

UNDERSTANDING INTERNET ADDICTION: A GLOBAL REVIEW EPIDEMIC



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Introduction

In our hyperconnected world, internet use is nearly unavoidable. From work and education to entertainment and social connection, digital technology is woven into the fabric of everyday life. Yet, for some individuals, internet use can spiral into compulsive patterns that interfere with daily functioning. This phenomenon, commonly referred to as "internet addiction," has become a topic of increasing concern for researchers, clinicians, and families alike.

Defining what constitutes "addiction" in this context, however, remains difficult. The internet is not a single substance or activity, but a vast and evolving ecosystem that serves countless functions in daily life. This raises the important question: are we witnessing progress or pathology? As the internet becomes more embedded in our lives—financially, socially, psychologically—it becomes harder to draw the line between necessary use and harmful overuse.

Some people require constant connectivity for work or social functioning, while others depend on the internet for psychological coping or access to essential resources. In this environment, there is no universally agreed-upon benchmark for what constitutes "healthy" internet use. Clinical frameworks only capture the most extreme and disruptive cases, leaving a large grey area where overuse may cause distress but fall short of formal diagnostic criteria.

A Brief History

The concept of internet addiction first entered public consciousness in 1995 when Dr. Ivan Goldberg jokingly coined the term "Internet Addiction Disorder" as a parody of the DSM-IV's language (Goldberg, 1995). However, the joke quickly gained traction as clinicians began to observe genuine cases of problematic internet use.

One of the earliest and most influential figures in this field was Dr. Kimberly Young, a clinical psychologist who began researching the phenomenon in the mid-1990s. In 1996, she published the first academic paper on internet addiction, presenting case studies and proposing diagnostic criteria (Young, 1996). She also developed the Internet Addiction Test (IAT)—a 20-item questionnaire that remains one of the most widely used diagnostic tools in both clinical and research settings (Young, 1998).

By the late 1990s and early 2000s, countries such as South Korea, China, and the United States began reporting clinical cases of excessive internet use leading to academic decline, social withdrawal, and emotional distress. In 2013, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) included Internet Gaming Disorder (IGD) in Section III as a condition requiring further study (APA, 2013). In 2018, the World Health Organization (WHO) officially recognized Gaming Disorder in the International Classification of Diseases (ICD-11) (WHO, 2018).

Recognition Around the World

Different countries have adopted varied approaches to recognizing and addressing internet addiction:

- South Korea has acknowledged internet addiction as a public health issue, establishing government-funded treatment centres and prevention campaigns targeting youth (Park et al., 2008).
- China has created dedicated rehabilitation centres, including controversial military-style boot camps. Recent trends emphasize more therapeutic, humane models (Tao et al., 2010).
- Japan has linked problematic internet use with the phenomenon of hikikomori, a form of extreme social withdrawal, especially among young men. Although not formally classified as internet addiction, it is increasingly addressed through integrated psychological and social support (Kato et al., 2019).
- United States and United Kingdom have largely refrained from recognizing internet addiction as a formal disorder, though research into Internet Gaming Disorder continues.
- World Health Organization (WHO) has recognized Gaming Disorder but stops short of classifying general internet addiction.

The Scale of the Problem

Estimates of internet addiction prevalence vary due to differing definitions and assessment tools, but research suggests:

- Global prevalence rates range from 6% to 11%, with higher rates in adolescents and young adults.
- In South Korea, as many as 14% of youth are considered at risk.
- In China, some studies report addiction rates between 10% and 15% among teens.
- A 2022 meta-analysis (Cheng & Li) found average rates of 7.0% globally, with higher prevalence in Middle Eastern and Asian countries.
- These numbers may underestimate the problem due to inconsistent diagnostic standards and underreporting.

