Internet sex addiction (Griffiths, 2012) the author evaluates a shortlist of 7 quantitative studies and 5 qualitative studies. Griffiths concludes that

future research is still required in order to secure the pathological status of Internet sex addiction as a sub-form of Internet addiction. Whilst he notes that the phenomenon shares characteristics with real life sex addiction, he guards that the online phenomena is not to be equated with it and proposes a clear diagnostic framework to clinically assess Internet sex addiction as the initial step forward. An obvious shortcoming of the Griffiths (2012) study is the exclusion criteria of studies from Eastern countries. Future research should accommodate empirical research at the global level, and attempt to capture cultural similarities and differences in prevalence.

### *Information overload (or “Web-surfing addiction”, Kuss & Griffiths, 2011)*

It is not clear from the studies of Young (1999) and Young et al. (2000) how this sub-type came be defined and therefore how it is empirically supported. It refers to individuals who become addicted to using search engines and suchlike to collect information. Whilst, to some degree, some or all of the subtypes can merge and boundaries become unclear, web-surfing addiction is perhaps the least straight forward, and can be inextricably linked with other subtypes (e.g. cybersexual addiction and the collection of pornographic images). However, theories have been proposed that help understand and research this more generalised Internet addiction. For instance, Davis (2001) proposed the concepts of *specific* and *generalised* Pathological Internet Use (PIU), where ‘generalised’ refers to maladaptive Internet use that is not linked to any specific content.

### *Cyber-relationship addiction*

Earlier writers have highlighted how computer-mediated interpersonal communication provides an opportunity for a higher degree of anonymity, the luxury of time to compose and edit on-line messages, and to exercise more control of self-presentation and impression management (Walther, 1996; Caplan & High, 2011). Perhaps not surprisingly, a correlation has been evidenced between Problematic Internet Use (PIU) and interpersonal problems, including social anxiety and loneliness (Caplan, 2007; and Morahan-Martin & Schumacher, 2000). A recent and extensive literature review (Kuss & Griffiths, 2011) revealed the negative correlates of Social Networking Site [SNS] usage to be: problematic face-to-face [FtF] interpersonal relationships; withdrawal of participation in ‘real world’ social communities; as well as a decline in academic performance and achievement. For instance, Scherer (1997) revealed that college students deemed Internet dependent were 26% more likely

than their non-dependent counterparts to go online to meet new people, in search of unique social experiences.

More recently, in a longitudinal study, van den Eijnden et al. (2008) studied adolescents struggling with one or more sub-types of Internet addiction, as listed above. At a six-month follow up period, the same sample was reassessed, revealing that use of on-line social networking sites integrated with *real-time communication functions*, was the strongest predictor of future Internet use compulsivity. By contrast, they discovered no effect for email communications, which are time delayed. However, given that (re)assessment of compulsivity was only administered at a 6 month stage follow-up, the researchers claims should be held tentatively until future studies accommodate an extended longitudinal design to determine the strength of this predictive 'function'.

An interesting observation was made by Kim and Davis (2009) who studied the relationship between PIU and online social networking with friends, family, and on-line acquaintances. Participants were more likely to experience higher PIU when using the Internet to make new friends as oppose to using it as a vehicle to complement existing FtF relationships.

### *Net compulsions*

It has been empirically demonstrated that the Internet serves as a powerful mediator, facilitator and accelerator of compulsive behaviours. Specific types include: trading in stocks and shares (speculating and investing); gambling; and shopping. A focus on the more explicit forms of gambling will illustrate this point. An early study by Griffiths (2001) set a benchmark for prevalence. Only 1% of Internet users were Internet gamblers, none of which were regular users for such purposes (i.e. more than once per week). It is important to note that the sample was based upon a United Kingdom population, and so the claims could not be extended internationally. However, cross-cultural comparisons can be made, after evaluating studies conducted in other countries, such as the United States. For instance, in a survey conducted by Ladd and Petry (2002), results indicated that 3.6% of their self-selected sample gambled on a weekly basis, using the Internet. Subsequent to psychological screening, the authors concluded that gambling was significantly more problematic for those who gambled using the Internet as oppose to that that gambled off-line.

Sampling Internet gamblers alone (n = 1,920) Wood and Williams (2007) revealed that 43% met criteria to be classified as moderate to severe problematic gamblers. In 2008, Griffiths and Barnes provided evidence that problem gamblers (n=26) were significantly more likely to have gambled



using the Internet (77%) than not (23%). A more recent study (Matthews, Farnworth, & Griffiths, 2009) also sampling Internet gamblers alone, found that 19% could be defined as probable pathological gamblers using the South Oaks Gambling Screen (SOGS). Given the inconsistency in assessment measures employed in the above studies, future research should attempt to standardise the assessment tools used to assess Internet gambling addiction (such as the SOGS), which would help determine, with a higher degree of accuracy, prevalence.

In the first study of its kind, Griffiths et al., (2009) analysed data from the British Gambling Prevalence Survey (n=9,003) providing evidence of significant differences between the socio-demographic profiles of Internet gamblers and off-line gamblers. The archetypal Internet gambler was more likely to be young, male, educated, single, and in a professional / managerial occupational position. Gambling was significantly more problematic for on-line gamblers (5%) than non-Internet gamblers (0.5%). The strength of this study is clearly the size of the sample. However, the design involved an on-line survey, to be completed by the participants themselves, which raises obvious issues regarding self-selection, and does not account potential differences between the others who decided not to participate. Another weakness of the study is that it targets on-line poker players, and so truths claims can only be offered regarding this population of on-line gamblers.

## **1.4 AETIOLOGICAL CONSIDERATIONS & PREDISPOSING FACTORS**

In terms of groups of individuals who are considered at higher risk of developing Internet addiction, there is some evidence that younger adults (i.e. below mid-twenties) are more vulnerable than older users (Soule et al., 2003; Thatcher & Goolam, 2005). Morahan-Martin (2005) suggests that the profile of a heavy Internet user is somebody who is experiencing loneliness, depression, or sexual compulsion. However, it would seem that there is no consensus on a stereotypical Internet addict, not to mention the profile of a user that may become a dependent user.

I have previously highlighted that there remains a dearth of robust empirical research investigating causal or predisposing factors leading to Internet addiction (Shorrock, 2011, 2013). However, interest in the Internet addiction phenomena has recently begun to surge. Whilst still sparse, a growing number of models have been proposed within the literature to explain the causes and predisposing factors leading to psychological dependency to the Internet. Various factors have been identified, informing a number of perspectives:

### 1.4.1 ADDICTIVE PROPERTIES OF THE INTERNET

Greenfield (1999b, 2011) provides a helpful summary the main factors that are considered to be characteristic of the addictive potential of the Internet. Key factors enhancing its addictive properties include: content; process and access / availability factors; reinforcement and reward; and social factors. I shall expand upon each these factors below.

With regard to content, Greenfield provides vivid metaphors to illustrate this factor: 'If content is the raw material, then the *Internet medium* is the psychological syringe that delivers the content into our nervous system for consumption' (Greenfield, 2011: p.140). Previously, Greenfield has referred to Internet use as 'God in a Box' (Greenfield, 2007), which captures the almost magical experience of being near-instantaneously gratified with a virtual manifestation of whatever thought enters a user's conscious awareness.

Discussed in Greenfield (1999b) 'process and access' as an addictive property refers to one of the components of Cooper's 'Triple A Engine' (Cooper, 1998), where the *availability* of the Internet is a seductive factor alongside *affordability* and apparent *anonymity*. Greenfield observes that the Internet is void of boundaries that have been characteristic of all other forms of media, such as books, constituted by a beginning and an end. Zeigarnik (1967) first noted that there exists an inherent tendency of the human brain to complete tasks i.e. the *Zeigarnik effect*. Thus, the limitless bounds of the Internet heightens an unconscious need to complete unfinished business.

The pleasurable effects the use of the Internet serves as a positive reinforcer i.e. a basic tenet of operant conditioning (Ferster & Skinner, 1957). If looking at pornographic images is the primary gain, rewarded by one click of a button, then the consequent elevation in dopamine levels is the secondary gain, and further reinforces the addictive pattern (see 'Cognitive and Neuropsychological Factors' below).

Lastly, social factors were identified by Greenfield (1999b, 2011) as key elements that enhance the addictive property of the Internet. The Internet is the first medium to ever socially connect while simultaneously disconnect its users. It enables a certain mastery in mediating the desire to connect, whilst reducing the social anxiety that can emerge in real-time off-line social interaction. For its users, the Internet represents a safe and predictable world.

## 1.4.2 THROUGH A CLINICAL & THERAPEUTIC LENS

I have highlighted the existence of a dearth of empirical research exploring the causal or predisposing factors contributing to the development of Internet addiction. This is especially the case within clinical research, although some attempts have been made across this clinical spectrum. The perspectives below have been chosen to represent two of the key competing yet distinct modalities attempting to understand the causal factors of Internet addiction development: cognitive-behavioural therapy and transactional analysis (accounting early developmental concerns).

### *A CBT Perspective*

From a behavioural perspective, Caplan (2002) identifies a model that highlights core components of Internet addiction (that is, *salience, mood modification, tolerance, withdrawal, conflict, and relapse* – introduced above). In terms of empirically demonstrating the effect of a behavioural intervention, Twohig and Crosby (2010) provide some promising evidence that Acceptance Commitment Therapy (ACT) significantly reduced Internet usage by 83% within its participants. The effect of eight individual 90 minute sessions of ACT upon viewing (online pornography) was assessed in a multiple baseline across participants design (N=6). Self-monitoring assessment of viewing revealed that five of the six participants had significant reductions in their viewing as a result of treatment and that four of the five participants maintained reductions at follow-up (three months post-treatment). Improvements were also seen on a measure of quality of life, with greater improvements occurring between post-treatment and follow-up. This was supported by large reductions from pre- to post-treatment and follow-up on measures of OCD and scrupulosity. Weekly completion of a series of questions that are consistent with ACT for viewing was conducted to help track changes in ACT-consistent psychological processes. The reductions seen on this measure were consistent with changes in viewing pornography i.e. when large reductions were seen in viewing, large reductions were seen on the process measure. The small sample size is a clear limitation of this study, as is the absence of a control group. Future longitudinal quantitative research, incorporating a larger sample, could also help elucidate the effect of a behavioural intervention against, for example, a more cognitive-behavioural intervention such as those listed below.

Davis (2001) has developed a cognitive-behavioural theory of pathological Internet use (PIU) that also stresses the importance of specific cognitive patterns relating to the Internet, that drive individuals into realising negative life outcomes. Using the Internet Addiction Test (IAT), the first global psychometric measure of Internet addiction, developed by Widyanto and McMurren (2004),

Young (2007) evaluated Internet addiction experience as well as treatment outcome of 114 patients before, during and after the 12 session CBT intervention. 96% of patients struggled with on-line time management, and 85% reported significant relationship problems due the amount of time spent on-line. The absence of a control group within this study is an obvious methodological weakness. Young has suggested that CBT is the preferred treatment modality in confronting negative thought patterns and behaviours as a means to overcome feelings of low self-esteem and worth (Young, 2007), even though treatment outcome studies are still very much in their infancy

### *A Transactional Analysis Perspective*

Recent quantitative research conducted in Taiwan, using an interpersonal psychotherapy to evaluate a large sample of individuals [n=555], has attempted to identify predisposing Internet addiction factors (Liu & Kuo, 2007). Using a self-completion questionnaire, results provided some convincing evidence that dysfunctional interpersonal relationships in childhood and consequent social anxiety significantly and positively correlate, impacting on the emergence and severity of Internet addiction. Although the results were based on a large sample (46% male), it is worth noting that the population targeted was inclusive only of students, and no indication was made regarding their age, and therefore indicates a methodological shortfall of this study.

Very little research has been published evidencing the value of transactional analysis (TA) in 'treating' Internet addiction, even though it provides a strong theoretical basis for explaining its origin. What has been published indicates promise (i.e. only my own research, Shorrock, 2012a, 2012b, 2012c, 2013) and supports claims made by Liu and Kuo (2007) that primal dysfunctional interpersonal relationships and consequent social anxiety are key indicators in predicting the emergence and severity of Internet addiction.

TA can be considered as a philosophical and conceptual integration of psychodynamic and CBT theory. I (Shorrock, 2012b) have attempted to capture the strength that TA offers in explaining the aetiology of psychological distress, including addictions, which are viewed as symptoms of *contaminated beliefs* developed in childhood:

Much has been written in the literature to unravel the complexity of what is meant by the words *ego* and *ego state*. [...] I will use the classic TA definition, coined by Eric Berne (1966) as a working concept of ego state: 'a consistent pattern of feeling and experience directly related to a corresponding consistent pattern of behaviour' (p. 364). Berne regarded the

*Adult* ego state to be characterised by ‘an autonomous set of feelings, attitudes and behaviour patterns which are adapted to the current reality’ (Berne, 1961: 76). The word *autonomous* is key here, and refers to neopsychic ego functioning, beyond the influence of an introjected or archaic ego state. By contrast, *Child* and *Parent* ego states are ‘non-integrated fixations of unresolved previous experiences that drain psychic energy and distract an individual from spontaneity and problem-solving, health maintenance or intimate relationships with people’ (Erskine, 2003: in Sills & Hargarden, 2003: 87).

Shorrock, (2012b; p.7)

In an in-depth clinical case study (Shorrock, 2012a, 2012b) I used a TA perspective to account for the origins of a client’s distress caused by on-line pornography addiction, which beset upon the advent of the Internet. The therapy spanned a four year period, and I have noted (Shorrock, 2012b) that it was only through working with my client’s core dysfunctional beliefs, informed by primal injunctions (Goulding & Goulding, 1976) that second-order characterological change could be affected (refer to ‘treatment’ section below [1.5]). However, a major limitation of the case study is the lack of quantitative data to support qualitative evidence documenting the therapeutic gains made. Psychometric testing throughout the therapy would have enabled data triangulation, and provided a robust mixed-methods systematic case study account.

### 1.4.3 A META-FRAMEWORK FOR UNDERSTANDING IA AETIOLOGY & PREDISPOSING FACTORS

Recently, I conducted a systematic review of the extant qualitative research with a view to answering a specific question: *What are the antecedents or predisposing factors that contribute to an individual becoming addicted to the Internet?* (Shorrock, 2013). The meta-synthesis identified eight themes that enable a clearer understanding of aetiological and predisposing factors that contribute to the development of Internet addiction:

- **Pre-existing conditions or evidence of comorbidity** - For instance: Depression and anxiety disorders, physical disabilities, obesity, sexual compulsivity, paraphilia.
- **Internet is a conduit** - The Internet is merely a means of expressing another underlying disorder/ symptomatic of underlying problems.
- **Internet is not intrinsically addictive** - Internet itself is not addictive, specific applications play a significant role in the development of pathological Internet use.

- **Intra-personal problems** - Fulfills psychological deficiency needs, including: need for confidence / self-esteem; need for power / control; need for pleasure; need for sex / release of sexual tension; need for achievement; and need to 'create a persona'.
- **Interpersonal problems** - Compensates for social / interpersonal difficulties, including: shyness; introversion; inhibition; loneliness; sense of belonging; social isolation / withdrawal; relationship breakdown.
- **Escapism / Coping** - Internet provides means to avoid or cope with difficulties.
- **Normalisation** - Internet provides a means to normalise 'deviant' or conflicting (ego-dystonic) thoughts and behaviours.
- **Historical explanations** - Unmet emotional needs in family of origin / childhood.

I noted that a third of the studies that met the inclusion criteria incorporated a research design feature that enabled the authors to conclude that unmet emotional needs in childhood heightened their subjects' vulnerability to developing Internet addiction.

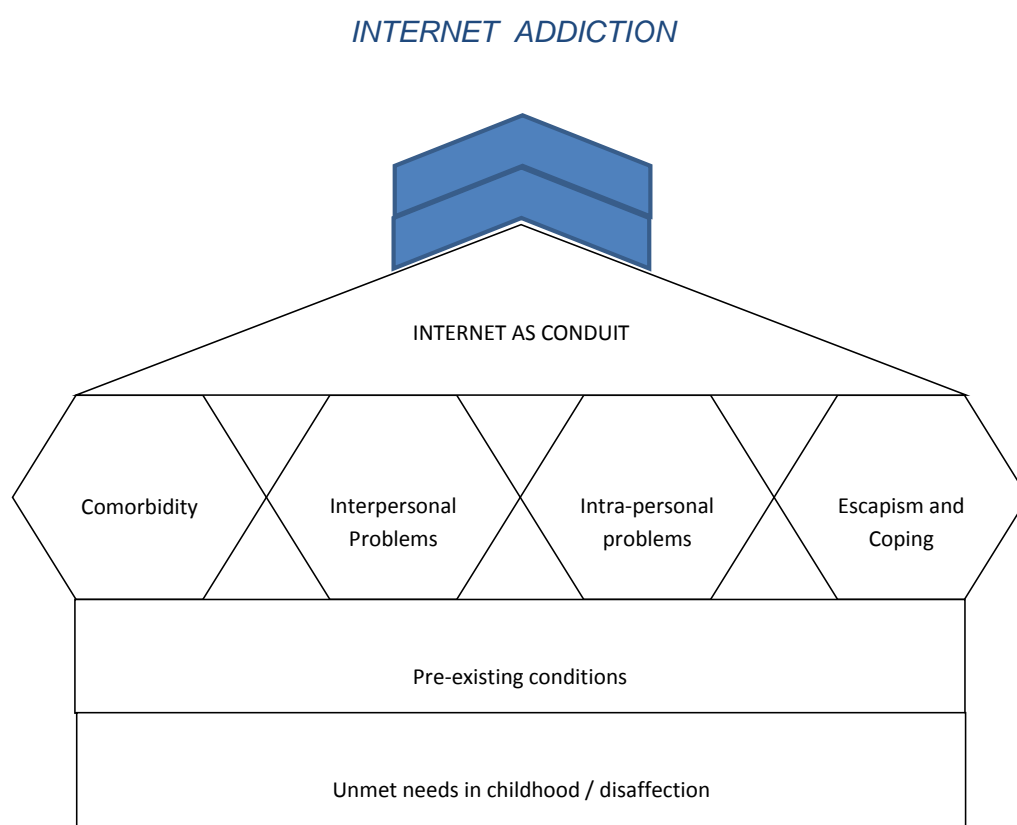
In the closing paragraphs of the review, I conclude:

*By and large, antecedents to developing problematic Internet use often stem from intra-personal psychological conflicts, or the need to compensate for social / interpersonal difficulties. The majority of the studies concur that the Internet itself is not addictive, although specific applications play a significant role in the development of pathological Internet use. There is also substantial evidence that the Internet is merely a means of expressing another underlying disorder or that Internet addiction is symptomatic of underlying problems [...]*

*[...] This lends further support to recent robust quantitative research conducted by Liu and Kuo (2007) indicating that primal dysfunctional interpersonal relationships and consequent social anxiety significantly positively correlate and substantially impact on the emergence and severity of Internet addiction. This does raise the question: Had all of the authors in the studies, reviewed in this meta-synthesis, undertaken a full historical assessment from their participants, would data support a positive correlation between childhood disaffection and Internet addiction? This would have obvious implications upon models of treatment. The following model could be used to inform clinical assessment and treatment direction, which identifies key aetiological themes and factors that can contribute to the development of Internet addiction.*

Within the study, I present a diagrammatic conceptualisation of the emergent aetiological themes and components (Shorrock, 2013):

FIGURE 1.1 The Internet Addiction Aetiology Model



*Shorrock (2012)*

The model can provide a ‘bottom-up’ understanding of the levels of complexity involved in developing an Internet addiction. Unmet needs in childhood and associated early on-set psychological conditioning can often be held to account for the development of the future addiction, (represented at the base of the model). A disaffected childhood can give rise to unhealthy psychological problems in the ‘here and now’ real world context (for example, relationship difficulties). The hexagonal shapes denote the inter-relatedness of the contributing factors that can fixate the addiction, thus reinforcing the addictive cycle. “At this level, these factors can be

understood as the everyday features and function of Internet addiction, as uniquely developed and experienced by the client. Almost like a poorly insulated roof, the addiction invariably ‘leaks’ out of the person, and affects their being in the world.” (Shorrock, 2013, p. 13).

The main limitation of this study was the small sample size, due to the dearth of qualitative research published that investigates aetiology and predisposing factors contributing to the development of Internet addiction. The validity and reliability of the findings could be enhanced by a replication of the search strategy by a number of different researchers. Finally, the findings are inclusive only of data emanating from qualitative based studies. Future research could repeat the enquiry targeting studies exclusively employing a quantitative approach, a mixed methods design, or both, to support a triangulation of data.

## 1.5 TREATMENT

### 1.5.1 BACKGROUND

Treatment outcome studies are still in their infancy. In the first of its kind, King et al. (2011) conducted a comprehensive review of the research specifically focussed on clinical interventions for treating Internet addiction, using the CONSORT (Consolidating Standards of Reporting Trials) statement, an internationally recognized ‘gold standard’ for assessing the reporting quality of clinical trials (Altman et al., 2001). Their robust assessment of the extant clinical trials of IA treatment revealed that the majority of studies employed non-pharmacologic intervention, included CBT, motivational interviewing (MI), reality training, or a combination of psychological and/or counselling modalities within a self-directed treatment program i.e. a combination of a number of therapy types. Thus, there was a lack of consistency across the reviewed studies in the type of therapy provided. King et al. (2011) highlighted several key limitations across the studies, leaving the authors to concede that it is difficult to produce any definitive conclusions as to the efficacy of each treatment:

- *inconsistencies in the definition and diagnosis of Internet addiction;*
- *a lack of randomization and blinding techniques;*
- *a lack of adequate controls or other comparison groups; and*
- *insufficient information concerning recruitment dates, sample characteristics, and treatment effect sizes.*

pg. 1110



Having set this backdrop, what follows represents some of the attempts made by clinicians and researchers to offer both quantitative and qualitative evidence, as well as a theoretical perspective concerning how best to 'treat' Internet addiction. (For comprehensive and systematic reviews of the available research literature, see: Douglas et. al, 2008; Griffiths, 2012; Shorrock, 2013).

### 1.5.2 CBT

CBT has been suggested as the preferred treatment modality in confronting negative thought patterns and behaviours as a means to overcome feelings of low self-esteem and worth (Young, 2007). Using the Internet Addiction Test (IAT), the first global psychometric measure of Internet addiction, developed by Widyanto and McMurren (2004), Young (2007) evaluated Internet addiction experience as well as treatment outcome of 114 patients before, during and after the 12 session CBT intervention. 96% of patients struggled with on-line time management, and 85% reported significant relationship problems due the amount of time spent on-line. The absence of a control group within this study is an obvious methodological weakness. More recently, a controlled study was conducted by Zhu, Jin, and Zhong (2009), using a CBT intervention and an intervention combining CBT with electro-acupuncture. Both interventions were significantly effective, although the combined therapy proved more so.

A recent behavioural study by Twohig and Crosby (2010) has convincingly suggested that the so called '3<sup>rd</sup> Wave' CBT has a powerful impact in reducing symptomology associated with Internet addiction. They employed Acceptance Commitment Therapy (ACT) as an intervention which significantly reduced problematic Internet usage by 83% amongst the study's participants. As critiqued above, the small sample size (n=6) is a clear shortcoming of the research, as is the absence of a control group. A redesign of this study would also incorporate an extension of the longitudinal feature, as the study design does not reassess its participants beyond three month post-treatment, and positive outcomes may have not been sustained. ACT was also used in a pluralistic approach in the treatment of a man who struggled with Internet addiction (Shorrock, 2012b). In presenting this in-depth case study I reveal a very successful therapeutic outcome, for a man who had previously been addicted to the Internet for over fifteen years. I partly attribute success to ACT's *defusion* techniques, integral within the approach (Shorrock, 2012b, 2012c). However, no quantitative measures were taken throughout the therapy, which would have enhanced a more robust systematic case study (McCleod & Cooper, 2011).

### 1.5.3 INTERPERSONAL THERAPY

Recent quantitative research conducted in Taiwan, using an interpersonal psychotherapy to evaluate a large sample of individuals [n=555], has attempted to identify predisposing Internet addiction factors (Liu & Kuo, 2007). Treatment focus was centred not on the manifest problems experienced as Internet addiction, but on the issues that underpin such 'symptomology'. The key underlying issues were identified as: interpersonal disputes (between family, friends, and colleagues); interpersonal deficits (such as social isolation, and loneliness); grief (loss as a result of a death); and changing of roles (e.g. new job, or divorce). Results provided some evidence that primal dysfunctional interpersonal relationships and consequent social anxiety significantly positively correlate and substantially impact on the emergence and severity of Internet addiction. As critiqued above, although a large, mixed-sex sample, it was only inclusive of students, which represent a weakness of this study.

### 1.5.4 TRANSACTIONAL ANALYSIS

Transactional analysis (TA) is an integrative approach, and combines CBT with psychodynamic theories and approaches, such as Interpersonal therapy (Shorrock, 2011, 2012a, 2012b, 2012c, 2013). Published research documenting the success of this approach in treating IA is virtually non-existent, which belies the truth available through evidence based practice (EBP). What little research has been published is very convincing. In an in-depth case study (Shorrock, 2012a, 2012b) I provide a rich and nuanced qualitative account of how TA was used, over a four year course of therapy, to affect both first and second order changes. As indicated above, unfortunately, no psychometric measures were taken in this study. However, this piece of research does provide some evidence that TA can be successful in helping the client manage (or reduce) his problematic Internet use, but also resolve the early developments issues that 'led' to the manifestation of symptomology experienced as Internet addiction.

In a systematic review of the qualitative research exploring the aetiology of IA (Shorrock, 2013) I observe that a third of the studies reviewed incorporated a research design feature that enabled the authors to conclude that unmet emotional needs in childhood heightened their subjects' vulnerability to developing Internet addiction. Once again, the evidence I provide (Shorrock 2012a, 2012b), using a TA treatment approach, lends further support to recent quantitative research conducted by Liu and Kuo (2007) indicating that primal dysfunctional interpersonal relationships and

consequent social anxiety significantly and positively correlate, and substantially impact on the emergence and severity of IA. In a meta-synthesis of the extant research literature (Shorrock, 2013) I conclude and make recommendation for future research:

*This does raise the question: Had all of the authors in the studies reviewed in this meta-synthesis undertaken a full historical assessment from their participants, would data support a positive correlation between childhood disaffection and Internet addiction? This would have obvious implications upon models of treatment.*

## **1.6 THERAPISTS' EXPERIENCE & UNDERSTANDING OF WORKING WITH INTERNET ADDICTION**

### **1.6.1 ADDICTION**

Very little research has been conducted into therapists' experience of working with clients struggling with addictions. Shinebourne and Adams (2007) studied the conceptualisations and beliefs about addiction in research and other literature that has emerged from the USA, and conclude that they reflect a domination of the pathological / deficit model (for instance: Hsieh & Srebalus, 1997; Humphreys et al., 1996; Moyers & Miller, 1993; Thombs & Osborn, 2001; Toriello & Leierer, 2005). Shinebourne and Adams (2007) found that only one study focused on therapists' experiences, emotions, and feelings i.e. Najavits et al. (1995). It would seem the Shinebourne and Adams (2007) study still reflects current trends.

Published research undertaking an in-depth examination of the *experience* and *understanding* of therapists working with clients struggling with Internet addiction is virtually non-existent (Shorrock, 2012a; Shorrock, 2012b; Shorrock, 2012c). It is impossible to attain unadulterated access to the actual experience of a therapist; as researchers we are twice removed in attempting to comprehend the participants' narrative of their experience in working with a client (Westland & Shinebourne, 2009). Paradoxically, this unique vantage point provides the researcher a meta-perspective enabling an identification of the therapist's 'operative defences and self-deceptions' that were present in the original clinical encounters, and can be evident in the participant's current narrative (Churchill, 2000, p. 44).

Shinebourne and Adams (2007) have attempted to explore therapists' understanding and experience of working with addiction problems generically. Participants were 13 therapists from

diverse backgrounds and working settings. A 'Q methodology' was employed, and four distinctive factors were identified, indicating divergent understandings of the concept of addiction. Whilst a number of limitations are evident within their study, including unexplored, or partially explored data, their research prompts serious consideration of the following factors:

- Therapists' personal beliefs and values regarding addiction impact on their understanding and practice. The authors found that most of their participants' views were informed by more than one theoretical perspective.
- Therapists need to be aware of the potential impact of their values on their client work, given that clients introject their therapists' values (Berne, 1966; Kelly & Strupp, 1992).
- Therapists' attitudes and feelings towards addictive clients indicate a need for supervision and further training. Working with clients struggling with addiction can give rise to complex situations, which in turn can elicit uncomfortable and confusing experiences for the therapist.

### 1.6.2 INTERNET ADDICTION

Most recently, spurred by the recognition that addiction counsellors perhaps possess the most advanced clinical knowledge relating to IA, Acier and Kern (2011) attempted to capture and analyse the counsellors' *perceptions* relating to: the profile of individuals presenting with problematic Internet use (PIU); the clinical picture; assessment; and treatment. The authors used a qualitative research design, utilising four focus groups with 21 addiction counsellors working in public addiction rehabilitation centres in Quebec, Canada. Further to an analysis of the discussions that unfolded, the authors conclude their paper with a strong note of caution, and warn us against "pathologizing" a still very little known phenomenon. A key shortcoming of this study is the undisclosed qualifications and experience of the counsellors in working with Internet addicted clients. Although the addiction counsellors have an abundance of experience working with alcohol and drug clients for a mean of 12.6 years, the only reported experience of working with clients struggling with Internet addiction is that they all confirm they have worked with several *Internet problematic use cases* (mean of 6.4, SD = 3.62) *in the last 12 months* only. Future research would benefit from raising the threshold, and / or clarifying inclusion criteria for *actual* experience of working with clients struggling with Internet addiction.

Above, I have introduced and critiqued an in-depth clinical case study that I conducted as therapist and researcher (Shorrock, 2012a, 2012b). I aimed to present the aetiological factors that contributed

to a client's on-line pornography addiction, a male in his mid-thirties. By way of documenting a multi-layered and nuanced document of the treatment I incorporated a practitioner reflexive account throughout the paper.

### *Towards a Richer Methodology*

Westland and Shinebourne (2009) have employed an interpretative phenomenological analysis (IPA) methodology for investigating therapists' experience of working with clients, that provides promising evidence that this approach lends itself better to a rich and in-depth exploration of therapist experience and understanding. Exploring how events and objects are experienced and how therapists make-meaning of this necessitates an interpretative activity on the part of the researcher (Smith & Osborn, 2003; Smith et al. 2009); these are the dual foci of IPA. The methodology chapter (Chapter 2) provides an in-depth account of the value of IPA in undertaking the endeavour of a rigorous study of therapists' experience and understanding of working with clients struggling with Internet addiction.

## 1.7 AIMS & RATIONALE OF THIS STUDY

Further to a systematic review (Shorrock, 2013), and two in-depth case study papers (Shorrock, 2012a; Shorrock, 2012b), I have highlighted the methodological weaknesses within many of the studies exploring Internet addiction, noting the over-reliance on survey data and self-reported data from self-selected populations, and absence of control groups within quantitative research (Young & Abreu, 2011). Previously reported case studies exploring the phenomenon (for instance, Young, 1996), have lacked depth and substance, which has recently been addressed (e.g. Chirban, 2006; Shorrock, 2012a, Shorrock, 2012b;), even although studies remain scant.

Attempts have been made to explore the therapists' experience and understanding of working generically with addictions (Najavits et al, 2000; Shinebourne & Adams, 2007). An encouraging study by Acier and Kern (2011) offered some qualitative evidence, resulting from focus groups endeavouring to capture the *perceptions* of addiction counsellors working with clients struggling with problematic Internet use (PIU) in Canada. However, to date, no *in-depth* research has been conducted, or at least published, concerning both therapists' *experience* and *understanding* of working with clients who present with Internet related problems.

The aim of this study is to explore, in-depth, the experience and sense-making of therapists working with clients who present with Internet addiction. It attempts to engage with the therapist's experience and understanding of therapeutic assessment, diagnosis and treatment of those clients. The decision to explore therapist's understanding and experience and not the client's phenomenological account is an attempt to ascertain the therapist's broader experience and comprehension of Internet addiction presentation, rather than the singular experience, expression, and meaning-making of the individual client. An awareness of the therapist's decision making process and how this informs treatment interventions will also be explored within this study.

I have chosen a qualitative research methodology by way of aiming to capture the uniqueness of an individual's lived experience and meaning-making. Semi-structured, one-to-one interviews are well-suited to a personal and in-depth discussion, and will be employed by way of eliciting critical truths rooted in the lived experience of the person (Polit & Beck, 2005; Kvale 2009). The following question is intended to elicit the therapist's experience and understanding of working with individuals struggling with Internet addiction or compulsive use of the Internet. The main research question is:

**What is the transactional analysis psychotherapists' experience and understanding of working with clients who present with Internet related problems?**

The research methodology, the rationale for choosing it, and the research question(s) will be discussed in the much detail in Chapter 2.

## 1.8 ORIGINALITY & DISTINCTIVE CONTRIBUTION

To date, no research has been published exploring in depth therapists' experience and understanding of working with clients who present with Internet related problems. The aim of this study is to explore the experiences of therapists working with clients who present with Internet addiction and compulsive use of the Internet. It attempts to engage with the therapist's experience and understanding of therapeutic assessment, the impact of any aetiological factors, and the treatment of those clients. I envisage that holding a focus on therapist's experiences and understanding could offer a unique insight into their perception of the impact of predisposing factors on the client's experience of Internet addiction and compulsive Internet behaviours. In a recent systematic review of extant research (Shorrocks, 2013) I concluded that it is unclear what predisposing, aetiological, comorbidity or situational factors impact on severity or type of Internet

addiction manifestation; therefore therapists' perceptions of potential patterns can be explored within this study.

Also, at the time of writing, I am unable to locate plausible empirical, in-depth qualitative studies that have specifically researched aetiology, assessment and treatment using a psychodynamic or depth psychology approach. Transactional Analysis is an integrative psychotherapeutic approach, largely informed by cognitive-behavioural and psychodynamic theory (Berne, 1966; Joines & Stewart, 2002, Shorrock, 2012a). It requires at least four years advanced clinical training to qualify as a certified transactional analyst, making it one of the most robust psychotherapeutic trainings. By researching the experience and understanding of transactional analysts, who are specifically trained to identify psychological distress aetiology, I believe a unique perspective could be garnered that will illuminate both aetiological and predisposing factors that give rise to this particular phenomena, that will, in turn, inform treatment direction.

## 1.9 RELATIONSHIP OF STUDY TO PROFESSIONAL PRACTICE & BEYOND

As a certified transactional analyst psychotherapist, and trainee counselling psychologist, I am very keen to understand how the implications of a clearer understanding of aetiology and predisposing factors can inform treatment direction for individuals struggling with Internet or Internet-enabled technology addiction problems. At a local level, I hope to pilot a treatment model that can be adopted by myself, and colleagues within my organisation, to treat clients struggling with this addiction. This will then be promoted nationally within the UK, before establishing a new treatment centre within Vienna, Austria, in 2014.

This issue has even broader implication for social care, education and IT sectors worldwide, as the use of Internet and Internet based technologies increases exponentially. Recent figures reveal that teenagers are exposed to various technologies (including 3rd generation phones, gaming and Internet) an average of seven hours per day (Rideout, Foehr, & Roberts, 2010). I have noted above how a recent and extensive literature review (Kuss & Griffiths, 2011) revealed the negative correlates of Social Networking Site [SNS] usage to be: problematic face-to-face [FtF] interpersonal relationships; withdrawal of participation in 'real world' social communities; as well as depleting academic performance and achievement.

A raft of research evidencing the global prevalence of IA has been presented in the sections above, which continues to rise at an ever faster rate. The vast majority of adults alive today, in their formative years, in the absence of virtual technologies, relied upon 'real-world', FtF relationships in meeting their physical, social and spiritual needs. But what about today's youth? A significant proportion of those have never experienced actual intimate relationships, to underpin their virtual relationships and interactions. Research is scarce that explores how young people "are distributing their engagement across the various resources of the Internet" (Crook, 2008, p.18) and what this may mean for education and learning (Eynon & Malberg, 2011). The time is ripe for clinicians and researchers to make a serious commitment to learn more about the impact of these technologies on individuals and relationships.

## 1.10 SUMMARY

Above, I have outlined the rationale for the study that is presented within this thesis. It emanates from both a personal and professional interest in exploring what it is like for other therapists working with clients struggling with Internet addiction. I have provided a full background to the research project, including a critical review of the relevant research that has endeavoured to explore and understand Internet addiction, including definition, assessment, evaluation, aetiology and treatment of Internet addiction, from clinical and other psychological perspectives. Pertinent literature concerning the understanding and experiences of other therapists and researchers has also been reviewed. The rationale for the present study, developed throughout these pages, has culminated in statements regarding the specific aims and distinctive contribution of the study; as well as its relationship to professional practice and beyond.

In the following chapter I will discuss in much detail the methodology of the study, including the rationale for the methodology, the research design, and data analysis systems and processes. The chapter will also provide an explanation of how I use myself in the work and how this will inform the style of writing adopted.



# Chapter 2

# METHODOLOGY

## 2.1 INTRODUCTION

The methodology chapter is presented in four discrete parts. The first part offers an in-depth rationale for the chosen methodology, including the philosophical assumptions upon which it is based. This allows me to elucidate the particular philosophical stance I have taken within the research. This is followed by a full account of the research design, incorporating details of the sample, sample size, and procedure to recruit participants. The protocol is then discussed regarding the analysis of the data, with worked examples of the complex processes involved. Finally, the integrity of the methodology is discussed; this includes an account of the ethical considerations identified, and the significance of reliability and validity factors.

## 2.3 RATIONALE FOR METHODOLOGY

### WHY A QUALITATIVE RESEARCH DESIGN? WHY IPA?

Husserl advocates a thorough and robust phenomenological account of the world as an essential grounding for any further scientific account. Husserl viewed science as a second-order knowledge system, ultimately depending on first-order personal experience (Husserl, 1970). In my introduction, I have exposed the overwhelming deficit of quantitative as well as qualitative research into the Internet addiction phenomena.

In the following section I build a case as to why I believe an Interpretive Phenomenological Analysis (IPA) method is the most congruent qualitative approach in addressing the aims of this study. I analyse its three key philosophical and theoretical bedrocks, using each as a prism to understand the added value it promises this study. These bedrocks are ideography, phenomenology, and hermeneutics, and represent the deep rooted and 'long history' of IPA. However, as noted by Smith, Flower and Larkin (2009), IPA also has a 'short history', in that it emerged, and made its mark as a pluralistic qualitative approach, in the field of health psychology with the publication of Smith's (1996) paper in *Psychology and Health*. Smith made the claim that psychology could, and should be, both experimental and experiential. Since the inception of this seminal IPA paper, this research methodology has swiftly and smoothly been transported across other branches of the discipline, especially clinical, counselling, social, and educational applied psychologies. As a phenomenological

research qualitative methodology it is now readily being applied within other cognate disciplines in the human health and social sciences internationally.

The philosophical and theoretical ‘bedrocks’ of IPA (ideography, phenomenology, and hermeneutics) will now be explicated.

### 2.2.1 IDIOGRAPHY

As a psychologist offering psychotherapy in private practice, perhaps the most inviting factor, for using an IPA approach in this instance, is its concern with the particular. After all, my initial drive to research the understanding and clinical experiences of other therapists working with clients struggling with Internet addiction was initially spurred by my burning curiosity emanating from clinically in-depth encounters. No quantitative method could ever deliver this, and would be philosophically incongruent with the endeavour given its focus on statistical generalisation. Idiography is the study of the individual, or of single events or facts (Oxford English Dictionary Online, 2012). Commensurate with psychological therapy, idiography represents IPA’s commitment to the careful examination of detail, and depth of analysis. Also, because phenomenological experience is uniquely embodied, situated and perspectival (Smith, 2011) the idiographical philosophy of IPA lends itself well toward a case study examination of a small, purposefully-selected, well placed sample of therapists who have worked closely with Internet-addicted clients.

IPA utilises analytic procedures, such as *analytic induction*, to allow general statements to emerge from individual cases. The method section of the present paper will illustrate how this works in practice. However, McLeod (2010) has highlighted the added value that case studies offer, in that such enquiries enable the research to expose inconsistencies in theoretical general claims that are often born of the quantitative research and nomothetic enquiry. A systematic and robust IPA method can account for similarities, as well as differences, and provide rich explanations for idiosyncratic occurrences. Indeed, over the fullness of time, as practice-based evidence is pooled into large reservoirs of rich data, it is very possible that significant patterns will emerge, even between the extra-ordinary accounts. It is hoped that this careful, in-depth study of cases, will represent a humble, but significant step towards such a feat.

### 2.2.2 PHENOMENOLOGY

The Oxford English Dictionary Online (2012) offers two succinct definitions of phenomenology as 'The metaphysical study or theory of phenomena in general (as distinct from that of being)', and 'The division of any science which is concerned with the description and classification of its phenomena, rather than causal or theoretical explanation'. In its more comprehensive definition:

*A method or procedure, originally developed by the German philosopher Edmund Husserl (1859–1938), which involves the setting aside of presuppositions about a phenomenon as an empirical object and about the mental acts concerned with experiencing it, in order to achieve an intuition of its pure essence; the characteristic theories underlying or resulting from the use of such a method. In more recent use: any of various philosophical methods or theories (often influenced by the work of Husserl and his followers) which emphasize the importance of analysing the structure of conscious subjective experience.*

To my mind, for this reason alone, a phenomenological approach would seem most congruent with an enquiry into the recent emergence of the Internet addiction *phenomena*. Given the complexity and painstaking task of attempting to access the 'pure essence' of Internet addiction, or at least the experience and understanding of it (if ever possible), it is helpful at this juncture to explain more fully what phenomenology is. It is therefore necessary to introduce the key concepts of the exponents within the phenomenological tradition: Edmond Husserl, Martin Heidegger, Maurice Merleau-Ponty, and Jean-Paul Sartre.

