

Internet addiction in adolescents: Pathological Internet Use and its Prevalence and risk factors - A Review on Case Study

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Abstract: Internet addiction refers to excessive or poorly controlled urge or behavior to access the internet. According to Young, internet addiction comprises of compulsive behaviors related to any online activity that disturbs normal daily life and induces stress on social relationships. This makes adolescents preoccupied with the internet, leading them to use it day and night, regardless of its side effects. As new media are becoming daily fare, Internet addiction appears as a potential problem in adolescents. From the reported negative consequences, it appears that Internet addiction can have a variety of detrimental outcomes for young people that may require professional intervention. Researchers have now identified a number of activities and personality traits associated with Internet addiction. This review article aimed to assessing the prevalence of potential Internet addiction in a large sample of adolescents, and investigating the interactions between personality traits and the usage of particular Internet applications as risk factors for Internet addiction.

Key Words: Internet addiction, Pathological Internet Use, Prevalence, Critic Review.

1. INTRODUCTION:

When we think of addiction, we usually associate it with substances such as alcohol and illicit drugs. However, addiction is more intertwined in our everyday lives than we may think. For example, a majority of the world's population is addicted to caffeine. Even though caffeine is known to be addictive, many people throughout the world do not start their day without a cup of coffee. We are so consumed in our daily lives that we may even start to become addicted to everyday activities, like surfing the internet. For the younger generation especially, being online takes up a large portion of our days – between scrolling on social media, watching videos, and reading articles. With the internet continually becoming more advanced, there has been an increase in internet addiction over the past several years.¹ It is commonly considered as a behavior-based addiction. There is an increasing trend of internet usage among adolescents and its prevalence is found to be higher than adults. Adolescents spend considerable time on the internet and use it widely for social interaction.² Internet addiction is considered as severe as substance addiction, and evaluation is ongoing about its potential to be included in mainstream classificatory systems of psychiatry. Internet addiction was not included in DSM 5 when it was published in 2013. However, it recognized internet gaming disorder in the section recommending further research along with caffeine use disorder.³ Internet addiction has, however, been formally recognized as a disorder by the American Psychological Association.⁴ With the COVID-19 outbreak and subsequent lockdown, children and adolescents have increased exposure time on the internet to study, play online games, use social media and to watch movies. This has led to increased internet addiction among children and adolescents.⁵ In comparison with adults, addiction vulnerability appears to be a more problematic issue among adolescence owing to online study and their natural tendency to use the internet, leading to rise in associated psychopathology, academic deterioration and maladaptive behavior pattern.⁶ Behavioral characteristics of adolescents with addiction have been studied in detail and a certain pattern specific to addictive behavior has been elucidated. Predictive factors for internet addiction in adolescents include parent variables (internet use, depression), personality traits (self-esteem, self-regulation, perfectionism, empathy and conscientiousness) and psychological problems (attention deficit, neuroticism, depression and anxiety).⁷ certain personality traits such as impulsivity, risk-taking and stress responsiveness have also been linked consistently to potential addiction.⁸

Case study 1:

Master Pradeep (name changed), a 12-year-old male child studying in the sixth grade, was brought to the psychiatric outpatient department with complaints of self withdrawal, depressed mood, restlessness, irritation, insomnia, and difficulty concentrating on activities for the past one month. When parents were questioned about his current illness

history, it was revealed that he had received a tablet with an internet connection in order to attend his online classes during the Covid 19 pandemic. Initially, he began using the tab for the purpose of attending online classes, but he soon began browsing the internet for games, watching online movies and videos, and started engaging in social media activities. He would use social media, play online games, or surf the internet for answers to subject-related questions. His internet usage increased gradually, eventually reaching 4-6 hours per day, as he used his free time to participate in online activities. According to his parents, he would be unable to control the amount of time spent online and would instead attempt to prolong it by claiming that it was only a matter of a few more minutes. Even after beginning physical education classes at school, he would think about how he could spend his free time online and remained preoccupied with this thought. As a result, he was unable to devote sufficient attention to his studies.

He began to stay awake until the late night for surfing the internet. When his parents questioned him for wasting time, he would become irritated and angry with them, but he would not give up his internet use for the time being. He performed poorly in the examination as a result, as compared to his good performance in the previous examination. This pattern persisted for a period of six months. Following that, the patient began to gradually withdraw himself from the surrounding. He gradually stopped interacting with any of the family members. He stopped showing interest in playing with his siblings and other children's. He would not ask food by himself and eat only half of the previous amount when persuaded. His parents also complained that, he is not sleeping for normal duration and awake for late night. On physical examination he found weak and malnourished. His haemoglobin level was low and mildly anaemic.

Following the assessment, the diagnosis of problematic internet use and childhood depression was made. A prescription of anti depressive drugs, nutritional supplements was written for the patient to treat his depression and malnutrition. Counseling was provided to both the patient and the parents, who were instructed to pay greater attention to and spend more time with their children.