Assessment Tools for Internet Addiction

Despite the lack of a universally agreed-upon diagnosis for internet addiction, several screening and assessment tools have been developed and validated. These help clinicians and researchers identify problematic use patterns and assess severity. Below are some of the most widely used tools:

Internet Addiction Test (IAT)

Developed by: Dr. Kimberly Young (1996)

Format: 20-item self-report questionnaire

Scoring: Likert scale (1 = rarely, 5 = always); total score 20–100

Interpretation:

- 20–39: Average user
- 40–69: At-risk user
- 70–100: Significant problems due to internet use

Focus: The IAT assesses psychological dependence, compulsive use, withdrawal, and related problems such as productivity loss and interpersonal conflict.

Use: Still the most widely used global measure in research and clinical contexts. It provides a broad snapshot of internet-related behaviours across social, emotional, and occupational domains.

Chen Internet Addiction Scale (CIAS)

Developed by: Dr. Shih-Chung Chen (Taiwan)

Format: 26 items across 5 subscales

Subscales:

- Compulsive use
- Withdrawal
- Tolerance
- Interpersonal and health problems
- Time management issues

Scoring: 4-point Likert scale; cut-off scores vary by country and setting

Focus: This tool dives into the behavioural addiction model, including signs that mirror substance addiction. It emphasizes the impact of internet use on both health and interpersonal functioning.

Use: Particularly popular and validated in East Asian contexts (Taiwan, China, Korea), where internet addiction is widely acknowledged as a clinical issue.

Compulsive Internet Use Scale (CIUS)

Developed by: Meerkerk et al. (2009, Netherlands)

Format: 14 items

Scoring: 5-point Likert scale (0 = never, 4 = very often)

Focus: Designed to assess compulsivity and the inability to control internet use. It avoids focusing on specific types of use (e.g., gaming, social media), making it adaptable to changing tech habits.

Use: Especially useful for general population screening and international research. It has been translated into multiple languages and used across Europe.

DSM-5 Internet Gaming Disorder Criteria

Published by: American Psychiatric Association (2013)

Format: 9 diagnostic criteria

Diagnosis: 5 or more symptoms over 12 months

Criteria include:

- Preoccupation with gaming
- Withdrawal symptoms
- Tolerance (need for increasing time)
- Loss of interest in other activities
- Deception or concealment of gaming habits
- Impaired functioning in school, work, or relationships

Focus: Specifically targets Internet Gaming Disorder, not broader internet use.

Use: Intended for clinicians to guide diagnosis and treatment. It's listed in DSM-5 Section III ("Conditions for Further Study"), meaning more research is needed before formal inclusion.

ICD-11 Gaming Disorder Criteria

Published by: World Health Organization (2018)

Key Features:

- Impaired control over gaming
- Increasing priority given to gaming
- Continuation or escalation despite negative consequences

Diagnosis requires:

- Functional impairment (social, occupational, educational)
- Symptoms present for 12 months or more (can be shorter in severe cases)

Use: Now officially recognized by WHO, Gaming Disorder is used for diagnosis in countries with ICD-based systems. It supports clinicians in identifying persistent, harmful gaming behaviours—often a subset of broader internet addiction.

Diagnostic Position

The classification of internet addiction remains contentious:

- DSM-5 (2013) includes Internet Gaming Disorder in Section III, indicating it is a topic of concern but requiring further study before formal inclusion (APA, 2013).
- ICD-11 (2018) officially recognizes Gaming Disorder (WHO, 2018).
- Broader forms of internet addiction (e.g. compulsive social media use, streaming, or browsing) are not yet formally recognized in either the DSM or ICD.

This ambiguity reflects a deeper issue: the absence of a clear consensus on what constitutes problematic internet use. The internet is now integral to economic survival, healthcare access, social communication, and identity formation. For some, disconnection can mean isolation, financial loss, or emotional distress. Yet we lack a unified framework for distinguishing adaptive, high-use behaviours from dependency or dysfunction.

This diagnostic grey area presents a challenge for clinicians, researchers, and policymakers. It also fuels ongoing debate, are high levels of internet use inherently pathological, or are we witnessing a form of adaptive evolution in human behaviour?