#### HUSSERL

Husserl was concerned with the extensive and rigorous study of lived experience in its own right, as a way of eliciting the essential qualities of the experience. He argued that it is part of the human condition to engage with the world with preconceived ideas of how the world is, based on previous experiences; this he called our *natural attitude*. A key function of our predilection for order is to make sense of the countless data streams we encounter second by second. Husserl believed that in order to access the essential qualities of new experiences it is therefore necessary to 'bracket' any assumptions we may hold, and focus our attention on our perception of the world we encounter. Husserl proposed a 'phenomenological method' in order to achieve this *phenomenological attitude*. Putting to one side, or bracketing, our taken-for-granted world view, in order to focus instead on our perception of the world, is a prerequisite. This can mobilise an individual, through a process of *reductions*, towards the essence of a phenomenological experience, and away from the distractions of their own presuppositions (Husserl, 1927). Whilst each reduction would enable the investigator to

view their thinking and reasoning of the phenomena at hand differently, the end goal is to identify the underlying features that lie at the core of the individual's subjective experience of a given phenomenon i.e. the 'essence' or 'eidos'.

Although trained as a scientist, Husserl was not a psychologist, and the focus of his theories centre on the study of a person's own lived experienced, rather than that of another. Of central concern to this study (and IPA) are his contributions regarding the robust examination of experience, the focus on perceptions of phenomena, and the attempt to bracket assumptions and preconceived ideas. These concepts can be fruitfully harnessed in the endeavour of capturing the unique experiences, as experienced by another.

## HEIDEGGER

Although once a student of Husserl, Heidegger steered phenomenological philosophy towards more existential and hermeneutic foci. The case for his philosophy is eloquently made in *Being and Time* (Heidegger, 1962/ 1927) which is centred on a purposefully *worldly* perspective, as the conceptual basis of existence. Whereas Husserl was concerned chiefly with psychological processes within an individual, Heidegger accounts more fully the context within which *Dasein* (or 'human being', a German word literally meaning 'there-being') are *thrown* into an already existing world and cannot be detached from the people, language and culture that are integral components of it. Our *intersubjectivity* and *relatedness-to-the-world* is an essential part of our constitution as 'Dasein' (Heidegger, 1962/1927).

For an IPA researcher, of key interest is the Heideggerian concept of being immersed, or 'thrown into' a world of people, objects and relationships that are interconnected and ever changing, and the meaning-making involved as the person attempts to understand their being 'in-relation-to' this world.

## MERLEAU-PONTY

Merleau-Ponty also placed more of a focus on a contextualised phenomenology. However, he departs from the Heideggerian existential emphasis on 'worldliness' and instead concentrates on the *embodied* nature of our relationship to the world. He views individuals as *body-subjects* (Merleau-Ponty, 1962), a term used to capture the unique positioning an individual has in the world. Additionally, it refers to how the body is a conduit for understanding the world it is part of, rather than seeing the body as an object that simply exists within it. Thus, the experience of the world is

always personal to the body-subject, and can never be experienced in the same way by another, as our perception of the other person will always be developed from our own subjective, embodied perspective.

The significance of Merleau-Ponty's *body-subject* philosophy is critical to work of an IPA researcher. It informs the position that any enquiry into a person's experience, or perception of their experience, cannot be fully shared. Indeed, it is possible to experience empathy with the subject, even an advanced empathy, but that will never be the *same* as the unique personal experience of the 'other'.

## SARTRE

Sartre held the view that 'existence come before essence' (1948, p.26), in that we are always becoming ourselves. As Kierkegaard neatly recapitulates: 'An existing individual is constantly in the process of becoming' (1974, p.79). In his great work, *Being and Nothingness* (1956 / 1943), the concept of *nothingness* is utilised in expressing Sartre's existential phenomenological philosophy. He argues that what is absent in a person's world is just as pertinent as what is present, in terms of defining themselves and their perspective of their world. Sartre's work serves to bridge the gap for many psychologists interested in working phenomenologically as his philosophy extents the contextualised worldly stance of Heidegger and accounts presence – and absence – of personal and social relationships.

Following this brief overview of phenomenological philosophy, it becomes evident how the movement has fundamentally informed IPA. As Smith, Larkin and Flowers (2009, p.21) observe, 'our attempts to understand other people's relationships to the world are necessarily interpretive, and will focus upon their attempts to make meanings out of their activities and to the things that happen to them'. Hermeneutics is a branch of science (and art) that is devoted to the study of interpretation, and warrants some attention here, as one other major theoretical system underpinning IPA.

### 2.2.3 HERMENEUTICS

Another alluring attraction to using IPA as a qualitative method to study the phenomena of Internet addiction is its emphasis on interpretation. Hermeneutics has been defined as the art or science of interpretation (Ricoeur, 1981) and whilst developed as a separate body of thinking to phenomenology, the disciplines have converged, chiefly through Heidegger, and thus hermeneutic phenomenology was born. Although historically developed to interpret text (particularly biblical

scriptures), phenomenologically-minded hermeneutic researchers and psychologists can adapt the theory as a method within a face-to-face dialogic encounter, such as interviews. Smith and Osborne (2003) introduce the phrase *double hermeneutic* - the idea that the IPA researcher is attempting to make-meaning of the participant attempting to make-meaning of their experience. Whether utilising hermeneutic theory to examine a phenomena in an interview, or in text (such as the interview transcript), the core questions the hermeneutic researcher has in mind are consistent:

*‘What are the methods and purposes of the interpretation itself? Is it possible to uncover the intentions or original meanings of the author? What is the relation between the context of a texts production... and the context of a texts interpretation...?’* (Smith, Flowers, & Larkin, 2009, p.22-23)

IPA holds that a hermeneutic investigator can ultimately develop a perspective on a phenomenon that the author is not able to. This is based on a belief expressed by Schleiermacher (1998) that thorough, comprehensive and holistic analysis of the ‘text’ can yield more insight than the author is able to garner at the time. This insightful position is partly due to the meta-perspective adopted that can provide an observation of the patterns that can emerge from larger data sets, or from an engagement with the extant psychological theory.

Heidegger offers additional key learning as he warns of the danger of our prior experience, preconceived ideas and assumptions (*fore-conception* or *fore-structure*) interfering with interpretation (Heidegger, 1962/1927). Although the focus should always be on examining the phenomena as it appears, we cannot ignore our fore-structure. Indeed, we can learn to work dynamically with our fore-structure, and become aware of it, having worked with the text.

Methodologically, hermeneutic engagement with the participant, and / or text, can be understood using the dynamic concept of the *hermeneutic circle*. It is founded on the idea that a whole cannot be understood fully without looking specifically at its parts, and the parts cannot be truly understood unless attention is paid to the whole. Therefore, IPA analytical process is iterative and involves reflectively oscillating through ones thinking, and organically developing ideas and interpretations, rather than just moving sequentially through fixed stages. This is a particularly helpful method in attempting to understand Internet addiction, or at least participants’ experience and understanding of it, as the IPA analytic and interpretive process can develop organically, on many different levels: within the interviews; after the interviews; between the interviews; during analysis of transcripts; between analysis of transcripts, and so on.

## MY OWN PHILOSOPHICAL STANCE

In order to define my own particular philosophical stance I must refer to the concepts of *hermeneutics of empathy* and *hermeneutics of suspicion* (Ricoeur, 1970). These two distinct interpretive positions were introduced by Ricoeur to describe levels of hermeneutic born from an empathic engagement with the other as they describe or experience the phenomena, and a suspicious or critical engagement aided by theoretical perspectives (in this instance, transactional analysis theory). Smith (2004) has asserted that IPA takes a centre-ground position with regard to this Ricoeurian double hermeneutic, and is appropriate so long as both levels of interpretation strive towards enabling the meaning of the experience to emerge. At the level of suspicion or questioning, I share the belief that a critical interpretation can be key in enabling the phenomenon to emerge 'in ways which participants might be unwilling or unable to do [reveal] themselves' (Eatough & Smith, 2008, p. 189).

It is evident throughout the findings and discussion chapter that I moved through deeper levels of interpretation, loosely speaking, from a broadly hermeneutic of empathy to a hermeneutic of questioning or suspicion, where I utilise psychoanalytic and transactional analysis theory more explicitly. I have been transparent about my psychoanalytic trainings, and hold that my philosophical position is largely informed by a Heideggerian hermeneutic phenomenology. Even where I have not mindfully interpreted phenomenological accounts through a transactional analysis lens, I'm aware that they are indelibly integrated into my worldview. By the same token, having shared similar trainings, my participants will also be reflecting upon their experience of their work with clients experiencing Internet addiction through the lens of transactional analysis, whether conscious of it or not. As researcher, the best result I can achieve entails working with my fore-structures, mindfully and reflexively, and always attempting to foreground the phenomenological account of the participant (and the experience that infolds between us). To my mind, this seems a realistic or workable endeavour, and marks a point of departure from the almost Husserlian claim from Smith (2004, p. 45):

I would argue that my account... is based on a close reading of what is already in the passage, helped by my analysis of what the participant said elsewhere in the interview and informed by general psychological interest but *without being influenced by* a specific pre-existing formal theoretical position. [italics added by myself].

Whilst I adopt the same methodological position as Smith, as stated here, I cannot be as confident as to say that my account is not *influenced by* any of the psychological trainings I have ever received.



Instead, I lean towards Heidegger (1962) and accept that it is impossible to rid the mind of presupposition and where possible, choose to work with my fore-structures as an invaluable guide to a mature, meaningful, and multifaceted enquiry. The influence of Heidegger and Ricoeur add a particular flavour to my writing and analysis, which can be considered cognitive at times. However, since its inception, IPA has embraced a concern for cognition (Smith, 1996), and its leading proponents have recently defended their view that “so long as the three basic principles are adhered to, then IPA researchers may draw upon a considerable interpretative range and make connections with an array of other theoretical positions as part of the process”. (Smith, Flowers & Larkin et al., 2009, p. 186).

#### 2.2.4 CONCLUSION

In concluding my rationale for choosing this methodology, and providing an explanation of the theoretical and philosophical foundations that underpin it, as well as my philosophical position within it, I hope I have made the case clear as to why the IPA approach is a most suitable method in achieving the aims of the present study. Of course, other qualitative approaches exist, not least to mention the other phenomenological approaches. These include, but are not limited to: Ashworth, (2003); Dahlberg et al. (2008); and Giorgi (1997). I believe the majority of these approaches tend to exclusively focus on the end goal of macro-level accounts of psychosocial phenomena. Whilst this is also a focus within IPA, it is not the only focus, as it also offers a robust, systematic micro-analysis of the lived human experience, accounting all its nuances and abundant richness – the key aim of this study.

### 2.3 RESEARCH DESIGN

The aim of this study was an in-depth exploration of therapists’ experience and understanding of working with clients presenting with Internet addiction and associated problems concerning the Internet. Qualitative research is designed to study both the breadth and depth of human experience from the viewpoint of participants (Smith, 2004). Thus a qualitative research methodology was chosen by way of aiming to capture the uniqueness of an individuals lived experience and meaning-making.

Semi-structured, one-to-one interviews are well-suited to a personal and in-depth discussion, where open questions enable the participants’ experience to emerge (see Reid, Flowers, & Larkin, 2005, for

a review). For this reason, the semi-structured interview was chosen by way of eliciting critical truths rooted in the lived experience of the person (Polit & Beck, 2005; Kvale 2009), in this instance, the psychological therapist.

### 2.3.1 DATA COLLECTION / SAMPLE SIZE

Interpretive Phenomenological Analysis (IPA) is a research approach committed to quality and not quantity. It is a phenomenological research approach committed to the detailed examination of how people make sense of their world, exploring experience in its own terms. In contrast to traditional quantitative approaches it actually becomes more problematic to use a larger sample, and the commitment of IPA to exploring complexity and richness is jeopardized. In this study I used a semi-structured interview method to collect rich data and interviewed four therapists in-depth, as 'successful analysis requires time, reflection and dialogue', and 'many studies by experienced IPA researchers now have numbers in this range' [between three and six participants] (Smith, Flowers & Larkin, 2009, p.51-52); this is commensurate with the demands and constraints of a professional doctorate study.

### 2.3.2 SAMPLING STRATEGY / PARTICIPANTS

My sampling strategy involved a focus on only recruiting participants who had professional membership with the European Association of Transactional Analysis (EATA). I chose EATA member psychotherapists purposefully for three main reasons:

- As an attempt to standardise amongst participants a particularly high degree of rigour in levels of training, clinical competence, personal therapy, and extensive therapeutic experience necessary for their registration (ITA, 2008);
- Transactional analysis (TA) is an integrative approach with a strong focus on examining aetiology, which is of particular interest in the present study (many CBT and solution focussed approaches attribute minimal focus and relevance to such factors);
- As a counselling psychologist trainee, I am particularly drawn towards integrative and dynamic approaches (such as TA), and am especially interested to learn how pluralist practitioners work with clients struggling with Internet addiction, given their extensive range of skills and depth of clinical training.

Where members work and reside in the UK, they were members of the Institute of Transactional Analysis (ITA), a member organisation of the United Kingdom Council for Psychotherapy (UKCP). Potential participants had to meet the inclusion criteria of being UKCP registered psychotherapists, Certified Transactional Analysts, or in the advanced stages of achieving such accreditation, as well as being members of the European Association of Transactional Analysis (EATA). Where the therapists did not work and reside in the United Kingdom, they would hold the equivalent professional standing within their respective European country.

As a registered Transactional Analyst and psychotherapist, and active member of the Institute for Transactional Analysis, I was able to access suitable participants at local and organisational levels. At the local level, I was confident I was able to acquire informed consent to interview colleagues within my locality. Given that mutual professional respect and strong working alliance will have already been developed, I believed this gives me unique access to collect rich data. As an extra safeguard against not engaging sufficient participation interest, the recruitment drive was extended to the nationwide organisational level. A notice was placed within the quarterly magazine of the Institute of Transactional Analysis, 'the Transactional Analyst', attracting an international readership (see Appendix E). The notice included clarification of the purpose of the study, along with inclusion criteria and a description of the requirements of a recorded one and a half hour semi-structured interview and contact details of the researcher. Social and professional networking media was also used to recruit participants, namely Twitter, LinkedIn, and Facebook.

Responding potential participants possessed a minimum of five years practice experience, within a number of health care settings. A key requirement was that each practitioner has direct experience of working therapeutically with adult clients who have experienced problems associated with Internet addiction and compulsive Internet behaviours. Although TA is essentially a theoretically integrative approach, another pre-requisite was that therapists identify themselves as 'integrative' therapists, and have trained in or are influenced by 'other' therapeutic modalities (e.g. psychodynamic, CBT, or Rogerian person-centred therapy), even though they understand TA to be their 'home base' or core modality.

An information sheet (see Appendix F) was then forwarded to potential participants who responded with an expression of interest, together with dual copies of the research consent form (see Appendix G). The participants then returned a signed copy of the research consent form using the SAE provided by the researcher, whilst the other copy was retained by the participant for their own convenience. Upon receipt of the signed consent form the researcher contacted the participants via

their chosen method (email or telephone) and arrangements were made to coordinate a face-to-face meeting.

Participants that met all of the inclusion criteria, and who had provided informed consent to participate, were selected on a first-come-first-serve basis. A brief pen-picture of each therapist participant now follows:

- 'Participant 1' (also known as 'Jack') is an extensively experienced psychotherapist based in the United Kingdom, who had originally trained in second-wave CBT before undertaking his transactional analysis training. As an extensively experienced transactional analyst he works within the NHS as well as within independent practice. Within his private practice, Jack specialises in providing therapeutic support to clients struggling with Internet sex addiction, and offers supervision to therapists working within this specific field. He has also written academic papers relating to this specialised field of Internet addiction.
- 'Participant 2' (also known as 'Dora') has specialised in using transactional analysis and other humanist approaches for over two decades, and has predominantly worked within the not-for-profit sector within the United Kingdom. Dora currently works with young single mothers who are dependent upon state benefits, or illegal income revenue. An increasing number of her clients are presenting with on-line social networking and gambling problems. Dora chiefly uses a group therapy format, using both off-line and on-line models.
- Participant 3' (also known as 'Kam') specialises in working with children and young people who are struggling with on-line gaming addiction. Based in Germany, Kam has worked extensively in this area, and has established an international research and treatment institute that aims to evidence the efficacy of systemic / family based therapies using a transactional analysis modality.
- 'Participant 4' (also known as 'Lucy') is also a highly experienced teaching and supervising transactional analyst based in the United Kingdom. Lucy integrates narrative and attachment therapy into her approach in working with her Internet addicted clients. She has a special interest in using metaphor in her work, which she employs within a very relational and psychodynamic approach.

This sample was chosen purposefully, which is theoretically congruent with the qualitative paradigm, as it was expected these therapists would be able to offer a particular insight into the experiences of people struggling with Internet addiction and associated problems. Thus, they represented a 'perspective' rather than a population (Smith, Flowers & Larkin, 2009). The added value of this particular sample was the standardisation of their theoretical and clinical approach, in that all use Transactional Analysis as their core modality, offering some homogeneity.

### 2.3.3 THE INTERVIEW

All interviews were carried out at the Transactional Analysis National Conference at the Majestic Hotel, Harrogate, between the 12th – 15th April 2012, which was the most suitable venue, mutually agreed by participants and researcher. As an experienced psychotherapist I felt comfortable at providing a suitably relaxed research interview environment necessary to enable participants to feel sufficiently safe enough to explore their understanding and experiences in depth (Kvale, 1996, 2009). Having memorised the interview schedule, I embedded deliberately open-ended questions within a conversational style of interviewing that was free-flowing and organic in nature. This enabled a rich and meaningful phenomenological enquiry to unfold. As explained previously, it was expected that the interview process would oscillate between levels of interpretive enquiry from a hermeneutics of empathy to a hermeneutics of suspicion (Ricoeur, 1970).

The duration of each interview was a maximum of one and a half hours, which followed a pre-constructed semi-structured question format. Only the twelfth question was conceived post hoc, during the first interview. The significant value it added confirmed the decision to include it in all of the subsequent interviews. Each participant was interviewed only once. The twelve questions in the structured element of the interview are listed below (and as Appendix 4). To ensure equity and consistency, all participants were asked the questions in a similar order, although it was necessary to adapt the order predetermined, to accommodate interviewee's responses and choice of direction. The intention was that the schedule does not dictate the interview process but serves as a facilitative guide (Smith & Osborn, 2008). Therefore, the schedule provided a cognitive tool to guide a phenomenological enquiry into key areas of interest: background of the therapist; assessment; aetiology; treatment; reflection on the interview process. Once again, the research question asks: What is the experience and understanding of transactional analyst psychotherapists in working with clients who struggle with Internet addiction? Therefore the schedule asks key questions that are intended to drill down into the experience and perceptions of participants:

## **BACKGROUND**

1. *How would you describe yourself as a therapist?*
2. *To what extent does TA inform your practice?*

## **ASSESSMENT**

3. *What is your experience of working with people who have problems associated with the Internet or Internet related devices? (including smart phones and 'apps').*
4. *What does the term "Internet addiction" mean to you?*
5. *How do you evaluate whether somebody is addicted to the Internet?*
6. *What's it like for you working with people who struggle with Internet related problems?*

## **AETIOLOGY**

7. *Do you find that predisposing factors influence a client's expression of Internet addiction? If so, how?*
8. *What are the key factors impacting on the client's expression of Internet related problems?*
9. *Is there a link between the client's previous experience and specific types of Internet addiction?*

## **TREATMENT**

10. *How does the client's previous life experience impact on your formulation of a treatment plan?*
11. *Can you walk me through your experience of working with and treating one client with Internet addiction?*

## **REFLECTION**

12. *What has it been like for you today, exploring and reflecting on your understanding and experience of working with clients struggling with Internet addiction?*

## **2.4 DATA ANALYSIS**

To date, the IPA literature has not advocated one single 'method' of data analysis. However, the analytic focus has always centred on the participant's effort to understand and make-meaning of their experience. Smith (2007) has described the analytic process as an iterative and inductive cycle. Attempts have been made to capture a number of strategies intrinsic to successful execution of this

process which utilises a number of strategies (Smith, Flowers & Larkin, 2009). These include: a microscopic, line-by-line analysis of the experience and understanding of each participant; identifying emerging themes; an organisation of material that enables analyses of data to be auditable; and a reflexive account of the researcher's own notions, processes, and perceptions.

Using the final texts, I followed the sequence of data analysis below, which did not always necessarily follow a linear process, as I needed to allow myself to oscillate reflectively between stages as part of an iterative and inductive cycle of analysis (Smith, 2007):

1. Reading and re-reading.
2. Taking of initial notes, making descriptive, conceptual, linguistic comments.
3. Identifying emergent patterns / themes, and connections across themes.
4. Repeating the above process with the next participant's interview transcript.
5. Detecting patterns across case transcripts.

For simplicity, I will present the data analysis process of this study in three stages:

STAGE 1: INITIAL CONTACT, INTERVIEWING PARTICIPANTS, & EMERSION IN TRANSCRIPTS.

STAGE 2: IDENTIFYING & REFERENCING EMERGENT THEMES

STAGE 3: IDENTIFYING OF RECURRANT THEMES WITHIN & ACROSS CASES

#### **2.4.1 STAGE 1: INITIAL CONTACT, INTERVIEWING PARTICIPANTS, & EMERSION IN TRANSCRIPT.**

The data analysis process started from the moment the interview process began, and even before, upon making initial contact with the participant. Recognition of a 'double hermeneutic' (Smith & Osborn, 2003) within the interview process is congruent with an IPA methodology, acknowledging that the researcher is 'both like and unlike the participant'. I made use of data from my own reflexive journal, and research supervision, to aid data analysis and interpretation of the participant's experience (Etherington, 2004). Not wishing to discount the importance of my own fore-structures (Heidegger, 1962 / 1967) and indeed utilising them in the service of a double-hermeneutic of suspicion as well as empathy (Ricoeur, 1970), I was also mindful of the psychodynamic lens of which I would be interpreting the data. [See section on Reliability and Validity (2.5.2) for more discussion around this.]

Having transcribed much shorter sections of interviews before the present study, and realising that the process is particularly sluggish for me personally, on account of my dyslexia, I took the decision to have the digitally audio recorded interviews professionally transcribed. I made any amendment to the transcripts, by way of 'proof reading' the text, and accounting any subtleties and nuances missed by the transcriber (for example, nonverbal and para-verbal communications, and intonations). Engaging in this process, whilst repeatedly listening to the audio recordings, enabled me to immerse myself in the audio-visual data, and 'relive' the interview. This added an invaluable layer of reflection and analysis, of which I was able to capture in my on-going process notes. Using the final texts, I followed steps one and two of the sequence of data analysis suggested by Smith (2007) (highlighted above), and read and re-read the transcript, and took initial notes, capturing descriptive, conceptual and linguistic elements and observations.

The example immediately below (Table 2.1) illustrates the method I used to capture my exploratory comments alongside the transcripts from the original interview with 'participant one'. In the right-hand margin my exploratory comments typically show: descriptive observations (e.g. "...doesn't say what he thinks "we've" become); linguistic or process observations (e.g. "hesitation"); and any conceptual or interpretive remarks (e.g. "Does he believe we're all addicted?").



TABLE 2.1

Extract from page 3, of the interview transcript of 'participant one' (Appendix A), illustrating the original conversation, along with my exploratory comments.

		Original transcript	Exploratory comments
		<p>...been popularized within the media and I think that we've become.....it's a bit grandiose...and I don't know who I think the "we" is, but I think it's become.....you know sometimes we have to ask ourselves some very difficult questions and ...you know, "How do I know the world is round and it's not flat?" it's one of those type questions.</p> <p>I: Mmm.</p> <p>R: I actually don't think...in a sense....well, I believe that people use the internet excessively. But you don't say to somebody who drinks a lot "Oh you've got a pub addiction".</p> <p>I: Mmm.</p>	<p>Hesitation, doesn't say what he thinks "we've" become.</p> <p>More hesitation. Using metaphor. Is my question difficult? Is he confused?</p> <p>We all "excessively use the Internet". Does he believe we're all addicted?</p> <p>"Pub addiction". Indicating that the Internet is the medium for addiction?</p>

#### 2.4.2 STAGE 2: IDENTIFYING & REFERENCING EMERGENT THEMES

Stage two involves identifying and referencing emergent themes. Using a four columned table (see Table 2.2) I recorded the emergent themes to the left of the transcript. Given that the data set has now grown significantly, with my exploratory comment evident in the furthest column to the right, I was able to view sets of data simultaneously, but guided primarily by my exploratory observations in this analytic shift towards a more interpretive focus (Smith, Flowers & Larkin, 2009).

Given the use of different sized font, and font themes, to discern the different levels of data, I decided to opt for a large font in indicating line number (furthest column to the left). This allowed for a flexible and accurate method for locating and referencing data, as the data would invariably

move up or down as additions or modifications were made as part of the double hermeneutic process, in recording deepening levels of interpretation. Having a line number enabled the emergent themes to be tagged with a reference number. For instance, the emergent theme of 'Internet as medium for addiction' was tagged with reference number '3.9', to denote its location on line 9, page 3.

Emergent theme '3.9' also serves to exemplify a typical interpretation from my exploratory comment - *"Pub addiction". Indicating that the Internet is the medium for addiction?*, to the emergent theme of *'Internet as medium for addiction.'* This shift in analytic focus has elevated the interpretive comment to a more abstract conceptual level, and further away from the original transcript.

**TABLE 2.2**

**Extract from page 3, of the interview transcript of 'participant one' (Appendix A), illustrating the original conversation, along with my exploratory comments, emergent themes, and referencing or 'tagging' system.**

Line No.	Emergent themes	Original transcript	Exploratory comments
1	'IA' popularized / misrepresented by the media. 3.2	...been popularized within the media and I think that we've become.....it's a bit grandiose...and I don't know who I think the "we" is, but I think it's become.....you know sometimes we have to ask ourselves some very difficult questions and ...you know, "How do I know the world is round and it's not flat?" it's one of those type questions.	Hesitation, doesn't say what he thinks "we've" become.  More hesitation. Using metaphor. Is my question difficult? Is he confused?
2			
3			
4	Confused conceptualization of IA. 3.4		
5			
6			
7	We're all addicted to the Internet. 3.8	I: Mmm.	We all "excessively use the Internet". Does he believe we're all addicted?
8			
9			
10	Internet as medium for addiction. 3.9	R: I actually don't think...in a sense....well, I believe that people use the internet excessively. But you don't say to somebody who drinks a lot "Oh you've got a pub addiction".	"Pub addiction". Indicating that the Internet is the medium for addiction?
11			
		I: Mmm.	

### 2.4.3 STAGE 3: IDENTIFYING RECURRENT THEMES WITHIN & ACROSS CASES

The following sub-stages provide a detailed explanation of the processes involved, and methods used, to identify recurrent themes within and across cases:

SUB-STAGE 1: Listing themes within cases.

SUB-STAGE 2: Identifying super-ordinate themes within cases.

SUB-STAGE 3: Identifying higher level conceptual themes within and across cases.

SUB-STAGE 4: Summarising the developmental process of themes into highest order concepts.

SUB-STAGE 5: Identifying recurrent patterns across cases at the highest order & superordinate level.

SUB-STAGE 6: Analysing frequency of recurrent themes at the highest order and super-ordinate level.

All the tables developed and referred to in this section can be found within Appendix B.

#### ***SUB-STAGE 1: Listing themes within cases***

Themes listed chronologically within the transcript were copied and pasted into a new Word document. Each theme within the list was referenced numerically, highlighting page number and line number. The page number precedes the line number, punctuated with a full-stop. For example, '8.11' denotes a theme listed on the original transcript, located on page 8, line 11. This reference served to 'tag' the theme, to allow for audit or future analysis. Each transcript is colour coded. In this instance, e.g. 'transcript 1' is red. Colour coding will enable a clear and discernible method for the analysis of cross-case thematic connections / patterns at later stages in the analysis. An example, from participant 1, is listed below:

Schizoid types vulnerability to Internet porn addiction. 8.8

Histrionic types predisposed? 8.11

Anxiety is precursor to IA. 18.17

Confused identity / definition of "IA". 9.3

Antisocial types predisposed to Internet sex addiction. 9.9

***SUB-STAGE 2: Identifying super-ordinate themes within cases***

I systematically worked down the list and emboldened the text of contenders for super-ordinate themes, and subsumed other themes within the group (see Appendix B).

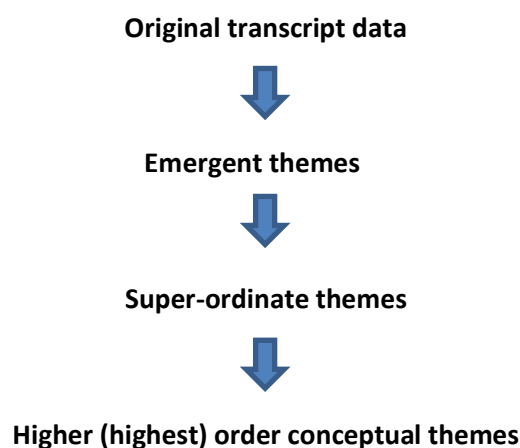
**Underlying pathological disorder.4.16**

Internet as conduit for sexual addiction.4.17 / Internet as medium for underlying pathology.6.3 / IA is simply symptomology of underlying problem. 19.11

It was necessary to copy some themes, as they were relevant to two or more super-ordinate categories. It was not necessary to discard any themes at this stage, as virtually all themes could be subsumed. In the event where no relationship was evident with other themes, the themes would stand, in the event that cross-case (other transcripts) thematic connections were revealed.

***SUB-STAGE 3: Identifying higher level conceptual themes within (and across) cases***

At a more abstract level of meta-analysis, higher level super-ordinate themes were identified, which subsumed other super-ordinate themes. From here on they will be known as 'higher order conceptual themes' i.e. highest level of abstraction. Thus, the ordering system now looks as follows:



This distilling process saw the emergence of five higher-order concept themes relating to:

1. Complexity in understanding Internet addiction (IA).

- II. *Understanding of the aetiological and predisposing factors contributing to the development of IA.*
- III. *Understanding and experience of function and features of IA.*
- IV. *Understanding and experience of the treatment and practice of supporting individuals struggling with IA.*
- V. *Experience **within** the interview, in discussing their (participants') experience and understanding of IA.*

On rare occasions, superordinate themes were copied into other higher order concept themes as they appeared particularly relevant to both categories. Whilst not my focus, even at this sub-stage in the abstraction process, the connections *across* transcripts were beginning to 'flood' into my awareness. In other words, whilst attempting to see the cases as individual (in keep with the idiographic commitment of IPA), the higher-level conceptual themes spoke directly to the same level of analysis in subsequent cases, as my 'fore-structures' has been affected. This is in parlance with the hermeneutic process integral to phenomenological enquiry (Heidegger, 1962 / 1967). Thus, the higher-order conceptual themes, identified above, provided an organic vessel to contain the following analysis across cases.

#### ***SUB-STAGE 4: Summarising the developmental process of themes into highest order concepts***

This sub-stage involved tabulating thematic development summaries, from super-ordinate themes to higher-order conceptual themes, for each case / transcript. Also, for illustrative and auditing purposes, I have produced a table (see Table 2.3) that provides evidence of tracking back to the lowest order thematic level, and keys words from the original transcript of 'participant one'. Examples illustrating audit and tracking processes are underscored:

<b>TABLE 2.3</b> <b>Master summary table of higher order-themes, super-ordinate themes, examples of themes, and examples of key words the transcript resulting from interview with 'participant one' (illustrating examples of <u>audit trails</u>).</b>			
<b>HIGHER ORDER CONCEPT</b>	<b>SUPER-ORDINATE THEMES</b>	<b>THEMES</b> *[page. line number]	<b>KEY WORDS</b>
COMPLEXITY IN UNDERSTANDING INTERNET ADDICTION (IA)	<ul style="list-style-type: none"> <li>• <u>Confusion &amp; complexity</u></li> <li>• 'IA' as obsessive-compulsive problem.</li> <li>• 'IA' as an anxiety based problem.</li> <li>• Underlying</li> </ul>	e.g. from ' <u>Confusion &amp; complexity</u> ':  Confused identity / definition of "IA". 9.3*  Confused / uncertain formulation.	E.g. from ' <u>Working with 'IA' is complex. 16.11</u> ':  <u>"it's an enormous complexity"</u>

	<ul style="list-style-type: none"> <li>pathological disorder.</li> <li>Internet as medium for addiction.</li> <li>Is Internet itself addictive?</li> <li>Prevalence of IA behaviour</li> </ul>	13.15 <u>Working with 'IA' is complex. 16.11</u> Lack of understanding of 'IA'? 16.12 IA phenomenon is complex. 16.18	
AETIOLOGY / PREDISPOSING FACTORS	<ul style="list-style-type: none"> <li><u>Childhood origin</u></li> <li>Script</li> <li>Aloneness</li> <li>The conflicted self.</li> <li>A low self-esteem</li> </ul>	e.g. from ' <u>Childhood origin</u> ': Unmet childhood need for containment. 30.14 Unmet needs in childhood. 31.17 <u>Early developmental delays / impasse. 37.17</u>	E.g. from ' <u>Early developmental delays / impasse. 37.17</u> ': <u>"early impasses"</u>
FEATURES / FUNCTION of IA	<ul style="list-style-type: none"> <li><u>Precursors to IA behaviour</u></li> <li>Pornography use a natural stage of development.</li> <li>Coping strategy</li> <li>Searching</li> <li>Internet porn as a release</li> <li>Power, control and domination</li> <li>Escapism</li> <li>Porn doesn't nourish?</li> <li>Impedes intimacy in offline relationships.</li> <li>Porn usage to meet profound needs</li> </ul>	e.g. from ' <u>Precursors to IA behaviour</u> ' Precursors to IA behaviour. 21.14 Work related stress alleviation. 21.18 <u>Intrusive thoughts are triggers. 21.10</u>	E.g. from ' <u>Intrusive thoughts are triggers. 21.10</u> ': <u>"intrusive thinking"</u>
TREATMENT	<ul style="list-style-type: none"> <li><u>Techniques &amp; methods</u></li> <li>Safety</li> <li>Impact on therapist</li> <li>Ethical challenges</li> <li>Lack of support</li> </ul>	e.g. from ' <u>Techniques &amp; methods</u> ': Best to treat the root cause. 19.14 <u>Advanced empathy. 36.9</u>	e.g. from ' <u>advanced empathy 36.9</u> ': <u>"I'm feeling"</u>

***SUB-STAGE 5: Identifying recurrent patterns across cases at the highest order & superordinate level.***

This phase entailed the production of master tables, for each higher-order conceptual theme. Thus, presenting an overview of the highest-order abstraction with its composite super-ordinate themes. In staying with the example of the highest-order concept of 'Complexity', super-ordinate themes identified within each case are collated within Table 2.4. The colour-coding system has been maintained, still helping to distinguish data emerging from respective transcripts:

<b>TABLE 2.4</b> Master table of higher order-concept relating to the complexity in understanding Internet Addiction (IA) and the corresponding super-ordinate themes that emerged within the group.	
HIGHER ORDER CONCEPT	SUPER-ORDINATE THEMES
[Participant 1]  'COMPLEXITY IN UNDERSTANDING INTERNET ADDICTION (IA)'	<ul style="list-style-type: none"> <li>• Confusion &amp; complexity</li> <li>• 'IA' as obsessive-compulsive problem.</li> <li>• 'IA' as an anxiety based problem.</li> <li>• Underlying pathological disorder.</li> <li>• Internet as medium for addiction.</li> <li>• Is Internet itself addictive?</li> <li>• Prevalence of IA behaviour</li> </ul>
[Participant 2]  'COMPLEXITY of IA'	<ul style="list-style-type: none"> <li>• Complexity of IA</li> <li>• Pervasiveness of IA</li> <li>• The addictiveness of the Internet</li> </ul>
[Participant 3]  'COMPLEXITY OF IA'	<ul style="list-style-type: none"> <li>• Comorbidity</li> <li>• Internet as conduit for underlying pathology</li> <li>• Defining &amp; assessing Internet gaming addiction</li> <li>• Pervasiveness of IA</li> <li>• IA is complex.</li> </ul>
[Participant 4]  'COMPLEXITY OF IA'	<ul style="list-style-type: none"> <li>• An obsessive and compulsive problem</li> <li>• An anxiety based problem</li> <li>• IA as symptomology</li> <li>• A complexity in understanding IA</li> <li>• The prevalence of addiction</li> <li>• Comorbidity</li> </ul>

Table 2.4 illustrates that even at this level of analysis, similarities and recurrent patterns across cases become very clear.

***SUB-STAGE 6: Analysing frequency of recurrent themes at the highest order and super-ordinate level.***

To support this stage of analysis, tables were produced to identify and illustrate recurrent themes across cases (see Appendix B). Where super-ordinate themes were worded slightly differently across cases, but were referring to the same phenomenon or topics, the opportunity was taken to subsume them under a generic heading that did not lose the idiographic significance emerging within each case. For instance, in the table headed *Identifying recurrent themes: Complexity*, 'Internet as medium for addiction' (participant 1), and 'Internet as conduit for underlying pathology' (participant 3) were submerged under the new generic heading of *Internet as conduit or medium for addiction*. See Table 2.5 below:

<b>TABLE 2.5</b> <b>Key super-ordinate themes recurring within and across cases relating to the participant experience and understanding of the complexity of Internet addiction.</b>					
<b>Super-ordinate themes</b>	<b>Participant 1</b>	<b>Participant 2</b>	<b>Participant 3</b>	<b>Participant 4</b>	<b>Present in half of sample or over?</b>
<i>Confusion &amp; complexity in understanding IA.</i>	Yes	Yes	Yes	Yes	<b>Yes</b>
<i>'IA' as obsessive-compulsive problem.</i>	Yes	No	No	Yes	<b>Yes</b>
<i>'IA' is an anxiety based problem</i>	Yes	No	No	Yes	<b>Yes</b>
<i>Comorbidity or underlying disorder</i>	Yes	No	Yes	Yes	<b>Yes</b>
<i>Internet as conduit or medium for addiction</i>	Yes	No	Yes	No	<b>Yes</b>
<i>Addictiveness of the Internet</i>	Yes	Yes	No	No	<b>Yes</b>
<i>Prevalence &amp; pervasiveness of IA</i>	Yes	Yes	Yes	Yes	<b>Yes</b>
<i>Problems defining &amp; assessing gaming addiction</i>	No	No	No	Yes	<b>No</b>



This made it possible to identify which super-ordinate themes were recurrent across cases. The final column indicates which super-ordinate themes recurred in two or more of the participant interviews.

## 2.5 INTEGRITY OF METHODOLOGY

### 2.5.1 ETHICAL CONSIDERATIONS

There were a number of ethical frameworks that informed ethical considerations and decision making throughout this research process. As a UKCP registered psychotherapist, I adhered to its 'Ethical Principles and Code of Professional Conduct' (2009); as a Certified Transactional Analyst I was guided by the Institute of Transactional Analysis 'Code of Ethics and the Requirements and Recommendations for Professional Practice' (2008). These also complimented my abidance of the 'BPS Code of Ethics and Support', and ethical research framework, BPS (2009), of which I am an elected member. Finally, the Health and Care Profession Council's (HCPC, 2012) 'Standards of Conduct Performance & Ethics' framework served as extra guidance in informing my ethical stance. I consider ethical research practice to be a dynamic process of sustained review and reflection, and it was necessary to monitor this process throughout data collection and analysis.

The universal themes for consideration within these codes were confidentiality awareness, avoidance of harm to participants, and procedures for dealing with potential distress caused to participants (McLeod, 2003). However, Smith, Flowers and Larkin (2009) have noted that "anonymity is all that qualitative researchers can offer", and are at pains to stress the point that "to say that something is 'confidential' is to say that nobody else will see it" (p.53), which cannot be the case. I therefore intended to delete any names that would appear in the text, and alter any information that could remotely identify the participant or the clients to which they referred. The option to review data extracts before publication was given to all participants, as well as the offer to withdraw from the research should they wish, up to the point at which data analysis began. Data analysis did not proceed until one month after they had been given the option of reading the transcript; all of whom accepted. The design of the semi-structured interview minimised the amount of personal information recorded. A consent document (see Appendix 2) was given to each participant by way of initiating the informed consent process, which included specific information regarding ethical issues associated with the study. This document was informed by guidelines for conducting research with

human participants presented by the British Psychological Society (BPS, 2010) i.e. the 'Code of Human Research Ethics'.

A further document (Appendix F) was also issued to each participant, as part of the informed consent process. This included: the aims and focus of the study; details of the studies methods / methodology; participant inclusion criteria; and information relating to practical issues concerning the research process.

Every attempt was made to secure all data and information collected. Hard copies of documents and audio recordings were held in locked storage, whilst electronic information was secured within an encrypted electronic storage device. The principle researcher was the only person able to access the secured information.

The research proposal, upon which this methodology was based, was submitted for formal scrutiny, and received full clearance from the University Research Ethics Committee (UREC) of Manchester University before the study was conducted.