Case study 2:

A Mr. Manoj (Name changed) male adolescent with age of 17 years was admitted to male psychiatric ward with complaints of mood swings, depressive mood, irritability, loss of touch with surroundings since many days. He was not had previous history of psychiatric illnesses and present history of illness revealed that, he started playing video games since two years when he got his mobile phone with internet facility. He started playing simple games initially and gradually it went to playing online games. He constantly increased time for playing online games and started playing online games with group of friends, eventually lost control over use. He gradually lost interest in other activities, his studies, social activities, bunking his classes and most of the time he would not leave his room and found online playing video games.

The Internet gave him relief by providing an escape from his life problems. Irritated when his parents took away his mobile phone, he become restless, irritable and sometimes verbally and physical abused them.

Brought to hospital with force, he showed depressed mood, irritable and found himself searching for something. In the hospital diagnosed him as depressive disorder related to overuse of internet. Patient was prescribed with mild antipsychotics, antidepressants and anti anxiety drugs. His fluid and nutrition was taken care in hospital stay. Individual counseling was done during hospital stay and engaged him in physical activities. Mr. Manoj was discharged after 2 weeks of treatment, showing mood stabilization and partial sense about his problem. Outpatient treatment was indicated.⁹

2. Internet Addiction in Teens :

Many teenagers use the internet as a type of coping mechanism, which makes them the most vulnerable group for internet addiction. Also, social media and online gaming are an increasingly large part of teenage culture throughout the developed countries. It is important to note that there is a big difference between typical teenage behavior and actual internet addiction. If someone is truly addicted to the internet, they will display certain behaviors.¹⁰

3. Risks of Internet Addiction :

If a teenager develops an addiction to the internet, they may be risking several mental and physical issues. Firstly, excessive use of the internet can lead to risky behaviors such as sending illicit photos, having online affairs, or cyber bullying. Someone who is addicted to the internet may also be risking:

- Loss of personal relationships outside of the computer
- Lower grades or performance at school/work
- Lack of social skills in person

- Withdrawal without use (anger, tension, depression)
- Declining health due to lack of physical activity

If your teenager has an internet addiction, it's important to catch it before the above risks occur.¹¹

4. Prevalence :

Research on the prevalence rate of IBD varies widely from study to study, with early studies reporting a prevalence rate of 40% to 80%, and recent studies citing lower rates of 6% to 14%. The difference in rates can be explained by the fact that the earlier studies were conducted online with self-selected samples mostly endorsing the category of "heavy users," whereas later studies used larger sample sizes with a range from light to heavy users. We embrace a conservative estimate of prevalence (6%) over the higher estimate, with the conviction that even 6% is worthy of concern and with the knowledge that less than 15% of Internet users spend more than 10 hours per week online. Researchers need to monitor prevalence rates, because Internet use and IBD will likely increase as this technology matures. In fact, a recent survey of 2,689 households found that weekly Internet use increased in direct proportion to access and to high-speed capacity. Clearly, this is a problem of growing proportion and mental health counselors will want to be prepared to meet a growing demand for these services.¹²

5. How to Treat an Addiction to the Internet

The first step to treating a teenager's addiction to the internet is admitting that a problem exists. Then, it's important to talk to them about the issue. Make sure they know that you aren't attacking them, but that you are concerned for their health. Agree on an action plan with your child and begin to create boundaries without cutting out the internet from their lives completely. After talking, it's time to take action. Talk to your child's doctor about the next best steps for your teenager. They may end up finding underlying mental health concerns that require medication. Therapy can also be a beneficial form of treatment to help teenagers understand their internet addiction.¹ Children and adolescents need education about the harm of Internet addiction. These harms include reduced physical exercise and more irregular eating and sleep habits. They also develop symptoms of inferiority, anxiety, depression, and negative moods. Impaired daily functioning with Internet addiction commonly includes ignoring school study, work, family, social interactions, and life planning.

Children and adolescents need to arrange their daily life reasonably in home, work, and rest regularly, eat properly, ensure a certain amount of exercise, and strictly limit time for recreational use of the Internet and avoid excessive use. They can also learn proactively about emotional regulation strategies such as relaxation training, mindfulness meditation, and cognitive therapies. It also helps to set short-term goals and focus on school studies. If children and adolescents find it difficult to control themselves from problematic or compulsive use of the Internet, they need to seek help from parents and experts. Targeted early prevention of Internet addiction is also needed for high-risk groups with preexisting attention deficit and hyperactivity disorder (ADHD), depression, anxiety, and substance use disorders.¹³

6. Conclusion:

Children and adolescents are especially vulnerable to developing dependence on the Internet, more than most other segments of the society. This can be attributed to several factors including the following: Availability of time; ease of use; unlimited access to the Internet; the psychological and developmental characteristics of young adulthood; limited or no parental supervision; an expectation of internet/computer use implicitly if not explicitly, as some courses are Internet-dependent, from assignments and projects to communication with peers and mentors; the Internet offering a route of escape from exam stress, all of which make Internet overuse a significant cause of concern for parents and faculty. Prevention is always better than cure. One way to reduce incidence of internet addiction is by increasing children and adolescent's adherence to healthy lifestyle by educating, screening, detecting and modification of risk factors. Lack of knowledge and lack of concern for health may result in poor level of health and many health problems.

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