

Is screen addiction real and if so, how widespread is it?

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Credit: AI-generated image ([disclaimer](#))

From smartphones to tablets, computers to TVs and even smart watches, screens and digital technology are part and parcel of our daily lives. While they provide us with significant benefits, this "cohabitation" has also given rise to difficulties, and excessive use can lead to sleep problems, poor school performance, relationship issues and more. As a

result, the term *screen addiction* (also known as *screen use disorder*, or ScUD) has found its way into the realm of public debate.

The topic has already received a great deal of airtime, particularly during and after COVID-19 lockdown periods, but what does [scientific research](#) have to say about it? Our recently published research [sheds some light on the facts](#).

What exactly is addiction?

Regardless of its form, [addiction](#) is defined as a loss of control over an object (a substance or a behavior) that was initially a source of gratification for the user.

It is a chronic, debilitating illness and a source of great distress that damages the person overtime. Relapses following attempts to reduce or stop the [addiction](#) are frequent. The main predicating factor of relapse is what we call *craving*, that is, a [persistent and involuntary urge to use](#) the object in question.

These basic principles of addictology allow us to make an essential distinction between three types of use: non-problematic use, problematic use (i.e., causing different forms of damage, but not leading to lasting loss of control) and addictive use (i.e., an illness with loss of control, cravings and relapses).

According to the medical classification system of the [Diagnostic and Statistical Manual of Mental Disorders \(DSM-5\)](#), all addictions are diagnosed according to the [same core set of criteria](#), albeit allowing for some adjustments for [behavioral addictions](#) (e.g., gambling and gaming).

When approaching this controversy-prone debate, it is important to remember that there is, as of now, no recognized diagnosis for screen

addiction.

Obtaining reliable data

Our laboratory has been studying addictions since 1994, particularly through the work of the [Addiction Aquitaine research cohort](#), in collaboration with Charles Perrens Hospital in Bordeaux, France.

In 2015, residents and elected representatives from the French town of Martignas-sur-Jalle partnered with scientists (Bordeaux University and the French National Centre for Scientific Research, CNRS) and [Charles Perrens Hospital](#) (namely, the Addictology Unit and the Care Centre for Addiction Support and Prevention, or CSAPA) to examine the different forms of screen use, both problematic and innocuous, at a town-wide scale.

When asked, our laboratory jumped at the chance to [study the criteria of addiction according to the DSM-5](#) as applied to screen habits, with a focus on the general population.

[The study](#) looked at different age groups' screen habits in the past 12 months. A total of 401 individuals responded to the 1,200 surveys that we distributed and we used the data of 300 teenagers and adults aged 11 to 84 for our analysis.

This study used an adapted version of the DSM-5 criteria for [Internet gaming disorder](#) to define screen addiction, categorizing it as a persistent and recurrent use of screens (e.g., TVs, computers, smartphones, tablets and handheld devices) that leads to clinically significant impairment or distress, as manifested in at least five of the following signs over the course of 12 months:

- **Preoccupation:** Do you spend a lot of time thinking about

screens, even when you are not using them, or planning when you can use them next?

- **Withdrawal:** Do you feel restless, irritable, moody, angry, anxious, or sad when attempting to cut down or stop using screens, or when you are unable to use screens?
- **Tolerance:** Do you feel the need to use screens for increasing amounts of time, use more exciting screens, or use more powerful equipment to get the same amount of excitement you used to get?
- **Loss of control:** Do you feel that you should use screens less, but are unable to cut back on the time you spend using them?
- **Loss of interest:** Do you lose interest in or reduce participation in other recreational activities, e.g., hobbies or meetings with friends, due to screens?
- **Continue despite problems:** Do you continue to use screens even though you are aware of negative consequences, such as not getting enough sleep, being late to school/work, spending too much money, having arguments with others, or neglecting important duties?
- **Deceive/cover up:** Do you lie to family, friends, or others about how much you use screens, or try to keep your family or friends from knowing how much you use them?
- **Escape adverse mood:** Do you use screens to escape from or forget about personal problems, or to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression?

- **Risk/lose relationship/opportunities:** Do you risk or lose significant relationships, or job, educational or career opportunities because of screen use?

Actual screen addiction is rare

For a problem to be medically defined as "screen addiction", those affected must meet at least five of the nine criteria above. The first important finding of our study was that such an addiction was relatively rare among the teenagers and adults in the sample, accounting for just 1.7% of the total 300 participants. Lowering this threshold to four criteria did not yield any noteworthy differences either.

This refutes the oft-repeated claim that the majority of screen users suffer from "addiction". This value was consistent with the prevalence of addiction in gambling, which currently stands as the only behavioral addiction recognized by the DSM-5.

Another important finding of our study was that 44.7% of individuals met at least one of the nine criteria. In other words, the percentage of people experiencing various problems related to screen use is much greater than those whose habit could be medically classified as an "addiction".

Taking into account age and gender, most affected participants cited the computer as their main screen, while gaming, social networking and communication, browsing news, and looking up information were their main activities.

This significant prevalence gap makes it difficult to establish a clear difference between the "addiction" group and the "users with problems but with no addiction" within the public, thereby perpetuating the

misconception that "we are all screen addicts".

Pertinent criteria

But are we sure that "classic" criteria for addiction (which have traditionally been adapted to substances, alcohol, etc.) can even be applied to screens? To verify this, SANPSY conducted [a second wave of analyses](#) in collaboration with the teams of Dr. Deborah Hasin and Dr. Dvora Shmulewitz at [Columbia University](#).

Together, we applied the Item Response Theory method, which is the reference method for validating the diagnostic criteria in the DSM-5. The criteria showed a unidimensionality, i.e., they measured a single diagnosis (screen addiction) on a continuum of severity. Moreover, they were independent of each other and did not "overlap". These parameters are vital to ensuring valid diagnostic criteria; we have deemed ours as having the right properties for measuring screen addiction.

It is worth mentioning that the most discriminating criteria for our diagnosis were:

- loss of interest in non-screen-related recreational activities
- preoccupation (i.e., obsessing over screens even when not using them)
- lying about or covering up screen habits
- risking/losing significant relationships or opportunities due to screen use

New avenues opened through research

By drawing together scientific and medical partners with members of the public, the SANPSY study has aimed to allow for better integration of behavioral addictions within medical classifications and to improve the treatments available for such illnesses. It has presented three important results:

- Screen addiction appears to be less widespread than previously thought (with 1.7% of participants affected in this case).
- Outside of addiction, a very large portion (i.e., almost 45%) of the population is dealing with screen-related issues.
- The tested [diagnostic criteria](#) appeared effective in measuring screen addiction. In particular, they may help clearly identify the two above-mentioned categories, allowing experts to intervene adequately and as quickly as possible in an approach of early detection and rapid response. In this respect, chronic cases of [loss of control](#), cumulative damage, cravings and relapses should be interpreted as warning signals, encouraging affected individuals to seek advice from a healthcare professional and/or addictologist.

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