## 2.5.2 RELIABILITY & VALIDITY

Trustworthiness is the key descriptor of validity and reliability within qualitative research, and a number of writers have developed assessment frameworks in determining levels of trustworthiness within a study (for example, Stiles, 1993; Elliot et al, 1999). Reliability is deemed less important in qualitative research and is seen belonging more to the quantitative research paradigm with its focus upon the generalizability of results. Needless to say, the qualitative approach taken within this study explored in detail the particular experiences of therapists in working with a specific phenomenon.

A key criterion for evaluating the validity of qualitative research, identified by Stiles (1993), is the credibility of the researcher as a reflexive professional. The disclosure and expression of relevant data is dependent on the researcher's ability to develop a working alliance with participants (McLeod, 2003), and their ability to reflect upon, and monitor the research process. Although I consider myself to be an experienced and self-aware practitioner-researcher, I am mindful that I have my own 'blind spots', and many of my presuppositions are not readily at the fore of my mind. In the interests of transparency, I have submitted a reflexive account of the research process, evident and integrated throughout Chapter 2 and Chapter 3, and particularly when referring to the 'parallel process' (Chapter 3, section 3.6.2). I have also included a full reflexive account within the appendices (Appendix A).

At times, in the interviews with participants, I have captured and challenged my own assumptions, especially when the participants would import a theoretical concept from transactional analysis into our interview. An example is provided below, extracted from the interview with 'Jack' (page 10 and 11 of the transcript). It sits adjacent to my reflexive notes on the same page: *[Jack] is again referring to the literature (others). I'm really keen to understand what he means by "introjected", in this instance.* I instigate a deeper enquiry to centre-ground Jack's understanding and experience:

**Matt:** Well you keep [using the word 'introjected']... so... I think I understand what you mean by 'introjected'....

**Jack:** Yes.

**Matt:** Em... and what would be helpful... [as] I want to review this with fresh eyes... [ ] What do you understand by 'introjected' in this... in this particular context?...

**Jack:** Yes. Okay [ ] Em... My understanding of that is about kind of being 'swallowed whole'...

Transparency was also communicated within the study by sharing my own clinical training and core theoretical modalities, philosophical values, and organisational pressures. In disclosing my 'worldview' or philosophical / theoretical stance would support reader to assess my analysis and interpretation of the data and forge their own understanding and conclusions. In addition, data collection and analysis procedures have been documented in detail and examples have been given to clarify how I have processed, analysed and understood the raw data. Individual participants were also invited to comment on the accuracy of the transcripts, derived from their interviews, as an additional credibility check.

Research supervision, and independent audits of my analyses by colleagues, have also been invaluable resources to heighten my reflexive processes and identify blind spots in my interviews and analyses. Critically, and up to the very preparation for presenting this thesis at viva, I would reflect on my research analyses and findings with my two supervisors, who would challenge the assumptions I have made, and the presuppositions I had 'missed'. For example, as much as I have attempted to 'bracket' (or even embrace) my psychoanalytic interpretations, and centre-ground the phenomenological experience of the participants, my supervisors have supported me in 'returning to the thing itself', the phenomenon at hand, or the participant-researcher experience.

# CHAPTER 3

# FINDINGS & DISCUSSION

## EXECUTIVE SUMMARY

This study asks the question: What is the experience and sense-making of transactional analyst psychotherapists working with clients who present with Internet addiction? Four higher-order concepts emerged in this endeavour. They concerned participant understanding and experience (and interviewer interpretation) of the complexity of Internet addiction (IA), aetiological and predisposing factors, functions and features of IA, treatment factors, and interview process. Practical and theoretical implications for future research, clinical supervision, treatment, training, educational and political programs have also been presented in detail. As explained at the onset, it made sense to embed these considerations within the relevant sections. By way of concluding the findings and discussion chapter, the following points therefore serve to provide a brief overview of the key findings and recommendations.

The Internet was understood by participants as a conduit or medium for addiction. The experience and understanding of the therapist participants interviewed suggests that a high prevalence of an underlying or pre-existing 'disorder' was evident, and especially features associated with depression or obsessive compulsive disorder. This contributed towards an often confused and complicated conceptualisation of what 'Internet addiction' is. However, all of the participants believed in the existence of childhood aetiological roots which underpinned comorbidity with Internet addiction, which is rarely evidenced in the extant research literature. Participants believed attachment difficulties in childhood would often predispose individuals to develop issues around loneliness, low self-esteem, control, loss and instability and cognitive dissonance later in life.

Clients presenting with Internet addiction often used the Internet as a coping mechanism, or as a device to escape the world. Typically, therapists' clients would struggle with intimacy and experience relationship difficulties. Clients with a history of depression or low mood would often use the Internet to access repressed feelings. A pattern seemed to exist between depression, low self-esteem and escapism which were specific and common factors that often contributed to the development of Internet addictions within this study. A systematic review of existing research, and future quantitative studies could specifically evaluate the strength of this pattern. Further empirical research is particularly recommended to explore how these factors can predispose individuals to

developing sub-types of Internet addiction, and especially in the context of historic childhood abuse and / or neglect.

The inherently complex nature and aetiology of Internet addiction requires a high level of skill from the therapist wishing to work such client symptoms. This could be developed further to specific trainings concerning childhood attachment difficulties. Integrating a psychodynamic approach, or being aware of transference processes, is likely to enhance treatment effectiveness, and would help safeguard both clients and therapist from counter-therapeutic interventions.

### 3.1 INTRODUCTION

At this stage, it is helpful to have an overview of the highest-order thematic concepts that emerged from the data analysis, along with the super-ordinate themes that constitute them. Each of the four higher-order concepts will then be discussed in turn, addressing their super-ordinate themes and lowest-order emergent themes, providing supporting evidence from the data. This *case within theme* approach to presenting the data (Smith, Flowers & Larkin, 2009) will also include evidence from my own exploratory notes (see Appendix A) and research journal notes as well as extracts from the transcripts. I could have opted for a more idiographic *theme within case* approach. However, to my mind, this is the clearest and most orderly way of presenting what transpired to be rather complex data. So as not to lose the idiographic nature of this investigation, from here and on, names (not real) will be given to each of the participant:

- ‘Participant 1’ will also be known as ‘Jack’;
- ‘Participant 2’ will also be known ‘Dora’;
- ‘Participant 3’ will also be known ‘Kam’; and
- ‘Participant 4’ will also be known as ‘Lucy’.

It is hoped this will help capture and convey the unique experience and understanding of those therapists that generously partook in the study.

The transcript notation used in quoted extracts throughout the findings and discussion chapter will be as follows:

...	An ellipsis indicates a significant pause;
[ ]	Empty square brackets indicates material has been omitted - often the brief or paraverbal communications of the interviewer e.g. “yes” or “hmm”;
[the Internet]	Square brackets with content indicates explanatory material has been added by researcher.

**Table 3.1** provides the reader a summary of the five higher order conceptual themes that emerged from the analysis, along with the super-ordinate themes that constitute them. The column in the middle of the table locates the findings within this chapter.

<b>TABLE 3.1</b> Master table of higher-order themes and super-ordinate themes.		
HIGHER-ORDER CONCEPT	CHAPTER SECTION	SUPER-ORDINATE THEMES
COMPLEXITY IN UNDERSTANDING INTERNET ADDICTION (IA)	3.2	<ul style="list-style-type: none"> <li>• <b>Confusion &amp; complexity</b></li> <li>• <b>‘IA’ as obsessive-compulsive problem.</b></li> <li>• <b>‘IA’ as an anxiety based problem.</b></li> <li>• <b>Comorbidity or underlying pathological disorder.</b></li> <li>• <b>Internet as medium for addiction.</b></li> <li>• <b>Is Internet itself addictive?</b></li> <li>• <b>Prevalence of IA behaviour</b></li> <li>• Problems defining &amp; assessing gaming addiction</li> </ul>
AETIOLOGY / PREDISPOSING FACTORS	3.3	<ul style="list-style-type: none"> <li>• <b>Childhood origin</b></li> <li>• <b>Script</b></li> <li>• <b>Aloneness</b></li> <li>• <b>The conflicted self.</b></li> <li>• <b>A low self-esteem</b></li> <li>• Off-line relationship problems</li> <li>• Addictive properties of the Internet</li> <li>• Comorbidity (with other disorders)</li> <li>• <b>Loss &amp; Instability</b></li> <li>• Fear of Intimacy</li> <li>• Self-image issues &amp; social / media pressures</li> </ul>
FEATURES & FUNCTION of IA	3.4	<ul style="list-style-type: none"> <li>• <b>Pornography use as health stage in development</b></li> <li>• <b>Coping strategy</b></li> <li>• <b>Searching &amp; collecting process (obsessions &amp; compulsions)</b></li> <li>• On on-line release / catharsis</li> <li>• <b>Everyday precursors</b></li> </ul>

		<ul style="list-style-type: none"> <li>• <b>Power, control and domination</b></li> <li>• <b>Escapism</b></li> <li>• Ill-nourishment and dangers</li> <li>• <b>Intimacy and relationship difficulties</b></li> <li>• Pornography addictions</li> <li>• Positive benefits of Internet</li> <li>• <b>Loss of time</b></li> <li>• Gambling addictions</li> <li>• <b>Discounting and splitting of self</b></li> <li>• A method for seeking attention (strokes)</li> <li>• Developing an identity</li> <li>• <b>Perception of stability</b></li> <li>• Regression</li> <li>• 'Smart phone' addictions</li> </ul>
TREATMENT	3.5	<ul style="list-style-type: none"> <li>• <b>Methods, techniques &amp; style</b></li> <li>• Values of the therapist</li> <li>• Integrative approach</li> <li>• <b>Vulnerability and safety of therapist</b></li> <li>• <b>Support for therapist</b></li> <li>• Ethical challenges</li> <li>• The online therapist</li> <li>• Therapist as parent</li> <li>• Importance of boundaries</li> </ul>

Please note:

- 1) Superordinate themes that emerged within cases (interviews) would sometimes have slightly different titles in other cases, although they are essentially referring to the same content or process. This is clearly evident within the 'Stage 3, sub-stage 5' tables [of analysis] within the Appendix B. The table above collates these headings under one general title, which attempts to capture the essence of superordinate theme. For instance, the superordinate theme *confusion and complexity* within the higher order concept *Complexity in Understanding IA* represents 'complexity of IA' (Dora), 'IA is complex' (Kam), and 'a complexity in understanding IA' (Lucy).
- 2) Unless otherwise specified, given the richness and abundance of data gleaned in this study, and restraints on word count, only those super-ordinate themes that recurred *across* cases will be discussed in these sections (identified using a bold black font in the right-hand column of the table). In most cases, where superordinate themes recurred exclusively within one case, or sometimes in two cases, the supporting data was too weak or scant to provide for any meaningful discussion (e.g. 'Problems defining & assessing gaming addiction' within the *complexity in understanding Internet addiction* section). The superordinate themes not discussed are indicated by a grey font. This judicious decision allows for a deeper exploration of those superordinate themes that were considered key to addressing the research question.

The reader will note that I have embedded any implications for the future within the body of the findings and discussion, at the end of the discussion relating to each super-ordinate theme (as oppose to at the end of the thesis). I took this decision because the findings were so rich, varied and abundant, and I wanted to capture the significance and relevance of future suggestions and so that they are cleanly cross-referenced against the appropriate findings. Having said this, a meta-narrative develops throughout the chapter, and further layers of recommendation are made where a common thread exists.



## 3.2 COMPLEXITY IN UNDERSTANDING INTERNET ADDICTION

This theme refers to the participants' understanding concerning the complex nature of Internet addiction. Participant understanding is grounded upon their experience of working with the phenomenon of Internet addiction, and for simplicity, unless otherwise specified, experience and understanding will be treated simultaneously within this section. The key super-ordinate themes that emerged have been summarised for the reader in Table 3.2. The table also shows that all of these super-ordinate themes recurred across cases, with the right hand column indicating presence of recurring frequency in half of the sample or over.

<b>TABLE 3.2</b> Key super-ordinate themes recurring within and across cases relating to the participants' experience and understanding of the complexity of Internet addiction.					
Super-ordinate themes	Participant 1 'Jack'	Participant 2 'Dora'	Participant 3 'Kam'	Participant 4 'Lucy'	Present in half of sample or over?
<i>Confusion &amp; complexity in understanding IA.</i>	Yes	Yes	Yes	Yes	<b>Yes</b>
<i>'IA' as obsessive-compulsive problem.</i>	Yes	No	No	Yes	<b>Yes</b>
<i>'IA' is an anxiety based problem</i>	Yes	No	No	Yes	<b>Yes</b>
<i>Comorbidity or underlying disorder</i>	Yes	Yes	Yes	Yes	<b>Yes</b>
<i>Internet as conduit or medium for addiction</i>	Yes	No	Yes	No	<b>Yes</b>
<i>Addictiveness of the Internet</i>	Yes	Yes	No	No	<b>Yes</b>
<i>Prevalence &amp; pervasiveness of IA</i>	Yes	Yes	Yes	Yes	<b>Yes</b>

COLOUR KEY - FREQUENCY OF RECURRENCE: **QUADRICE** / **TWICE**

Each of the seven super-ordinate themes, comprising this higher-order theme of complexity, will now be discussed in turn:

### 3.2.1 CONFUSION & COMPLEXITY IN UNDERSTANDING INTERNET ADDICTION

Without exception, the super-ordinate theme of *confusion and complexity in understanding Internet addiction* emerged within every participant interview, and was one of the more dominant themes in this higher-order category.

When asked the question, “What do you understand by the term Internet addiction?”, Jack responded:

**Jack:** *I think it's one of those ones that has been popularized within the media and I think that we've become... it's a bit grandiose... and I don't know who I think the “we” is, but I think it's become... you know, sometimes we have to ask ourselves some very difficult questions and... you know, “How do I know the world is round and it's not flat?”. It's one of those type questions. (2.24 -3.5).*

The way he hesitates mid-sentence, does not finish his thoughts / sentences, and ultimately responds to my question with a question, beautifully captures his confusion. It is early in the interview, and it's probable that Jack is feeling somewhat defensive and vulnerable at being asked such a ‘big’ question. As the interview unfolds, we explore his confusion further, leading him to concede:

**Jack:** *... that's why I really, really wanted to respond to it [participate in this research], because I think it's an enormous complexity and I think we've become really, really careless, as practitioners... [ I ] know that's a bit parental, you know, “Oh yes, I really understand Internet addiction”... [ ] Well do we fuck, you know. It's ... it's a lot more complex than that. (16.10 – 16.19).*

It is unusual for Jack to swear in the interview, but his language conveys his strength of feeling. It would seem that Jack is as frustrated at other people proclaiming to understand Internet addiction, as he is aware of his own limited understanding. After all, he is a specialist in the field of working with clients struggling with specific Internet addictions.

My interview with Dora also provides evidence of the struggle of therapists to understand the phenomenon of IA, at least in this sample. However, although it transpired that her confusion concerning the complexity of IA was often distressing, a part of her had learnt to tolerate, and even be 'excited' by, the complexity of it:

**Dora:** *And real is complicated, by its nature, and every... you know. There's general ideas about things. There's theories about things. But it may or may not... (laughs). I just don't think anything is black and white, and em... for me, it's exciting and I like it. (15.3 - 15.5)*

Whilst exploring with Kam his understanding of the term 'Internet addiction' he had a physical reaction:

**Matt:** *Mmm. Mmm. I noticed when I asked the question... you took a deep breath. It was challenging for you to even entertain what it... what it means to you.*

**Kam:** *Yes. And I think also, addiction is a hard word... because I mean, in a way, it's all about what type of psychological games we are playing...*

(6.17 – 6.21)

I shared my observation with Kam at him taking a deep breath and offered a spontaneous interpretation of what I felt was stirring his reaction. Although I would not normally offer such an interpretation so freely, I did feel empathically connected to him in that moment. Kam confirmed that IA was a challenging concept and began to explain what he believed to be the underlying subconscious dynamics that give rise to the complexity of the addiction.

Whilst recognising the complexity of IA, Lucy prefers not to attempt to understand it, directly at least, and instead will endeavour to work towards comprehending how her clients' make-meaning of the complexity of their addiction, dependent on how they uniquely experience it (if they even use the term 'Internet addiction', or similar).

**Lucy:** *I think that it's not so much for me to... em... agree or disagree with a client's self-belief... I think it's about exploring by enquiry what their belief is, what they understand about it. Em... what the problem is for them, and what their desire is for change... (11.16 -11.18)*

In Chapter 1, I highlighted that no consensus has been agreed upon regarding the actual definition or diagnosis of Internet addiction. Maybe this would account for the confusion evident above. I have noted how Weinstein and Lejoyeux (2010) observe that the authors of the multitude of psychometric tests and assessment frameworks often disagree on the underlying dimensions that

constitute Internet addiction. The results here suggest even *within* the transactional analysis modality, where therapists' share the same theoretical and philosophical foundations, there is a general struggle to conceptualise Internet addiction. However, some common ground began to emerge between two of the therapists, in their understanding of IA as an obsessive-compulsive or an anxiety based problem.

### 3.2.2 'IA' AS AN OBSESSIVE-COMPULSIVE PROBLEM & AN ANXIETY-BASED PROBLEM

*Whereas I do believe, strongly, I think it's an impulsive behaviour...*

*And I think the idea of OCD, or an anxiety based problem, fits much better for me. (Jack, 4.1 – 4.5)*

As indicated in the quote above, it is possible to discuss the two super-ordinate themes referring to obsessive-compulsive and anxiety based problems together, as in many respects they are inextricably linked as obsessive-compulsive behaviours are largely driven by anxieties. Indeed, under current DSM IV categorisations (APA, 2000, p. 429) *obsessive-compulsive disorder* is subsumed under *anxiety disorders*. Half of the sample showed confusion and complexity stemming from their experience that the nature and manifestation of an 'Internet addiction' can also share features with obsessive-compulsive disorder or other anxiety-based disorders, or at least could be understood through the lens of such disorders; thus bringing into question whether IA is in fact a 'true' addiction, existing in its own right. Two of the participants referred explicitly to IA in these specific terms (Jack and Lucy), and more often than not, talked of 'anxiety' and 'obsessive compulsive' thoughts and behaviours simultaneously. In the following extract Jack clarifies his understanding of 'Internet addiction' in terms of an obsessive-compulsive problem. He is drawing on his extensive experiences of working with people struggling with Internet sex addictions, and uses pornography as his example here:

*Jack: But my experience from looking at it and formulating it from a CBT perspective and thinking about it as a practitioner, in real practical ways, is that it seems to be more of an OCD. People have an impulsive... they have an obsessive thought which then results in impulsive behaviour... [ ] Em, and my sense is that it's a lot more OCD than it is addiction. And I believe that it's an impulsive thing, and I think that it's anxiety based... I think people... it's often linked with perfectionism in my experience.... it's often linked with em... anxiety... [ ] That it's almost like there needs to be a pre-cursor of anxiety. (4.11 – 5.2)*

At this stage in the interview I'm really keen to understand how he distinguishes problematic Internet use as OCD, as oppose to an addiction, as he seems to conflate the two conceptualizations at various points in the interview:

**Jack:** *Okay. So I'm looking for a see-saw where there's some kind of intrusive... there's some kind of trigger, which is either external or internal. So either a row with somebody... with the missus, say.... speaking pejoratively.... or some kind of sense, you know, that work's not going very well. You know, I've looked after work, I've looked after my kids, I've looked after my whoever. And then the other side of the see-saw is I feel compelled to then... I suppose masturbate really in order to have relief... [ ] And to reduce my level of anxiety and to sooth myself, and for me there is that sense of belief that I have to engage in this behaviour in order to manage or survive. (5.5 – 5.12)*

Whilst I am still left confused as to how he precisely distinguishes his understanding of 'addiction' from 'OCD', it becomes clear that Jack's understanding of problematic pornography involves a 'trigger', that disturbs the equilibrium of the person's inner state i.e. their "see-saw". Feeling a compulsion to view, and masturbate over, pornography enables the person to be relieved of the resultant anxiety and become soothed. At an existential level, Jack even refers to engaging in this compulsion as a 'survival' mechanism. This will be discussed in some depth in section 3.3, concerning aetiology.

Lucy also views problematic Internet problems as a 'compulsive problem', and even frames the dynamic of relief of anxiety using the same words as Jack i.e. a process that enables the person to "self-sooth":

**Lucy:** *Em... a compulsive desire to use the Internet... em... to self-sooth in some way. (4.15)*

As Lucy expands on this statement, she recognises 'features of OCD' in her formulation of problematic Internet use, and notes what she believes a key defining feature of addiction proper, the need to continue in "in order to get the same results" (4.21). This would certainly meet one of the core components of Internet addiction, as proposed by Block (2008), concerning *tolerance* (discussed in Chapter 1).

Similar to Jack, Lucy notes 'triggers' as precursors to the obsessive-compulsive behaviours. Lucy believes that situations that highlight (perceived) inability to regulate affect, of self or others, gives

rise to “huge” levels of anxiety, and use of the Internet can serve to distract or dissociate from the underlying emotions, and regulate the resultant anxiety:

**Lucy:** ... my understanding is that there is an inability to regulate, either their own emotions, or regulate the affects of other. And that triggers a huge amount of anxiety which then needs to be regulated in some way, or distracted from, or disassociated from. (6.2 -6.4).

In conclusion, it is clear that some of the therapist participants believe it is possible to understand (and even ‘diagnose’) Internet addiction through the lens of ‘obsessive-compulsive disorder’ as proposed in the DSM IV-TR (APA, 2000). Technically however, whilst sharing many features with OCD, the findings presented here, and those within the literature, fall short of demonstrating that Internet addiction meets all of the necessary diagnostic features. In particular, diagnostic criterion ‘D’ specifies that if another Axis 1 disorder is present, then “the content of the obsessions or compulsions is not restricted to it” (pg. 463). Participants in the present study more often reported that their clients’ obsessions would exclusively center on the Internet. Therefore, presently, under DSMIV-TR, it is not possible to classify Internet addiction as an OCD.

### 3.2.2.1 Implications for research

One of the key aims of this research was to explore participants’ understanding of ‘Internet addiction.’ Even within therapeutic modalities such as transactional analysis, with a congruent theory and philosophy, the results reflect the complex (and often confusing) and hotly debated topic as to whether ‘Internet addiction’ warrants its own new classification, or whether it can be ‘fitted in’ to existing classifications (APA, 2010; Block, 2008; Goldberg, 1996; Warden et al. 2004; Yellowlees & Marks, 2005; Young, Yue, & Ying, 2011). This will clearly impact on how it should even be labelled as a phenomena, as discussed in the thesis introduction. More recently, Greenfield (2011) has suggested that the most accurate labels are *Internet-Enabled Compulsive Behaviour* or *Digital Media Compulsion*, which account for the pervasive compulsive behaviour that can result from new and emerging Internet-enabled digital technologies, such as an iPhone. By and large, these terms have not been operationally defined, and so it is virtually impossible to ascertain whether they are referring to the same phenomena, or even in part. Future researchers must be lucid in their operational definition of the phenomenon to which they refer, be it *Internet addiction* or *Internet-enabled compulsive behaviour* or *digital media compulsion*, or any other name they choose.

### 3.2.3 COMORBIDITY OR UNDERLYING DISORDER

In attempting to explore the complexity in understanding Internet addiction, it was discussed above how the phenomenon has been understood through the lens of mood-based anxiety disorders, such as obsessive-compulsive disorder. As reported by participants, given that features of such American Psychiatric Association defined disorders are shared by sufferers of IA, maybe this speaks more of a pattern of comorbidity or evidence of underlying disorders. The interviews with Jack, Kam and Lucy all revealed some evidence of comorbidity or an underlying disorder(s) in their work with clients struggling with Internet addiction. Both Lucy and Jack have worked extensively with people struggling Internet sex addiction, while Kam has specialized in working with individuals with gaming addictions. The following sub-section (3.2.4), discussing Internet as conduit or medium for addiction, will expand on some of the findings and issues raised within the present sub-section.

In discussing clients experiencing distress caused by Internet sex addiction, Lucy reflected:

*Lucy: The first thought I had if I open that door in my mind was... deadness. There is something about their early experience where there has been neglect, but there has been a deadening atmosphere in the house, so like some kind of parental influence where they've been depressed, mental health issues of some kind, but a flat mental health issue, yes? (18.2 – 18.5)*

Lucy's use of metaphor paints a vividly depressing picture when asked about her experience of working with this particular sub-type of Internet addiction, "If I had to open the door in my mind... deadness." In her experience, Internet sex addicts often experience depression, *resulting* from "flat" mental health issues in their childhood homes. As she connects with her experience of these clients, her language is dark and heavy: "deadenings", "depressed", "flat". In response, as reflected in my journal notes, "I feel compelled, but resist the urge to rescue her".

The pattern noted above supports claims made by Ko et al. (2012) after a comprehensive review of all the articles from the *Pubmed* database, up to 2009, that mention coexisting psychiatric disorders of Internet addiction. Their findings suggest a positive association of IA with substance use disorder, Attention Deficit Hyperactive Disorder (ADHD), depressive disorder, social phobia, and hostility. However, the study falls short of being able to prove a causal relationship between Internet addiction and depression, even though they conclude that it is possible that ADHD, depressive disorder, social phobia, and hostility would predict the emergence of Internet addiction. Specifically,

of the cross-section of studies providing empirical evidence of a relationship between depression and Internet addiction (Bernardi & Pallanti, 2009; Ha et al., 2006; Kim et al., 2006; Ko et al., 2008; Yen et al., 2007) a causal relationship between the two could not be proven.

In working with the same client group, Jack also highlights the presence and importance of the underlying problems that give rise or accompany Internet addiction. In the quote below, he is suggesting that the distress caused by using the Internet is “just a presenting problem”, and is not particularly interested in focusing on symptomology, but would rather work with the client on the underlying “root” problems:

**Jack:** *And you know, it's just a presenting issue. That's why I find it very kind of unthreatening. So it's just another one on the list isn't it.... like alcohol, this or that or.... I use porn or something like that.... and it's like.... Well, that doesn't particularly interest me, you know, it's the root cause... (19.11 – 19.15).*

Obesity and food addiction is another comorbid factor evident in the interviews. In working with young, single mothers addicted to social networking sites, Dora notices a distinct pattern:

**Dora:** *...a lot of them are overweight... and that's another whole addiction [ ]. Is it food addiction or is it used as an armour? [ ] “come here ... go away. I want you, but you wouldn't want this would you. So go away, because I wouldn't know the first thing to do with you. I've got a fantasy about what I should do and I'm going to work towards that. But I'll make sure that I'm not...” (30.23 - 31.18)*

Dora refers to the obesity as an “armour” defence mechanism. As she speaks in the first person, as a typical client who ‘body armours’, her words beautifully illustrate the felt ambivalence of her clients. The Internet serves as the perfect hiding place for obesity, another “armour”, and with the flick of a button, an ideal medium to ‘push and pull’ a virtual-world admirer. It would seem that the food addiction is simply “another one on the [addiction] list”, as suggested by Jack.

In Griffiths’ case studies report (2000) he concludes that clinical obesity, along with depression and neurofibromatosis, were comorbid factors that influenced some of his subjects to excessively use the Internet, and therefore their Internet addiction was symptomatic of other deficiencies.

The evidence builds for comorbidity in Internet addicted clients, as indicated by data emerging from Kam’s interview. Kam’s work with Internet gaming addicts suggests an interconnectedness with gambling addiction:



**Kam:** *I'd been working with gambling addiction, and in that work I met a lot of gaming addicted people. (3.6)*

Also, his clinical experience has been supported by his own empirical research, and has noted “obvious” comorbidity with “social phobia”:

**Kam:** *And then we have a control group who are not gamers that we compare with. The things that we see... obviously... obvious differences, is that the gamers... the internet addicted people... are afraid of being in crowds. They are afraid of doing stuff outside... (9.9 – 9.11)*

**Kam:** *... But when we talk about the social phobia... [ ] I think it's both... Em... I think it's both people with social phobia from the beginning. They can be autistic. They can have milder... or stuff like that. Erm, but also a consequence. (9.22 – 10.2)*

These findings also support the extant literature concerning social anxiety and Internet addiction. Bernardi and Pallanti (2009) found that 15% of adult cases of Internet addiction were classified to have social anxiety disorder, after conducting clinical studies focusing on comorbidities and dissociative symptoms. Studying the association between Internet addiction and problematic alcohol use in adolescents in Ko et al. (2009) provided evidence of that anxiety symptoms could predict the emergence of Internet addiction, in a two-year longitudinal study.

Again, the complexity in understanding Internet addiction in its own right is brought to the fore, as Kam highlights that comorbid disorders often predate Internet addiction in a person's life, and may not necessarily be caused by it. In some instances, the opposite can be true, as suggested in all of the interviews. One of the most dominant themes emerging from the meta-synthesis of qualitative studies I recently conducted (Shorrock, 2013) was the reporting of pre-existing conditions, or evidence of comorbidity. Sexual compulsivity, sex addiction or hypersexual disorder was reported in over half of the publications reviewed. Most of these studies document sexual compulsivity *preceding* the emergence of problematic Internet use (for instance, Chirban, 2006; Quayle & Taylor, 2003; Schneider 2000a; Schneider 2000b) whilst in the case study conducted by Grov et al. (2008) the subject reported that his sexual compulsivity started to develop when he started to use his first computer and the Internet. The authors of the latter report infer that using the Internet for cyber-sex can diminish an individual's need for 'real' sex, but the use of the Internet (whether using for cyber-sex or searching for 'real' sex) provides an opportunity to trigger and/or exacerbate sexual compulsivity.

By and large, the findings from the present study indicate that participants believed that there is a relationship between specific types of Internet addiction and comorbid presentations. In working with Internet gaming addicts, Kam notes the presence of gambling addictions. In her work with young mothers addicted to social networking sites, Dora observes a pattern of presentation with food addiction and obesity. In working with Internet sex addiction, Lucy notices comorbidity with depression and / or obsessive compulsive behaviours. Jack also sees a strong relationship between Internet pornography addiction and “obsessive-compulsive behaviours”.

### 3.2.3.1 *Implications for future research and treatment*

Future research needs to address the issue of comorbidity and sub-types of Internet addiction more directly and systematically. For instance, whilst not conflating obsessive-compulsive personality disorder (OCPD) diagnosis with criteria for OCD, many of the symptoms are the same. Bernardi and Pallanti (2009), in their descriptive clinical study focusing on comorbidities and dissociative symptoms associated with Internet addiction, found that 7% of those Internet addicted were diagnosed as having obsessive-compulsive personality; however, what the addicted sample were using the Internet *for* remains unclear. Ha et al. (2006) also found an association between Internet addiction and obsessive-compulsive symptoms in their study on psychiatric comorbidity assessed in Korean children and adolescents who screen positive for Internet addiction, although the reader cannot be certain if a sub-type of Internet addiction was prevalent within this sample.

Generally, research is scant in providing a significant quantitative empirical evidence of comorbidity within people diagnosed with Internet addiction and OCD (or OCPD for that matter), and remains an area for future investigation. The link between all subtypes of Internet addiction, and comorbid presentations with other disorders, could reveal very interesting links. This would have clear implications for treatment.

### 3.2.4 INTERNET AS A CONDUIT OR MEDIUM FOR ADDICTION

*“...you don’t say to somebody who drinks a lot, “Oh, you’ve got a pub addiction”. (Jack, 3.11)*

Closely linked to the emergent super-ordinate theme of comorbidity and underlying disorders is the notion that the Internet is a conduit or medium for addiction. This is eloquently implied in Jack’s quote, above. Kam’s experience suggests the same point:

**Kam:** *So I think... I think that it's not strange if we can find answers in those areas [the Internet]. That some people have greater or worse combination of drivers and injunctions [dysfunctional beliefs and behaviours], that connect to something, and I mean the Internet does everything. So it's really... every man's choice. So if you can get hooked in real life, of course you can get hooked on the Internet. (17.10 – 17.13)*

Here, I understand Kam to be implying that those with an inclination towards addiction may very well be predisposed to an addiction to the Internet, "... if you can get hooked in real life, of course you can get hooked on the Internet". After all, the "Internet does everything", and it's "every man's choice" to "find answers in those areas". It would seem that finding answers in *those areas* can be confusing or misleading for the client. In using Jack's metaphor, does the lonely man believe the pub (the Internet) is the solution to his loneliness, or the many pints of beer (or countless hours on the Internet)?

In his own words, Jack conveys the same idea, and on at least three occasions in the interview refers to the Internet or computer using the metaphor of vehicle:

**Jack:** *... And it does seem to be that that is quite vehicle specific. So there's something about the internet delivering that is quite important. (6.2 – 6.4)*

**Jack:** *...the vehicle... (22.1)*

**Jack:** *...on the same vehicle... (22.22)*

In providing an example of how the Internet as "vehicle" can be operationalized, Jack discussed clients he has worked with, particularly those with sex addictions. Rather than using the Internet to provide direct sexual relief, such as viewing and masturbating to pornography, there are many of his clients that are addicted to having 'real world' off-line sex, with 'real' people. In discussing clients who are addicted to sexual wrestling (a particular fetish that can meet BDSM needs and desires, concerning dominance, control or submission) an individual will spend many hours searching for a partner who they will then meet to have sex. The Internet in these cases is quite literally a conduit enabling the perceived 'need' for sex to be fulfilled:

**Jack:** *...No, so they've accessed that through the Internet and trawled through various people who will do that with them and then they will go and actually do that. (29.16 – 29.18)*

In the meta-synthesis of the qualitative research concerning the aetiology of Internet addiction (Shorrock, 2013) I discovered that 75% of the qualitative studies reviewed are concluded with the authors' inferences that the Internet is merely a *means* of expressing another underlying disorder, or is symptomatic of underlying problems. For instance, in one of the shortlisted studies, Acer and Kern (2010) conclude that the pathological gamblers in their study simply transferred their problem to the Internet. The accounts of Jack and Kam add weight to these claims.

#### 3.2.4.1 *Treatment implication*

These results would indicate the clinical importance of exploring with clients their understanding of *what it is they believe they are addicted to* i.e. the Internet, or the content of the Internet. This intervention alone may offer helpful insights into other comorbid factors that may inform treatment direction.

### 3.2.5 ADDICTIVENESS OF THE INTERNET

A recurrent theme that emerged through two of the interviews refers to the question of whether the Internet is, in and of itself, addictive (as opposed to the content). This is closely related to, but has a slightly different emphasis to Internet *as conduit* for addiction, as oppose to *addictive properties of* the Internet. Arguably, this could be considered two sides to the same coin, which accounts why it has been highlighted here as a complicating factor. To avoid duplication of data presentation and overlap of discussion the issue will be discussed in some depth throughout the section headed *Features and Function of Internet Addiction*, and in particular under its sub-section entitled *Escapism* (section 3.4.5).

### 3.2.6 PREVALENCE & PERVASIVENESS OF INTERNET ADDICTION

When I asked Kam, "what is Internet addiction?", he took a deep breath, struggling to define it because it would seem to him we are all Internet addicted:

**Kam:** *(takes a deep breath)... I think it's a hard word because in a way we are all Internet addicted. All of our society is Internet addicted. We wouldn't work without the Internet. So it's a difficult word. (6.14 – 6.16)*

Even before the formal data analysis (see Appendix A and B) began it became apparent to me that my participants were giving me a similar message, albeit in their own unique voice:

**Lucy:** *And it will also tell me [information about them], if that [Internet addiction] happens to be their addiction of choice in the given moment. Because we all have addictions and we all have ways to self-sooth or to try and regulate our feelings by ignoring them and focusing on the addiction... you know, the object of choice. (12.6 – 12.9)*

**Jack:** *I believe that people use the Internet excessively. But you don't say to somebody who drinks a lot, "Oh you've got a pub addiction". (3.7 – 3.11)*

**Dora:** *Primarily, an inordinate amount of time spent [spent using the Internet]... and I think a lot of people, myself included... you know, what's addiction, and what's interest? You know, it's on a continuum. Yes, my husband and I can spend hours in the same room on our own machines doing stuff. But you can spend money [on the Internet] very easily, without realising it... (8.11 – 8.15)*

Lucy's understanding suggest that we all have addictions, as we all have the need to self-sooth and self-regulate our affect, and 'choosing' an addiction enables us to do just that, for a short while at least. Jack acknowledges that use of the Internet is prolific, and people do use it excessively. His quip, "Oh, you've got a pub addiction", because a person may frequent their local pub regularly seems to him misplaced. It is the content of the Internet a person is addicted to, not the Internet itself. If the Internet is addictive, then Jack is clearly implying that we are all addicted. Dora, too, infers that we all have addictions, and people spend "an inordinate amount of time" on the Internet, "without realising it". To her mind, it would seem we are all addicted, but on a continuum, and is transparent in disclosing her seat on the continuum.

In reflecting on his clinical practice, Jack notes, "... I think pornography is absolutely very endemic and rife at present" (12.8). Contrary to the stereotypically young user evident in the research (for instance, Griffiths, 2000) Jack has found that it's often "self-employed or professional people" (23.1) that present to his practice with this problem. The following extract reveals some startling statistics emanating from Jack's experience:

**Jack:** *So I suppose what I would say is my private practice is full of this... full of it... like a real percentage of my number of clients I see is this... You know, like... I don't know, 17% or 20% or something... [ ] it really, really distresses people... (42.11 - 42.22)*

Maybe this can be accounted for, in part, by the proliferation of Internet-enable hand-held devices, including the latest generations of phones. Earlier in the interview, Jack had shared:

**Jack:** ... Or, you know, I've not got a lot of experience of hand-helds, but you know, I know a lot of people are using their hand-helds, looking at porn in a work... actual real work setting, but they are on their own private hand held device... (23.1 – 23.7)

With echoes of an Orwellian nanny state, in discussing her understanding of Internet pornography addiction, Dora offers me an insight into her moral position mid-way through our interview:

**Dora:** ... people being able to trail where you've been. Is that different to when it used to be all in magazines? Or on videos? I don't know. Is that wrong? No, it's not wrong. (17.10 – 17.12)

Dora's perspective does raise the question, are we, as a society, pathologising what has been practiced for centuries simply because it is now accessed through a different medium, and leaves footprints? On the other-hand, is the ability to audit a person's thought processes and movements exposing what has been a problem since the proliferation of media? Dora is clear in her mind, at least at this stage in the interview, as to her view.

### 3.2.7 *Summary*

This section has discussed findings relating to the participants' experience and understanding concerning the complexity of Internet addiction. It is clear from these findings that much confusion reigns concerning its aetiology and nature. Consequently, assessment, diagnosis and treatment have become a particular challenge for the participant therapists. The picture is further complicated due the considerable levels of prevalence and pervasiveness of problems associated with using the Internet, and high degree of comorbidity with other conditions. Implications for future research and treatment have been highlighted.

The following sections will involve a deeper exploration and unraveling of these complex themes, starting with an in-depth analysis and discussion of the participants' experience and understanding concerning aetiology and predisposing factors that appear to cause, or contribute towards, the development of problematic Internet use.

### 3.3 AETIOLOGY & PREDISPOSING FACTORS

This highest-order concept theme represents the cluster of all the super-ordinate themes that emerged referring to participants' experience and understanding concerning aetiology and predisposing factors that cause or contribute towards the development of Internet addiction. The composite key super-ordinate themes that emerged have been summarised for the reader in the Table 3.3. It shows that the almost half of super-ordinate themes recurred across cases, with the right hand column indicating whether this occurred in half of the sample or over. The three super-ordinate themes listed at the top of the table recurred across every case; the top two of which both relate to childhood issues and consequent dysfunctional beliefs developed in childhood. Findings relating to *comorbidity (with other disorders)* have been discussed in some depth under the previous section concerning the complexity in understanding Internet addiction, and will not be discussed further here. Suffice to say, comorbidity was found to be an aetiological and predisposing factor, too.

<b>TABLE 3.3</b> Key super-ordinate themes recurring within and across cases relating to the participants' experience and understanding of aetiology and predisposing factors to Internet addiction.					
Super-ordinate themes	Participant 1 'Jack'	Participant 2 'Dora'	Participant 3 'Kam'	Participant 4 'Lucy'	Present in half of sample or over?
Childhood origin	Yes	Yes	Yes	Yes	Yes
Script patterns formed in childhood / dysfunctional beliefs*	Yes	Yes	Yes	Yes	Yes
Comorbidity (with other disorders)	Yes	Yes	Yes	Yes	Yes
Loneliness / aloneness	Yes	Yes	No	No	Yes
Low self-esteem	Yes	Yes	Yes	No	Yes
A conflicted self	Yes	No	No	No	No
Loss & Instability	No	No	Yes	Yes	No

COLOUR KEY: FREQUENCY OF RECURRENCE –

QUADRI (green) / THRI (blue) / TWICE (red) / ONCE (i.e. only recurrent within case)

\* *Script patterns formed in childhood / dysfunctional beliefs*, must be discussed separately to the other themes given the *imported* transactional analysis and psychoanalytic theories presented by participants. This will avoid a conflict of interests given that IPA and psychodynamic interpretations emanate from two separate epistemological positions, each requiring its own “explicit and implicit criteria for the validity of a reading” (Smith, Flower, & Larkin, 2009, p. 105). Whilst it must stand alone as a paper within its own right, I have provided a sample of the analysis as Appendix C, so that the reader can see the different analytic leverage. However, as suggested in the results and discussion of the super-ordinate theme of *Childhood origin*, the development of dysfunctional schema in early childhood is arguably a significant predisposing or aetiological factor contributing to the development or manifestation of Internet addiction, and I have therefore decided to represent the removed theme in the table below.

