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METHODS FOR DIAGNOSING INTERNET ADDICTION IN YOUNG PEOPLE

Khatamova Dilafruz Aminovna
Teacher of the Faculty of Medicine
Navoi State University

ABSTRACT

Internet addiction has emerged as a growing psychological and behavioral concern among young people in the digital era. With the widespread use of smartphones, social media, and online gaming, many adolescents and young adults are experiencing patterns of compulsive internet use that interfere with their academic performance, social life, and emotional well-being. This article provides an in-depth review of the most widely recognized methods used to diagnose internet addiction in young people. It explores both clinical and psychometric approaches, including self-report questionnaires, behavioral assessment tools, and structured interviews. The article also highlights the challenges of diagnostic accuracy, cultural sensitivity, and the overlap of internet addiction with other psychological disorders.

Keywords: Internet addiction, diagnosis, youth, behavioral assessment, psychological tools, digital dependency.

INTRODUCTION

Over the past two decades, the rapid advancement of internet technologies has transformed the way young people communicate, learn, entertain themselves, and engage with the world. While the internet provides many educational and social benefits, excessive and uncontrolled use can lead to a condition commonly referred to as internet addiction. Although not formally included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a stand-alone disorder, internet addiction—particularly in the forms of gaming disorder and social media overuse—is increasingly recognized by mental health professionals worldwide as a legitimate and pressing issue.

Diagnosing internet addiction in young people is challenging due to the blurred lines between high engagement and pathological use. Adolescents, in particular, are more susceptible to developing dependency patterns due to neurodevelopmental factors, peer pressure, and lack of emotional regulation. Therefore, accurate, reliable, and culturally sensitive diagnostic methods are essential for identifying at-risk individuals and implementing timely interventions.

MATERIALS AND METHODS

One of the most common and accessible methods for diagnosing internet addiction in young people is through standardized self-report questionnaires. Among the most widely used are:

a. Young's Internet Addiction Test (IAT) Developed by Dr. Kimberly Young, the IAT is a 20-item questionnaire that evaluates the severity of internet addiction. Each item is rated on a 5-point Likert scale, covering aspects such as compulsive use, neglect of work, social life disruption, and emotional withdrawal. A higher score indicates a higher level of problematic

internet use. It has been adapted into numerous languages and remains one of the most validated instruments in this domain.

b. Chen Internet Addiction Scale (CIAS) Popular in East Asian countries, the CIAS contains 26 items and assesses compulsive use, tolerance, withdrawal, interpersonal problems, and time management. It is particularly effective in differentiating between normative and pathological use in educational settings.

c. Problematic Internet Use Questionnaire (PIUQ) This tool measures three dimensions: obsession, neglect, and control disorder. It is often used in epidemiological studies and is suitable for adolescents as young as 12.

The strength of these tools lies in their ease of administration and standardization. However, self-report bias, lack of insight among users, and cultural differences in internet usage patterns can affect their accuracy [1].

RESULTS AND DISCUSSION

In more advanced research or clinical environments, neuroimaging studies and cognitive testing may be used to identify the neurological correlates of internet addiction. Studies have shown altered activity in the prefrontal cortex, changes in dopamine regulation, and reduced impulse control in adolescents with high internet dependency.

Additionally, EEG monitoring and attention span tests have been employed to assess cognitive delays or emotional dysregulation linked to chronic digital exposure. While not widely used in routine diagnosis, such methods offer important biological markers for severe cases [2].

Another emerging approach in the diagnosis of internet addiction among young people involves the use of ecological and context-sensitive assessment models. Unlike standardized self-report tools or clinical interviews, ecological models emphasize understanding the behavior of young individuals within their natural environments—including family, school, and peer settings. In such models, data is gathered from multiple informants (parents, teachers, school counselors) and across various contexts (classroom, home, leisure), providing a more holistic picture of internet use patterns and their psychosocial impacts.

For instance, in many cases, excessive internet use may appear pathological on the surface but may in fact be a symptomatic response to deeper underlying issues such as social isolation, family dysfunction, or academic pressure. A student who spends six hours a day online may not necessarily be addicted, but might be avoiding a hostile home environment or compensating for unmet emotional needs. This contextual perspective is particularly relevant in adolescence, a developmental stage where identity formation, peer validation, and emotional regulation are in flux [3].

This approach not only captures frequency and duration, but more importantly, the quality and purpose of internet engagement. For example, passive scrolling on social media due to boredom may indicate a different psychological profile than intense involvement in competitive online gaming driven by reward-seeking behavior.

Another noteworthy innovation in recent years is the incorporation of digital tools and real-time monitoring applications as part of the diagnostic process. These applications, often integrated into smartphones or web browsers, can track internet usage patterns with precision, categorizing time spent on educational platforms, gaming, social networking, or

video streaming. Such tools eliminate self-report bias and provide objective data that can be cross-referenced with self-perception or parent-reported behaviors [4].

Each of these subtypes may require distinct diagnostic criteria and intervention pathways. For example, escapist users may need emotional support and trauma-informed therapy, while thrill-seekers may benefit more from cognitive-behavioral strategies that redirect impulse control.

In addition to typologies, gender-specific patterns in internet addiction diagnosis are also gaining attention. Studies have shown that males are more prone to gaming addiction, while females may exhibit higher risk for social media overuse and online relationship dependency. This necessitates gender-sensitive diagnostic tools that reflect the different ways internet use is intertwined with self-esteem, body image, and social validation.

A further dimension to consider is the cultural framing of internet behavior. In societies where academic success is intensely emphasized, prolonged internet use for study purposes may be culturally validated, even if it encroaches on social or physical health. In contrast, in cultures where family time and community engagement are core values, even moderate internet use may be interpreted as excessive. Diagnosing internet addiction in a cross-cultural context thus requires clinicians to critically evaluate the normative standards and value systems that shape digital behavior [5].

CONCLUSION

Diagnosing internet addiction in young people is a multifaceted process that must consider psychological, behavioral, social, and cultural dimensions. While self-report tools like the IAT and CIAS offer accessible entry points, comprehensive assessment requires a combination of questionnaires, behavioral observation, clinical interviews, and contextual analysis. As internet dependency continues to affect the younger generation, educators, parents, and clinicians must collaborate to ensure early identification and appropriate intervention. Future research should focus on refining diagnostic tools, integrating neuropsychological data, and developing culturally sensitive models for assessment and treatment.

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