Hikikomori is not included in DSM or ICD but is acknowledged by Japan's Ministry of Health, Labour and Welfare as a condition involving prolonged social withdrawal. Internet use often plays a central role in sustaining this isolation (Kato et al., 2012).

Treatment and Therapy

Therapeutic interventions for internet addiction are varied and evolving:

- Cognitive Behavioural Therapy (CBT): Considered the most effective evidence-based treatment, focusing on modifying dysfunctional thoughts and behaviours (Young, 2007).
- Group and Family Therapy: Addresses underlying family dynamics, encourages peer support, and fosters accountability.
- Digital Detox Programmes: Structured interventions that limit or eliminate internet use for a period, often in residential settings.
- Mindfulness-Based Therapies: Help individuals become aware of urges and reduce compulsive behaviour (Li et al., 2018).
- Pharmacological Interventions: Some studies have explored the use of SSRIs and other medications, but evidence remains limited (Shaw & Black, 2008).

Approaches to Hikikomori in Japan

Japan has developed unique strategies for supporting individuals experiencing hikikomori, many of whom are heavily reliant on the internet:

- Home Visits: Mental health professionals and social workers engage individuals in their own homes to build trust gradually.
- Resocialization Centres: Facilities that offer low-pressure, structured environments where individuals can begin to reintegrate socially through group activities and vocational training (Teo, 2010).
- Online Counselling and Chat Services: Used as a stepping stone for those unwilling or unable to attend face-to-face therapy.
- Emphasis is placed on non-confrontational, slow-paced engagement that respects the individual's autonomy and timing.

Conclusion

Internet addiction is a multifaceted and evolving phenomenon that sits at the intersection of technology, psychology, culture, and society. It resists simple categorisation: it is not merely a behavioural problem or a personal failing, but rather a response—sometimes adaptive, sometimes harmful—to the demands and possibilities of an increasingly digital world.

While there is growing awareness of the negative impacts of excessive internet use—ranging from academic decline and relationship strain to mental health deterioration—progress in defining and addressing the issue has been uneven. The absence of consistent, internationally recognised diagnostic criteria has created ambiguity, making it difficult for clinicians to accurately assess severity or determine when intervention is necessary. Instead, we rely on a patchwork of tools and guidelines, often adapted to local cultural contexts or specific subtypes such as Gaming Disorder.

At the same time, the role of the internet in human life is fundamentally shifting. Connectivity is no longer a luxury; for many, it is a lifeline—for employment, education, healthcare, social connection, and even survival. In some cases, internet use offers psychological refuge or community when the offline world becomes overwhelming or unsafe. This raises a critical question: are we witnessing addiction, or adaptation? In the absence of clear societal norms around “healthy use,” we tend to focus only on the most visible extremes—compulsive use, gaming binges, or total withdrawal—while overlooking the subtler, systemic ways our lives are shaped by constant connectivity.

Despite these challenges, important progress has been made. Assessment tools like the Internet Addiction Test (IAT) and the Compulsive Internet Use Scale (CIUS) have laid the groundwork for understanding usage patterns and risk levels. Diagnostic frameworks for Gaming Disorder in both the DSM-5 and ICD-11 provide a model for future recognition of broader forms of internet-related dysfunction.

Equally important are culturally sensitive and compassionate treatment approaches. Japan's strategies for addressing hikikomori—through non-confrontational outreach, community-based re-socialization, and gradual reintegration—offer a powerful example of how we might engage individuals who are deeply enmeshed in the digital world without pathologising them.

As digital technologies continue to evolve, so too must our understanding of their impact on human wellbeing. The future demands not only better diagnostic clarity and treatment strategies, but also a broader conversation about what kind of digital life we want to create. The goal is not to eliminate internet use, but to foster a healthier relationship with it—one that respects the profound benefits of connectivity while mitigating the risks of overuse, compulsion, and isolation.

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