### 3.3.1 CHILDHOOD ORIGIN

*[W]hen you talk to the parents and talk to the family, talk to the youngster, and you ask, “When do you think?”, or, “What happened?”, they say, “Well probably it started earlier than I think”... (Kam, 19.15 -19.7)*

The quote above, extracted from Kam’s interview, neatly captured the shared experiences of all of the therapists. Every participant mentioned childhood experiences as a significant factor leading to the development of an Internet addiction. In fact, it was a dominant theme throughout the duration of each interview. The data tabulated within Stage 3, Sub-stage 4 of the analysis (see appendix B) lays testimony to this, where several hundred themes emerged across transcripts that related to a disturbed or disaffected childhood. However, upon closer analysis, a distinction started to emerge concerning the nature of the disturbance. It is perhaps most clearly explained using Lucy’s borrowed conceptualisation of insecure attachment (Bowlby, 1969):

**Lucy:** *To me, addictions are very linked with attachment issues [ ] if we are insecurely attached and our needs have not been met enough in maybe our childhood. (5.20)*

**Lucy:** *I have a hunch... if we think about childhood and there is one side where there is neglect, and [children] have been ignored and not [had] enough contact, and then there is another side of the trauma where [there] is contact but it is abusive contact, yes.... [ ] like being over-stimulated by something traumatic, or by being isolated and left alone [ ] my hunch would be that it’s those that have been, if you like under-stimulated, ignored, neglected, left alone... [ ] that [they] would then have more of a leaning towards Internet addiction as opposed to other addictions. (6.22 – 7.12)*

Lucy discerns between those children that were abused or traumatised, and those that were neglected. Using the constructs employed by Kam in his interview, in referring to similar clinical



observations, it is possible to discuss this distinction as “family type 1” (i.e. abused or traumatised), and “family type 2” (i.e. referring to those children that were neglected).

#### “FAMILY TYPE 1”

**Kam:** *I would say [ ] I met two sorts of families [ ] the family that seems to have everything... where the parents have high education, live in good areas, they have really everything... the father often, the father has really high position (4.1 – 4.8)*

**Dora:** *Her parents were together, they are still together. She had an idyllic childhood on a farm [ ] But I can't believe that [Laughs] (24.5 – 24.8)*

**Jack:** *... but also real early existential stuff as well. Pre-linguistic... (38.11)*

**Jack:** *you know... em... impasse type stuff and early... early impasses [ ] You know, I believe that if I'm not nurtured I'm going to die... that really early stuff. (37.17 - 37.22)*

A common thread of childhood neglect resonates through each account. As Jack notes from his experiences, the neglect often starts at the earliest developmental “pre-linguistic” stages. Sometimes, the neglect would be subtle, in the families that “seem to have everything”. When the parents are successful academically, or professionally, there is a risk that attentiveness toward meeting the child’s needs diminishes. As Kam notes, “It’s like the kid... the youngster... can’t compete with his father... he gives up.” (6.2 – 6.4). This can present a particular problem for therapists. Where the neglect has been so subtle, or where babyhood and childhood experiences are so deeply buried within the sub-conscious, it can be difficult to help raise experiences, memories, thoughts or affect into the clients’ awareness:

**Dora:** *She claimed to have had a brilliant childhood. So I struggled. (20 -19).*

**Kam:** *[I]t's a lot of working with trying to find early memories (11.2)*

As can be inferred from Lucy’s understanding below, clients are heavily defended against affect associated with neglect (e.g. terror and rage), and to continue repressing these emotions would seem the ‘easiest’ option, and to keep the addictive process alive:

**Lucy:** *[I]f the caretaker has not been in enough contact with the baby, the client then... my understanding is that there is an inability to regulate, either their own emotions, or regulate the affect of the other. And that triggers a huge amount of anxiety which then needs to be regulated in some way, or distracted from or dissociated from. (5.20 – 6.4)*

## "FAMILY TYPE 2"

Whilst there are varying degrees of overlap between the two family types suggested, Dora encapsulates several of the defining features that characterise *family type 2*:

**Dora:** *The pattern is that these are all children with deficits from their own childhood. They had abusive parents, alcoholic parents, drug addicted parents, domestic violence parents, absent parents (24.1 – 24.4)*

I'm struck by how Dora symbolically ends her list with "absent parents", as is often the end result in families, after so much abuse. At least that is my clinical experience. But as Kam and Lucy observe from their own experiences, abuse doesn't end there, and the insecure attachment pattern deepens, especially as a result of consequent geographical movements:

**Kam:** *... in the [parental] split it happens a lot to that kid. A lot of activities that finish, perhaps because they had to move or stuff like that. And then the computer becomes more important. (4.23 – 5.1)*

**Lucy:** *As well as chaos which has come about through frequent moves. I'm thinking of two clients and also myself, where there have been a lot of moves in childhood. [ ] Physical geographical moves. Constant changes, yes. [ ] So that actually you can't attach to anything... (16.3 – 16.6)*

Both note the deep disturbance that such changes can cause the child, inferring unresolved loss and grief, chaos, and confusion. Lucy notes that the child cannot attach to anything, or at least they form the belief that they cannot. As suggested by Kam, maybe this explains the seductive allure of the computer, it "becomes more important", after all, the computer is not going anywhere.

It would seem from the interviews that childhood experiences shape the way we *use* the Internet also, and can be informed by historic abuse or neglect. For instance, taking Internet sex addiction as an example, Lucy's experiences provide some very interesting insights into how this *shaping* takes place:

**Lucy:** *In their [developmental] process... in their early [childhood]... to manage their early discomfort... em... being around the parent who is somehow or other leaving a dead atmosphere in the house [ ] I think the stillness is about a deadening of their own process, a shutting off, yes? Of their... of their... their hyper arousal... anxiety... [ ] But then they have to find a way to reconnect with it... [ ] that's tolerable, manageable, and so through the sort of*

window... [ ] Em... sort of like a You Tube clip... yes? Five, ten minutes of some kind of fetish going on. (19.6 -19.23)

**Lucy:** And I think that when it's more... a more physical pornography... that it's the client [I'm] thinking about and - flight, fight, freeze. Yes? [ ] I think it's about a way for the client to... em... this is men... I haven't experienced it for women... em.... a way for the male client to release their anger at the parent.... To fuck the parent... [ ] Which then, of course, releases in the moment, the deadening feeling and fucks off the parent who deadened them, [ ] And fucks off that dead atmosphere. [ ] So, for a little window of opportunity, they get fresh air... yes? That's how I see it... (20.6 – 21.4)

Clients who have experienced a depressed parent in childhood would be a good example of *family type 2*. The child is faced with a choice, “fight, flight or freeze”. Should the child freeze, and “deaden their own process”, then later in life Internet porn provides an opportunity to reconnect with themselves, their stifled vitality. To “fight” represents another option, especially for men, by viewing energetic and physical pornography that serves to “fuck off the parent who deadened them” as a child. Lucy describes this kind of porn as, “more physical and more, like gang-banging, you know... energetic... em... thrusting energy...” (20.16 – 20.17)

These findings further support the claims made by Kuo et al., (2012), in their comprehensive review of the literature concerning depression, after concluding that it's possible to predict the emergence of IA with long-term sufferers of depressive disorder. Furthermore, whilst many of the articles reviewed could not confirm a causal relationship between IA and a depression, (e.g. Bernardi & Pallanti, 2009; Ha et al., 2006; Kim et al., 2006; Ko et al., 2008; Yen et al., 2007) the data in the present study would indicate that a depressive reaction to childhood neglect or abuse can predispose a person towards developing a particular sub-type of Internet addiction.

### 3.3.1.1 *Implications for future research*

Based on the findings presented here, it is possible to make the tentative statement that *a depressive reaction to childhood neglect or abuse is likely to predispose an individual to developing a sub-type of Internet addiction*, in this, case cybersex addiction. The results also indicate the depressive reaction can inform or shape *how we use* the Internet, even within a sub-type, depending on whether the child was neglected or abused.

Griffiths (2012) has classified sexual behaviors on the Internet as either:

“cybersexual consumption (i.e. downloading and watching sexual content online such as pornography or reading sexual content in forums/chat sites without actively participating), or cybersexual interaction with others in real-time (e.g. synchronous participation in the form of text based chat and/or video-linked conversations) or delayed (e.g. asynchronous interaction in the form of exchanging sexual content via email text, pictures and/ or video).”  
(p. 112)

A longitudinal, mixed-methods experimental design could also explore any correlations between *cybersex consumption* and *cybersex interaction* as dependent variables, and the experience of neglect or abuse (i.e. *family type 1*, or *family type 2*) as controlled variables. Psychometric testing and qualitative design features could determine the extent and nature of the controlled variables.

### 3.3.2 LOSS & INSTABILITY

Loss and instability in childhood was a particularly prominent super-ordinate theme, and whilst it could be subsumed under the heading *childhood origin*, an artificial distinction will be applied here, so that it can be discussed with its own right, as loss and instability remained a characteristic pattern in the lives of clients in the present day. This was an especially recurrent theme running throughout my interview with Kam, but was also salient in that with Lucy. Indeed, more often than not, the participants believed that loss and instability issues emanated from childhood:

**Kam:** *...in the split it happens a lot to that kid. A lot of activities that finish, perhaps because they had to move or stuff like that. And then the computer becomes more important.*  
(4.22 – 5.1)

**Lucy:** *there have been a lot of moves in childhood. [ ] Physical geographical moves. Constant changes, yes.* (16.2)

Kam observes the central role the computer begins to play the young person's life, who is surrounded by losses resulting from parental separation. In his work with addicted Internet gamers, his clients will endeavour to repair the loss by recreating a virtual 'family', and the gamer can 'become' the absent father; as I noted in my original exploratory (reflexive) transcript notes, "generating presence where absence exists" (5.6). Arguably, this function can be as much about denial of the original loss as a method for resolving past hurts.

**Kam:** *[the Internet] becomes some kind of support. It becomes also a place where you can be imaginatory. You can have the family that you want. You can play games where you can be the father or where you can be whatever you want. (5.7 – 5.8)*

Kam's interview also reveals that his clients can experience 'loss' in a multitude of ways:

*I think that Internet addiction, when we talk about it as people who sit at the computer 24/7 and miss work, miss family, miss relations... em... then it's about... it's about a lack of something. (6.23 – 7.1)*

And,

*[I]t can be a little shortage in the [family] system... so I think it's more of a system... lack of communication, lack of doing stuff together. They [only] do stuff during the holidays, during vacations... (20.4 – 20.5)*

The first extract (6.23 – 7.1) could be interpreted in a number of ways: actual loss of time, resulting from a preoccupation with the Internet, but also lost vitality resulting from diminished responsibility, productivity and psychological connection with others. Paradoxically, the second quote suggests that it is often the loss of psychological connection and social contact ("a shortage in the system") in childhood that serves to generate addictive patterns later in life, thus creating more loss.

As noted in the introduction to this thesis, the average time spent gaming per week is approximately 25 hours (Griffiths, Davies, & Chappell, 2004; Smahel, Blinka, & Ledabyl, 2008). Other researchers have revealed that a significant proportion of players (11%) will spend at least 40 hours gaming, equivalent to a full-time job (Ng & Wiemer-Hastings, 2005). It would seem that Kam's experience adds further support these claims, as some of his clients have quite literally not slept for over 24 hours whilst engaged in gaming. Whilst it had not occurred to me at the time of the interview, Kam only spoke of his working with male clients. This would also support the research conducted by Mitchell, Becker-Blease, and Finkelhor (2005), who found that marginally more adolescents than adults present for therapy in with Internet gaming addiction (55%), but of the adults that do present, a significant majority are men (74%).

### **3.3.2.1      *Implications for education and clinical practice.***

Where there is a history of abuse and neglect the findings suggest that some therapists hold a strong belief that children and young people, especially males, are predisposed to developing an Internet gaming addiction. Schools and families may benefit from psycho-educational campaigns highlighting

the vulnerability of boys and young men to developing an Internet gaming addiction, especially those from a disaffected background.

Clinical practitioners can also incorporate into their initial assessments an enquiry into current or historical gaming use, as well as issues associated with loss and instability within the family. Clearly, this would inform treatment planning, and treatment direction.

### 3.3.3 LONELINESS / ALONESS

Loneliness and / or aloneness were a recurrent theme throughout the interviews with Jack and Dora. In the following extract from Jack's interview, there is evidence of an interplay between the aloneness his client experienced as a child, and the loneliness that has beset him in adulthood:

**Jack:** *I'm thinking about one gay man I work with who is in his kind of forties, fifties... kind of very well adjusted in one sense... you know, a very senior social worker but he has got this very isolated story. This very kind of aloneness as a child... em... so he's been... he's very kind of quite schizoid.... (9.17 – 9.22)*

Presumably, at one level, his client is a skilled communicator, as his "very senior social worker position" would imply, or at least has been in his career path before moving into a more managerial role. However, when it concerns communicating his own wants and needs for social contact, it would seem that his "schizoid" client very much struggles. It would appear that a management position enables him to maintain a life narrative of isolation.

Where individuals report an "isolated story", the interviews would indicate that the Internet provides a medium to at least partially meet their need for social and psychological contact. In his work with Internet 'sex addicts', Jack has noticed that many of his clients will spend hours surfing the net to find others to meet off-line, under the guise of intending to have sex:

**Jack:** *And often the contact itself is very sexually minimal actually. Because I've worked with many men who just kind of talk to prostitutes or offer them a cup of tea... (30.8 – 30-10)*

Perhaps sex is a driving force that would lead Jack's clients to search for a prostitute, but this is clearly not the only reason. Maybe it feels 'safe' for the client to approach a sex worker, as the relationship is boundaried and contractual, and the chances of an emotional relationship developing are minimal, which would help maintain an "isolated story". Nonetheless, the need for social contact is real, and has to find an outlet somewhere.

The risk of emotional vulnerability is moderated by Jack's lonely clients, by seeking company within 'professional' relationships. For some of Dora's lonely female clients, the arrangement is not so contractual. Dora's cites her clients, with a history of rejection and loneliness, who will search and network into the early hours of the morning in pursuit of actual offline social encounters. The following extract reveals the extent of the desperation and loneliness, and the ends her client will go to in order to secure actual meetings with men via social networking platforms such as Facebook:

**Dora:** ... nobody wants her. Why the only people she can get is... [men seeking off-line sex via the Internet] and you know, she dresses up in dolly clothes [ ] little girlie things, which don't do her a lot of favours. But she's desperately trying to be appealing. (22.11 – 22.18)

### *How these finding relate to the research literature concerning loneliness*

In the introduction to this thesis I noted a correlation evidenced within the research literature, between Problematic Internet Use (PIU) and interpersonal problems, including loneliness (Caplan, 2007; and Morahan-Martin & Schumacher, 2000). In a meta-synthesis of qualitative studies on generalized PIU (from 1996 to 2006), Douglas et al. (2008) reported that feelings of loneliness and social isolation are antecedents that can contribute towards heavy Internet use. In a more recent meta-synthesis of qualitative studies (1996 – 2012) that held a specific enquiry into aetiological and predisposing factors to IA (Shorrock, 2013) I also observe a high prevalence of historical loneliness and / or aloneness with generalised PIU *and* specific PIU. In a cross-sectional designed quantitative study, Ang et al. (2012) perceived parental knowledge was a moderator of the relationship between loneliness and generalised PIU. They revealed that parental knowledge was better able to differentiate adolescents' level of generalised PIU at lower rather than at higher levels of loneliness. The interview data presented here therefore support the findings of all these studies, in that there is a familiar relationship between loneliness and IA.

The findings also support the recent and extensive literature review by Kuss & Griffiths, 2011 into on-line social networking and addiction which revealed the negative correlates of Social Networking Site [SNS] usage to be problematic off-line interpersonal relationships, and the withdrawal of participation in 'real world' social communities. However, the finding here position historical loneliness, and loneliness as factors *underpinning* social isolation and problems in off-line interpersonal relating.

### 3.3.3.1 *Implications for future research and education*

These findings emphasise the importance of prevention and early intervention work with early adolescents and their parents, and schools, with respect to loneliness and Internet addiction, whether generalised or specific (PIU). Future research must also directly address the issue of causality in the relationship between IA and loneliness, which would be assisted by a longitudinal design feature.

### 3.3.4 LOW SELF-ESTEEM

Loneliness and low self-esteem issues are often inextricably linked. Dora notices that her lonely client (above, 22.11 – 22.18) fits a very familiar profile. As she reflects upon her practice, she notices that low self-esteem and loneliness are generally born out of looking physically different. This would especially be the case for her obese clients:

**Dora:** *one of my mums, who spends five hours of the evening on a chat room... because they are very large and don't perceive themselves as particularly beautiful.* (18.17 – 18.19)

Dora is a humanistic therapist, and celebrates the uniqueness of the person, and their individual circumstances. The extract captures her as she struggles to stay focussed on the individual (i.e. “one of my mums”) as the pattern is bigger than the individual, and perhaps shifts her focus to the shared experience (i.e. “they are very large and don't perceived *themselves* as particularly beautiful”).

Kam also observes, amongst his Internet addicted gaming clients, core dysfunctional beliefs underpin the addiction cycle, with many of his clients believing:

**Kam:** *“I am ugly”...or “I am outside”. “I am not one of the others”* (12.10)

Besides serving as a haven to hide, the content of the Internet also provides us with a paragon of how we should be. Similarly, Jack believes, “pornography represents the unobtainable” (14.21). Perfectly trim pornography stars epitomize society's ideal, and most of us cannot afford the time or the money to develop our bodily physical potential. Perhaps “the unobtainable” also represent the ‘ideal partner’, whom it is believed is beyond the reach of the viewer, paralysed by beliefs of low self-worth. As Jack notes, at least for a moment that “gap” can be bridged:



**Jack:** *I think it's more about [existential] life position... like I feel shit about myself... and so... in the porn I can have an ideal... I can fill in the gap that I'm looking for in order to feel okay. (14.7 – 14.10)*

However, as indicated throughout the findings, locating the ideal on-line sexual material (and filling the “gap”) can take an inordinate amount of time. In the process of engaging or searching, interpersonal problems deepen as: the user develops sexual desires that they (or their off-line partner disapprove of); and sexual energy is *distorted* or redirected away from the corporeal sex (Griffiths, 2012). More evidence of this dynamic, and further discussion, is presented in the following section, *a conflicted self* (3.3.5).

#### 3.3.4.1 *Research & Treatment implications*

These findings support previous research identifying a link between low-esteem and Internet addiction (Ko et al, 2005). Although treatment outcome studies are still in their infancy, CBT has been suggested as the preferred treatment modality in confronting negative thought patterns and behaviours as a means to overcome feelings of low self-esteem and worth (Young, 2007). However, other modalities, such as transactional analysis, the model employed by the participants in the present study, also targets negative thought patterns in treatment. Future research needs to be extended to study the effects of other approaches, especially those that account disturbance in childhood, as powerfully indicated in the present study. This will be discussed in much depth in the upcoming section entitled *Treatment* (3.5).

### 3.3.5 A CONFLICTED SELF

*... the same theme seems to be emerging... it matters very much what the particular image is that's being sought [ ] the other partner is aware of that through discovery and then it's very kind of, often very distressed by that because they know that they [the partner] don't fit that fantasy image. (Jack, 6.17 – 6.23)*

The extract above represents a phenomenon that repeatedly manifested throughout Jack's interview. An individual can spend countless hours viewing Internet pornography without experiencing cognitive dissonance. In most people it is only when they have been discovered looking at particular images in the Internet that their problems begin.

**Jack:** *[S]plitting is an absolutely key component of pornography for me. Which is something about my clients again, “it’s nothing to do with my real partner... it’s a completely different feel. So, you know, I go and do this... I go and wank to porn”... which is something over there, and then I exit that and I re-enter real life. (14.18 – 14.24)*

As Jack recounts his clinical experiences, the image of ‘multiple selves’ or *ego-states* (Berne, 1961, 1964, 1966) springs to my mind (discussed in Chapter 1). Internet pornography represents a fantasy world for the client, “nothing to do” with off-line partners, and has a “completely different feel”. But as one female partner painfully discovered, not being involved in their partner’s on-line fantasy world, which doesn’t vaguely represent their off-line world (e.g. a straight off-line married man viewing homosexual pornography) can raise fundamental questions which can then shame the client, and destabilise the relationship:

*“[I]s this what you really want? Who am I to you?” (Jack, 31.20)*

The concept of splitting, and the cognitive dissonance that can result from it, has certainly been born out in my experience as a therapist. A composite example from my clinical practice illustrates this phenomenon rather strikingly. In working with a man that, for many years, downloaded and viewed child pornography images, he realized that any significant psychological distress only started to emerge when he received a knock at the door from the police. His wife’s subsequent realisation and reaction to his surreptitious viewing only compounded the sudden guilt and despair in which he now found himself. Parental shaming for being sexual in childhood had encouraged my client to hide his sexuality, and the Internet offered the promise of being the silent witness to his secret explorations. Invariably, having to answer the inevitable, often burning questions from the aware partner, *“Is this what you really want? Who am I to you?”* can complicate or enrich the therapeutic work.

### **3.3.5.1      *Implications for future research and clinical practice***

The concept of splitting, as an aetiological or predisposing factor contributing towards the development of on-line sexual addiction has been recently investigated in an in-depth clinical case study by Chirban (2006). The present study lends weight to his claims, and others (Shorrock, 2012, 2013) that compulsive sexual fantasies over the Internet, compulsive masturbation, and paedophilic and paraphilic fantasies are adaptations from early developmental conflicts. However, more qualitative evidence is needed, especially systematic case studies (McLeod, 2010; McLeod & Cooper, 2011) to capture the anecdotal evidence provided by therapists’ concerning childhood aetiological

factors. A key question to consider for future research would be to establish whether there is a correlation between early developmental splitting, and current personality splitting and dissociation, as a result of on-line sexual engagement. Understanding these dynamic better would inform treatment choice or direction.

The issue of splitting and multiple selves [and *self-discrepancy* (Li, Liao, & Khoo, 2011)] is revisited in the following section, under ‘escapism’, as a feature and function of IA, and is discussed in terms of its comorbidity with depression. Further implications for future research and clinical assessment, especially concerning splitting and sub-types of Internet addiction, will be discussed therein.

### 3.3.6 *Summary*

This section has presented a discussion of the results that emerged concerning the participants’ experience and understanding concerning aetiology and predisposing factors that cause or contributes towards the development of Internet addiction. Of particular note, all of the super-ordinate themes directly or indirectly had a relationship to childhood disturbance or disaffection in youth. Implications for future research, education and clinical practice have been made within the relevant sections. The reader may now be noticing the complex and inter-related nature of many of the findings identified thus far, and whilst artificial sections are convenient for presentation purposes, a rich tapestry is unavoidable.

Attention is now given to a discussion of the findings that can be described as the *functions and features* of Internet addiction. As indicated in the present section, some of the super-ordinate themes discussed here and in the previous section will be revisited in greater depth as the discussion develops.

## 3.4. FUNCTIONS & FEATURES OF INTERNET ADDICTION

Given the large number of super-ordinate themes that emerged under the higher-order concept of *functions and features of Internet addiction* it is possible to colour code them in Table 3.4, to give an immediate impression of recurrence within and across cases. The column furthest to the right reveals that 10 of the 19 super-ordinate themes recurred across cases, of which 4 appeared in three

interviews (indicated by the blue font), and 6 were evident in two interviews (indicated by the red font). Of the 19 super-ordinate themes, 7 exclusively recurred within cases, and not across cases. None of the super-ordinate themes recurred across all four of the interview transcripts. The order of the super-ordinate themes listed in the table reflects the order at which they emerged within the analysis.

<b>TABLE 3.4</b> <b>Recurring super-ordinate themes relating to the participants' understanding &amp; experience of function &amp; features of Internet addiction.</b>					
<b>Super-ordinate themes</b>	<b>Participant 1 'Jack'</b>	<b>Participant 2 'Dora'</b>	<b>Participant 3 'Kam'</b>	<b>Participant 4 'Lucy'</b>	<b>Present in half of sample or over?</b>
<i>Pornography use as healthy stage in development</i>	Yes	No	No	No	No
<i>Coping strategy</i>	Yes	No	Yes	Yes	Yes
<i>Searching &amp; collecting process (obsessions &amp; compulsions)</i>	Yes	No	No	Yes	Yes
<i>On-line release / catharsis</i>	Yes	Yes	No	No	Yes
<i>Everyday precursors</i>	Yes	No	No	No	No
<i>Power, control and domination</i>	Yes	Yes	Yes	No	Yes
<i>Escapism</i>	Yes	No	Yes	Yes	Yes
<i>III- nourishment and dangers</i>	Yes	Yes	No	No	Yes
<i>Intimacy and relationship difficulties</i>	Yes	Yes	No	Yes	Yes
<i>Pornography addictions</i>	Yes	No	No	Yes	Yes
<i>Positive benefits of Internet</i>	Yes	No	Yes	No	Yes
<i>Loss of time</i>	No	Yes	Yes	No	Yes
<i>Gambling addiction</i>	No	Yes	No	No	No

Discounting and splitting of self	No	Yes	Yes	No	Yes
A method for seeking attention (strokes)	No	Yes	No	No	No
Developing an identity	No	Yes	Yes	No	No
Perception of stability	No	No	Yes	No	No
Regression	No	No	Yes	No	No
'Smart phone' addictions	No	No	No	Yes	No

**COLOUR KEY:** FREQUENCY OF RECURRENCE - THIRICE / TWICE / ONCE (i.e. only recurrent within case)

\* 'Function' refers to how the addiction serves to ostensibly meet the needs of the user of the Internet, albeit in a dysfunctional or pathological manner, thus reinforcing unhealthy patterns. In this sense *function* could also be understood as *dysfunction*. 'Feature' refers to how the addiction manifests, is experienced by the user, or is identified by others.

Given the sheer volume of data that emerged within this higher-order concept theme, and restraints on word count, priority is given to key super-ordinate themes recurring *across cases* yielding particularly interesting results, and will be discussed in detail here. These are: *coping; searching and collecting; power, control and domination; intimacy and relationship difficulties; and escapism*.

### 3.4.1 COPING / SEARCHING & COLLECTING

*"There is that sense of belief that I have to engage in this behaviour in order to manage or survive" (Jack, 5.15 – 5.17)*

It is possible to discuss findings relating to the super-ordinate themes of *coping* [strategies] and *searching & collecting process (obsessions & compulsions)* collectively here, given the high degree of synergy and interrelatedness as they appeared in the participant accounts. In this way I continue to engage with the data through the hermeneutic circle, oscillating between, and making sense through, the parts and the whole.

The quote above, extracted from Jack's interview, neatly engenders what it is *like* for many of the afflicted clients referred to throughout this research. As Jack reflects on his practice, he empathizes

with his “typical” client’s struggle with addictive “behaviour”. At best, their behaviour in using the Internet is used a coping mechanism to manage in life; at worst, is it used to defend against a perceived existential threat, to their very survival in the world.

In reconsidering her experience of family members (as well as clients) who use the Internet to cope, Lucy notes:

**Lucy:** *I think this... this collecting and searching... collecting and searching... collecting and searching... as if this site... or this piece of information is not soothing... but it’s the search... it’s the search that does the soothing... it’s the search that distracts from the discomfort the most... So the search is actually the addiction... not the finding of [content] (16.20 – 16.23)*

The repeated use of the same words, “collecting and searching”, capture the ‘stuck’, fixated nature of the addiction cycle. A short time later in the interview, in reflecting upon this some more, and its relevance for herself and her husband, she experienced a profound realisation:

**Lucy:** *So I hadn’t thought that before. It’s like searching for the home. [ ] Yes. And a final resting place, yes? (17.7 – 17.17)*

At this moment in the interview, her eyes become moist, as the volume of her sentence tapers down. It dawns on her the personal significance of the searching process, as a means of coping in the world. Lucy’s powerful use of metaphor enables her to make sense of the fixed pattern of searching both she and her husband have struggled with, the relentless search “for the final resting place”. As interviewer, my reflective notes reflect and capture my own experience of being with Lucy as she has this epiphany, which I simply describe as “the moment feels spiritual” (17.17). In the section discussing personal disclosure within the *interview process* (section 3.6) I will say more about Lucy’s disaffected background as a child prostitute, uprooted from children’s home to children’s home.

Other therapists report similar findings. In discussing clients that use the Internet to find actual sexual partners, Jack notes:

**Jack:** *[ ] it’s not just a question of going on a supermarket website and choosing someone, you know. There’s a kind of excitement to the process of the choosing. So there’s something in that process which matters in itself. (30.2 – 30.6)*

However, with other clients, the ‘searching as soothing’ function is not so clear cut:

**Jack:** *So there is a kind of drilling process and accessing porn where men seem to be looking for the specific right image, or the right video or whatever it is, and so trawling through material and then diving deeper into stuff that kind of hooks them more... (5.21 – 5.23)*

Searching for “the right image”. Here, Jack starts mixing metaphor, “drilling”, “diving deeper”, “hooks”. The “stuff” hooks users more. It would seem that that the “stuff” is a mixture of, or an interplay between, the content of the search and the process of searching. As Jack reflects later in the interview:

**Jack:** *the same theme seems to be emerging... it matters very much what the particular image is that's being sought. (6.16)*

For other clients the Internet serves as a coping mechanism to reconnect with ‘deadened’ parts of their personality. In recounting her experience of working with clients who have survived childhood neglect, resulting from living in a home environment with a depressed parent(s), Lucy notices how the child learns to cope:

**Lucy:** *[T]hey learn this passivity and stillness... [ ] the only stimulation that they can... that they cope with, is this boxed in stimulation there. Not with people, [no] contact around, yes? (18.12 – 18.14)*

**Lucy:** *But then they have to find a way to reconnect with it. [ ] Yes? That's tolerable, manageable, and so through [this] sort of window... 19.15 – 19.20*

After ‘boxing in’ and deadening stimulation, the Internet become the safest way to access, tolerate and manage their feelings. Conversely however, for many of Kam’s Internet gaming addicted clients the computer become a place to cope with the seemingly intolerable feelings that can emerge off-line. Rather than the Internet being a medium to access feelings, it functions as a vehicle to avoid or cope with unpleasant feelings:

**Kam:** *... you notice the shitty world you live in... [ ] And then you tend to want to go to the computer to forget. (19.4 – 19.7)*

**Kam:** *So then you have to find another arena where your father doesn't understand, and then you have the games. And there [on-line presence] your father never can beat you... (6.10 – 6.11)*

In working with younger people, the “shitty world” can be one where one feels misunderstood, or oppressed. In the quote above, Kam refers to the father that “can never beat you”. The online gaming world offers the opportunity to escape the physical and psychological pain of physical beatings, or at least a domain where the father doesn’t reside, and can never beat the child (in more than one sense!). The child takes solace in own skills mastery.

Thus far, the findings suggest that the Internet is used to cope with feelings. For some, *it* “distracts from the discomfort” (Lucy, 16.23), helps the user “forget” (Kam, 19.7). In many cases, the “it”, that distracts, or helps us forget, is as much concerned with the *process* of searching as the engagement with *content*. More evidence, and the relevance of this function will be expanded upon in the section entitle *escapism*, below. For other addicted users, particularly for those participants that report having depression, the Internet enables them to access repressed feelings. This is consistent with findings concerning the relationship between depression and Internet addiction discussed in previous sections (Bernardi & Pallanti, 2009; Ha et al., 2006; Kim et al., 2006; Ko et al., 2008; and Yen et al., 2007) . Whilst these studies could not confirm the direction of a causal relationship between Internet addiction and depression the findings in the present study would indicate that a depressive reaction to childhood neglect or abuse can predispose a person towards Internet addiction. Therefore, the additional data presented here further supports the claims made by Kuo et al., (2012) after concluding that it may be possible to predict the emergence of IA with long-term sufferers of depression.

#### *3.4.1.1 Implication for future theory and research*

The findings here suggest a reason *why* some people can be vulnerable to developing an Internet addiction and *how* this might function i.e. *for some, the Internet can provide access to repressed feeling, and can function to mediate access to those feelings within a depressed client.*

Given the nature of this research, as an IPA study, this suggestion is being made only for the immediate population from which the data is derived. Idiographic theorising is mainly concerned with evidencing patterns within experiences, and not measuring actuarial incidence (Smith, Flowers, & Larkin, 2009). To establish whether this statement is applicable more generally is the subject of future research, both qualitative and quantitative. A mixed method systematic case study design, such as a Hermeneutic Single-Case Efficacy Design (Elliot, 2001, 2002), incorporating a longitudinal design feature, is recommended for this purpose.



### 3.4.2 POWER, CONTROL & DOMINATION

Power, control and domination were recurrent themes within and across cases. Therapist participants noted the significance these themes have in terms of defining a user's Internet addiction, and the function the Internet serves in meeting their perceived need for power and control. This was a particular characteristic of Internet gaming addiction, where the Internet served to apparently reconcile the power imbalances that develop between family members. Whilst this can be understood in terms of being an aetiological factor (see section 3.3), the issue is often live, especially in children and young people still living at home:

**Kam:** *...the youngster... can't compete with his father... he gives up. [ ] "Why should I compete? I can't be better than my father"... and I think that every child... every boy child strives to become one step better than their father....and if the father has the top position, then it's hard to get that (6.4 – 6.10)*

**Kam:** *You can be strong and you can fight back... [ ] And also... a place where you can be good. [ ] Because often, it has become a problem in school... that you don't achieve in school. But in the games you can achieve. (5.12 – 5.19)*

As the second quote from Kam suggests, power can be elicited from a sense of achieving. Hours and days may be lost utterly absorbed in Internet game play, but with the investment of time the user develops highly honed and specialised skills, and a mastery that enables a sense of on-line control and domination, masking feelings of inadequacy in off-line, often aborted, pursuits. This is consistent with findings in previous empirical research where high scorings of aggression and hostility personality traits were evident amongst Internet gaming addicts (Caplan et al., 2009; Chiu et al., 2004; and Kim et al., 2008).

The results suggest the need for a sense of power and control was also found in users attracted to other sub-types of Internet addiction. Similar dynamics were found underpinning cyber-sex addictions:

**Jack:** *And I suppose it's something about I cannot tolerate difficult feelings or complexity in a relationship, so what I do is I access porn where I can have something but not the others... what can I have? Physiological relief, I suppose, a sense of potency. [ ] A lot of porn is about power and control, without having to pick up the complexity of relationships. (13.18 – 14.2)*

**Jack:** [C]ertainly the men I work with who do sexual wrestling with women, em... they don't even orgasm or... there's no masturbation or anything involved. It's just the sense of contact and being pinned or held I think... (13.10 – 13.12)

Jack notes that his clients struggle to “tolerate difficult feelings or complexity” in their relationships with significant others. The Internet enables a “sense of potency”, in that they can “have” the virtual [pornographic] other; or it provides the means to access off-line sexual behaviours. In the case of the latter, the example above illustrates how a felt sense of ‘intimacy’ is then *created*, “a sense of contact”, even if that means being psychologically and physically dominating or dominated.

Findings concerning intimacy and relationship difficulties will now be discussed in some depth.

### 3.4.3 INTIMACY & RELATIONSHIP DIFFICULTIES

The function and features of *power* and *control*, within IA, overlap with another pervasive super-ordinate theme, that of *intimacy and relationship difficulties*. I would like to highlight an interesting power and control dynamic within Dora's clinical experience. In working with disaffected young mothers, primarily in an off-line group format, she works simultaneously with the same clients in an on-line Internet ‘chat room’. Dora has noted how her clients will communicate more freely with her group members on-line:

**Dora:** *It's their way of... I think... it's in some ways, it's their way of telling me that they are vulnerable without actually... using those words...* (14.12)

It would appear, in these instances, for these clients, the Internet can serve as a mechanism to control the amount of intimacy, much like a volume dial on a radio.

**Dora:** *[W]ith all the deeper vibes and such that go on between people. [ ] They don't have that, which, for them, feeling as insecure as they do... [using the Internet] is a relief, not to have to do that, and still maintain a relationship.* (10.15-10.19)

**Dora:** *You're there in real life, and I just think, “So you're hiding on purpose, knowingly. And yearning for intimacy”... Why (laughs). I couldn't guess as to why. [ ] My guess is it's less scary somehow.* (12.10-12.15)

Jack reflects on a similar pattern:

**Jack:** *There might be some kind of relational difficulty or something like that and then the belief will be something like, “Nobody meets my needs, and I can’t tolerate that or ask for what I want”, and there will be a discount at that moment... [ ] And so then, what he’ll do is, he’ll access pornography to meet his needs. (26.12 – 26.19)*

Jack’s *typical* (i.e. composite) client holds on tightly to the dysfunctional belief: “Nobody meets my needs, and I can’t tolerate that or ask for what I want”. This would suggest a very vicious and destructive cycle, one that speaks to the notion of self-fulfilling prophecy or *script re-enactment* (Berne, 1961). Thus, the unhelpful belief is consolidated as the user becomes more dependent on pornography, and the person ultimately isolates themselves further, and the dysfunctional belief remains unchallenged.

Dora’s experience of her clients’ inner-conflict, concerning the “yearning” for intimate connection and fear of having it, is also represented in Lucy’s psychodynamic account of *being* in relationship with such clients:

**Lucy:** *I sometimes think working with clients who present with this kind of issue... I sometimes think that both them and I are on an edge of... I have the vision of the Grand Canyon... em ... of contact... and I am very aware of the part inside of me that is kind of desperate for contact and connection... [ ] and then part of me that’s really terrified... (26.16 26.23)*

Lucy makes meaning using powerful imagery and metaphor. “On the edge” indicates the precarious nature of working with this client group, and also the gulf / distance in between. The Grand Canyon metaphor captures her ambivalence, to “desperately connect”, and the fear of connecting. If indeed we are to understand the client’s inner conflict in the way that Dora intuitively feels, then maybe Lucy’s clinical experience could be accounted for as an advanced empathic resonance.

Thus far, the findings cited here are consistent with the findings of much of the empirical research available within the published literature concerning intimacy and relationship problems with Internet addicts (for instance, Chirban, 2006; Chou, 2001; Wan and Chiou, 2006). In the recent meta-synthesis of qualitative studies exploring the aetiology of Internet (Shorrock, 2013), I found that inter-personal problems were a recurrent theme running through 75 % of the studies systematically reviewed. For instance, Acier and Kern (2010), whilst conducting in-depths interviews with addiction counsellors concluded that many of their participants believed Pathological Internet Use (PIU) enabled users to compensate for socially oriented difficulties, in particular the introversion, inhibition or shyness experienced in relationship. As evidenced in an earlier section of the present

study, concerning aetiology, loneliness was another significant key factor that precipitated Internet addiction, consistent with previous findings (Griffiths, 2000; Shorrock, 2012; Stein et al., 2001). Griffiths (2000) concludes that in all his cases studies, excessive use of the computer was driven, in part, by withdrawn individuals seeking social contact. The findings garnered here are consistent with claims made by Griffiths.

#### 3.4.3.1 *Implications for treatment.*

Given the prevalence of intimacy and interpersonal problems with addicted users of the Internet, practitioners would benefit from a historical enquiry being embedded within their initial assessments concerning the relational capabilities of their clients. This could inform treatment approach and direction, as the problematic relational patterns may occur *within* the client therapist relationship. Treatment considerations and guidelines are discussed in much more depth within the following section concerning the findings and discussion pertaining to the high-order concept *treatment* (section 3.5).

### 3.4.5 ESCAPISM

It can be argued that escapism is another form of coping. Certainly, within these findings, there is a degree of overlap between all of the higher-order concepts. For instance, Jack notes, “A lot of porn is about power and control, without having to pick up the complexity of relationships” (14.1). Clearly, this data speaks to at least two higher-order concepts. However, given its repeated emergence as a term or concept, frequently and explicitly used by 75% of the sample, it warrants a particular focus and an attempt will now be made to artificially distinguish escapism from the other concepts.

**Jack:** *So people use laptops for work... [ ] with the flick of a switch, they can then access porn at the same time. So I think there's something about that switch between work salient distress, you know, something linked to their work that is salient, and then moving into this [virtual] world...(22.6- 22.11).*

**Jack:** *Choosing not to think, which is a massive one. [ ] So I think, in the process it's that huge thing about choosing not to think and running away, you know. (37.4 – 37.12).*

The ‘switch’, as Jack observes, virtually and instantaneously teleports the user into a different world. The immediacy and accessibility of Internet content, and its versatility of function, can be

operationalized “with the flick of a switch”. Being able to seamlessly traverse a world of “salient distress” into a world of pornography, in no less than a nano-second, would appear to account the seduction of the Internet’s appeal. The reasons to escape would appear to be countless, including the avoidance of the complexity of relationships, work salient distress, or simply “choosing not to think”.

Or, as Kam reflects, it provides the perfect respite in which to escape, where every whim or fantasy can be indulged:

*“It becomes also a place where you can be imaginary. You can have the family that you want. You can play games where you can be the father or where you can be whatever you want”. (5.6 – 5.9)*

Kam defines how he understands Internet use as different from other forms of escapism:

*“I mean... it’s a lack of something when you drink too much, or when you are addicted to drugs also... but the difference here... is your experience... This drug... this Internet drug... it’s a slow drug... You can sit there and time stops to exist”. (7.3 – 7.5)*

*“It’s only when you stop playing. [ ] that you notice the shitty world you live in... [ ] And then you tend to want to go to the computer to forget”. (19.2 – 19.7)*

Kam’s comments again support previous suggestions that the technologically enslaving cycle is self-reinforcing, and that escaping into a dimension where time appears to cease to exist operationalises the Internet as a black hole for vulnerable users. Lucy’s clinical and personal experiences echo the same lure to escape, almost as if the Internet “causes”, and is responsible for, a gravitational pull into a world of “forget”:

**Lucy:** *And I’ve seen that with clients and I also see that in myself, too [ ] it’s like the (Internet) search that it causing me to forget about my own stuff, my own feelings, my own process, yes? (17.10 – 17.12)*

The findings cited here are consistent with claims made within previous research, where the relationship between escapism and the Internet is well documented. Young, Pistner, O’Mara, and Buchanan (1999) developed Cooper’s (1998) original model defining the alluring features of the Internet, to include anonymity, convenience and *escape* (the ACE model). Centralising escape as a defining feature and function of the Internet for vulnerable users has been born out in subsequent research findings. In a systematic review (Shorrock, 2013) of the literature examining IA aetiology and predisposing factors, I discovered that the prevalence of escapism as a clinical feature within the

studies was high (Chou, 2001; Griffiths, 2000; Quayle and Taylor, 2003; Shorrock, 2012; Wan and Chiou, 2006). For instance, in discussing one of his case study participants, Griffiths (2000) concludes that his subject became dependent on the use of the Internet as a coping strategy to escape his depression and forget about his medical condition (neurofibromatosis) and social isolation.

