

Criteria for Diagnostics of Internet Addiction

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Abstract:

This article analyzes the study of the problem of internet addiction by world psychologists, the criteria for diagnosing internet addiction in a person, approaches to the triggers of internet addiction.

Keywords: internet addiction, additive behavior, gambling, priority, mood modification, tolerance, withdrawal symptoms, conflict, relapse, mobility.

The problem of internet addiction cannot be considered as a new concept to the scientific community, either from a theoretical nor from a practical point of view. The first studies of the psychopathological syndrome associated with the ineffective use of Internet resources began back in 1996 and are associated with the name of Kimberly Young. At that time, to diagnose the disorder, K. Young proposed four criteria: an obsessive desire to log on to the Internet, anticipation of the next online session, a large amount of time spent on the Internet, a large amount of money that is spent on the Internet (Young K.S., 1996.). I. Goldberg proposes to consider hyper-involvement with the Internet through the prism of a model of behavioral addictions, in particular gambling, and he is the first to use the term Internet addiction to refer to this phenomenon (Goldberg I., 1996). Subsequently, another term appears - “technological dependencies”, it was used in 1998 by M. Griffiths (Griffiths M.D., 1998). He also suggests relying on criteria for pathological gambling to diagnose technology addictions.

A.Yu. Egorov summarizes the research into the nosological affiliation of Internet addiction: “According to modern concepts, Internet addictions can be classified as a group of technological addictions—non-chemical (behavioral) addictions realized through modern technologies” (Egorov A.Yu., 2015). However, here we are faced with another diagnostic difficulty associated with the very specifics of the Internet space - the presence of a large number of different types of online

activities (from online surfing to online games), on the one hand, and the general characteristics of any online activity (flow experience, anonymity, external regulation of attention), on the other. Thus, to formulate diagnostic criteria, it is necessary not only to describe symptomatic criteria, but also to clearly understand what specific characteristics of the Internet space we accept as contributing to a change in the individual's condition.

During the discussion of DSM-5 by the American Psychiatric Association, the question of the need to separate Internet addiction into a separate section also arose (American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, 2013). In addition, the problem of diagnosing Internet addiction itself, or addiction to specific online activities (gambling, shopping, online games, online sex, etc.) was also discussed (Griffiths M.D., 2013).

Experts suggested including Internet addiction in a separate section for further development; it was proposed to use the terminology: problematic Internet use or addiction to online games (Petry N.M., O'Brien C.P., 2013). The expansion of ideas about the etiology and pathogenesis of the disorder was primarily associated with studies of pathological online gaming (online games) (Griffiths M.D., Kuss D.J., 2012). In subsequent studies, the leading question also remained about the possibility of diagnosing individual types of behavioral addictions, or combining them into a common group due to the only possible implementation via the Internet (Király O. et al., 2014). M. Griffiths suggests using the following criteria to diagnose Internet addiction:

- 1) priority - a special activity which has high value and prevails in thoughts, feelings and behavior;
- 2) mood modification - a change in the emotional state during immersion in online activities (a state of euphoria in a game, or a decrease in tension and anxiety through the use of social networks, watching "Stories", etc.);
- 3) tolerance - to achieve the usual effect, more time is required online, or an expansion of the repertoire (a combination of an online game with communication within it, or on social networks);
- 4) withdrawal symptoms - the occurrence of unpleasant sensations, psychophysiological reactions with the loss or sudden reduction of online activity;
- 5) conflict - symptoms associated with the negative attitude of loved ones towards addictive behavior, as well as intrapersonal conflicts with increasing mental stress;
- 6) relapse - a return to ineffective use of Internet resources even after a period of long remission (Grusser S. M., Griffiths M. D., 2006).

Nowadays, most of the research in the field of Internet addiction relies on diagnosis on self-report test methods, which show themselves to be reliable when verified by psychiatrists (Hur M.H., 2006; Festl R., Scharkow M., Quandt T., 2013; Petry N.M., 2013). Questionnaires used in modern research also rely on previously outlined criteria. However, risk factors identified in numerous studies that predispose to the development of Internet addiction suggest heterogeneity in the clinical picture. In some cases, symptoms of euphoria, tolerance and interpersonal conflicts come to the fore and turn out to be characteristic of persons with severe impulsivity, excitability, the search for novelty, and hostility; in another, come to the fore withdrawal syndrome and somatic symptoms characteristic of anxious, asthenic, sensitive people personalities.