In terms of Internet gaming addiction, the findings would lend further support to the research based models of Internet addiction and escapism proposed by Yee (2006) and Li, Liao, and Khoo (2011), where a high correlation is evidenced between escapism and Internet gaming addiction. For instance, Li, Liao and Khoo (2011) have proposed the *Discrepancy-reduction Motivation* (DrM) model of pathological video gaming. It is based on their finding that amongst game players higher levels of actual-ideal self-discrepancy (AISD) would correlate with higher levels of depression. In turn, this would then be related to increased levels of escapism in gamers; and higher levels of escapism would be related to increased pathological gaming symptomology. Within the present study, the findings can be understood in terms of the *DrM model*, given the conflicted *selves* evident within Kam's composite client. In the language of the DrM model, Kam's experience suggests that his clients commonly experience a discrepancy between the off-line *actual self* (who feels unimportant, unaccepted, powerless, and unloved) and the on-line *ideal-self* (the powerful father-figure, or loved and accepted son). The study of Li, Liao, and Khoo, (2011) provides supporting evidence to confirm the main hypotheses of the DrM model among gamers: higher levels of actual-ideal self-discrepancy (AISD) would be related to higher levels of depression that would then be related to higher levels of escapism into Massively Multiplayer On-line (MMO) gaming; and higher levels of escapism would be related to higher levels of pathological gaming symptoms.

#### 3.4.5.1 *Implications for future research, treatment and prevention.*

The findings in this study present the perception of participants that there is a relationship between Internet addiction and depression, but also their belief that *escapism* must be factored in to any evaluation of IA as there is evidence of an inter-play between these factors.

The Li et al. (2011) study was based on a quantitative survey design, using a sample of 161 adolescent gamers from secondary schools in Singapore. The qualitative findings gleaned in the present study support the *DrM model* (see earlier sections addressing depression within gamers), especially given that the clinical experiences of Kam are also based on his work with older children and young adults. However, any claims surrounding the applicability of the model need to be more

closely examined and specific age groups must be explored as an experimental variable in quantitative testing. Also, and perhaps needless to say, given the survey method employed by Li et al. (2011), and the idiographic nature of the present study, no causal inferences could be made between Internet addiction, depression and escapism. However, this could be explored using an experimental longitudinal design.

The present study provides some indication of escapism, depression, and self-discrepancy within other sub-types of Internet addiction, including Internet sex addiction and social networking addictions, as well as generalised Internet addiction (see the previous section, entitled 'A conflicted self', in the *aetiology and predisposing factors to IA* section.) Therefore, the *DrM model* could also be tested for reliability and validity with other forms of Internet addiction. Further research should also explore generalizability in both western and eastern populations.

In terms of treatment and prevention, evaluations in schools and clinics could be extended to incorporate depression, escapism, and self-discrepancy assessment features.

### 3.4.6 *Summary*

This section has sought to artificially separate the features and functions of Internet addiction, as they *appeared* to the writer in the course of analysis. It is hoped that the linear presentation of data has provided the reader a sensible container to understand and make-sense of the findings and on-going discussion. It is perhaps becoming clearer to the reader that making sense of therapists' experiences and understanding of IA involves accepting (or tolerating) the rich and complex inter-related nature of factors and dynamics *within* and *across* higher-order thematic concepts, as well as up and down the *thematic order*.

Although the most phenomenologically significant (dys)functions and features characteristic of Internet addiction have been identified and discussed (*coping / searching & collecting; power, control and domination; intimacy and relationship difficulties; and escapism*) clearly others have not made the final edit. Given the doctoral level of this study, the judicious decision to present key findings in-depth, has inevitably come at some cost in terms of breadth. I have endeavoured to remain transparent as to which key findings have been prioritised for close examination and discussion throughout this chapter. However, a detailed discussion of the other findings relating to

other significantly recurring functions and features (*Loss of time; on-line release / catharsis; and ill-nourishment and dangers*) can be found in Appendix D.

Throughout this section, as with previous sections of this chapter, recommendations and considerations have been proposed for future research, education, treatment or prevention of Internet addiction. Whilst treatment considerations have remained an on-going part of the dialogue, I will now turn towards an in-depth and phenomenologically focussed discussion of treatment, as a higher-order concept within its own right.

## 3.5 TREATMENT

Given the large number of super-ordinate themes that emerged under the higher-order concepts of *treatment*, each of the super-ordinate themes has been colour-coded within Table 3.5 to impress an overview of recurrence within and across cases. The column furthest to the right reveals that 4 of the 9 super-ordinate themes recurred across cases, of which 1 appeared in all four interviews (indicated by the green font), and 2 were evident in three interviews (indicated by the blue font), and 1 appeared across two interview (indicated by a red font). Of the 9 super-ordinate themes, 5 exclusively recurred within cases, and not across cases (indicated by the black font in the same left-hand column). The order of the super-ordinate themes listed in the table reflects the order at which they emerged within the analysis.

<b>TABLE 3.5</b> Recurring super-ordinate themes relating to the participants' understanding & experience of treatment of internet addiction					
<b>Super-ordinate themes</b>	<b>Participant 1 'Jack'</b>	<b>Participant 2 'Dora'</b>	<b>Participant 3 'Kam'</b>	<b>Participant 4 'Lucy'</b>	<b>Present in half of sample or over?</b>
<i>Methods, techniques &amp; style</i>	Yes	Yes	Yes	Yes	Yes
<i>Values of the therapist</i>	No	Yes	No	No	No



<i>Integrative approach</i>	No	No	No	Yes	No
<i>Vulnerability and safety of therapist</i>	Yes	Yes	No	Yes	Yes
<i>Support for therapist</i>	Yes	Yes	Yes	No	Yes
<i>Ethical challenges</i>	Yes	No	No	No	No
<i>The online therapist</i>	No	Yes	No	No	No
<i>Therapist as parent</i>	No	Yes	Yes	No	Yes
<i>Importance of boundaries</i>	No	Yes	No	No	No

COLOUR KEY: FREQUENCY OF RECURRENCE - **QUAD**RICE / **THR**ICE / **TW**ICE / ONCE (i.e. only recurrent within case)

Once again, given the vast amount of data that emerged within this high-order concept theme, and restraints on thesis word count, priority is given to key super-ordinate themes recurring *across cases*, and yielding particularly interesting results, and will be discussed in some depth in this section. These have been presented for discussion under the following titles: *methods, techniques and style*; *vulnerability and safety of the therapist*; and *support for therapist*.

### 3.5.1 METHODS, TECHNIQUES & STYLE

The superordinate theme concerning method, technique and style of the therapist emerged across every case. This is not surprising given that my semi-structured interview was partly informed by predetermined questions concerning the therapist experience and understanding of *how* therapist participants work with people struggling with internet related problems. Nonetheless, within superordinate theme are some very interesting results.

A common, clinical perspective began to emerge across participants, whereby the ‘Internet addiction’ was treated as symptomology. This is discussed in depth within the earlier section discussing the findings concerning aetiology, predisposition and causal factors. It follows, that with this understanding in mind, the clinical approach to treatment informs the methods, techniques and approach of the therapist:

**Jack:** *And you know, it's just a presenting issue. That's why I find it very kind of unthreatening. So it's just another one on the list isn't it... like alcohol, this or that or.... I use porn or something like that... and it's like... Well, that doesn't particularly interest me, you know, it's the root cause... (19.11 – 19.14)*

**Kam:** *I mean, as I said before... now it's Internet... it could have been something else. 14.20*

**Lucy:** *I guess I come at it from a different lens... a different perspective. To me, whatever the addiction is... whether it's Internet addiction or drugs or alcohol or whatever... [ ] For me, that's the solution. So I don't actually explore and... I don't make that my focus. [ ] my focus is... [ ] The Child (ego state) and the attachment needs inside the client. (9.17 – 10.5)*

**Dora:** *Well, I have a great nuance to people's Child (ego state). So I would want to find out where that got missed somewhere. (20.15)*

Each of the quotes capture the therapists' understanding of Internet addiction as symptomology of an underlying "root cause". The implication being that the Internet is the clients' addiction of choice. Whilst acknowledging the addiction as a "presenting problem", the therapists' treatment direction involves a shifting focus towards, for example, the developmental attachment deficits of the client. I'm intrigued by Lucy's statement, "For me, that's the solution". I interpret this at two levels. Firstly, using the Internet is ostensibly the "solution" for the client, although, ultimately it turns out not to be the case. Secondly, I understand "solution" to be like an all-important first step of the therapist's algorithm; and so the initial therapeutic focus may involve empathizing with the "presenting problem", a necessary step if the working alliance is to be developed (e.g. Horvath & Greenberg, 1989; Horvath & Symonds, 1991). In this sense, an initial focus on the presenting problem (i.e. the Internet addiction) is a prerequisite first step in *resolving* the distress; almost like a bridge towards the ultimate *re-solution* of the underlying attachment problems - the aetiological roots that maintain the addictive pattern.

In staying with Lucy's understanding and experience, the decision to "choose" the Internet as the preferred addiction at the time, and even the choice of sub-type of Internet addiction, can be useful information in informing *the way* that she works with her clients:

**Lucy:** *I think, that if someone chooses the Internet, then it tells me that they're... em... (pauses)... I can't think of the word... something about their inter-relational process... that contact in relationship is very, very difficult. So that... that... as soon as somebody says that, then I know that... em... I will attune to their capacity to be in relationship, which may be a momentary contact, eye contact or looking. You know, that kind of stuff. [ ] So, I will evaluate as I go, I will sense, you know, how... how much contact they can sustain. (12.11 – 12.19)*

Like Dora, Lucy has already indicated the focus she will attune to, the developmental “attachment needs inside the client.” The client’s “choice” of the Internet addiction will inform the attunement process in their relationship with their therapist. This attunement process, subsequently (and perhaps simultaneously) will then be informed by an ongoing process of feedback and evaluation based on relational and behavioural observations within the relationship.

With a keen focus on relational working Lucy will extensively employ the services of metaphor in aiding her understanding of working with the client:

**Lucy:** *It's engaging with somebody's Child (ego state), but through the third person as it were, through the metaphor (14.21)*

**Lucy:** *The expression that has come into my mind is “softly, softly, catchee monkey”.(13.22)*

**Lucy:** *The visuals that I get is... thinking about [ ] It's like the equine therapy... [ ] he waits for the horse to come to him, by being on side. So you are not confronting... (14.3 – 14.6)*

Lucy has already described herself as having a “schizoid process” and has a very powerful and vivid imagination. In receiving the “visuals”, she has found a way to engage with the client. It is not clear whether this is done explicitly, by sharing the metaphor with the client, or whether it is simply using a technique that enables her to personally connect with the vulnerability of the client. What is interesting is the repeated use of animal imagery. In two instances, quoted above, it would seem to Lucy that the monkey and horse are metaphorical representations for fear and trust, and the pace and means by which to develop trust in the therapeutic encounter.

Lucy will also use metaphor as a means by which she enters and understands the transference in her therapeutic relationships. The following extracts illustrate how she uses her own experience of being with the client, at the transference level, to guide her treatment direction:

*"I can find a high level of anxiety... that you know, we're... we're finding our own water level together. Like in a lock. Yes. I'm picking up the client's anxiety but he's also picking up my anxiety" (23.18)*

*"And at the time, if I catch it... if I'm going into it, then I will feed it back to them in the moment, or within the moment. [ ] But maybe... my hunch has been maybe... that I have given intervention or given some kind of eye contact. I've come too close.... [ ] And then immediately after the coming too close, I will get that feeling... like a soporific feeling, or I find myself just slightly starting to disassociate. [ ] And that informs me... Oh maybe I got a bit too close. [ ] They're pushing me away, you know." (23.4 – 23.20)*

By using her own counter-transferential response, her "soporific feeling", indicates that the levels of water in the "lock" are becoming out of kilter. The word "lock" suddenly takes on a double-meaning here, as in being 'pushed away' and 'locked out' by her client. By using her self, her counter-transferential reaction, as a therapeutic tool to "attune" to her clients' developmental attachment deficits, she can then moderate the levels of intimacy she provides.

The use of metaphor as therapeutic device is not a new concept in psychological therapies, and indeed, metaphor has been used throughout time. However, some third-wave CBT approaches have given metaphor a central place in their modal, most notably within Acceptance Commitment Therapy or ACT (Hayes, Strosahl, & Wilson, 1999; Hilderbrandt, Fletcher, & Hayes, 2007). Within ACT the use of metaphor has many functions, but is often used as a technique to bypass normal analytical language in favour of more experiential learning (Hayes, Strosahl, & Wilson, 2012).

Jack's approach would largely incorporate cognitive behavioral interventions. This would include working with the client in "heightening" their awareness of triggers, and exploring their dysfunctional beliefs:

**Jack:** *[T]here's a trigger of which we make a meaning which is then not accurate. So it's meaning-making. (35.21)*

**Jack:** *...so then really heightening that interpretation of that thinking. (36.6)*

By working with clients in identifying the unhelpful beliefs they hold, and the affect this has on their emotional and physiological states, Jack will guide them through a process of assessing the "validity" of their beliefs:

**Jack:** *I'm feeling anxious, I'm feeling unloved, I'm feeling uncared for. I've looked after everybody else. Everybody else's professional needs, but what about me? So the only*

*meaning that I can make of that moment is that I've got to go and care for me in a way... by accessing porn. And then really kind of pinpointing that... with specificity and then really asking them to check that through...The validity of that... (36.9 – 36.14)*

Once the client understands the “validity” of the dysfunctional belief as being undermined, Jack will then begin with a series of interventions that aim to support the client in identifying healthier ways of meeting their needs:

**Jack:** *...are you getting what you want? Is it fulfilling what your true needs are? (35.5)*

**Jack:** *I'm feeling unloved by you, and I'm wondering what you and I can do about that? (38.10)*

As indicated above, like Lucy, Dora's treatment focus is on the relational components of the relationship. “Well, I have a great nuance to people's Child (ego state). So I would want to find out where that got missed somewhere.” (20.15) By working with the client in locating the source of the developmental attachment deficits, the focus can then shift towards supporting the client in the therapeutic healing process. In this quest, both Dora and Kam would employ a group therapy modality:

**Dora:** *It's a therapeutic group where it's confidential. It's got all of the boundaries. Most of the boundaries. (6.10)*

In describing the off-line element of the therapeutic group Dora facilitates, the value of “boundaries” and “confidentiality” is impressed. It would seem that one of the reasons she retracts her statement, “It's got *all* of the boundaries”, for “*Most of the boundaries*”, could be accounted for by the facet of this group that is facilitated on-line. By way of reaching those clients that spend an “inordinate” amount of time on-line, Dora had set-up a forum where group members could interact. However, Dora seems confused and / or conflicted about her role within the on-line facet:

**Dora:** *I didn't want them to think that I was... em spying... I wanted them to know that I... and I put... you know, “There's been dreadful rain. Remember everyone to bring your wellies” or whatever... I put functional stuff on there. Here and now stuff on there. So they know I'm there. (13.10 – 13.14)*

Whilst Dora experiences discomfort at being the on-line group facilitator, her role within the group has become quite complex. The hesitations in her speech appear to suggest her on-line role causes her some inner conflict. Whilst she doesn't want to think that she is “spying” on her clients, she wants them to know that she is “there”. Given the focus she has given to attending to

developmental attachment deficits in her clients' therapy "there" would imply an attentive parent that was absent in the past, as well as monitor, receiver and responder to any on-line communications that are cause for concern. It has already been noted that some of her clients find it easier to communicate online, albeit with passive aggression at times. This example highlights the difficulties of running online therapy groups, especially where there is a concurrent off-line group therapy facet. This clearly suggests a need for future research and professional training in this complex area.

Kam sees his clients in groups, as individuals (the addicted user), and with their parents, and also works with parents alone.

**Kam:** *I would describe myself as a therapist that works a lot with intuition... it's not the same every time. I mean, if I meet one client I work with that client in that client's way... So I don't have particular stuff that I go through each and every time. (2.5)*

**Kam:** *(T)he family is a family, and the family has a process, I mean it's also a way of saying and making it clear that the client is not the problem. The system is the problem and we work with the system. (13.5 – 13.7)*

In working predominantly with the family as a "system", he works creatively, flexibly and "intuitively", and doesn't adhere to a specific treatment plan or protocol. Kam's position is very clear, Internet addiction in a result of dysfunction with the family system. However, on reflection, Kam recognises that patterns in the way he works have emerged, which would suggest a familiar treatment direction. Like Jack, he finds himself working with dysfunctional beliefs in the early stages of therapy, at the cognitive level:

**Kam:** *And it's also a lot of decontaminations. Because the bad memory often becomes a contamination... [ ] "I am ugly"...or "I am outside", "I am not one of the others"...or stuff like that... (11.21 – 12.7)*

At the same time, treatment interventions will involve reappraising the quality of the life the young and addicted Internet gamer is experiencing, and Kam will invite these clients to hone their focus on a richer and more fulfilling experience:

**Kam:** *... what would you rather do, how active you are, you and your body. Here we have food, sleep, exercise. You and relations... family, friends, stuff like that. You and your life. Are you satisfied? Do you have goals? (9.1 – 9.4)*

The contractual method, a core feature of transactional analysis, involves 'an explicit bilateral commitment to a well-defined course of action' (Berne, 1966, p. 362). This process requires the establishment of agreed goals. This way of working is echoed in many therapeutic approaches, within and beyond transactional analysis. For instance, The Skilled Helper Model – 'A Problem-Management and Opportunity Development Approach to Helping' (Egan, 2010) with a specific treatment focus on identifying goals, and working towards goals. Egan refers to the identification of goals as *the preferred picture*. Also, after establishing a firm theoretical foundation, the Acceptance Commitment Therapy (ACT) approach is now becoming firmly evidence based, with its particular focus on value-congruent goal attainment (Hayes, Strosahl, & Wilson, 1999; Hilderbrandt, Fletcher, & Hayes, 2007; and Hayes, Strosahl, & Wilson, 2012).

The systemic approach to working with Internet addiction, as adopted by Kam, has been proven to be convincingly effective in a recent study in China. Zhong et al. (2011) aimed to evaluate the effectiveness of a family-based intervention program for Internet addicted adolescents. Adolescents diagnostically deemed Internet addicted (N = 57), were randomly allocated into an intervention group (n = 28) and a control group (n = 29), respectively receiving a 14-session family-based group intervention and a conventional group therapy only. At the 3-month follow-up assessment, results indicated that the family-based group intervention is more effective in reducing Internet use and enriching family function. The success of this model is consistent with Kam's clinical experience.

The findings cited throughout this sub-section also suggest a strong preference for understanding and *treating* Internet addiction as symptomology of underlying problems developed in childhood. Maybe this is driven by the philosophical assumptions of the transactional analysis model, to which all the practitioners subscribe, to some degree. That is to say, TA is based on a decisional model, where each person decides on their own behaviour, feelings and thoughts, which ultimately inform their destiny in life. Many decisions are made in childhood, in response to environmental pressures, and are often the root of psychopathology in TA, and are therefore the source of many of the dysfunctional patterns later in life (Berne, 1961, 1966; Stuart 2000). However, TA is itself an integrative approach, with capabilities of being applied purely at the cognitive behavioural level. Additionally, all of the therapists interviewed have received extensive training in other approaches. Yet, all of the therapists understood the aetiology of Internet addiction as rooted in childhood, and treated the client accordingly.

This lends further to support to the Liu and Kuo (2007) study, critiqued in the introduction. Their treatment focus (n=555) was centred *not* on the manifest problems experienced as Internet

addiction, but on the issues that underpin such 'symptomology'. They discovered that the key underpinning issues are: interpersonal disputes (between family, friends, and colleagues); interpersonal deficits (such as social isolation, and loneliness); grief (loss as a result of a death); and changing of roles (e.g., new job, or divorce). These are certainly themes that have resonated throughout the present analysis. Lui and Kuo (2007) concluded that their research provides quantitative evidence that early dysfunctional interpersonal relationships and consequent social anxiety significantly positively correlate and substantially impact on the emergence and severity of Internet addiction.

#### *3.5.1.1 Implications for future research and clinical practice*

This study has provided qualitative support to the research literature that is now identifying a stable correlation between problems in the sphere of adolescents' personal relationships and potential Internet dependence (Lui & Kuo, 2007; Milani, Osualdella, & Di Blasio, 2009). However, the efficacy of treatment models that directly address the childhood aetiological roots of Internet addiction, such as Sullivan's interpersonal model (Lui & Kuo, 2007), remains to be convincingly evidenced, even though qualitative studies highlight the importance and impact of early attachments (Shorrock, 2012, 2013).

Mixed methods studies incorporating longitudinal design features, spanning 10-15 years, are necessary to examine any the long-term effects of problematic Internet use in childhood, and correlating interpersonal problems (such as Milani, Osualdella, & Di Blasio, 2009). The effect of therapeutic interventions that target primal dysfunctional relationships (such as transactional analysis), could be experimentally verified by using simultaneous control groups e.g. receiving 'no treatment', or receiving second-wave CBT treatments such as those proposed by Young (2007).

At the time of writing, no empirical research has been published concerning online treatment of Internet addiction. This may sound like a paradox, although these findings lend support to the added value of accessing, or communicating with, hard-to-reach groups. As the experience of 'Dora' would testify, some of her clients would share more of their underlying concerns whilst on-line, oppose to face-to-face group format. Offering therapy to Internet addicted users, who would not ordinarily present themselves in person to therapy seems like a sensible method of initial engagement. Clearly, much research needs to be conducted in this area, especially as more people spend inordinate amounts of time on-line. Experimentally controlled groups could also evaluate the benefits of on-line



therapy whilst in concurrent face-to-face therapy. In the meantime, there is clearly a need for specialised training in this area, as identified in these findings.

### 3.5.2 VULNERABILITY & SAFETY OF THE THERAPIST

Throughout three of the participant interviews, the super-ordinate theme concerning the vulnerability and safety of the therapist became apparent. Within each case analysis they had emerged under different headings, i.e. how I had labeled them at the time of analysis: *impact on therapist* and *safety, therapist vulnerability and challenges*, and *therapist as a person*. The results are presented here under the composite heading, *vulnerability and safety of the therapist*.

It has been noted throughout earlier sections how Jack often understands Internet addiction as an obsessive compulsive disorder (OCD). Here is another example, which also serves to highlight the caution necessarily involved in his working with those afflicted.

**Jack:** *[Y]ou know, people kill themselves on the back of it quite often... that we need a very, very specific kind of treatment methodology and conceptualization... [ ] And I kind of see porn, Internet porn usage, as kind of in and around that in some way. (18.12 – 18.20)*

**Jack:** *I think that we... I think we kind of proceed at our peril in taking on true OCD with perhaps not using a cognitive behavioural model in some way. (18.7 – 18.9)*

After sharing with Jack my observation that he tends to gravitate towards a cognitive-behavioral way of working with Internet addiction, he highlights the dangers of providing interventions that are not evidence-based. Given the intense personal investment involved in working psycho-dynamically, as with Lucy and Dora above, perhaps it also feels safer for Jack to work at a cognitive-behavioural level, in an attempt to avoid personally processing the meaning of transferences, at the experiential level:

**Jack:** *I think often people are really struggling with a lot of shame and I get very bored with that...[ ] It's like I kind of... the way... I feel a bit like a Goulding [a therapist that works 'outside' of the transference] in some way, you know. Like your pathology bores me... it doesn't... I'm not too worried about it... you know... and I've seen it and heard it all. And I kind of feel like... I'm sure I haven't... but I kind of feel like I almost have... (28.12 – 28.19)*

The above quote would suggest that Jack *is* experiencing some inner conflict around the familiar feelings that emerge in his therapeutic relationships. The many pauses in this extract indicate a level of discomfort, as his sentences become fractured. Jack contradicts himself, he gets “very bored” with the shameful feelings he often encounters within his clients - “your pathology bores me”. But then he retracts his statement, “I’ve seen it all before”, and reflexively posits, “I’m sure I haven’t”.

Lucy’s approach to working with clients often involves ‘stepping into’ the transference:

**Lucy:** *And I’ve got quite a strong schizoid (3.17 – 3.20)*

**Lucy:** *it [working with Internet addicted clients] triggers stuff for me, because I had the experience in childhood, not of... not so much of trauma and chaos, although there was chaos... but of non-contact. My mother is schizophrenic so I didn’t have enough contact. (8.6 – 8.8)*

**Lucy:** *Sometimes I’m left... transferentially with some of the deadness and the flattening. [ ] Em... Sometimes I experience being rendered passive in the room. (22.10 -22.13)*

She recognises her own pro-active counter-transference (i.e. what she projects into the world from her past, her presuppositions), resulting from a lack of psychological and physical contact from a schizophrenic mother. The following quote illustrates how Lucy skillfully “guards” against working *in* the transference, because of her own “live material”, and instead will mindfully work *with* the transference:

**Lucy:** *With those kind of clients... em... in my experience... the way that I work with them at this current period in time, is that I will work with the transference but I will guard against going into it. [ ] Because I think that I have my own live material, em... I was quite abusive to my son when he was growing up. I was a single parent and I think there’s a part of him that still wants to “Fuck off his Mum”... As well as me... em... [I’m] probably still needing to do that with... my Dad, actually. I don’t know actually... I think maybe... yes... actually I hadn’t thought of that before... If I get to grips with the stuff with my dad probably my son will feel more free than me, but anyway. Yes. So I will have the ability to shut down and be strong. I will deliberately ‘Be Strong’ around that kind of client. So that they are... like they are... it’s like they are hitting off of me. (24.2 -24.13)*

At a deeper ontological level, Lucy seems to ‘know’ what it’s like be neglected, and to be the abuser. She is very aware of her process, and knows her own boundaries. Her voice is lowered as she connects her own abuse toward her son *with* her relationship with her father, “I hadn’t thought that

before". At this stage her eyes moisten. She's having another profound realization within the interview. It would seem she has been using her 'Be Strong' driver as a defense, as she thinks about her father / her clients. Even in her relationship with me her drive to be strong is operationalized, "but anyway", and seems to move out of her vulnerability. Her choice of words, "Hitting off of me", indicated that she feels attacked or sexually seduced at times. Lucy's heightened self-awareness has served her well in informing the treatment direction she takes with her clients.

#### 3.5.2.1 *Implications for treatment and clinical supervision.*

Whether working psycho-dynamically or otherwise, I believe the idiographic accounts presented here evidence or highlight the therapists' potential vulnerability to losing psychological contact with their clients, or 'acting out', as a result of the recurrent patterns they will experience with this particular client group. Clearly, if the therapist is vulnerable (e.g. to feelings of "boredom", "deadness", or sexual arousal), and does not attend to their counter-transference (with their client, or in personal therapy, or in supervision), then this also renders the client particularly vulnerable.

The issue concerning support *for* the therapist is explored in more depth below.

### 3.5.3 SUPPORT FOR THE THERAPIST

As Dora has noted previously, working with clients with Internet addiction is very complex and challenging. Receiving appropriate supervision for Internet addiction work can be a challenge within itself:

**Dora:** *And I have to say that, as a therapist, I've struggled to... I've struggled... I feel like I've struggled to get the level of support by way of supervision [ ] commensurate with the stuff that I'm dealing with. (25.7 – 25.12)*

**Dora:** *[The] supervision that I have is more concerned with the outcome (25.16)*

The challenge is reflected in her repeated use of the same words within this fractured sentence, "I've struggled", "I've struggled", and "I've struggled". Dora's pursuit of the "level of support" she requires has been a difficult challenge, as she not been able to find a supervisor who understands the degree of complexity she finds herself working with, and the impact on her as a person:

**Dora:** *In lots of ways I have to work really hard in containing myself from doing too much self-disclosure. (5.9)*

Dora is clear as to what she needs in supervision, somebody to help her “recognise and monitor” client material, as well as the provision of empathy and emotional support for her, as a therapist, as a person:

**Dora:** *...having somebody else recognise and monitor with me... what that must, you know, what that must feel like. What that must be like. 26.2 – 26.15*

Without the appropriate level of supervisory support the vulnerability of the therapist and that of the client will remain in jeopardy. Dora notes, that to support the therapist as an effective provider of treatment to people struggling with Internet addiction, supervision is just part of the “scaffolding” of support:

**Dora:** *...as long as you have the scaffolding, ethics, supervision, therapy... the things that are there for this reason. If you’ve got the scaffolding, within that, you can be creative. (15.7 – 15.9)*

Kam adds ‘research’ to the “scaffolding” of support:

**Kam:** *But I don’t have years of science to rest the work on. And that makes it frustrating. (15.21 – 15.22)*

**Kam:** *...many of those services are funded by the gaming industry. So there are not much research that are... free from funding (16.10)*

To Kam, the source of his ‘frustration’ at not feeling supported by research is that the studies that do exist, concerning Internet gaming, are heavily funded by the gaming industry, exposing a conflict of interests. What Kam seems to be inferring is that research questions, and research designs, are biased and that there would be little motivation to publish controversial findings. When research is conducted purely in the interests of clinical curiosity, and without political bias, organisations can turn a ‘blind eye’. At least this was Jack’s experience, after conducting a substantial piece of clinical research into Internet pornography addiction:

**Jack:** *And they couldn’t hold it in any way... because that’s not an NHS problem...we don’t have lads coming to their GP saying, “I can’t stop wanking”, kind of thing. So then there could not be a conceptualization, which I thought was really interesting. [ ] So, it’s something political in it about we see what we want to see and we don’t see what we... So I suppose what I would say is my private practice is full of this... full of it... like a real percentage of my number of clients I see is this...You know, like... I don’t know 17% or 20% or something. But*

*then in the NHS I see clients all the time, three days a week, and it never appears. [ ] Em... it's clearly not... I dunno.... not debilitating enough or something, politically. [ ] It's not pathological enough or something... but it really, really distresses people... [ ] It really distresses people doesn't it? I don't know what your experience is, but you know, really, really distressed. (42.3 – 43.2)*

In this instance, the NHS Trust he was employed by would not “hold” his paper, and its findings. Jack identifies this as a “political problem” given his own experience of working with individuals presenting to his private practice with Internet pornography addiction (“17% - 20%”), compared to his experience of working within NHS services, where “it never appears”. Jack’s ruminations leave him to conclude that, politically, Internet pornography addiction is not deemed “debilitating enough” or “pathological enough”. Jack’s despair at the lack of political and organisation support is clearly evident within the interview, and is reiterated by his repeated use of the word “really” to emphasis the distress his clients face.

### *3.5.3.1 Implications for research, treatment and prevention*

Within the introduction to this thesis I highlighted the current dilemma concerning the identification, diagnosis and classification of ‘Internet addiction’. In acknowledgement of its increasing prevalence, for now, the American Psychiatric Association (APA, 2000) has decided to introduce Internet addiction within the appendix of its latest Diagnostic and Statistical Manual of Mental Disorders [DSM-V] (Block, 2008). This provides an opportunity for clinicians, researchers, and diagnosticians to give further serious consideration to its inclusion as a disorder in subsequent revised additions. For instance, the APA has proposed revisions of the DMS-V that involve subsuming certain subtypes of Internet addiction under existing or ‘new’ disorders. For example, diagnosticians would be able to categorise somebody understood to have cybersex addiction utilising a ‘specific feature’ of Hypersexual Disorder (APA, 2010). This clearly has implications for treatment and sources of funding for treatment.

Until the clinical and research community can arrive at a consensus regarding the conceptualisation and classification of IA political barriers in healthcare systems, such as that in the United Kingdom, will prevent Internet addicted individuals from accessing much needed therapeutic treatments that are free at the point of delivery. All stakeholders, and especially management within healthcare providers such as the UK National Health Service, are encouraged to prepare *now* for imminent changes, and consider creative ways by which prevention and therapeutic services can be made

accessible to the Internet addicted public.

In the same vein, national and international political recognition of the growing phenomenon will enable the much needed funding for further research. Only then can health care professionals, educators, parents and addicted users truly benefit from the knowledge and relative comfort and safety provided by the scientific support scaffold.

### 3.5.4 *Summary*

This section has involved a detailed examination and discussion of the superordinate themes that pertained in some way to the participants experience and understanding of the treatment of Internet addiction. A particular and in-depth focus has been held around: the methods, technique and style of the therapist participant; their vulnerability and safety in working with those Internet addicted individuals; and the support lacking and required for the therapist. Implications and recommendations have been made within corresponding sub-sections.

Much of the focus in the initial sections of this chapter has centred on what the participants said, i.e. the *content*, more akin to an empathic hermeneutic phenomenology (Ricoeur, 1970). However, the reader will note that attention has been turning increasingly to the *process* of the interviews themselves, and interpreted through a hermeneutic of suspicion (using transactional analysis and psychoanalytic theory). However, a close reading of the transcripts will reveal how my application of the phenomenological method has been ever present in at every stage in the interviews. Indeed, I believe it had to be in order yield the richness of responses highlighted and analysed commensurate with IPA.

# Chapter 4

# SUMMARY & CONCLUSION

In this final chapter I conclude the thesis with a discussion of the methodological issues identified before, during and after the study, including limitations of methods employed. I highlight the key conclusions from the research, and the exciting directions for future research and beyond. I end this chapter, and therefore this thesis, on a personal and reflexive note and share how this research will inform how I, personally and professionally, will move on from here.

## 4.1 METHODOLOGICAL CONSIDERATIONS

### 4.1.1 INTRODUCTION

Within this section I highlight key methodological considerations that emerged during and as a result of this study. Following a brief summary of the aims and rationale of the study I discuss my methodological stance concerning sample selection, and discuss inclusion and exclusion criteria. I also reflect on data collection processes and highlight my stance as a researcher regarding the interpretation of 'data'. I then summarise some of the key findings and methodological considerations for future research. I conclude this section with a reflexive section concerning my own research experience of having embraced this IPA methodology.

### 4.1.2 BACKGROUND

The methodological approach chosen for this study enabled a rigorous exploration of the experiences and understanding of therapists working with clients struggling with Internet addiction. Considering relatively little research had been previously conducted on therapist experiences and understanding of Internet addiction, and certainly not in any depth, the idiographic approach of IPA is ideally suited for "scoping out" novel areas of research. However, because of the idiographic approach it is not possible to simply generalise the findings from this particular study to all therapists working with Internet addiction. Instead, the aim of the study was to focus on the idiosyncratic nature of the experience and understanding of psychotherapists working *from* a specific modality, which might have otherwise been overseen within positivist approaches. Thus, the unique and contextualised experience of particular therapists in particular circumstances is of paramount ontological concern (Smith, 1996; Jarman, Smith & Walsh, 1997; Smith, Flowers & Larkin, 2009).



### 4.1.3 METHODOLOGICAL STANCE TO SAMPLE SELECTION

In traditional quantitative studies, potential 'selection bias' would probably be considered here. My research question required that I adopt a qualitative methodological position i.e. my research 'stance' (West, 2001):

*I can only fall back on a pragmatic stance of what is the research question, who is the audience, who is the sponsor or examiner, and which approach will yield the best and most convincing research narrative? (p.130).*

Therefore, a small sample was purposefully chosen (Smith, Flowers & Larkin, 2009). I elected to recruit participants through the European Association of Transactional Analysis (EATA), all of whom were members. It is therefore probable that this research only captures the understanding and experiences of therapists with a pre-existing interest, as well as, expertise in the area I have chosen to study. Therapists working from different modalities may have qualitatively different experiences that are not accounted for in the themes identified from within the interview data analysis in the present study.

### 4.1.4 INCLUSION AND EXCLUSION CRITERIA

Measures were taken to select a 'fairly homogeneous sample' (Smith, Flowers & Larkin, 2009, p. 48) in that all were members of EATA, and attested to using transactional analysis as their 'home-base'. This criterion helped establish a 'standard' of professional competence in that all participants had undertaken at least four years of advanced clinical psychotherapy training, as well as having undertaken at least four consecutive years of personal therapy (i.e. 160 hours personal therapy in total). It was also required that potential participants also identified as "integrative" in their approach, even though transactional analysis is essentially an integrative approach. This would help account for the radical differences that emerged between participants, not only in their preference for working *from* different 'schools' within the broad church of transactional analysis, but also from the applied integration of TA with other therapeutic modalities e.g. CBT.

Further consideration is given to the cultural context from which the therapist participants have predominantly worked. Three of the participants were born, raised, and developed their therapeutic careers chiefly in the UK, whilst the fourth participant has lived and worked in Germany all of his life. Findings, therefore, may also reflect differences from having been brought up in different cultural contexts. It is also important to note that whilst proficient in speaking English, the German participant was not interviewed in his mother-tongue (i.e. German), which may have influenced his understanding and interpretation of questions asked, and indeed the understanding and interpretation of the answers received by myself, as researcher. Mindful of these considerations, I took great care to exercise caution in my analyses, which were built cumulatively, and no significant cultural discrepancies emerged concerning the research question and phenomena being examined.

#### 4.1.5 DATA COLLECTION

While all participants demonstrated a very keen interest in the study, the level at which participants were willing to share their personal as well as professional experiences varied. All participants were very forthcoming in giving detailed accounts of their clinical experiences; whilst two participants chose to give very personal accounts of their own experience of addiction, and how this impacts on their practice. On reflection, I wondered whether I could have explicitly enquired into therapists' personal relationship with addiction, as it transpired all therapists within the sample believed that "we are all addicts" to some degree. However, this may have discouraged potential participants from presenting themselves, thereby losing the opportunity to hear their experiences. A follow-up interview focused on reflecting on the experience of participating, and picking up on some of my reflections, may have facilitated greater insights, but this would have required participants to dedicate more of their time to the study, which may also have inhibited people from participating.

#### 4.1.6 RESEARCHER 'STANCE'

It is also important to consider my own theoretical and philosophical stance, especially so given the interpretative, double-hermeneutic nature of the IPA methodology (Smith, Flowers, & Larkin, 2009). Whilst I have been careful to give a transparent and detailed account of my personal experiences, and theoretical and philosophical assumptions, it is inevitable that this will influence data

interpretation, despite my best efforts to bracket this experience and understanding at times. In my reflexive research journal I note:

*BRACKETING – Husserl [1970] advocated that scientific constructs need to be bracketed as they can interfere (distract and misdirect) with the actual experience of a phenomena. For this reason, I purposefully did not research in significant depth the theoretical foundations, or accounts, of Internet addiction, before the interview process. The assumptions and preconceptions I did hold I attempted to bracket in interviews. Especially because I was very familiar with the therapeutic modalities and advanced clinical training we shared i.e., in transactional analysis. However, I don't really feel this is realistic or possible, and lean toward Heidegger, whose belief I share in that it is impossible to rid our mind of pre-supposition. Furthermore, the centre-ground position of Ricoeur (hermeneutics of empathy suspicion and empathy) would seem more akin to my pursuit, given the psychodynamic worldview I will share to some degree with my therapist participants.*

I found it helpful to remind myself that I am an experienced therapist, and have undertaken many years of personal therapy. This has helped me, as much as it can, heighten my skills at 'reading' my own counter-transference, and 'containing' it (even though, of course, this is never entirely possible). With the help of my personal journal, close supervision and audits by colleagues, I have felt relatively confident that I have taken sufficient steps *towards* appropriately bracketing (and embracing) my own particular views, and therefore centre-grounding the experience of my participants.

#### 4.1.7 INTERVIEW PROCESS

Whilst conducting the interviews I started to become aware of dynamics and processes unfolding between myself, as interviewer, and the participants. Certainly, as I engaged in the analysis of the data at this level, it became clear that this information was vital, as it served to provide even richer insights into the participants' phenomenological experience and understanding of Internet addiction.

Four super-ordinate themes emerged, and have been colour coded (see Table 3.6) to give an overall impression of recurrence within and across cases. The column furthest to the right reveals that 2 of the 4 super-ordinate themes recurred across cases, of which 1 appeared in all four interviews (indicated by the green font), and 2 were manifest in two interviews (indicated by a red font). Of the

4 super-ordinate themes, 2 exclusively recurred within their respective cases, and not across cases (indicated by the black font in the same left-hand column). The order of the super-ordinate themes listed in the table reflects the order at which they emerged within the analysis.

<b>TABLE 3.6</b> Recurring super-ordinate themes relating to the participants' & interviewer's experience of the interview process, & the dynamics of the interview process.					
Super-ordinate themes	Participant 1 'Jack'	Participant 2 'Dora'	Participant 3 'Kam'	Participant 4 'Lucy'	Present in half of sample or over?
<i>Personal disclosure</i>	No	Yes	No	Yes	Yes
<i>A parallel process</i>	Yes	Yes	Yes	Yes	Yes
<i>Opening up of therapist</i>	No	No	No	Yes	No
<i>A deeper exploration</i>	Yes	No	No	No	No

COLOUR KEY: FREQUENCY OF RECURRENCE –

QUADRICE / THRICE / TWICE / ONCE (i.e. only recurrent within case)

Priority is given to super-ordinate themes that recurred *across cases* (i.e. *personal disclosure* and *a parallel process*), which have yielded particularly interesting findings, and will be discussed in some depth in this section.

#### 4.1.7.1 PERSONAL DISCLOSURE

In the previous section, I have drawn attention to therapist vulnerability as a treatment consideration, and how this can inform therapists' decisions to reinforce their *supportive scaffolding*. Here, I provide more evidence of therapist vulnerability, and expand on some of the personal disclosures made as they unfolded in the interview. My hope is that this will provide a suitable introduction and sensitive backdrop to discussing the psycho-dynamic, parallel processes I observed and experienced *within* the interviews.

**Dora:** *I... I just think it's to be... you know, I'm happy to say that there have been times... quite a while ago now... when I had a little flurry, and thought, "What's this Internet sex stuff?"... em... what did they call it? I don't know what they called it... Ooh... anyway, and I*

*found my way into a chatroom, and ended up having this conversation... surreal conversation with this person and it was really fun. It was enjoyable. It was quite a laugh. And em... again, I like new experiences. It felt okay. It felt safe... enough. And so, you know, I would never say... it's not a ... you shouldn't do it... or look down on it... or disapprove or whatever.*  
(29.2 – 29.10)

From a personal point of view, her work has been partly informed by private experiences of seeking sexualized chat through the Internet. At one level, this experience has served her well in that it has enabled Dora to work with her clients from an empathic and non-judgmental stance, and not “disapprove” of their behaviour. In fact, the experience she had was “really fun”, “enjoyable”, and “quite a laugh”, which allows her to resonate with the ‘lure’ her Internet addicted clients experience. Unlike her clients, sexualized on-line chat with a stranger felt “okay”, but a hint of the danger she experienced is evident in her statement, “It felt safe... enough”. Her contemplative pause before completing her sentence suggests at some level, even for her, a skilled and experienced therapist working in this area, seeking these “new experiences” did carry some risk, and therefore adds the qualifier, “enough”. Unlike Dora’s typical speech pattern throughout the interview, the above extract reflects numerous pauses and hesitations (10 in total) and is commensurate with the ‘untypical’ physical agitation I observed as she wriggled in her seat, suggesting a level of discomfort having shared her experience. As she reverts to speaking in the second person, (i.e. “you shouldn’t do it... or look down on it... or disapprove”) my interpretation is that this represents the voice of her own inner critic.

Lucy made several self-disclosers within the interview, and as discussed in the previous chapter experienced at least two profound revelations whilst in the interview. Experiences of being raised by a mother with schizophrenia (3.15), and surviving in children’s homes as a teenage prostitute (25.2), have had a deep, structural effect on her personality, and Lucy freely admits to having “quite a strong schizoid process” (3.18).

To avoid any repetition of transcript content and analysis concerning both Lucy’s interview and Dora’s interview, further information relating to their self-disclosures will be discussed in further depth within the following section.

#### 4.1.7.2

#### A PARALLEL PROCESS

*“Parallel process is a form of transference in which the practitioner enacts with a third party (typically a supervisor) dynamics that originally arose with a client... the supervisor and the therapist can also create a parallel process that is then conveyed back to the patient” (Cornell & Landaiche, 2006)*

By far the most recurrent process, pervading all four interviews, is the parallel process that occurred *within* the interviews. The quote above perhaps offers the clearest definition as to what this means when applied to psychotherapy. As a working definition for the discussion of the data in this section, the word ‘supervisor’ can be substituted for ‘researcher’, as I believe the principle withstands. As an experienced psychodynamically trained psychotherapist I could not help but notice (along with some of my participants) the powerful dynamics at play as experience and understanding of Internet addiction were discussed. Given the focus of this thesis, I felt it would be remiss not to report these parallel processes and explore their significance, as they represent another rich layer of data concerning what it’s *like* to work with Internet addicted clients.

The following extract (Jack: 38.8 – 39.10) provides an intriguing insight into the unfolding parallel process occurring between myself and Jack. It follows a discussion exploring the predominantly cognitive-behavioural way in which he believes he works with his clients. However, the more he reflects on his therapeutic work with men addicted to Internet pornography use, the more he realises he does in fact also work in a very relational and existential manner:

**Jack [1]:** *So, it’s almost like at every level; like, just... you know... real problem solving stuff... like, you know... “I’m feeling unloved by you, and I’m wondering what you and I can do about that” type stuff. You know, so it’s that really good here and now relational component, but also real early existential stuff as well. Pre-linguistic...*

**Matt [1]:** *Mmm. So you will work relationally in that sense?*

**Jack [2]:** *Yes. I suppose I will, yes. Because as I think about it... I’m all over the place aren’t I? I’m interested in this process... this interview... because it feels like we’re kind of all over the place in a way.*

**Matt [2]:** *(Laughs). Well. You know. I should have said at the start that this is my first interview... [for this thesis]*

**Jack [3]:** *Oh is it? Oh right. Okay. I didn't realize that.*

**Matt [3]:** *Yes. So maybe part of that is due to me finding my way.*

**Jack [4]:** *Yes. That's fine, you know. It's just my process... it feels like... So, I suppose, you know, what does that... you know, that kind of tells me something about the problem...*

**Matt [4]:** *Mmm.*

**Jack [5]:** *I don't know, does that take me back into [thinking about] addiction? You know, can you say that alcohol addiction is all over the place and is kind of early... you know, was this an unheld baby? And is it just rubbish here and now problem solving [CBT]... I suppose...*

**Matt [5]:** *Yes. It's complex.*

**Jack [6]:** *It's really complex.*

Whilst accounting early developmental factors, Jack's sentences become fragmented, and punctuated with pauses. He has realised that he has flitted across various theories, explanations, and treatment interventions, and feels "all over the place". At this stage I feel a very strong urge to 'rescue' him from feeling "all over the place", and in attending to my growing anxiety I decide to share that this is my first research interview for this thesis (Matt [2]). Perhaps now feeling more contained within the interview process, Jack now develops a better understanding of his experience within the interview, and shifts from "I'm interested in *this* process" (Jack[2]) to "*my* process" (Jack[4]). By making better sense of *his* reaction *within* the present transference, he is then able to conclude, "that kind of tells me something about the problem..." (Jack, [4]). In reflecting upon his state of feeling "all over the place", Jack appears to be intuiting the "early existential", and "pre-linguistic" client experience of being an "unheld baby" (Jack, [5]).

Jack's insight and sense-making of his experience in the transference, and my impulse to 'rescue' the "unheld baby" would appear to neatly capture some of the "really complex" (Jack [6]) dynamics that occur between himself and his Internet pornography addicted clients. At the level of treatment, Jack also concludes (Jack [5]) that a purely cognitive-behavioural problem-solving approach is not

sufficient in accounting or attending to early attachment deficits that are often the source of Internet addiction.

Within my interview with Dora, parallel processes emerged in a different way:

**Dora:** *I don't feel confident... [ ] I know my own damage and I need that support (28.4)*

**Dora:** *I like to think that if I do self-disclose, I would have a therapeutic reason for doing that as part of their [treatment]... and it's usually to normalise myself, but they are so, my main client group... are so... feel so insignificant... (5.15)*

**Dora:** *So... but... I don't know. I just need money to pay the bills really, you know... I don't know... my 'Mum's are... my Mums! It is a bit Mother Hennish... but I don't apologise for that really. (28.4 – 28.8)*

Dora is fully aware that there is part of her that really struggles with confidence, and knows that is an area she “needs support”. It would seem that being important in the world is not something she feels comfortable with, and even though she's a highly experienced therapist, being seen as the “expert” she believes would create too much distance between her clients who “feel so insignificant”. Her strategy, in the service of defending against the perception of being important, is to repeatedly “normalise herself”.

Perhaps a further defense against experiencing her own “insignificance” is to ‘keep’ her clients around. The third quote, immediately above, follows her explanation that she is somehow stopping herself from gaining the qualifications she needs to progress. Dora then admits that she feels “mother hennish” around *her* mums. It is at this stage in the interview I have a fantasy. My interpretation is captured within my reflexive notes:

*“[Dora] Begins to hesitate, and sigh. She experiences a lot of pressure to ‘pass’ her exams, even though it is costly. Enjoys being the matriarch. Maybe, secretly, a small part of her doesn't want her chicks to fly the nest” (28.4 – 28.8)*

By keeping her mums, her “chicks”, within the nest, Dora is able to secure a sense of being needed, a sense of importance.



On some level, Dora recognising that even her supervisor applauds her specialised knowledge and skills in working with clients with Internet related problems:

**Dora:** *In fact my sponsor, supervisor, wants me to write a paper on my use of Facebook and how I've used that with working with the clients... I'll leave that to you [laughs]. (27.11 – 27.12)*

Even though at the start of my research journey, and pre-analysis of transcript data, she projects on to me the “expert” role, and discounts her own wealth of knowledge and experience, ‘joking’ that she will “leave that” to me. I wonder if that is how her “mums” keep themselves from ‘flying the nest’, by relinquishing the responsibility to feed themselves.

The following extract (21.6 – 21.12) is taken from the end of the interview transcript of Kam. The interview is drawing to a close, and I have invited him to think about his experience of reflecting on his experiences of working with Internet addicted gaming clients. He has just been telling me, in some depth, how these clients often hold an existential life-position of fundamentally feeling “not OK” in the world, whilst other people seem to be “OK”. I detect a note of surprise in the tone of his voice, as he assumes a meta-perspective on his work:

**Kam [1]:** *... Then it's... actually I'm... I'm quite proud of the work that we have been doing in Hamburg...*

**Matt [1]:** *Mmm. Yes. You're highly specialised (laughs). And yes, I'm pleased that you're proud. And you kind of ... you pulled your face when you said that... was there some discomfort that you're... what do you know about that? Did you notice that you...*

**Kam [2]:** *Yes. I noticed. I noticed. It's... but that's also one of my... I'm trying to do those things to me... to be good to me. I've not done that so much before.*

Upon reflection, he realizes in this moment that he is proud of his specialization and the project he is involved in (Kam [1]). At the same time, for just a microsecond, the skin on his neck tightens, as the muscles beneath his chin spasm. As a psychotherapist, I have seen this occurrence often enough to know that, the vast majority of the time at least, this behaviour indicates a level of incongruence, or intra-psychic conflict. It seems too much of a coincidence that this phenomenon should occur simultaneously with this statement i.e. “I’m quite proud”. My hunch is confirmed as I notice his

fractured, unfinished sentences. I am very careful to communicate that I have heard him recognize and celebrate his pride, and at the same time begin to share my observation and curiosity that it seemed that by acknowledging his expertise at work, and articulating it, gives rise to some discomfort (Matt [1]). As a reflexive therapist, who is heavily invested in developing his own self-awareness, he is quick to respond. Kam knows the source of his intra-psychic conflict. At a deeper level, he has struggled to be “good” to himself, he’s “not done much of that before” (Kam (2)). I capture myself wondering whether this is why he was originally drawn to working with Internet gaming addicts, as he strongly identifies with their existential world view.

Within my interview with Lucy I noticed many examples of parallel processes within the interview. The quote below follows an exploration of how Lucy uses her own counter-transference to attune to her clients’ struggle to regulate affect, and the personal challenges that poses for her:

**Lucy:** Em... I think because it triggers stuff for me, because I had the experience in childhood, not of... not so much of trauma and chaos, although there was chaos... but of non-contact. My mother is schizophrenic so I didn’t have enough contact. (8.3 – 8.7)

For instance,

**Lucy:** *And then immediately after the coming too close [to the client], I will get that feeling... like a soporific feeling, or I find myself just slightly starting to dissociate. [ ] And that informs me... Oh maybe I got a bit too close. [ ] They’re pushing me away, you know. (23.10 – 23.14)*

**Lucy:** *And then the other one is the one I talked about before which was sometimes I can find a high level of anxiety... that you know, we’re... we’re finding our own water level together. Like in a lock. Yes. I’m picking up the client’s anxiety but he’s also picking up my anxiety. (23.16 – 23.19)*

My experience of *being* in the interview felt very much like “we’re finding our own water-level together”. Like Lucy’s experience of being with her clients, at times I feel “pushed away” by her, wondering maybe I have got “too close” too soon. In the following extract, much earlier in the interview, I’m already beginning to garner a sense of what this must be *like* for Lucy and her clients:

**Matt [1]:** *What's it like for you as a therapist working with clients who present with various types of internet addiction?*

**Lucy [1]:** *Mmm. What's it like for me?*

**Matt [2]:** *I'm deliberately framing that in its broadest sense. So that's open for you to interpret.*

**Lucy [2]:** *Okay. Em... [long pause]. I think it kind of informed me about my own process, my own script issues. So... em... I'm both interested and curious and I feel I follow my own... I find that it becomes an attunement as the client struggles to... em, regulate the effect of me potentially. I also have a parallel process.*

**Matt [3]:** *Mmm. Yes. You're noticing that your clients are trying to regulate you as they would have done... parents, say?*

**Lucy [3]:** *They become anxious and I become anxious... typical... (7.16 – 8.3)*

At this point, we are ten minutes into the interview, and I'm suspecting she's feeling anxious. I detect what I believe to be an air of defensiveness as she repeats my question back to me (Matt [1] and Lucy [1]). My hunch that she had actually heard the question would seem to be confirmed as I refrain from repeating the question (Matt [2]), and instead I explain the structure and rationale behind my question, to which she then feels able to respond (Lucy [2]). I'm struck by the language Lucy uses in this response. I find myself confused as to what she means by "regulate the effect on me". Does she mean "the clients struggles to" regulate *their effect on her*; or, "the client struggles" to regulate the *affect for her*? This statement potentially has multiple meanings. My following question (Matt [3]) attempts to clarify what she understands by this. Whilst her response (Lucy [3]) is very informative, it still does answer my question. I believe that, at this early stage in the interview, I have understood, and counter-transferentially received (at the level of affect), what it feels *like* for her in working with her Internet addicted clients, "They become anxious and I become anxious... typical..." (Lucy [3]). Perhaps this is also what she was referring to when she says, "I also have a parallel process" (Lucy [2]).

Like the other therapists interviewed, Lucy is very self-aware, having undergone at least four

consecutive years of personal therapy as an integral part of her training as a transactional analyst psychotherapist. Lucy has learnt to identify and skillfully monitor areas of her personality “that need work”:

**Lucy:** *So it's like... it's like... em... this is an area that I worked on... I don't know how long in therapy, but it's still an area that needs work. [ ] So I would defend against it, and also defend against my own sexuality... yes? [ ] So my own sexuality is quite shut down inside of me... [ ] At least I hope it is... but I don't know if it is or not, yes? (25.7 – 25.22)*

At this point in the interview, I become clear as to why she sounded so defensive when talking about clients who are attracted to watching “energetic” and “thrusting” (20.17) physical on-line pornography, or those that use the Internet to search for off-line sex. By contrast, Lucy feels less threatened working with men interested in fetishism. At this stage in the interview I am beginning to deepen my understanding of the parallel processes between us. In the extracts below, I experience a particularly powerful sense of understanding the dynamics unfolding between Lucy and I, and therefore the ambivalence to connect she reports in her work with her clients:

**Lucy:** *I sometimes think working with clients who present with this kind of issue [Internet sex addiction]... I sometimes think that both them and I are on an edge of... I have the vision of the Grand Canyon... em... of contact... and I am very aware of the part inside of me that is kind of desperate for contact and connection... (26.18)*

It is not just a part of Lucy that is “desperate for contact and connection” with her clients. It would seem her pro-active counter-transference is just one “edge” of the “Grand Canyon”. Lucy is also met by a similar ambivalence within her clients (26.21 – 27.9):

**Lucy [1]:** *Especially with men, yeah... and, em, and then part of me that's really terrified of men... yes?*

**Matt [1]:** *Yes... yes...*

**Lucy [2]:** *And so... when I'm working... because it's usually men. When I'm working with male colleagues in this area... it's like they are also desperate for contact with a female... and*

*I'm terrified of it. So we're both there sitting in therapy and we're three and a half feet away from each other, or whatever, and we've got the bloody Grand Canyon between us... yes?*

**Matt [2]:** *Yes. [Laughs]. Yes.*

**Lucy [3]:** *So....*

**Matt [3]:** *Both of you being charged with a similar kind of with a similar level to ambivalence.*

**Lucy [4]:** *Yes. Yes. And sometimes this energy as well... that is... em... [pauses]... an exploratory journey for both of us.*

There have been times within the interview when I have felt the “bloody Grand Canyon” between Lucy and I, especially earlier in the process. We had never met before her agreeing to be the interviewee, and yet she had revealed so much about herself, making far more personal disclosures than any of the other participants. In sharing how her client work is informed by the impact of her relationship with a mother struggling with schizophrenia (3.15), and her surviving in children’s homes as a teenage prostitute (25.2), I had felt highly privileged in being allowed into her personal world. Whilst less so as the interview progressed, I had experienced her defensiveness, not answering my questions, and feeling “pushed away”. It would seem part of her felt “terrified” of me, as another male, “desperate for contact” with her as a female. With the support of Lucy’s powerful “bloody Grand Canyon” metaphor, she enables me to understand the transference between us, as we sat “three and a half feet away from each other”. With this insight, and understanding, I cannot contain my relief, and communicate a ‘knowing’ chuckle (Matt [2]). My closing exploratory and reflexive notes (27.9 – 27.14), in the right hand column adjacent to the transcript, capture and summarise the parallel process of the interview:

*Uses “journey” metaphor. She understands her clients and /or is compelled to journey with them. I'm left thinking about an ambivalent insecure attachment style of the Internet sex addict.*

*I notice the parallel process of the interview: I felt defended against by her initially, then seduced into her world, then connected and balanced having undergone our own journey [that of Lucy and I].*

#### 4.1.7.3 *Implications for future research, clinical supervision, and training.*

The findings and discussion chapter began with a section dedicated to a close examination of the complex nature of Internet addiction. The present chapter has provided another rich layer of evidence and insight into what it's *like* working with clients struggling with the complex issues associated with Internet addiction. Of particular interest here are the parallel processes that emerged between therapist participants and the researcher, and how they capture a sense of what it's like working with people who are Internet addicted. As researcher and writer, I have attempted to be fully transparent with how psycho-dynamic processes were experienced and interpreted. I am unable to find any research that has accounted such factors within the literature, not to mention *how* they can be utilised.

In a recent IPA study by Westland and Shinebourne (2009) exploring self-deception and the therapist, the experiences and understandings of therapists working with clients they describe as "self-deceptive" was explored. The writers conclude their findings with the following insights: therapist experience feelings of discomfort, frustration and anger, and a sense of incompetence when working with such clients; and that there was "some awareness of the possibility of the therapist's own self-deception" (p. 398). The Westland and Shinebourne (2009) findings are of particular interest, given the findings I have just discussed regarding parallel process, as it would seem plausible that parallel processes could have emerged within the interviews with the researchers. However, no evidence was presented to account the presence or absence of these factors which represent a limitation, but learning point from the study.

It is therefore proposed that within qualitative interviewing, and especially for IPA methodologies with a specific interpretive focus, that any parallel processes are accounted, for they can provide a rich layer of data when exploring phenomenological concerns. However, identification of such processes is a highly skilled exercise, and specific training must be made available for those wishing to capture this data, and credibility checks made transparent and rigorous.

Participants believed expert-levels of supervision are required for therapists working with clients struggling with Internet addiction, given the complexity of the issues it raises which they would often experience difficulty in making sense of. As also found by Westland and Shinebourne (2009), in their study, the therapists interviewed within the present study appeared to benefit significantly from

reflecting on their work with the Internet addicted, a need which had not been fully addressed in personal therapy or reflection, professional development or clinical supervision.

#### 4.1.7.4 *Summary*

This section has presented and discussed the *Interview process*, namely: *personal disclosure* and *parallel process*. Implications and recommendations for future research, clinical supervision, and training have been presented.

#### 4.1.8

### SUMMARY OF KEY CONCLUSIONS & A NUMBER OF WAYS FORWARD

The study has sought to answer the question, “What is the transactional analyst psychotherapists’ experience and understanding of working with clients who present with Internet related problems?” Four higher-order concepts emerged within this study. They concerned participant understanding and experience (and interviewer interpretation) of the complexity of Internet addiction (IA), aetiological and predisposing factors, functions and features of IA, and treatment factors. The findings spoke of the therapists’ perceptions of the functions, features and factors of Internet addiction, based upon their experience of working with clients struggling with this phenomenon. Conclusions and recommendations have been presented throughout the findings and discussion chapter. However, key conclusions and recommendations have been distilled below:

- The Internet was understood by participants as a conduit or medium for addiction. They perceived there to be a high prevalence of an underlying or pre-existing ‘disorder’ was evident, and especially features associated with depression or obsessive compulsive disorder.
- All of the participants believed in the existence of childhood aetiological roots which underpinned comorbidity with Internet addiction. They believed that attachment difficulties in childhood would often predispose individuals to issues around loneliness, low self-esteem, control, loss and instability, and cognitive dissonance later in life.

- Participants held the belief that clients presenting with Internet addiction used the Internet as a coping mechanism, or a device to escape the world. Typically, therapists' clients would struggle with intimacy and experience relationship difficulties.
- Participants understood that clients with a history of depression or low mood would often use the Internet to access repressed feelings. They often experienced a relationship manifest between depression, low self-esteem and escapism which were specific and common factors that often contributed to the development of Internet addictions within their clients.

Many practical and theoretical implications for future research, clinical supervision, treatment, training, educational and political programs have also been presented in detail. Exciting key areas for counselling psychologists to advance research, health and education include:

- A systematic review of existing research, and future quantitative studies, could specifically evaluate the strength of the relationship, noted by the participants, concerning depression, low-self-esteem, and escapism within Internet addicted clients. Further empirical research is particularly recommended to explore how these factors may predispose individuals to developing sub-types of Internet addiction, and especially in the context of historic childhood abuse and / or neglect.
- Participant held the view that Internet addiction is inherently complex in nature, and its aetiology is not so clear, and therefore requires a high level of skill from the therapist wishing to work such client symptoms. Knowledge, skill and expertise could be developed further to specific trainings concerning childhood attachment difficulties. Integrating a psychodynamic approach, or being aware of transference processes, is likely to enhance treatment effectiveness, and would help safeguard both clients and therapist from counter-therapeutic interventions.

#### 4.1.9 A FINAL REFLECTION

Conducting an interpretive phenomenological analysis study, if done whole-heartedly and thoroughly, demands a very high degree of personal and professional investment. The inordinate amount of time required to complete such a study, particularly at doctoral level, should never be



under-estimated. Even now, after countless lost evenings and weekends, otherwise spent with beloved family members and close friends, I have had to draw the proverbial line in the sand and 'halt' my analysis. The hermeneutic circle continues to whirl, and there will always be more that could be thought, said and done. If I had not been forewarned of this 'phenomenon' by my wise research supervisors, I would surely still be delving deeper.

I noted above the importance, significance and challenge of 'bracketing'. As experienced as I consider myself to be as a therapist the challenge to contain my preconceptions and presumptions will always remain; as indeed will the challenge to contain my counter-transferential reactions. In the final section of my findings I discuss the emergent phenomenon of psychodynamic 'parallel processes' I noted to be evident within the interviews. One of the key highest-order concepts that emerged within the study concerned the complexity and confusion surrounding Internet addiction. Immersing myself in the confused and / or confusing 'worlds' of the participants in exploring their confused experiences and understanding required a great deal of resilience and personal self-awareness. If I had not kept a personal reflexive journal, and engaged in quality supervision, I would probably have struggled to tolerate the high levels of ambivalence and anxiety evoked. The picture is further complicated by my finding that childhood disaffection and insecure attachment often underpin Internet addiction, which could feed into the 'parallel process'. Research into IPA researcher anxiety tolerance would be a fascinating endeavour, especially within those that are whole-heartedly and thoroughly invested in the process. However, for now (!), the circle is complete.

## **4.2 CONCLUDING REMARKS**

Writing this thesis has been an education. Dare I say it, by the end of the first completed draft, and pre viva, I believed that I had earned a rite of passage to be a doctor of counselling psychology. That is to say, this has been a personal journey as much as a professional journey. Within the first few lines of this thesis I had declared my own struggle with Internet addiction. Whilst I had found a high degree of resolution many years ago, clients would subsequently flood into my practice struggling with similar presenting issues. In that sense, the problem would not go away. As strange as it may sound, I had not chosen this research topic – it had chosen me.

Rarely has it felt like a chore to research this phenomenon, despite the untold emotional, intellectual and financial investment. Upon deep reflection, I believe my ambition, energy and drive has not so

much been fuelled by a duty of care for current clients and past clients that *have* endured this struggle, but for those that *will* endure this struggle, if not supported by research. A very peculiar thing happened within the first week of my doctoral training – my wife gave birth to twins. This was never *meant* to happen. After many an unsuccessful year of trying to have babies, infertility issues prevented my wife and I from conceiving. Only after receiving the very best advanced medical interventions did we finally become pregnant. It is impossible for me to imagine a world without the Internet. Indeed, it is here to stay. From the unexpected ontological position of being a father, no greater incentive could exist to spare my children (and your children), and their children, any unnecessary pain as we learn to live with and embrace new technologies.

In terms of moving on personally and professionally as a counselling psychologist (it would seem those two things are inextricably linked!), I have already taken the decision to disseminate this research as far and as wide as possible. Not just in scholarly books and articles (a process I have already started) but in supervision, psycho-education and clinical practice. As I write, we are quite literally building a branch of the *Oak Tree, Therapy, Training and Research Institute* in Vienna, Austria. It will serve as our European hub to conduct further research, as well as provide specialised assessment and therapeutic services for individuals struggling with the complex phenomenon of Internet addiction.

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# Appendices

<b>APPENDIX A</b>	System to document original transcript, exploratory notes, emergent themes and line referencing – Available upon request.
<b>APPENDIX B</b>	‘STAGE 3’ transcript data analysis, using case example participant 1 / ‘Jack.’
<b>APPENDIX C</b>	A sample of transcript analysis from an alternative epistemological position
<b>APPENDIX D</b>	Discussion of lower priority or ‘non-key’ super-ordinate themes pertaining to higher-order conceptual themes of Functions and Features of Internet addiction.
<b>APPENDIX E</b>	Internet addiction research advertisement
<b>APPENDIX F</b>	Participant information sheet
<b>APPENDIX G</b>	Participant consent form



## APPENDIX B

### ‘STAGE 3’ transcript data analysis, using case example participant 1 / ‘Jack.’

From theme analysis to higher concept theme identification.

#### Overview:

SUB-STAGE 1: List of Emergent themes – participant / transcript 1

SUB-STAGE 2: Connections across Emergent themes

SUB-STAGE 3: Connections across Emergent themes (within case 1)

SUB-STAGE 4: Connections across Emergent themes (with case 1)

SUB-STAGE 5: Patterns across cases

SUB-STAGE 6: Patterns across cases – frequency.

#### **SUB-STAGE 1: List of Emergent themes – participant / transcript 1**

Concept of ‘IA’ incongruent with phenomenon 2.5

‘IA’ not recognized 2.8

Confused conceptualization of IA. 2.20

‘IA’ popularized / misrepresented by the media. 3.2

Confused conceptualization of IA. 3.4

We're all addicted to the Internet. 3.8

Internet as medium for addiction. 3.9

Difficult to define 'IA'. 3.15

Is Internet itself addictive? 3.20

Problematic Internet use is impulsive behaviour. 4.3

'IA' is anxiety based problem. 4.4

'IA' is obsessive-compulsive problem. 4.6

'IA' concept is useful to make meaning. 4.10

'IA' concept is useful shorthand. 4.11

IA is an OCD. 4.14

Underlying pathological disorder.4.16

Internet as conduit for sexual addiction.4.17

Confused identity of 'IA' phenomenon. 4.20

Evidence of Be Perfect driver. 4.22

Anxiety is pre-cursor to 'IA'. 5.2

Obsessive compulsive behaviours are pre-cursors, too? 5.3

'IA' is Addiction or OCD? 5.4

Confused understanding on 'IA'. 5.5

Internal trigger / intrusive thought causing anxiety or upset. 5.7

Please Others driver. 5.9

Lack of self-care? 5.10

Masturbation provides anxiety relief. 5.11

Compulsive sexual behaviour manages anxiety. 5.16

Internet use provides anxiety relief / soothing. 5.17

Internet use survival strategy. 5.18

Internet Porn addiction involved "drilling deeper" / searching. 5.21

Content or searching process is addictive? 5.23

Internet as medium for underlying pathology.6.3

Is Internet addictive or content? 6.4

Does sexuality affect IA? 6.11

Searching for particular image. 6.18

Discovery by partners / families distressing. 6.21

Onset of ego dystonia. 6.22

Anxiety is predisposing factor. 7.19

Be Perfect is aetiological factor. 7.24

Childhood origin.8.1

Schizoid types vulnerability to Internet porn addiction. 8.8

Histrionic types predisposed? 8.11

Anxiety is precursor to IA. 18.17

Confused identity / definition of “IA”. 9.3

Antisocial types predisposed to Internet sex addiction. 9.9

Antisocials use Internet to access offline sex. 9.16

Schizoid types predisposed to online sex addiction. 9.20

Childhood origin.9.21

History of aloneness. 9.22

Delving deeper into clinical experience. 10.6

Porn use natural stage of development. 10.11

Coping strategy to manage in life. 10.12

Porn forges male identity. 11.12

Porn usage is OK. 11.17

Porn usage is normal and healthy. 11.21

Porn socially sanctioned for young men. 12.5

Porn usage is endemic. 12.9

Porn usage is a racket. 12.12

Porn represents the “unobtainable”. 12.20

Low confidence? 12.21

Porn provides a purpose. 12.22

Porn is sexually gratifying. 12.23

Porn represents the unobtainable. 13.2

Online sex unlocks something 13.4

Not possible offline. 13.5

Confused / uncertain formulation. 13.15

Porn provides relief to racket anxiety. 13.19

Porn offers sense of potency. 13.20

Porn offers sense of control and power. 13.23

Porn offers escape from complexity in offline relationships. 14.1

Masks low self-worth (not OK) 14.5

Provides sense of OKness. 14.6

Porn represents an ideal (the Perfect). 14.7

Porn unlocks /enables perfection. 14.8

Porn provides unmet need for power? 14.14

Splitting of selves. 14.19

Free Child (ego) catharsis. 14.20

Secret outlet for poorly integrated ego. 14.21

Discovery by others causes ego dystonia. 15.3

Confronting of the discount. 15.6

The porn is good / porn is bad “switch”. 15.12

Ego dystonic. 15.14

Splitting of ego states. 16.1

Child ego shaming. 16.2

Projective identification. 16.3

Parallel process? 16.8

Being discovered? 16.9

Ego dystonic / relief? 16.10

Working with ‘IA’ is complex. 16.11

Lack of understanding of ‘IA’? 16.12

Lack of understanding of IA. 16.13

IA phenomenon is complex. 16.18

IA phenomenon is complex. 17.2

IA complex phenomenon is difficult to “be with”. 17.5

Intellectualising the phenomenon is safer. 17.10

CBT is less challenging to use. 17.16

Solution focused treatment feels safer. 17.17

Childhood aetiology? 17.24

Confusion about aetiology. 18.1

IA is simply a “stuck pattern” 18.3

Confused conceptualisation of ‘IA’. 18.5

Treat as OCD using CBT? 18.6

Sceptical about conceptualising as true addiction. 18.8

Scepticism of other treatment approaches. 18.14

Internet porn use can be very harmful . 18.20

Unsure about conceptualization of ‘IA’. 18.24

Preferred approach to treatment is CBT. 19.5

IA is simply symptomology of underlying problem. 19.11

IA is dangerous. 19.13

Best to treat the root cause. 19.14

Ungrounded in absence of theory? 19.16

Confidence using a cognitive behavioural approach. 20.18

Intrusive thoughts are triggers. 21.10

Accompanies physiological response. 21.12

Precursors to IA behaviour. 21.14

Work related stress alleviation. 21.18

Anxiety soothing. 21.19

Procrastination as precursor. 21.10

Internet as conduit. 22.2

Internet is pervasive. 22.3

Escapism from work salient distress. 22.7

Relieves anxiety. 22.8

Internet is a “flick” away. 22.20

Reinforced conditioning to the medium / computer as conduit. 22.21

Temptation to Internet is prevalent. 23.2

Access to Internet porn is increasingly prevalent. 23.6

Environmental factors predispose. 24.7

Here and now factor predispose. 24.8

Having orgasm with not offer fulfillment or soothing. 24.11

Post-orgasm ill-nourishment. 24.12

Porn doesn’t nourish? 24.19

Porn distracts from other forms of fulfillment. 24.24

Until script? 25.1

Need for perfection of procrastination will remain. 25.5

Script proper reinforcement? 25.6

Need to complete and anxiety remain. 25.10

Impedes intimacy in offline relationships. 25.11

Myth that porn offers relief from anxiety. 25.19

Porn doesn’t sooth /nourish. 25.10

Internet offer relief from represses feelings thoughts. 26.3

Internet provides catharsis for ‘shadow side’. 26.7

Expression of unintegrated ego states. 26.8

Please Others driver. 26.9

Reinforcement of Script proper. 26.14

I'm not loveable, not really. 26.15

Discount reality leading to addictive behaviour. 26.16

Porn ostensibly meeting relationship needs. 26.19

Ego syntonic until discovery by other of porn use. 27.3

Ego dystonic once exposed. 27.6

IA normally exposed by partner. 27.11

Porn search is an attempt to receive lacking deep attention. 27.15

Porn meets profound 'hungers'. 27.22

Containment or freedom. 27.23

Nurture or rejection. 27.24

Provides opportunity of mirroring, twinning, or idolization. 28.1

Yearning to Be Perfect? 28.2

Finding self or losing self? 28.5

Common feeling of shame. 28.12

Boring working with same shameful feelings. 28.13

Boring working with same pathology. 28.18

Healthy to be curious. 29.2

Ethical issues do present themselves. 29.4

Sexual need for dominance, control or submission. 29.9

Internet as conduit to arrange off-line sex. 29.16

Excitement as precursor to seeking actual sex. 29.21

The process of searching / choosing sexual partners is addictive. 30.3

Need for psycho-social contact. 30.8

Escape from loneliness. 30.9

Need to be dominated (fetish) 30.11

Needs for physical / psychological holding. 30.12

Unmet childhood need for containment. 30.14

Needs to complete (masturbation). Be Perfect? 30.16

Revelation by partner causing ego syntonia. 31.1

Sexual gratification from older women.

(Oedipus complex?). 31.3

Discovery of addiction raising questions of challenge and discount. 31.11

Confrontation of Child ego needs. 31.16

Unmet needs in childhood. 31.17

Innate hungers not being met offline. 31.23

Discovering new way of understating 'IA' 32.5

Confusion about identity and conceptualization of IA. 32.11

IA a 'true' addiction? 32.15

IA is not a 'true' addiction? 32.18

IA is not being able to tolerate that which we can't have. 32.21

IA is an anxiety based disorder. 33.1

Confusion / ambivalence about IA. 33.3

Confusion about 'IA'. 33.11

Alternative ways to find soothing. 33.12

Confusion about addiction / IA. 33.15

Conflating physical addictions? 33.16

Doesn't recognize behavioural addictions? 33.18

Heightens clients' awareness of affect, urges and physiology (treatment). 34.9

Meaning making and analysis (treatment). 34.13

Sexual urges difficult to 'stop'. 34.16

Heightens awareness of cognitive and behavioural consequences of IA behaviour (treatment). 34.20

Confrontation of discounts (treatment). 34.23

Needs identification. 35.5

Decontamination. 35.6

Cathecting Adult ego state. 35.7

OCD model as treatment for 'IA'. 35.19

'Meaning –making' and decontamination (treatment). 35.22

Cathecting Adult ego state (treatment) 36.3

Heightening dysfunctional belief that lead to anxiety and impulses (treatment). 36.5

Advanced empathy. 36.9

Porn is a 'secret' of pleasing themselves (Please others). 36.11

Heighten awareness of 'harm pathways' (treatment). 36.19

Moderate to extreme 'harm pathways'. 36.23

Struggles in off-line relationships. 37.1

Escape hatch (harm others). 37.5

Closing down thinking (Don't think injunction). 37.7

Escapism. 37.10

Coping strategy. 37.11

Escapism isn't an addiction? 37.15

Early developmental delays / impasse. 37.17

Early childhood in impasse (T1). 37.22

Fear of dying from lack of nurture. 37.23

Early developmental decisions aetiology (injunctions). 38.3

Propensity of schizoid (Don't be Close injunction?). 38.5

Childhood relational needs unmet (relational treatment). 38.10

Problem solving (treatment). 38.12

Confused and conflicting theories of IA. 38.15

Parallel process in interview (impasse?). 38.20

Difficulty and value of working relationally. 38.21

Don't think (coherently) injunction? 39.2

Confusion and ambivalent about identify of 'IA.' 39.5

Complexity of 'IA'. 39.11

Confusion in defining 'IA'. 39.13

Value in labeling phenomenon. 40.1

Difficult to tolerate complexity of 'IA'. 40.3

Inaccurate media portrayal of IA. 40.6

Conceptualising. IA is important. 40.8

IA confusing. 40.20

Lack of understanding and support amongst professionals. 41.17

No way of conceptualizing IA. 41.22

An invisible, indefinable problem. 41.23

IA not recognised at an organizational level. 42.3

Conformity to existing models. 42.6

Political blindness within NHS. 42.11

Big problem in private sector. 42.12

IA not pathological enough to be recognized with NHS. 42.18

Challenging phenomenon to work with independently. 42.22

IA is rife, and deeply distressing. 42.24

Lack of professional support? 43.3



## SUB-STAGE 2: Connections across Emergent themes

### Confused conceptualization of IA. 2.20

Concept of 'IA' incongruent with phenomenon 2.5 / 'IA' not recognized 2.8 / 'IA' popularized / misrepresented by the media. 3.2 / Confused conceptualization of IA. 3.4 / Difficult to define 'IA'. 3.15 / 'IA' concept is useful to make meaning. 4.10 / 'IA' concept is useful shorthand. 4.11 / Confused identity of 'IA' phenomenon. 4.20 / Confused understanding on 'IA'. 5.5 / Confused identity / definition of "IA". 9.3 / Confused / uncertain formulation. 13.15 / Working with 'IA' is complex. 16.11 / Lack of understanding of 'IA'? 16.12 / Lack of understanding of IA. 16.13 / IA phenomenon is complex. 16.18 / IA phenomenon is complex. 17.2 / Confusion about aetiology. 18.1 / Confused conceptualisation of 'IA'. 18.5 / Sceptical about conceptualising as true addiction. 18.8 / Unsure about conceptualization of 'IA'. 18.24 / Discovering new way of understating 'IA' 32.5 / Confusion about identity and conceptualization of IA. 32.11 / IA a 'true' addiction? 32.15 / IA is not a 'true' addiction? 32.18 / Confusion / ambivalence about IA. 33.3 / Confusion about 'IA'. 33.11 / Confusion about addiction / IA. 33.15 / Conflating physical addictions? 33.16 / Doesn't recognize behavioural addictions? 33.18 / Escapism isn't an addiction? 37.15 / Confused and conflicting theories of IA. 38.15 / Confusion in defining 'IA'. 39.13 / Value in labeling phenomenon. 40.1 / Difficult to tolerate complexity of 'IA'. 40.3 / Inaccurate media portrayal of IA. 40.6 / Conceptualising. IA is important. 40.8 / IA confusing. 40.20 / Confusion and ambivalent about identify of 'IA'. 39.5 / Complexity of 'IA'. 39.11 / Lack of understanding and support amongst professionals. 41.17 / No way of conceptualizing IA. 41.22 / An invisible, indefinable problem. 41.23

### IA not recognised at an organizational level. 42.3 / Lack of professional support? 43.3

Conformity to existing models. 42.6 / Political blindness within NHS. 42.11 / Big problem in private sector. 42.12 / IA not pathological enough to be recognized with NHS. 42.18 / Challenging phenomenon to work with independently. 42.22 / IA is rife, and deeply distressing. 42.24

### We're all addicted to the Internet. 3.8 / Internet is pervasive. 22.3

Porn usage is endemic. 12.9 / Internet is a "flick" away. 22.20 / Temptation to Internet is prevalent. 23.2 / Access to Internet porn is increasingly prevalent. 23.6 / IA is rife, and deeply distressing. 42.24

### Internet as medium for addiction. 3.9

Internet as conduit for sexual addiction. 4.17 / Internet as medium for underlying pathology. 6.3 / Internet as conduit. 22.2 / Reinforced conditioning to the medium / computer as conduit. 22.21 / Internet as conduit to arrange off-line sex. 29.16 / Excitement as precursor to seeking actual sex. 29.21

### Is Internet itself addictive? 3.20

Problematic Internet use is impulsive behaviour. 4.3 / Is Internet addictive or content? 6.4 / Reinforced conditioning to the medium / computer as conduit. 22.21

### 'IA' is obsessive-compulsive problem. 4.6 / 'IA' is anxiety based problem. 4.4

IA is an OCD. 4.14 / Anxiety is pre-cursor to 'IA'. 5.2 Obsessive compulsive behaviours are pre-cursors, too? 5.3 / 'IA' is Addiction or OCD? 5.4 / Internal trigger / intrusive thought causing anxiety or upset. 5.7 / Masturbation provides anxiety relief. 5.11 / Compulsive sexual behaviour manages anxiety. 5.16 / Internet use provides anxiety relief / soothing. 5.17 / Anxiety is predisposing factor. 7.19 / Anxiety is precursor to IA. 18.17 / Porn usage is a racket. 12.12 / Porn provides relief to racket anxiety. 13.19 / Ego dystonic / relief? 16.10 / Treat as OCD using CBT? 18.6 / Anxiety soothing. 21.19 / Relieves anxiety. 22.8 / Having orgasm with not offer fulfillment or soothing. 24.11 / Need to complete and anxiety remain. 25.10 / Myth that porn offers relief from anxiety. 25.19 / IA is an anxiety based disorder. 33.1 / OCD model as treatment for 'IA'. 35.19

### Underlying pathological disorder. 4.16

Internet as conduit for sexual addiction. 4.17 / Internet as medium for underlying pathology. 6.3 / IA is simply symptomology of underlying problem. 19.11

### Childhood origin. 9.21 / Script

Evidence of Be Perfect driver. 4.22 / Please Others driver. 5.9 / Be Perfect is aetiological factor. 7.24 / Childhood origin. 8.1 / Schizoid types vulnerability to Internet porn addiction. 8.8 / Histrionic types predisposed? 8.11 / Antisocial types predisposed to Internet sex addiction. 9.9 / Antisocials use Internet to access offline sex. 9.16 / Schizoid types predisposed to online sex addiction. 9.20 / Porn usage is a racket.