Due to the high prevalence and significance of the socio-economic consequences, it was decided to include Internet addiction in МКБ -11 as a dependence on computer games - pathological gaming (МКБ -11, 2020). It is included in the category of disorders caused by addictive behavior, although the diagnostic criteria correspond more to a disorder of habits and desires:

- 1) violation of control over gaming behavior

- 2) increasing the priority of the game over other life interests and daily activities
- 3) continuation or intensification of gaming behavior, despite the occurrence of negative social, economic, and physical consequences. The diagnosis is relevant when playing online or offline.

It becomes obvious that the problem of Internet addiction remains not entirely clear to specialists. Despite the fact that researchers have similar ideas about the combination of impulse control disorders, motivational changes, and difficulties in reducing behavior in the symptom complex, the question of taking into account the specificity of the online space in diagnosis remains open. In our opinion, the Internet phenomenon itself largely determines the pathogenesis of the disorder, so it should be taken into account in diagnosis.

The Internet, according to many authors (Perezhogin L.O., 2016; Voyskunsky A.E., 2019; Soldatkin V.A., Mavani D.Ch., 2018), has specific characteristics that determine its addictogenicity. A.E. Voyskunsky (2019) identifies the following characteristics of cyberspace:

- 1) The ability to transfer from reality to the Internet space and back, as well as mixed (“hybrid”) forms of behavior. That is, the inclusion in cyberspace of types of activities, social context, material tasks of reality, and the integration of cultural, informational, technological processes arising in the online environment into real life. Thus, the Internet allows a person to expand his boundaries (physical and mental capabilities, communications, learning, etc.), due to the mobility of this environment, it can be perceived by the individual as a complement to himself in live interaction.
- 2) Anonymity. It provides, on the one hand, freedom of action and self-expression, and on the other, deviations of communicative behavior (trolling, cyberbullying, etc.). Having the opportunity to create an additional personality, many people with communication problems immerse themselves in the virtual personality to such an extent that it becomes dominant.
- 3) Reputation upgrade. Initially, the term was used exclusively in computer games and meant the development of a game character through thoughtful long-term play, including the development of reputation in multiplayer games through team interaction. At the moment, it also includes work on the image in social networks; approaches to creating the “correct” avatar that meet the expectations of the target audience - “subscribers” are being actively developed.
- 4) Mobility. The ability to access the necessary information anywhere and at any time, reduce anxiety by surfing the Internet or scrolling through stories, enter into communication with the right person, check your character, etc. This characteristic also affects the rapid growth of tolerance and a pronounced withdrawal syndrome in the absence of the ability to connect to the network.
- 5) Immersion or flow experience. The study of flow experience is based on the concept of M. Csikszentmihalyi (Csikszentmihalyi M., 2000). The flow experience, or autotelic experience, is process-oriented rather than outcome-oriented. In domestic works, the experience of flow is interpreted within the framework of cognitive (Dormashev Yu.B., 1995) and motivational (Voyskunsky A.E., Smyslova O.V., 2002) processes. The experience of flow is associated with a feeling of total control of the situation, loss of a sense of time, erasure of identity, decreased tension and a feeling of satisfaction (Novak T, Hoffman D., 1997).
- 6) Lack of responsibility. On the Internet, an individual has the opportunity to refuse a decision at any time, “roll back” a step, or use the property of anonymity. Unlike in real life, actions may no longer have consequences, or those consequences can be easily ignored.
- 7) Distribution of behavior. The emergence of a large number of weak ties between people (at a large emotional distance), supported by common interest and a rapid change of participants. Such interaction is possible in real life only for a short time, but on the Internet such

connections are common, providing the illusion of a large number of contacts, but at the same time they are not close, reliable or trusting.

Thus, online activities, including online games, are qualitatively different from offline activities. Internet addiction or addiction to online games in the vast majority of studies is separated from other forms of behavioral addictions.

L.O. Perezhogin (2016) also draws attention to the problem of distinguishing between non-pathological and pathological forms of Internet use, since the Internet has become a tool necessary for solving many practical problems. They are also encouraged to use the following clinicopathological signs of PC gaming addiction: a dominant attitude towards PC games and preoccupation with communicating with friends online, changes in emotionality, decreased cognitive motivation offline, learning disorders, personal immaturity (Perezhogin L.O., Vostroknutov N.V., 2009).

Despite the vagueness of the criteria for Internet addiction, it is worth noting that to date, insignificant ones have been excluded from them: time spent on the Internet, the nature of the preferred games (aggressive, strategy, etc.). In general, most researchers agree on the understanding of Internet addiction as a disorder of habits and desires, characterized by an ineffective pattern of Internet use in the presence of impulsivity, overvaluation, mood changes, withdrawal syndrome, increased tolerance and the presence of social maladjustment.

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