12.12 / Porn provides relief to racket anxiety. 13.19 / Provides sense of OKness. 14.6 / Porn unlocks /enables perfection. 14.8 / Free Child (ego) catharsis. 14.20 / Secret outlet for poorly integrated ego. 14.21 / Child ego shaming. 16.2 / Childhood aetiology? 17.24 / Until script? 25.1 / Need for perfection of procrastination will remain. 25.5 / Script proper reinforcement? 25.6 / Need to complete and anxiety remain. 25.10 / Please Others driver. 26.9 / Reinforcement of Script proper. 26.14 / I'm not loveable, not really. 26.15 / Yearning to Be Perfect? 28.2 / Unmet childhood need for containment. 30.14 Needs to complete (masturbation). Be Perfect? 30.16 / Unmet needs in childhood. 31.17 / Porn is a 'secret' of pleasing themselves (Please others). 36.11 / Closing down thinking (Don't think injunction). 37.7 / Early developmental delays / impasse. 37.17 / Early childhood in impasse (T1). 37.22 / Fear of dying from lack of nurture. 37.23 / Early developmental decisions aetiology (injunctions). 38.3 / Propensity of schizoid (Don't be Close injunction?). 38.5 / Childhood relational needs unmet (relational treatment). 38.10 / Don't think (coherently) injunction? 39.2

## **Internet use survival strategy. 5.18 / Coping strategy to manage in life. 10.12**

Coping strategy. 37.11

## **Internet Porn addiction involved "drilling deeper" / searching. 5.21**

Content or searching process is addictive? 5.23 / Searching for particular image. 6.18 / The process of searching / choosing sexual partners is addictive. 30.3

## **Onset of ego dystonia. 6.22 / Splitting of selves. 14.19 / Being discovered? 16.9**

Discovery by partners / families distressing. 6.21 / Discovery by others causes ego dystonia. 15.3 / Confronting of the discount. 15.6 / Ego dystonic. 15.14 / Free Child (ego) catharsis. 14.20 / Secret outlet for poorly integrated ego. 14.21 / The porn is good / porn is bad "switch". 15.12/ Splitting of ego states. 16.1 / Child ego shaming. 16.2 / Projective identification. 16.3 / Ego dystonic / relief? 16.10 / Discount reality leading to addictive behaviour. 26.16 / Ego syntonic until discovery by other of porn use. 27.3 / Ego dystonic once exposed. 27.6 / IA normally exposed by partner. 27.11 / Revelation by partner causing ego syntonia. 31.1 / Discovery of addiction raising questions of challenge and discount. 31.11 / Confrontation of Child ego needs. 31.16 / IA is not being able to tolerate that which we can't have. 32.21

## **History of aloneness. 9.22**

Need for psycho-social contact. 30.8 / Escape from loneliness. 30.9

## **Porn use natural stage of development. 10.11**

Porn forges male identity. 11.12 / Porn usage is OK. 11.17 / Porn usage is normal and healthy. 11.21 / Porn socially sanctioned for young men. 12.5 / Healthy to be curious. 29.2

## **Porn represents the "unobtainable". 12.20 / Porn represents an ideal (the Perfect). 14.7**

Porn represents the unobtainable. 13.2 / IA is not being able to tolerate that which we can't have. 32.21

## **Low confidence? 12.21 / Lack of self-care? 5.10**

Masks low self-worth (not OK) 14.5 / Struggles in off-line relationships. 37.1

## **Online sex unlocks something 13.4**

Not possible offline. 13.5 / Porn unlocks /enables perfection. 14.8

## **Porn offers sense of control and power. 13.23 / Need to be dominated (fetish) 30.11**

Porn offers sense of potency. 13.20 / Porn provides unmet need for power? 14.14 / Sexual need for dominance, control or submission. 29.9 /

## **Escapism**

Porn offers escape from complexity in offline relationships. 14.1 / Escapism from work salient distress. 22.7 / Finding self or losing self? 28.5 / Escape from loneliness. 30.9 / Escape hatch (harm others). 37.5 / Escapism. 37.10

## **Parallel process? 16.8**

Projective identification. 16.3 / IA complex phenomenon is difficult to “be with”. 17.5 / Parallel process in interview (impasse?). 38.20 / Difficulty and value of working relationally. 38.21

## **Intellectualising the phenomenon is safer. 17.10 / CBT is less challenging to use.17.16 / IA is dangerous. 19.13**

IA complex phenomenon is difficult to “be with”. 17.5 / Solution focused treatment feels safer. 17.17 / IA is simply a “stuck pattern” 18.3 / Treat as OCD using CBT? 18.6 / Scepticism of other treatment approaches. 18.14 / Internet porn use can be very harmful . 18.20 / Preferred approach to treatment is CBT. 19.5 / Ungrounded in absence of theory? 19.16 / Confidence using a cognitive behavioural approach. 20.18 / Heighten awareness of ‘harm pathways’ (treatment). 36.19 / Moderate to extreme ‘harm pathways’. 36.23 / Escape hatch (harm others). 37.5 / Difficulty and value of working relationally. 38.21

## **Treatment**

Best to treat the root cause. 19.14 / Accompanies physiological response. 21.12 / Heightens clients’ awareness of affect, urges and physiology (treatment). 34.9 / Meaning making and analysis (treatment). 34.13 / Alternative ways to find soothing. 33.12 / Heightens awareness of cognitive and behavioural consequences of IA behaviour (treatment). 34.20 / Confrontation of discounts (treatment). 34.23 / Needs identification. 35.5 / Decontamination.35.6 / Cathecting Adult ego state. 35.7 / OCD model as treatment for ‘IA’. 35.19 / ‘Meaning – making’ and decontamination (treatment). 35.22 / Cathecting Adult ego state (treatment) 36.3 / Heightening dysfunctional belief that lead to anxiety and impulses (treatment). 36.5 / Advanced empathy. 36.9 / Heighten awareness of ‘harm pathways’ (treatment). 36.19 / Problem solving (treatment). 38.12 / Difficulty and value of working relationally. 38.21

## **Precursors to IA behaviour. 21.14**

Work related stress alleviation. 21.18 / Intrusive thoughts are triggers. 21.10 / Anxiety soothing.21.19 / Procrastination as precursor.21.10 / Escapism from work salient distress. 22.7 / Relieves anxiety. 22.8 / Environmental factors predispose. 24.7 / Here and now factor predispose. 24.8 / Excitement as precursor to seeking actual sex. 29.21 / Does sexuality affect IA? 6.11

## **Porn doesn’t nourish? 24.19**

Post-orgasm ill-nourishment. 24.12 / Porn distracts from other forms of fulfillment. 24.24

## **Impedes intimacy in offline relationships. 25.11**

Porn doesn’t sooth/nourish. 25.10 / Porn ostensibly meeting relationship needs. 26.19 / Porn search is an attempt to receive lacking deep attention. 27.15 / Struggles in off-line relationships. 37.1

## **Internet offer relief from represses feelings thoughts. 26.3**

Internet provides catharsis for ‘shadow side’. 26.7 / Expression of unintegrated ego states. 26.8

## **Porn meets profound ‘hungers’.27.22**

Containment or freedom. 27.23 / Nurture or rejection. 27.24 / Provides opportunity of mirroring, twinning, or idolization. 28.1 / Need for psycho-social contact. 30.8 / Needs for physical / psychological holding. 30.12 / Sexual gratification from older women (Oedipus complex?). 31.3 / Innate hungers not being met offline. 31.23 / Struggles in off-line relationships. 37.1 / Porn provides a purpose. 12.22/ Porn is sexually gratifying. 12.23 / Sexual urges difficult to ‘stop’. 34.16

## **Boring working with same pathology. 28.18**

Common feeling of shame. 28.12 / Boring working with same shameful feelings. 28.13

## **Ethical issues do present themselves. 29.4**

Escape hatch (harm others). 37.5

## **Delving deeper into clinical experience. 10.6**

## SUB-STAGE 3: Connections across Emergent themes (within case 1)

### **COMPLEXITY IN UNDERSTANDING IA**

#### **Confusion & Complexity**

Confused conceptualization of IA. 2.20 / Concept of 'IA' incongruent with phenomenon 2.5 / 'IA' not recognized 2.8 / 'IA' popularized / misrepresented by the media. 3.2 / Confused conceptualization of IA. 3.4 / Difficult to define 'IA'. 3.15 / 'IA' concept is useful to make meaning. 4.10 / 'IA' concept is useful shorthand. 4.11 / Confused identity of 'IA' phenomenon. 4.20 / Confused understanding on 'IA'. 5.5 / Confused identity / definition of "IA". 9.3 / Confused / uncertain formulation. 13.15 / Working with 'IA' is complex. 16.11 / Lack of understanding of 'IA'? 16.12 / Lack of understanding of IA. 16.13 / IA phenomenon is complex. 16.18 / IA phenomenon is complex. 17.2 / Confusion about aetiology. 18.1 / Confused conceptualisation of 'IA'. 18.5 / Sceptical about conceptualising as true addiction. 18.8 / Unsure about conceptualization of 'IA'. 18.24 / Discovering new way of understating 'IA' 32.5 / Confusion about identity and conceptualization of IA. 32.11 / IA a 'true' addiction? 32.15 / IA is not a 'true' addiction? 32.18 / Confusion / ambivalence about IA. 33.3 / Confusion about 'IA'. 33.11 / Confusion about addiction / IA. 33.15 / Conflating physical addictions? 33.16 / Doesn't recognize behavioural addictions? 33.18 / Escapism isn't an addiction? 37.15 / Confused and conflicting theories of IA. 38.15 / Confusion in defining 'IA'. 39.13 / Value in labeling phenomenon. 40.1 / Difficult to tolerate complexity of 'IA'. 40.3 / Inaccurate media portrayal of IA. 40.6 / Conceptualising. IA is important. 40.8 / IA confusing. 40.20 / Confusion and ambivalent about identify of 'IA.' 39.5 / Complexity of 'IA'. 39.11 / Lack of understanding and support amongst professionals. 41.17 / No way of conceptualizing IA. 41.22 / An invisible, indefinable problem. 41.23

#### **'IA' as obsessive-compulsive problem.**

'IA' is obsessive-compulsive problem. 4.6 / IA is an OCD. 4.14 / Obsessive compulsive behaviours are pre-cursors, too? 5.3 / 'IA' is Addiction or OCD? 5.4 / Compulsive sexual behaviour manages anxiety. 5.16 / Treat as OCD using CBT? 18.6 / OCD model as treatment for 'IA'. 35.19.

#### **'IA' as an anxiety based problem.**

'IA' as an anxiety based problem. 4.4 / Anxiety is pre-cursor to 'IA'. 5.2 / Internal trigger / intrusive thought causing anxiety or upset. 5.7 / Masturbation provides anxiety relief. 5.11 / Compulsive sexual behaviour manages anxiety. 5.16 / Internet use provides anxiety relief / soothing. 5.17 / Anxiety is predisposing factor. 7.19 / Anxiety is precursor to IA. 18.17 / Porn usage is a racket. 12.12 / Porn provides relief to racket anxiety. 13.19 / Ego dystonic / relief? 16.10 / Anxiety soothing. 21.19 / Relieves anxiety. 22.8 / Having orgasm with not offer fulfillment or soothing. 24.11 / Need to complete and anxiety remain. 25.10 / Myth that porn offers relief from anxiety. 25.19 / IA is an anxiety based disorder. 33.1 /

#### **Underlying pathological disorder.4.16**

Internet as conduit for sexual addiction.4.17 / Internet as medium for underlying pathology.6.3 / IA is simply symptomology of underlying problem. 19.11

#### **Internet as medium for addiction. 3.9**

Internet as conduit for sexual addiction.4.17 / Internet as medium for underlying pathology.6.3 / Internet as conduit. 22.2 / Reinforced conditioning to the medium / computer as conduit. 22.21 / Internet as conduit to arrange off-line sex. 29.16 / Excitement as precursor to seeking actual sex. 29.21

#### **Is Internet itself addictive? 3.20**

Problematic Internet use is impulsive behaviour. 4.3 / Is Internet addictive or content? 6.4 / Reinforced conditioning to the medium / computer as conduit. 22.21

#### **Prevalence of IA behaviour**

We're all addicted to the Internet. 3.8 / Internet is pervasive. 22.3 / Porn usage is endemic. 12.9 / Internet is a "flick" away. 22.20 / Temptation to Internet is prevalent. 23.2 / Access to Internet porn is increasingly prevalent. 23.6 / IA is rife, and deeply distressing. 42.24

# AETIOLOGY / PREDISPOSING FACTORS

## **Childhood origin.9.21**

Childhood origin.8.1 / Porn usage is a racket. 12.12 / Porn provides relief to racket anxiety. 13.19 / Provides sense of OKness. 14.6 / / Childhood aetiology? 17.24 / Until script? 25.1 / Need for perfection of procrastination will remain. 25.5 / Script proper reinforcement? 25.6 / Need to complete and anxiety remain. 25.10 / / Unmet childhood need for containment. 30.14 / Unmet needs in childhood. 31.17 / / Early developmental delays / impasse. 37.17 / Early childhood in impasse (T1). 37.22 / Fear of dying from lack of nurture. 37.23 / Early developmental decisions aetiology (injunctions). 38.3 / Childhood relational needs unmet (relational treatment). 38.10

## **Script**

Evidence of Be Perfect driver. 4.22 / Please Others driver. 5.9 / Be Perfect is aetiological factor. 7.24 / Schizoid types vulnerability to Internet porn addiction. 8.8 / Histrionic types predisposed? 8.11 / Antisocial types predisposed to Internet sex addiction. 9.9 / Antisocials use Internet to access offline sex. 9.16 / Schizoid types predisposed to online sex addiction. 9.20 / Porn unlocks /enables perfection. 14.8 / Free Child (ego) catharsis. 14.20 / Secret outlet for poorly integrated ego. 14.21 / Child ego shaming. 16.2 / Please Others driver. 26.9 / Reinforcement of Script proper. 26.14 / I'm not loveable, not really. 26.15 / Yearning to Be Perfect? 28.2 / Needs to complete (masturbation). Be Perfect? 30.16 / Porn is a 'secret' of pleasing themselves (Please others). 36.11 / Closing down thinking (Don't think injunction). 37.7 / Propensity of schizoid (Don't be Close injunction?). 38.5 / / Don't think (coherently) injunction? 39.2

## **Aloneness**

History of aloneness. 9.22 / Need for psycho-social contact. 30.8 / Escape from loneliness. 30.9

## **Precursors to IA behaviour. 21.14**

Work related stress alleviation. 21.18 / Intrusive thoughts are triggers. 21.10 / Anxiety soothing.21.19 / Procrastination as precursor.21.10 / Escapism from work salient distress. 22.7 / Relieves anxiety. 22.8 / Environmental factors predispose. 24.7 / Here and now factor predispose. 24.8 / Excitement as precursor to seeking actual sex. 29.21 / Does sexuality affect IA? 6.11

## **The conflicted self.**

Onset of ego dystonia. 6.22 / Splitting of selves. 14.19 / Being discovered? 16.9 / Discovery by partners / families distressing. 6.21 / Discovery by others causes ego dystonia. 15.3 / Confronting of the discount. 15.6 / Ego dystonic. 15.14 / Free Child (ego) catharsis. 14.20 / Secret outlet for poorly integrated ego. 14.21 / The porn is good / porn is bad "switch". 15.12/ Splitting of ego states. 16.1 / Child ego shaming. 16.2 / Projective identification. 16.3 / Ego dystonic / relief? 16.10 / Discount reality leading to addictive behaviour. 26.16 / Ego syntonic until discovery by other of porn use. 27.3 / Ego dystonic once exposed. 27.6 / IA normally exposed by partner. 27.11 / Revelation by partner causing ego syntonia. 31.1 / Discovery of addiction raising questions of challenge and discount. 31.11 / Confrontation of Child ego needs. 31.16 / IA is not being able to tolerate that which we can't have. 32.21

## **Low confidence? 12.21 / Lack of self-care? 5.10**

Masks low self-worth (not OK) 14.5 / Struggles in off-line relationships. 37.1

# FEATURES / FUNCTION of IA

## **Porn use natural stage of development. 10.11**

Porn forges male identity. 11.12 / Porn usage is OK. 11.17 / Porn usage is normal and healthy. 11.21 / Porn socially sanctioned for young men. 12.5 / Healthy to be curious. 29.2

## **Internet use survival strategy. 5.18 / Coping strategy to manage in life. 10.12**

Coping strategy. 37.11

### **Searching**

Internet Porn addiction involved “drilling deeper” / searching. 5.21 / Content or searching process is addictive? 5.23 / Searching for particular image. 6.18 / The process of searching / choosing sexual partners is addictive. 30.3

### **Online sex unlocks something 13.4**

Not possible offline. 13.5 / Porn unlocks /enables perfection. 14.8

### **Porn offers sense of control and power. 13.23 / Need to be dominated (fetish) 30.11**

Porn offers sense of potency. 13.20 / Porn provides unmet need for power? 14.14 / Sexual need for dominance, control or submission. 29.9 /

### **Escapism**

Porn offers escape from complexity in offline relationships. 14.1 / Escapism from work salient distress. 22.7 / Finding self or losing self? 28.5 / Escape from loneliness. 30.9 / Escape hatch (harm others). 37.5 / Escapism. 37.10

### **Porn as the ideal**

Porn represents the “unobtainable”. 12.20 / Porn represents an ideal (the Perfect). 14.7 / Porn represents the unobtainable. 13.2 / IA is not being able to tolerate that which we can’t have. 32.21

### **Porn doesn’t nourish? 24.19**

Post-orgasm ill-nourishment. 24.12 / Porn distracts from other forms of fulfillment. 24.24

### **Impedes intimacy in offline relationships. 25.11**

Porn doesn’t sooth/nourish. 25.10 / Porn ostensibly meeting relationship needs. 26.19 / Porn search is an attempt to receive lacking deep attention. 27.15 / Struggles in off-line relationships. 37.1

### **Internet offer relief from represses feelings thoughts. 26.3**

Internet provides catharsis for ‘shadow side’. 26.7 / Expression of unintegrated ego states. 26.8

### **Porn meets profound ‘hungers’.27.22**

Containment or freedom. 27.23 / Nurture or rejection. 27.24 / Provides opportunity of mirroring, twinning, or idolization. 28.1 / Need for psycho-social contact. 30.8 / Needs for physical / psychological holding. 30.12 / Sexual gratification from older women (Oedipus complex?). 31.3 / Innate hungers not being met offline. 31.23 / Struggles in off-line relationships. 37.1 / Porn provides a purpose. 12.22/ Porn is sexually gratifying. 12.23 / Sexual urges difficult to ‘stop’. 34.16

## **TREATMENT**

### **Techniques and methods**

Best to treat the root cause. 19.14 / Accompanies physiological response. 21.12 / Heightens clients’ awareness of affect, urges and physiology (treatment). 34.9 / Meaning making and analysis (treatment). 34.13 / Alternative ways to find soothing. 33.12 / Heightens awareness of cognitive and behavioural consequences of IA behaviour (treatment). 34.20 / Confrontation of discounts (treatment). 34.23 / Needs identification. 35.5 / Decontamination.35.6 / Cathecting Adult ego state. 35.7 / OCD model as treatment for ‘IA’. 35.19 / ‘Meaning – making’ and decontamination (treatment). 35.22 / Cathecting Adult ego state (treatment) 36.3 / Heightening dysfunctional belief that lead

to anxiety and impulses (treatment). 36.5 / Advanced empathy. 36.9 / Heighten awareness of ‘harm pathways’ (treatment). 36.19 / Problem solving (treatment). 38.12 / Difficulty and value of working relationally. 38.21

## **Safety**

Intellectualising the phenomenon is safer. 17.10 / CBT is less challenging to use. 17.16 / IA is dangerous. 19.13 IA complex phenomenon is difficult to “be with”. 17.5 / Solution focused treatment feels safer. 17.17 / IA is simply a “stuck pattern” 18.3 / Treat as OCD using CBT? 18.6 / Scepticism of other treatment approaches. 18.14 / Internet porn use can be very harmful . 18.20 / Preferred approach to treatment is CBT. 19.5 / Ungrounded in absence of theory? 19.16 / Confidence using a cognitive behavioural approach. 20.18 / Heighten awareness of ‘harm pathways’ (treatment). 36.19 / Moderate to extreme ‘harm pathways’. 36.23 / Escape hatch (harm others). 37.5 / Difficulty and value of working relationally. 38.21

## **Impact on therapist**

Boring working with same pathology. 28.18 / Common feeling of shame. 28.12 / Boring working with same shameful feelings. 28.13

## **Ethical challenges**

Ethical issues do present themselves. 29.4 / Escape hatch (harm others). 37.5

## **Lack of support**

IA not recognised at an organizational level. 42.3 / Lack of professional support? 43.3 Conformity to existing models. 42.6 / Political blindness within NHS. 42.11 / Big problem in private sector. 42.12 / IA not pathological enough to be recognized with NHS. 42.18 / Challenging phenomenon to work with independently. 42.22 / IA is rife, and deeply distressing. 42.24

# **INTERVIEW PROCESS**

## **Delving deeper into clinical experience. 10.6**

## **Parallel process? 16.8**

Projective identification. 16.3 / IA complex phenomenon is difficult to “be with”. 17.5 / Parallel process in interview (impasse?). 38.20 / Difficulty and value of working relationally. 38.21

## SUB-STAGE 4: Connections across Emergent themes (within case 1)

### TABLES SUMMARISING THEMATIC DEVELOPMENTS

Master table of higher order-concepts and super-ordinate themes, emerging from the interview and transcript of 'participant one'.	
HIGHER ORDER CONCEPT	SUPER-ORDINATE THEMES
COMPLEXITY IN UNDERSTANDING INTERNET ADDICTION (IA)	<ul style="list-style-type: none"> <li>• Confusion &amp; complexity</li> <li>• 'IA' as obsessive-compulsive problem.</li> <li>• 'IA' as an anxiety based problem.</li> <li>• Underlying pathological disorder.</li> <li>• Internet as medium for addiction.</li> <li>• Is Internet itself addictive?</li> <li>• Prevalence of IA behaviour</li> </ul>
AETIOLOGY / PREDISPOSING FACTORS	<ul style="list-style-type: none"> <li>• Childhood origin</li> <li>• Script</li> <li>• Aloneness</li> <li>• The conflicted self.</li> <li>• A low self-esteem</li> </ul>
FEATURES / FUNCTION of IA	<ul style="list-style-type: none"> <li>• Precursors to IA behaviour</li> <li>• Pornography use a natural stage of development.</li> <li>• Coping strategy</li> <li>• Searching</li> <li>• Internet porn as a release</li> <li>• Power, control and domination</li> <li>• Escapism</li> <li>• Porn doesn't nourish?</li> <li>• Impedes intimacy in offline relationships.</li> <li>• Porn usage to meet profound needs</li> </ul>
TREATMENT	<ul style="list-style-type: none"> <li>• Techniques and methods</li> <li>• Safety</li> <li>• Impact on therapist</li> <li>• Ethical challenges</li> <li>• Lack of support</li> </ul>
INTERVIEW PROCESS	<ul style="list-style-type: none"> <li>• A deeper exploration</li> <li>• A parallel process</li> </ul>

Master summary table of higher order-themes, super-ordinate themes, examples of themes, and examples of key words the transcript resulting from interview with 'participant one' (illustrating examples of <u>audit trails</u> ).			
HIGHER ORDER CONCEPT	SUPER-ORDINATE THEMES	THEMES *[page. line number]	KEY WORDS



COMPLEXITY IN UNDERSTANDING INTERNET ADDICTION (IA)	<ul style="list-style-type: none"> <li>• <u>Confusion &amp; complexity</u></li> <li>• 'IA' as obsessive-compulsive problem.</li> <li>• 'IA' as an anxiety based problem.</li> <li>• Underlying pathological disorder.</li> <li>• Internet as medium for addiction.</li> <li>• Is Internet itself addictive?</li> <li>• Prevalence of IA behaviour</li> </ul>	<p>e.g., from '<u>Confusion &amp; complexity</u>':</p> <p>Confused identity / definition of "IA". 9.3*</p> <p>Confused / uncertain formulation. 13.15</p> <p><u>Working with 'IA' is complex. 16.11</u></p> <p>Lack of understanding of 'IA'? 16.12</p> <p>IA phenomenon is complex. 16.18</p>	<p>e.g. from '<u>Working with 'IA' is complex. 16.11</u>':</p> <p><u>"it's an enormous complexity"</u></p>
AETIOLOGY / PREDISPOSING FACTORS	<ul style="list-style-type: none"> <li>• <u>Childhood origin</u></li> <li>• Script</li> <li>• Aloneness</li> <li>• The conflicted self.</li> <li>• A low self-esteem</li> </ul>	<p>e.g. from '<u>Childhood origin</u>':</p> <p>Unmet childhood need for containment. 30.14</p> <p>Unmet needs in childhood. 31.17</p> <p><u>Early developmental delays / impasse. 37.17</u></p>	<p>e.g. from '<u>Early developmental delays / impasse. 37.17</u>':</p> <p><u>"early impasses"</u></p>
FEATURES / FUNCTION of IA	<ul style="list-style-type: none"> <li>• <u>Precursors to IA behaviour</u></li> <li>• Pornography use a natural stage of development.</li> <li>• Coping strategy</li> <li>• Searching</li> <li>• Internet porn as a release</li> <li>• Power, control and domination</li> <li>• Escapism</li> <li>• Porn doesn't nourish?</li> <li>• Impedes intimacy in offline relationships.</li> <li>• Porn usage to meet profound needs</li> </ul>	<p>e.g. from '<u>Precursors to IA behaviour</u>':</p> <p>Precursors to IA behaviour. 21.14</p> <p>Work related stress alleviation. 21.18</p> <p><u>Intrusive thoughts are triggers. 21.10</u></p>	<p>e.g. from '<u>Intrusive thoughts are triggers. 21.10</u>':</p> <p><u>"intrusive thinking"</u></p>
TREATMENT	<ul style="list-style-type: none"> <li>• <u>Techniques &amp; methods</u></li> <li>• Safety</li> <li>• Impact on therapist</li> <li>• Ethical challenges</li> <li>• Lack of support</li> </ul>	<p>e.g. from '<u>Techniques &amp; methods</u>':</p> <p>Best to treat the root cause. 19.14</p> <p><u>Advanced empathy. 36.9</u></p>	<p>e.g. from '<u>advanced empathy 36.9</u>':</p> <p><u>"I'm feeling"</u></p>
INTERVIEW PROCESS	<ul style="list-style-type: none"> <li>• <u>A deeper exploration</u></li> <li>• A parallel process</li> </ul>	<p>e.g. from '<u>A deeper exploration</u>':</p> <p><u>Delving deeper into clinical experience. 10.6</u></p>	<p>e.g. from '<u>Delving deeper into clinical experience. 10.6</u>':</p> <p><u>"... I was thinking"</u></p>

**Table of highest order themes (uppercase), super-ordinate themes**

**(emboldened lower case), and themes (smaller font, with page and line number tag), of 'participant one'.**

## **COMPLEXITY IN UNDERSTANDING IA**

### **Confusion & Complexity**

Confused conceptualization of IA. 2.20 / Concept of 'IA' incongruent with phenomenon 2.5 / 'IA' not recognized 2.8 / 'IA' popularized / misrepresented by the media. 3.2 / Confused conceptualization of IA. 3.4 / Difficult to define 'IA'. 3.15 / 'IA' concept is useful to make meaning. 4.10 / 'IA' concept is useful shorthand. 4.11 / Confused identity of 'IA' phenomenon. 4.20 / Confused understanding on 'IA'. 5.5 / Confused identity / definition of "IA". 9.3/ Confused / uncertain formulation. 13.15 / Working with 'IA' is complex. 16.11 /Lack of understanding of 'IA'? 16.12 / Lack of understanding of IA. 16.13 / IA phenomenon is complex. 16.18 / IA phenomenon is complex. 17.2 / Confusion about aetiology. 18.1 / Confused conceptualisation of 'IA'. 18.5 / Sceptical about conceptualising as true addiction. 18.8 / Unsure about conceptualization of 'IA'. 18.24 / Discovering new way of understating 'IA' 32.5 / Confusion about identity and conceptualization of IA. 32.11 / IA a 'true' addiction? 32.15 / IA is not a 'true' addiction? 32.18 / Confusion / ambivalence about IA. 33.3 / Confusion about 'IA'. 33.11 / Confusion about addiction / IA. 33.15 / Conflating physical addictions? 33.16 / Doesn't recognize behavioural addictions? 33.18 / Escapism isn't an addiction? 37.15 / Confused and conflicting theories of IA. 38.15 / Confusion in defining 'IA'. 39.13 / Value in labeling phenomenon. 40.1 / Difficult to tolerate complexity of 'IA'. 40.3 / Inaccurate media portrayal of IA. 40.6 / Conceptualising. IA is important. 40.8 / IA confusing. 40.20 / Confusion and ambivalent about identify of 'IA'. 39.5 / Complexity of 'IA'. 39.11 / Lack of understanding and support amongst professionals. 41.17 / No way of conceptualizing IA. 41.22 / An invisible, indefinable problem. 41.23

### **'IA' as obsessive-compulsive problem.**

'IA' is obsessive-compulsive problem. 4.6 / IA is an OCD. 4.14 / Obsessive compulsive behaviours are pre-cursors, too? 5.3 / 'IA' is Addiction or OCD? 5.4 / Compulsive sexual behaviour manages anxiety. 5.16 / Treat as OCD using CBT? 18.6 / OCD model as treatment for 'IA'. 35.19.

### **'IA' as an anxiety based problem.**

'IA' as an anxiety based problem. 4.4 / Anxiety is pre-cursor to 'IA'. 5.2 / / Internal trigger / intrusive thought causing anxiety or upset. 5.7 / Masturbation provides anxiety relief. 5.11 / Compulsive sexual behaviour manages anxiety. 5.16 / Internet use provides anxiety relief / soothing. 5.17 / Anxiety is predisposing factor. 7.19 / Anxiety is precursor to IA. 18.17 / Porn usage is a racket. 12.12 / Porn provides relief to racket anxiety. 13.19 / Ego dystonic / relief? 16.10 / Anxiety soothing.21.19 / Relieves anxiety. 22.8 / Having orgasm with not offer fulfillment or soothing. 24.11 / Need to complete and anxiety remain. 25.10 / Myth that porn offers relief from anxiety. 25.19 / IA is an anxiety based disorder. 33.1 /

### **Underlying pathological disorder.4.16**

Internet as conduit for sexual addiction.4.17 / Internet as medium for underlying pathology.6.3 / IA is simply symptomology of underlying problem. 19.11

### **Internet as medium for addiction. 3.9**

Internet as conduit for sexual addiction.4.17 / Internet as medium for underlying pathology.6.3 / Internet as conduit. 22.2 / Reinforced conditioning to the medium / computer as conduit. 22.21 / Internet as conduit to arrange off-line sex. 29.16 / Excitement as precursor to seeking actual sex. 29.21

### **Is Internet itself addictive? 3.20**

Problematic Internet use is impulsive behaviour. 4.3 / Is Internet addictive or content? 6.4 / Reinforced conditioning to the medium / computer as conduit. 22.21

### **Prevalence of IA behaviour**

We're all addicted to the Internet. 3.8 / Internet is pervasive. 22.3 / Porn usage is endemic. 12.9 / Internet is a "flick" away. 22.20 / Temptation to Internet is prevalent. 23.2 / Access to Internet porn is increasingly prevalent. 23.6 / IA is rife, and deeply distressing. 42.24

## **AETIOLOGY / PREDISPOSING FACTORS**

### **Childhood origin**

Childhood origin.9.21 / Childhood origin.8.1 / Porn usage is a racket. 12.12 / Porn provides relief to racket anxiety. 13.19 / Provides sense of OKness. 14.6 / / Childhood aetiology? 17.24 / Until script? 25.1 / Need for perfection of procrastination will remain. 25.5 /

Script proper reinforcement? 25.6 / Need to complete and anxiety remain. 25.10 / / Unmet childhood need for containment. 30.14 / Unmet needs in childhood. 31.17 / / Early developmental delays / impasse. 37.17 / Early childhood in impasse (T1). 37.22 / Fear of dying from lack of nurture. 37.23 / Early developmental decisions aetiology (injunctions). 38.3 / Childhood relational needs unmet (relational treatment). 38.10

## **Script**

Evidence of Be Perfect driver. 4.22 / Please Others driver. 5.9 / Be Perfect is aetiological factor. 7.24 / Schizoid types vulnerability to Internet porn addiction. 8.8 / Histrionic types predisposed? 8.11 / Antisocial types predisposed to Internet sex addiction. 9.9 / Antisocials use Internet to access offline sex. 9.16 / Schizoid types predisposed to online sex addiction. 9.20 / Porn unlocks /enables perfection. 14.8 / Free Child (ego) catharsis. 14.20 / Secret outlet for poorly integrated ego. 14.21 / Child ego shaming. 16.2 / Please Others driver. 26.9 / Reinforcement of Script proper. 26.14 / I'm not loveable, not really. 26.15 / Yearning to Be Perfect? 28.2 / Needs to complete (masturbation). Be Perfect? 30.16 / Porn is a 'secret' of pleasing themselves (Please others). 36.11 / Closing down thinking (Don't think injunction). 37.7 / Propensity of schizoid (Don't be Close injunction?). 38.5 / / Don't think (coherently) injunction? 39.2

## **Aloneness**

History of aloneness. 9.22 / Need for psycho-social contact. 30.8 / Escape from loneliness. 30.9

## **The conflicted self.**

Onset of ego dystonia. 6.22 / Splitting of selves. 14.19 / Being discovered? 16.9 / Discovery by partners / families distressing. 6.21 / Discovery by others causes ego dystonia. 15.3 / Confronting of the discount. 15.6 / Ego dystonic. 15.14 / Free Child (ego) catharsis. 14.20 / Secret outlet for poorly integrated ego. 14.21 / The porn is good / porn is bad "switch". 15.12/ Splitting of ego states. 16.1 / Child ego shaming. 16.2 / Projective identification. 16.3 / Ego dystonic / relief? 16.10 / Discount reality leading to addictive behaviour. 26.16 / Ego syntonic until discovery by other of porn use. 27.3 / Ego dystonic once exposed. 27.6 / IA normally exposed by partner. 27.11 / Revelation by partner causing ego syntonia. 31.1 / Discovery of addiction raising questions of challenge and discount. 31.11 / Confrontation of Child ego needs. 31.16 / IA is not being able to tolerate that which we can't have. 32.21

## **A low self-esteem**

Low confidence? 12.21 / Lack of self-care? 5.10 / Masks low self-worth (not OK) 14.5 / Struggles in off-line relationships. 37.1

# **FEATURES / FUNCTION of IA**

## **Precursors to IA behaviour**

Precursors to IA behaviour. 21.14 / Work related stress alleviation. 21.18 / Intrusive thoughts are triggers. 21.10 / Anxiety soothing. 21.19 / Procrastination as precursor. 21.10 / Escapism from work salient distress. 22.7 / Relieves anxiety. 22.8 / Environmental factors predispose. 24.7 / Here and now factor predispose. 24.8 / Excitement as precursor to seeking actual sex. 29.21 / Does sexuality affect IA? 6.11

## **Pornography use a natural stage of development.**

Porn use natural stage of development. 10.11 / Porn forges male identity. 11.12 / Porn usage is OK. 11.17 / Porn usage is normal and healthy. 11.21 / Porn socially sanctioned for young men. 12.5 / Healthy to be curious. 29.2

## **Coping strategy**

Internet use survival strategy. 5.18 / Coping strategy to manage in life. 10.12 / Coping strategy. 37.11

## **Searching**

Internet Porn addiction involved "drilling deeper" / searching. 5.21 / Content or searching process is addictive? 5.23 / Searching for particular image. 6.18 / The process of searching / choosing sexual partners is addictive. 30.3

## **Internet porn as a release**

Online sex unlocks something 13.4 / Not possible offline. 13.5 / Porn unlocks /enables perfection. 14.8 / Internet offer relief from represses feelings thoughts. 26.3 / Internet provides catharsis for 'shadow side'. 26.7 / Expression of unintegrated ego states. 26.8

## **Power, control and domination**

Porn offers sense of control and power. 13.23 / Need to be dominated (fetish) 30.11 / Porn offers sense of potency. 13.20 / Porn provides unmet need for power? 14.14 / Sexual need for dominance, control or submission. 29.9 /

## **Escapism**

Porn offers escape from complexity in offline relationships. 14.1 / Escapism from work salient distress. 22.7 / Finding self or losing self?

28.5 / Escape from loneliness. 30.9 / Escape hatch (harm others). 37.5 / Escapism. 37.10

## **Porn as the ideal**

Porn represents the "unobtainable". 12.20 / Porn represents an ideal (the Perfect). 14.7 / Porn represents the unobtainable. 13.2 / IA is not being able to tolerate that which we can't have. 32.21

## **Porn doesn't nourish? 24.19**

Post-orgasm ill-nourishment. 24.12 / Porn distracts from other forms of fulfillment. 24.24

## **Impedes intimacy in offline relationships. 25.11**

Porn doesn't sooth /nourish. 25.10 / Porn ostensibly meeting relationship needs. 26.19 / Porn search is an attempt to receive lacking deep attention. 27.15 / Struggles in off-line relationships. 37.1

## **Porn usage to meet profound needs**

Porn meets profound 'hungers'. 27.22 / Containment or freedom. 27.23 / Nurture or rejection. 27.24 / Provides opportunity of mirroring, twinning, or idolization. 28.1 / Need for psycho-social contact. 30.8 / Needs for physical / psychological holding. 30.12 / Sexual gratification from older women (Oedipus complex?). 31.3 / Innate hungers not being met offline. 31.23 / Struggles in off-line relationships. 37.1 / Porn provides a purpose. 12.22/ Porn is sexually gratifying. 12.23 / Sexual urges difficult to 'stop'. 34.16

# **TREATMENT**

## **Techniques & methods**

Best to treat the root cause. 19.14 / Accompanies physiological response. 21.12 / Heightens clients' awareness of affect, urges and physiology (treatment). 34.9 / Meaning making and analysis (treatment). 34.13 / Alternative ways to find soothing. 33.12 / Heightens awareness of cognitive and behavioural consequences of IA behaviour (treatment). 34.20 / Confrontation of discounts (treatment). 34.23 / Needs identification. 35.5 / Decontamination. 35.6 / Cathecting Adult ego state. 35.7 / OCD model as treatment for 'IA'. 35.19 / 'Meaning –making' and decontamination (treatment). 35.22 / Cathecting Adult ego state (treatment) 36.3 / Heightening dysfunctional belief that lead to anxiety and impulses (treatment). 36.5 / Advanced empathy. 36.9 / Heighten awareness of 'harm pathways' (treatment). 36.19 / Problem solving (treatment). 38.12 / Difficulty and value of working relationally. 38.21

## **Safety**

Intellectualising the phenomenon is safer. 17.10 / CBT is less challenging to use. 17.16 / IA is dangerous. 19.13 IA complex phenomenon is difficult to "be with". 17.5 / Solution focused treatment feels safer. 17.17 / IA is simply a "stuck pattern" 18.3 / Treat as OCD using CBT? 18.6 / Scepticism of other treatment approaches. 18.14 / Internet porn use can be very harmful . 18.20 / Preferred approach to treatment is CBT. 19.5 / Ungrounded in absence of theory? 19.16 / Confidence using a cognitive behavioural approach. 20.18 / Heighten awareness of 'harm pathways' (treatment). 36.19 / Moderate to extreme 'harm pathways'. 36.23 / Escape hatch (harm others). 37.5 / Difficulty and value of working relationally. 38.21

## **Impact on therapist**

Boring working with same pathology. 28.18 / Common feeling of shame. 28.12 / Boring working with same shameful feelings. 28.13

## **Ethical challenges**

Ethical issues do present themselves. 29.4 / Escape hatch (harm others). 37.5

## **Lack of support**

IA not recognised at an organizational level. 42.3 / Lack of professional support? 43.3 Conformity to existing models. 42.6 / Political blindness within NHS. 42.11 / Big problem in private sector. 42.12 / IA not pathological enough to be recognized with NHS. 42.18 / Challenging phenomenon to work with independently. 42.22 / IA is rife, and deeply distressing. 42.24

# **INTERVIEW PROCESS**

## **A deeper exploration**

Delving deeper into clinical experience. 10.6

## A parallel process

A parallel process? 16.8 / Projective identification. 16.3 / IA complex phenomenon is difficult to "be with". 17.5 / Parallel process in interview (impassé?). 38.20 / Difficulty and value of working relationally. 38.21

## SUB-STAGE 5: Patterns across cases

### TABLES SUMMARISING ILLUSTRATING PATTERNS ACROSS CASES

#### COMPLEXITY

Master table of higher order-concept relating to the complexity in understanding Internet Addiction (IA) and the corresponding super-ordinate themes that emerged within the group.	
HIGHER ORDER CONCEPT	SUPER-ORDINATE THEMES
<p>[Participant 1]</p> <p>'COMPLEXITY IN UNDERSTANDING INTERNET ADDICTION (IA)'</p>	<ul style="list-style-type: none"> <li>• Confusion &amp; complexity</li> <li>• 'IA' as obsessive-compulsive problem.</li> <li>• 'IA' as an anxiety based problem.</li> <li>• Underlying pathological disorder.</li> <li>• Internet as medium for addiction.</li> <li>• Is Internet itself addictive?</li> <li>• Prevalence of IA behaviour</li> </ul>
<p>[Participant 2]</p> <p>'COMPLEXITY of IA'</p>	<ul style="list-style-type: none"> <li>• Complexity of IA</li> <li>• Pervasiveness of IA</li> <li>• The addictiveness of the Internet</li> </ul>
<p>[Participant 3]</p> <p>'COMPLEXITY OF IA'</p>	<ul style="list-style-type: none"> <li>• Comorbidity</li> <li>• Internet as conduit for underlying pathology</li> <li>• Defining &amp; assessing Internet gaming addiction</li> <li>• Pervasiveness of IA</li> <li>• IA is complex.</li> </ul>
<p>[Participant 4]</p> <p>'COMPLEXITY OF IA'</p>	<ul style="list-style-type: none"> <li>• An obsessive and compulsive problem</li> <li>• An anxiety based problem</li> <li>• IA as symptomology</li> <li>• A complexity in understanding IA</li> <li>• The prevalence of addiction</li> <li>• Comorbidity</li> </ul>

## AETIOLOGICAL & PREDISPOSING FACTORS

Master table of higher order-concept relating to the participants' understanding of the aetiological and predisposing factors contributing to the development of Internet Addiction (IA) and the super-ordinate themes that emerged within the group.	
HIGHER ORDER CONCEPT	SUPER-ORDINATE THEMES
<p>[Participant 1]</p> <p>'AETIOLOGY / PREDISPOSING FACTORS'</p>	<ul style="list-style-type: none"> <li>• Childhood origin</li> <li>• Script</li> <li>• Aloneness</li> <li>• The conflicted self.</li> <li>• A low self-esteem</li> </ul>
<p>[Participant 2]</p> <p>'AETIOLOGY / PREDISPOSING FACTORS'</p>	<ul style="list-style-type: none"> <li>• Therapist sees patterns</li> <li>• Childhood attachment difficulties</li> <li>• Offline Relationship problems</li> <li>• Addictive properties of the Internet</li> <li>• Self-image and media pressure</li> <li>• Low self-esteem</li> <li>• Loneliness</li> <li>• Comorbidity</li> </ul>
<p>[Participant 3]</p> <p>'AETIOLOGY &amp; PREDISPOSING FACTORS'</p>	<ul style="list-style-type: none"> <li>• Script</li> <li>• Childhood origin</li> <li>• Loss</li> <li>• Fear of intimacy</li> <li>• Low self-esteem</li> </ul>
<p>[Participant 4]</p> <p>'AETIOLOGY &amp; PREDISPOSING FACTORS'</p>	<ul style="list-style-type: none"> <li>• Script</li> <li>• Childhood problems</li> <li>• Loss &amp; instability</li> <li>• Comorbidity</li> </ul>

## FUNCTION AND FEATURES

Master table of higher order-concept relating to the participants' understanding and experience of function and features of Internet Addiction (IA) and the super-ordinate themes that emerged within the group.	
HIGHER ORDER CONCEPT	SUPER-ORDINATE THEMES
<p>[Participant 1]</p> <p>FEATURES / FUNCTION of IA</p>	<ul style="list-style-type: none"> <li>• Precursors to IA behaviour</li> <li>• Pornography use a natural stage of development.</li> <li>• Coping strategy</li> <li>• Searching</li> <li>• Internet porn as a release</li> <li>• Power, control and domination</li> <li>• Escapism</li> <li>• Porn doesn't nourish?</li> <li>• Impedes intimacy in offline relationships.</li> <li>• Porn usage to meet profound needs</li> </ul>
<p>[Participant 2]</p> <p>FUNCTION &amp; FEATURES OF IA</p>	<ul style="list-style-type: none"> <li>• Time</li> <li>• On-line Gambling</li> <li>• Offline Relationship problems</li> <li>• Internet as support</li> <li>• Intimacy ambivalence</li> <li>• Discounting</li> <li>• Cathartic release on-line</li> <li>• Hiding of self</li> <li>• Control</li> <li>• Strokes</li> <li>• Danger of the IA</li> </ul>
<p>[Participant 3]</p> <p>FUNCTION &amp; FEATURES OF IA</p>	<ul style="list-style-type: none"> <li>• Perception of stability</li> <li>• Internet as support mechanism</li> <li>• Coping strategy</li> <li>• Escapism</li> <li>• Power, strength, control, status &amp; achievement.</li> <li>• Identity development</li> <li>• Time</li> <li>• A subtle drug</li> <li>• A regressed child</li> <li>• Inhibition of basic needs being met</li> <li>• Violence is rare</li> <li>• Splitting</li> <li>• Internet offers positive benefits</li> </ul>
<p>[Participant 4]</p> <p>FUNCTION &amp; FEATURES OF IA</p>	<ul style="list-style-type: none"> <li>• Obsessive &amp; Compulsive</li> <li>• Internet pornography as an addiction</li> <li>• Smart phone addictions</li> <li>• Searching and collecting</li> <li>• Coping strategy</li> <li>• Escapism</li> <li>• Reconnecting with self</li> <li>• Ambivalence around intimacy</li> <li>• Discounting</li> </ul>

## TREATMENT

Master table of higher order-concept relating to the participants' understanding and experience of the treatment and practice of supporting individuals struggling with Internet Addiction (IA), and the super-ordinate themes that emerged within the group.	
HIGHER ORDER CONCEPT	SUPER-ORDINATE THEMES
[Participant 1] 'TREATMENT'	<ul style="list-style-type: none"> <li>• Technique and methods</li> <li>• Safety</li> <li>• Impact on therapist</li> <li>• Ethical challenges</li> <li>• Lack of support</li> </ul>
[Participant 2] 'TREATMENT'	<ul style="list-style-type: none"> <li>• Techniques and methods</li> <li>• Values of the therapist</li> <li>• A humanist approach</li> <li>• Therapist vulnerability and challenges</li> <li>• Support for the therapist</li> <li>• The online therapist</li> <li>• Therapist as 'parent'</li> <li>• Boundaries</li> </ul>
[Participant 3] 'TREATMENT'	<ul style="list-style-type: none"> <li>• Style of therapist / Treatment</li> <li>• Support for therapist</li> <li>• Therapist as parent</li> <li>• Research affected by politics</li> </ul>
[Participant 4] 'TREATMENT'	<ul style="list-style-type: none"> <li>• Integrative approach</li> <li>• Therapist as a person</li> <li>• Technique and methods</li> </ul>

## INTERVIEW PROCESS

Master table of higher order-concept relating to the participants' experience within the interview, in discussing their experience and understanding of Internet Addiction (IA), and the corresponding super-ordinate themes that emerged within the group.	
HIGHER ORDER CONCEPT	SUPER-ORDINATE THEMES
[Participant 1] 'INTERVIEW PROCESS'	<ul style="list-style-type: none"> <li>• A deeper exploration</li> <li>• A parallel process</li> </ul>
[Participant 2] 'INTERVIEW PROCESS'	<ul style="list-style-type: none"> <li>• A parallel process</li> <li>• Personal disclosure</li> </ul>



[Participant 3] 'INTERVIEW PROCESS'	<ul style="list-style-type: none"> <li>• Parallel process</li> </ul>
[Participant 4] 'INTERVIEW PROCESS'	<ul style="list-style-type: none"> <li>• The 'opening up' of the therapist.</li> <li>• Parallel process</li> </ul>

## SUB-STAGE 6: Patterns across cases

### TABLES ILLUSTRATING RECURRENT THEMES ACROSS CASES (Frequency)

Identifying recurrent themes: Complexity					
Super-ordinate themes	Participant 1	Participant 2	Participant 3	Participant 4	Present in half of sample or over?
<i>Confusion &amp; complexity in understanding IA.</i>	Yes	Yes	Yes	Yes	Yes
<i>'IA' as obsessive-compulsive problem.</i>	Yes	No	No	Yes	Yes
<i>'IA' is an anxiety based problem</i>	Yes	No	No	Yes	Yes
<i>Comorbidity or underlying disorder</i>	Yes	No	Yes	Yes	Yes
<i>Internet as conduit or medium for addiction</i>	Yes	No	Yes	No	Yes
<i>Addictiveness of the Internet</i>	Yes	Yes	No	No	Yes
<i>Prevalence &amp; pervasiveness</i>	Yes	Yes	Yes	Yes	Yes

of IA					
<i>Problems defining &amp; assessing gaming addiction</i>	No	No	No	Yes	No

<b>Identifying recurrent themes: Aetiology &amp; Predisposing Factors</b>					
<b>Super-ordinate themes</b>	<b>Participant 1</b>	<b>Participant 2</b>	<b>Participant 3</b>	<b>Participant 4</b>	<b>Present in half of sample or over?</b>
<i>Childhood origin</i>	Yes	Yes	Yes	Yes	Yes
<i>Script patterns* formed in childhood / dysfunctional beliefs</i>	Yes	Yes	Yes	Yes	Yes
<i>Loneliness / aloneness</i>	Yes	Yes	No	No	Yes
<i>Low self-esteem</i>	Yes	Yes	Yes	No	Yes
<i>A conflicted self</i>	Yes	No	No	No	No
<i>Off-line relationship problems</i>	No	Yes	No	No	No
<i>Addictive properties of the Internet</i>	No	Yes	No	No	No
<i>Comorbidity (with other disorders)</i>	No	Yes	No	Yes	Yes
<i>Loss &amp; Instability</i>	No	No	Yes	Yes	No
<i>Fear of Intimacy</i>	No	No	Yes	No	No
<i>Self-image issues &amp; social / media pressures</i>	No	Yes	No	No	No

Identifying recurrent themes: Functions & Features					
Super-ordinate themes	Participant 1	Participant 2	Participant 3	Participant 4	Present in half of sample or over?
<i>Pornography use as health stage in development</i>	Yes	No	No	No	No
<i>Coping strategy</i>	Yes	No	Yes	Yes	Yes
<i>Searching &amp; collecting process (obsessions &amp; compulsions)</i>	Yes	No	No	Yes	Yes
<i>On on-line release / catharsis</i>	Yes	Yes	No	No	Yes
<i>Everyday precursors</i>	Yes	No	No	No	No
<i>Power, control and domination</i>	Yes	Yes	Yes	No	Yes
<i>Escapism</i>	Yes	No	Yes	Yes	Yes
<i>Ill-nourishment and dangers</i>	Yes	Yes	No	No	Yes
<i>Intimacy and relationship difficulties</i>	Yes	Yes	No	Yes	Yes
<i>Pornography addictions</i>	Yes	No	No	Yes	Yes
<i>Positive benefits of Internet</i>	Yes	No	Yes	No	Yes
<i>Loss of time</i>	No	Yes	Yes	No	Yes
<i>Gambling addiction</i>	No	Yes	No	No	No
<i>Discounting and splitting of self</i>	No	Yes	Yes	No	Yes
<i>A method for seeking attention (strokes)</i>	No	Yes	No	No	No
<i>Developing an identity</i>	No	Yes	Yes	No	No
<i>Perception of stability</i>	No	No	Yes	No	No
<i>Regression</i>	No	No	Yes	No	No
<i>'Smart phone' addictions</i>	No	No	No	Yes	No

Identifying recurrent themes: Treatment					
Super-ordinate themes	Participant 1	Participant 2	Participant 3	Participant 4	Present in half of sample or over?
<i>Methods, techniques &amp; style</i>	Yes	Yes	Yes	Yes	Yes
<i>Values of the therapist</i>	No	Yes	No	No	No
<i>Integrative approach</i>	No	No	No	Yes	No
<i>Vulnerability and safety of therapist</i>	Yes	Yes	No	Yes	Yes
<i>Support for therapist</i>	Yes	Yes	Yes	No	Yes
<i>Ethical challenges</i>	Yes	No	No	No	No
<i>The online therapist</i>	No	Yes	No	No	No
<i>Therapist as parent</i>	No	Yes	Yes	No	Yes
<i>Importance of boundaries</i>	No	Yes	No	No	No

Identifying recurrent themes: Interview Process					
Super-ordinate themes	Participant 1	Participant 2	Participant 3	Participant 4	Present in half of sample or over?
<i>Personal disclosure</i>	No	Yes	No	Yes	Yes
<i>A parallel process</i>	Yes	Yes	Yes	Yes	Yes
<i>Opening up of therapist</i>	No	No	No	Yes	No
<i>A deeper exploration</i>	Yes	No	No	No	No

## APPENDIX C

### A sample of transcript analysis from an alternative epistemological position

Themes recurring within and across cases from a transactional analysis perspective.

NB. Thesis raw data lies beneath

## A TA ANALYSIS

### SCRIPT PATTERNS FORMED IN CHILDHOOD / DYSFUNCTIONAL

#### DRIVERS

##### BE PERFECT

The transcripts revealed the repeated emergence of the driver to 'be perfect' within Internet sex and gaming addicted users' personalities. This is known within the TA nomenclature as a 'be perfect driver', and is based on a belief in childhood of conditional worth, i.e. in order to be OK in the world I must be perfect :

**Jack:** *[Internet addiction] it's often linked with perfectionism in my experience....it's often linked with em.... anxiety (4.19)*

Indeed, 'perfect' doesn't really exist for most people, it's actually a fantasy. As implied by Jack, if it does exist, it cannot be maintained for any significant period. Where it cannot be met or achieved then an anxiety will develop, and so anxiety and perfection are dynamically and inextricably interconnected. The Internet promised a temporary solution to this complex:

**Jack:** *in the porn I can have an ideal....I can fill in the gap that I'm looking for in order to feel okay.(14.8)*

**Kam:** *You can have the family that you want. You can play games where you can be the father or where you can be whatever you want. (5.7 – 5.8).*

In these examples, pornography promises to offer the ideal virtual sex partner, or perfect image that will yield sexual satisfaction. In gaming on the other hand, you can 'be' the perfect person, or even an idyllic father figure, that was absent in childhood.

## PLEASE OTHERS

A dysfunctional belief is developed in childhood whereby some people who have learnt a particular strategy to get by in the world, they must please other people to feel OK within themselves, with a general disregard to meeting their own needs and wants. This particular trait is known as a 'please others driver' within TA, and is particularly evident within Jack's caseload of Internet sex addicted clients:

*You know, I've looked after work, I've looked after my kids, I've looked after my whoever. And then the other side of the see-saw is I feel compelled to then.....I suppose masturbate really in order to have relief.... (5.9 – 5.12)*

*... it's like he's attended to every other part of his world, but he hasn't attended to himself. (26.3 – 26.9)*

*I've looked after everybody else [ ] but what about me? So the only meaning that I can make of that moment is that I've got to go and care for me in a way ...by accessing porn. (36.9 – 36.12)*

As Jack recounts working with different clients, the pattern is strikingly familiar across his caseload. The Internet provides a safe haven from the clients (believing) they have to attend to other people. Internet assisted masturbation provides relief from the reservoir of anxiety that slowly builds throughout the day or week.

## P-Y ADAPTATIONS

SCHIZOID or CREATIVE DAYDREAMER

### INTRO P-Y ADAPT

Both Jack and Lucy notice the prevalence of a lot of features of the schizoid process within their Internet addicted clients:

**Jack:** *kind of aloneness as a child....em...so he's been....he's very kind of quite schizoid.... (8.20 – 9.22)*

**Lucy:** *[ ] he waits for the horse to come to him, by being on side. So you are not confronting... [ ] But you're waiting. And I think it's this process of being with a client that again has more of a schizoid process that.....em..... gets involved in internet. [ ] of waiting for the client to come to you. (14.5 – 14.8)*

These clients are withdrawn, often because of neglect or abuse in childhood. Lucy offers a powerful equine metaphor to signify the underlying fear now carried by her clients, warning us to confront only with gentle care and respect, if confront at all.

## ANTISOCIAL

## Intro antisocial p-y

Jack's clinical experience tells him that an Internet sex addict with a schizoid personality will use the web to access images for sexual gratification, whereas somebody with an antisocial personality will use it to access people for off-line for actual interactive sex:

**Jack:** *I'm working with a couple of coppers, who I'd say were quite anti-social. [ ] So the kind of stuff that they are accessing on the web is more about accessing real people so I think there is a kind of obsessive nature to them that they actually then go and have penetrative sex with real people that you can touch.. (8.8 – 8.18)*

## EGO STATES

### Briefly define egos-states, emphasizing Child.

It is worth revisiting an earlier quote here:

**Jack:** *... splitting is an absolutely key component of pornography for me. Which is something about my clients again, it's nothing to do with my real partner...it's a completely different feel. So, you know, I go and do this....I go and wank to porn....which is something over there, and then I exit that and I re-enter real life. (14.18 – 14.24)*

Splitting is an integral part of pornography consumption. A fantasy world in which the Child ego state can be free to play and explore. Something "over there", Jack's language, something "over there", infers a disowned part of the person, that must indulge surreptitiously, then have to return to "real life". This supports the case study evidence of Shorrock (2012a) where the client also felt free to 'unlock' his Child ego state in the only way he knew how, using Internet pornography to masturbate.

Lucy understand the obsessive-compulsive process of searching and collecting pornographic images, associated with Internet addiction, resulting from childhood insecure attachments:

**Lucy:** *As well as then how to organize....that also becomes obsessive, how to organize all that...and then losing stuff... and then going on the trail for it....and then.... [ ] I think that it triggers the client's Child attachment anxieties. (5.13 - 5.18)*

Conversely, in his work with Internet addicted gamers, the Child ego state is energized only in competitive play, and not towards sexual fulfillment. As indicated in previous quotes from Kam, this is probably because the more pressing psychodynamic drive to be dominant over the father, who was neglectful or domineering:

**Kam:** *I would say that those who are gamers.....they are not interested in sex. Because they are children. (17.17)*

## Raw data

### SCRIPT PATTERNS FORMED IN CHILDHOOD / DYSFUNCTIONAL

#### DRIVERS

##### BE PERFECT

it's a lot more OCD than it is addiction. And I believe that it's an impulsive thing, and I think that it's anxiety based....I think people....it's often linked with perfectionism in my experience....it's often linked with em.... anxiety.... 4.19

perfectionism seems to be another really key one.... 7.24 (prereq for IA)

in the porn I can have an ideal....I can fill in the gap that I'm looking for in order to feel okay.14.8

Em.. em.....senses of....as I talk I was thinking about very early transference stuff...mirroring, twinning, idolization stuff.... 28.2

So that's very different I guess to some of the other stuff which is about masturbation through to conclusion linked to images or videos. 30.14

You can have the family that you want. You can play games where you can be the father or where you can be whatever you want. 5.7 – 5.8

##### PLEASE OTHERS

You know, I've looked after work, I've looked after my kids, I've looked after my whoever. And then the other side of the see-saw is I feel compelled to then.....I suppose masturbate really in order to have relief.... 5.9 – 5.12

He'll attend to that, he'll attend to his work and his kind of being politically correct and not being racially abusive towards people....you know, all those kind of things which one would like to think are endemic but actually I think, with all of us actually, you know, we struggle with our shadow side, kind of thing. So it's like he's attended to every other part of his world, but he hasn't attended to himself. 26.3 – 26.9

I've looked after everybody else. Everybody else's professional needs, but what about me? So the only meaning that I can make of that moment is that I've got to go and care for me in a way ...by accessing porn. 36.9 – 36.12

##### BE STRONG

Also has a Be Strong, and is discounting a problematic childhood. (MY EXPLORE NOTES) (20.18 – 20.22)



## **P-Y ADAPTATIONS**

### **SCHIZOID**

So I'm wondering, if you know....the kind of the schizo-type of stuff would.... 8.7 – 8.8

I'm thinking about one gay man I work with who is in his kind of forties, fifties....kind of very well adjusted in one sense....you know, a very senior social worker but he has got this very isolated story. This very kind of aloneness as a child....em...so he's been....he's very kind of quite schizoid.... 8.18 – 9.22

And, this process of 'join-up' that he talks about. How he waits for the horse to come to him, by being on side. So you are not confronting... [ ] But you're waiting. And I think it's this process of being with a client that again has more of a schizoid process that.....em..... gets involved in internet. Rather than a more paranoid process, I think... my hunch says. That connection is facilitating by this process of 'join-up'....of waiting for the client to come to you. 14.5 – 14.11

### **HISTRIONIC**

I remember talking to my supervisor once and she was saying that....kind of the histrionic presentation is very, very akin to kind of masturbation and...and....em self soothing in that kind of way in order to manage difficult feeling. 8.10 – 8.14

### **ANTISOCIAL**

I'm working with a couple of coppers, who I'd say were quite anti-social....so there's a kind of anti-social element to it and I think they....I think that's interesting because you can think about the kind of how it translates into reality. I'd say that they translate more into reality... [ ] So the kind of stuff that they are accessing on the web is more about accessing real people so I think there is a kind of obsessive nature to them that they actually then go and have penetrative sex with real people that you can touch.. (8.8 – 8.18)

## **EGO STATES**

### **CHILD**

But that's not particularly what my experience has been. I think my experience has been.....it's also about splitting as well...splitting is an absolutely key component of pornography for me. Which is something about my clients again, it's nothing to do with my real partner...it's a completely different feel. So, you know, I go and do this....I go and wank to porn....which is something over there, and then I exit that and I re-enter real life.

My notes:

Splitting is an integral part of pornography consumption. A fantasy world in which the part of the personality can be free to play and explore. The Child ego state? Something "over there", the language infers a disowned part of the person, that must indulge surreptitiously, then have to return to "real life". 14.18 – 14.24

See also my notes re.Child ego shaming in parallel process (16.1)

R: As well as then how to organize....that also becomes obsessive, how to organize all that...and then losing stuff... and then going on the trail for it....and then.... [ ] I think that it triggers the client's Child attachment anxieties. 5.13 - 5.18

I would say that those who are gamers.....they are not interested in sex. Because they are children. 17.17

## INJUNCTIONS

### DON'T BE IMPORTANT

: Em....and then .....he....so that would kind of be the more general theme, and then at the actual moment there might be some kind of relational difficulty or something like that and then the belief will be something like "Nobody meets my needs, and I can't tolerate that or ask for what I want" and there will be a discount at that moment.... 26.10 – 26.15

### DON'T THINK

You know, not.....putting yourself at risk by not completing a work project that should be done on time. Harming others is kind of relational stuff, like...you know....accessing...having sex with other people rather than your partner. Choosing not to think, which is a massive one. [ ] So I think, in the process it's that huge thing about choosing not to think and running away, you know. It's a harm pathway journey, you know, I think.....accessing porn. 37.4 – 37.12

### DON'T BE CLOSE

I think it is about injunction... [ ] It's about closeness and physicality and ....also being really rubbish at asking for what you want, I guess. 38.2 – 38.5

She claimed to have had a brilliant childhood. So I struggled. But on one occasion when she came into group she shared with the group the events of the previous night and proudly showed us her bruises and ....and you could hear a pin drop in the room.

The client that exposes herself has a Don't Be Close injunction. Avoids the real intimacy of FtF therapy on a one-to-one basis. Also has a Be Strong, and is discounting a problematic childhood. (MY EXPLORE NOTES) (20.18 – 20.22)

Em....but it's....we're still very early on. I mean I've been seeing her for a long time...but she's just coming to where she's telling me what happened. She's just told me what happened. [ ] But she can't tell me in the room with me... It's taken her all this time to build that level of trust. 33.20 – 34.2

But maybe...my hunch has been maybe...that I have given intervention or given some kind of eye contact. I've come too close... [ ] And then immediately after the coming too close, I will get that feeling...like a soporific feeling, or I find myself just slightly starting to disassociate. [ ] And that informs me...Oh maybe I got a bit too close. 23.7 – 23.15

## DON'T GROW UP / DON'T BE YOU (A WOMAN)

why her husband left... [ ] Why nobody wants her. Why the only people she can get is.... and you know, she dresses up in dolly clothes... [ ] little girlie things, which don't do her a lot of favours. But she's desperately trying to be appealing. 22.9 – 22.17

Her client is an adult, but seems to think that society will find her more acceptable if she presents herself as a little girl. Evidence of a Don't Grow Up injunction? Maybe now a societal injunction given media preference for slim and young. 22.9 – 22.17

## DON'T SUCCEED / DON'T BE WELL

You know, everything is going fine and then she has a flare-up. [ ] And she's in hospital or she loses her job, or...she doesn't get to college to get the course that she needs for the university place that she's got offered. Now, she didn't bring on that psoriatic arthritis or that flared up joint, or that immune problem...or did she? Who knows? It means that she can't get down for her sessions. 31.18 – 32.2

GAMERS: DON'T BELONG / DON'T EXIST / DON'T SUCCEED / Please other / Be strong

: "I am ugly"...or "I am outside". "I am not one of the others"...or stuff like that... [ ] I think...it's a....if we look at those two families...I think both of those families have a good possibility to achieve those injunctions. I think....based on my experience... that people with those injunctions and also drivers of being strong or being...what do you call...to please everyone...and having the injunctions of not belonging and not succeeding. And perhaps even also, not exist. I think those people have greater risks of getting stuck in the internet. (12.11 – 12.18)

## SCRIPT

### PATTERNS

I think if she had somebody and she had a relationship and the initial honeymoon period had passed, we might be able to sit down and look at...okay. how was that? Which bits worked? Which bits didn't? Which bits would you repeat? Why? To try to get them to understand....but it never gets there because they always attract....well, she in particular, always attracts someone who wants somebody who doesn't care very much about .... 23.7 – 23.13

### SCRIPT REINFORCEMENT

moment there might be some kind of relational difficulty or something like that and then the belief will be something like “Nobody meets my needs, and I can’t tolerate that or ask for what I want” and there will be a discount at that moment....26.11 – 26.15

but it never gets there because they always attract....well, she in particular, always attracts someone who wants somebody who doesn’t care very much about .... 23.11 – 23.13

## STROKES

Because often, it has become a problem in school... that you don’t achieve in school. But in the games you can achieve. [ ] And you can be someone. You can get strokes.... 5.23

I think that most of us, playing a game, become thirteen. [ ] When we are playing. But when we stop playing, we can adapt to the outer world and become our age.... [ ] But the addictive people... they stay at thirteen... because they can’t make their bed...they can’t take out their dirty dishes... They can’t even brush their teeth. 7.14 – 7.16

## OKNESS

possibly, probably the kid is minus minus.....I’m not okay, you’re not okay. In some areas it’s a minus, plus. Only when he’s angry he uses plus minus... 15.3 – 15.4

(gamers) : And actually they are also minus minus. I am not okay and you are not okay. In that specific way of looking at yourself and the rest of the world. And sex is...is not i in real life....minus plus.

(sex addicts) in real life....minus plus [ ] On the internet, plus minus. (17.20 -17.21)

In the gaming experience, you get a different....different experience....because when you play, you do it as a child, with other children. So your experience when you are playing is plus plus. 18.21 – 18.23

## PASSIVITY

Yes, a deadening atmosphere and....let me just think about that for a minute....(Pause).... So there’s something about their process where they’ve become passive, this is the client, yes....they learn this passivity and stillness...a stillness...to box in their discomfort and to ....the only stimulation that they can....that they cope with, is this boxed in stimulation there. Not with people contact around, yes? 18.10 – 18.14

## **APPENDIX 'D'**

Discussion of lower priority or 'non-key' super-ordinate themes pertaining to higher-order conceptual themes of Functions and Features of Internet addiction.

## Loss of time (FEATURE)

Loss of time is particular feature of Internet addiction, and repeatedly recurred across cases:

**Dora:** [ ] *an inordinate amount of time spent....and I think a lot of people, myself included....you know, what's addiction, and what's interest? You know, it's on a continuum. Yes, my husband and I can spend hours in the same room on our own machines doing stuff* 8.11 – 8.15

Whilst falling short of saying the words, Dora insinuates that both herself and her husband would appear on addiction continuum, should it exist. Whilst it doesn't seem to be so problematic for her, Dora's clients would spend whole evenings using the Internet, whilst Kam's clients could spend whole days.

**Dora:** *And her husband left her for somebody else, and I know that she spends five, seven hours of an evening on the internet, on sex chatrooms and web cams* 19.8.-19.11

**Kam:** *I think that internet addiction, when we talk about it as people who sit at the computer 24/7 and miss work, miss family, miss relations...* (6.24 – 7.3)

The problems that would emerge, as a result of lost time on the Internet, are rather immense and debilitating, as relationships and occupation fall by the wayside.

## On-line release / catharsis (FUNCTION)

*"It's like a shared kind of understanding culturally across men that, you know, pornography represents the unobtainable or something".* (12.20)

*"[ ] real others....real other halves or whatever....are never probably going to fulfill that criteria but pornography can and hence the searching for the very specific key that unlocks something..* (13.2 – 13.5)

*"I think it's more kind of existential. I think it's more about life position....like I feel shit about myself.....and so.....in the porn I can have an ideal....I can fill in the gap that I'm looking for in order to feel okay."* (14.6 – 14.9)

The above quotes from the interview with Jack convey what is meant by *release* and *catharsis* functions the use of the Internet serve for addicts. This would especially seem to be the case for those that use the Internet for sexual gratification. Pornography "represents the unobtainable", the "ideal". In a virtual sense, it is possible to possess the ideal, or even physically connect with 'the ideal' in Internet mediated off-line sexual encounters. It would appear we project on to the image, or the other within the actual sexual encounter, the met criteria where the "other half" has failed. The "key" is unlocked.

Jack's other clients will use the Internet for a different kind of release, from which he refers to as the "shadow side":

**Jack:** *He'll attend to that, he'll attend to his work and his kind of being politically correct and not being racially abusive towards people....you know, all those kind of things which one would like to think are endemic but actually I think, with all of us actually, you know, we struggle with our shadow side, kind of thing. So it's like he's attended to every other part of his world, but he hasn't attended to himself. (26.3 – 26.8)*

He is talking about a composite client, who would usually be working within the police. Operating within a system that that is intended to promote equality and justice, the policemen he has often worked with are culturally conditioned to be in the service of others. His darker side is repressed, including all his urges to be racially prejudice, and it is only through accessing violent pornography he can attend to himself, and release his rage.

Jack reports that clients with this profile, often 'pillars of society', will search of sex using the Internet, which will enable a catharsis of a repressed persona. Dora notices a similar process within her clients who spend an "inordinate" amount of hours seeking company on social networking sites such as Twitter and Facebook:

**Dora:** *They keep... spending a lot of time telling me that they are not this gregarious.... outgoing, vocal... that everybody else comes to with their problems... (12.6)*

Somehow, for her clients struggling with low confidence and loneliness, the Internet provides an opportunity, a forum, to release the more outgoing, extravert, sociable elements of their personality.

## Ill-nourishment and dangers (FEATURE)

For many of the participants' clients that experience problematic Internet a feeling of ill-nourishment pervaded their being, if not whilst using the net, but certainly after:

**Jack:** *[ ] they'll masturbate, they'll orgasm, and in the orgasm there will be some sense of disappointment or lack of ....not that sense of complete soothing, or completion.... 24.10 – 24.12*

As discussed above, Internet pornography "represents the unobtainable", the "ideal", for many vulnerable users. Whilst hours ebb away, surfing the web for the 'perfect' sexualized image or scenario, the climax is invariably followed by a "sense of disappointment... not that sense of complete soothing, or completion". If ideal represents the perfection, it is arguable that perfection can never of will never be achieved. It would seem that vulnerable users fall prey to an illusion, a myth, that the ideal can be obtained, at least in the moment. The paradox of the climax is such that, whilst delivering an intense state of euphoria, it also drags in its afterglow the painful reality that communion with such "perfection" does not exist, at least not in an 'off-line reality' sense.

As if this painful realization was not enough, the misery is compounded by the lost time and productivity spent in pursuing perfection:

**Jack:** [ ] *whatever the project is that the person is supposed to be working on... will not have been completed...to that, one of the kind of reinforcing loops will be about kind of the procrastinating process.... (24.23 – 25.2)*

Thus, time spent looking at porn will draw the person away from be industrious, and completing other tasks, which in itself will reinforce feeling of profound disappointment.

The Internet provides endless opportunities to ill-nourish any conflicted user that wishes to self-destruct or expose themselves to danger:

**Dora:** [ ] *she spends five, seven hours of an evening on the internet, on sex chatrooms and web cams and exposes herself and entertains strangers, and she thinks, you know, that she's found love, and she's often raped really, by any other language, because she's desperate for... for that closeness. (19.9 – 19.13)*

**Dora:** *But these Internet men come to her house, with her children sleeping. She has two girls. That scares me. (24.22)*

Once again, the pursuit of the ideal is evident. Dora's client is so desperate for romance, she will compromise herself greatly; exposing herself on-line, enabling a virtual rape to be committed time and time again. This would appear to the lighter end of the compromise when considering the high degree of risk allows her children to be exposed to when she invites these same "Internet men" into her actual home. Dora owns her own fear as she shares her clients high risk behaviours. I wonder how much of her scare is actually felt *for* these clients, in the sense that her clients are discounting their own scares, and the projective identification experienced by Dora is their way to trying to process their fears, albeit ineffectually of course.



# APPENDIX E



## TA & INTERNET ADDICTION

***HAVE YOU WORKED WITH CLIENTS STRUGGLING WITH INTERNET ADDICTION?***

***INTERESTED IN SHARING YOUR EXPERIENCE AND DEVELOPING THE TA EVIDENCE BASE?***

### **Aim & Purpose of the study:**

To explore the experiences of TA therapists working with clients who present with Internet addiction and compulsive use of the Internet. It attempts to engage with the therapist's experience of therapeutic assessment, the impact of any aetiological factors, and the treatment of those clients.

### **Who is invited to Participate? You will...**

- be a UKCP registered psychotherapist
- a Certified Transactional Analyst
- have direct experience of working therapeutically with adult clients who have experienced problems associated with Internet addiction and compulsive Internet behaviours.
- in some way, identify yourself as an 'integrative' therapist, or 'integrative' in approach.

### **What will I have to do?**

A semi-structured interview face-to-face (or via telephone if not going to conference this year), lasting no longer than one hour.

**Anonymous?** Yes, full anonymity is guaranteed.

Expressions of interest to:

### **Matt Shorrock \***

*MA. Psych; BSc. (Hons) Psychol; Couns (Cert.); Prof. Tr. (Cert); CTA.UKCP Reg.*

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*\* Matt is furthering his training and development as a psychologist and psychotherapist, and is writing a book on the treatment of Internet addictions alongside his doctoral research on the Professional Doctorate in Counselling Psychology at Manchester University.*

## APPENDIX F

### – Participant Information Sheet

# ***Therapists' experiences of working with clients struggling with Internet addiction***

## INTRODUCTION

The information that follows is provided so that you can make an informed decision as to whether you would like to participate in this study, or not. The purpose of the research is outlined, as well as an explanation of what the study will involve. Thank you for taking the time to carefully consider your decision and feel free to contact me should you wish to discuss any concerns or queries.

### **Aim & Purpose of the study:**

To date, little research has been conducted into therapists' experience of with clients who present with Internet related problems. More recent critiques of the methodological weaknesses within many of the studies highlight the over-reliance on survey data and self-reported data from self-selected populations. The aim of this study is to explore the experiences of therapists working with clients who present with Internet addiction and compulsive use of the Internet. It attempts to engage with the therapist's experience of therapeutic assessment, the impact of any aetiological factors, and the treatment of those clients. I envisage that holding a focus on therapist's experiences could offer a unique insight into the impact of predisposing factors on the client's experience of Internet addiction and compulsive Internet behaviours

### **Who is invited to Participate?**

Participants invited to participate in this study will exclusively invited from the UK membership of the Institute of Transactional Analysis (ITA). As such, all participants will be UKCP registered psychotherapists, and Certified Transactional Analysts. You will have a minimum of five years practice experience. Another key requirement is that you will have had direct experience of working therapeutically with adult clients who have experienced problems associated with Internet addiction and compulsive Internet behaviours. Although TA is essentially a theoretically integrative approach, another pre-requisite is that you identify yourself as an 'integrative' therapist, who has trained in or has been influenced by 'other' therapeutic modalities (e.g. psychodynamic, CBT, person-centred therapy) even though you may understand TA to be your core modal. Participants (you) are chosen purposefully, which is theoretically congruent with the qualitative paradigm of this study, as it is expected therapists (you) will have a particular insight into the experiences of people

struggling with Internet addiction. Therefore, participants (you) will represent a 'perspective' rather than a population. The added value of this particular sample is the standardisation of your theoretical and clinical approach, in that you will use Transactional Analysis as your core modality.

### **Your choice to participate:**

Participation in this study is completely voluntary. The option to review the transcript, before publication, will be offered to you. You will also be offered to opportunity to withdraw from the research should you wish, up to the point immediately after the interview. Data analysis will not proceed until one month after you have been given the option of reading the transcript. The design of the semi-structured interview will minimise the amount of personal information recorded. You will also receive a consent document, which is given to each participant, by way of initiating the informed consent process; this will include specific information regarding ethical issues associated with the study.

### **What will I have to do?**

If acceptable, you will return a signed copy of the research consent form using the SAE provided, whilst the other copy will be retained by you for your own convenience. Upon receipt of the signed consent form I will contact you via your chosen method (email or telephone) and arrangements will be made to coordinate a face to face or telephone semi – structured interview. Interviews will be carried out at a venue or in a method mutually agreed by both participant and researcher. The duration of the interview will be a maximum of 90 minutes and will follow a pre-constructed semi structured question format. You will be interviewed once only. There will be approximately 10 questions in the structured element (schedule) of the interview which will be constructed around the research questions and aims (outlined above). To ensure equity and consistency, all participants will be asked the same questions. Once the interview has been transcribed it will be forwarded to you for review and any amendments as necessary. The option of contact following the interview will be offered although this is not a compulsory.

### **Confidentiality and Anonymity**

Every attempt will be made to secure all data and information collected. Hard copies of documents and audio recordings will be held in locked storage, whilst electronic information will be secured within an encrypted electronic storage device. As the principle researcher, I will be the only person who is able to access the secured information. Personal information stored in connection to this study will be destroyed after five from collecting the data, and my Research Supervisor will be the custodian after I have finished my course and left the university. This safeguard is in compliance with The University of Manchester regulations on data retention.

### Potential advantages and possible disadvantages of participation.

The investment of time needs to be taken into account before agreeing to participate in this study. Whilst the interview will last no more than 90 minutes you will also be given the option of reading the interview transcript, and feeding back any amendments you may wish to make; however, this should take no longer than 30 minutes.

Participation in this study will give you the opportunity to reflect upon your own understanding of working with clients presenting with Internet addiction and related compulsive behaviours. Across the broad spectrum of research literature very little has published regarding diagnosis, assessment and treatment of this rapidly growing phenomenon; less still into the *experience* of therapists working with this client group. By contributing in this study you are securing a foothold of Transactional Analysis, in the research evidence base, as well as being directly involved in practitioner led research.

### Who has reviewed this study and methodology?

The University of The University of Manchester Research Proposal Panel, as well as the University Research Ethics Committee (UREC) have both scrutinised the study proposal and approved it as a valid research study.

### Will I receive expenses?

University of Manchester, School of Education, recommends that you should not receive any incentive for participating in the study, other than where appropriate out of pocket expenses or a gift voucher with a value not exceeding £20.

## CONTACT DETAILS

### Details of Principle Researcher

Matt Shorrock is the Principle Researcher for this study. Matt is a student on the Professional Doctorate in Counselling Psychology validated by the University of Manchester.

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## APPENDIX G

### – Research Consent Form

#### ***Therapists' experiences of working with clients struggling with Internet addiction***

### Research Consent Form

I have consented to take part in a semi-structured interview on therapists' experiences of working with clients struggling with Internet addiction, and predisposing factors, and hereby give my consent for the recording of this session and for the details of the session involving me to be used for research purposes. I understand and agree that, without my further consent, the transcript and recording of the session will be used for the purpose of developing research in this area, including the use of anonymous quotes. I understand and agree that data generated from the interview will be used to develop or support the researcher's submission of a research thesis for the Professional Doctorate in Counselling Psychology at the University of Manchester and related publications.

I am aware that I have the right to withdraw from the project. The researcher will endeavour to ensure that the material used is not identifiable. As a participant, I understand and agree that the data resulting from the semi-structured interview will be transcribed, and that a full transcript will be sent to me. I understand I have one month to review the transcript, and to suggest any amendments within this period. I also have the opportunity to withdraw my consent for the use of all data generated from the interview up to the end of this period.

I confirm that I have read the attached 'Participant Information Sheet' and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

I agree to take part in the above project.

Signed (Participant) ..... Date .....

Print Name:.....

Signed (Researcher)..... Date .....

