

INTERNET ADDICTION

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وضیعت استفاده از بازی های رایانه ای و ارتباط آن با
برخی از پارامترهای روانی جسمانی و گفتاری در بین
نوجوانان ۱۷ - ۱۱ ساله شهر اصفهان در سال ۸۲ - ۱۳۸۱

سید بدرالدین نجمی، سرور آرمان، یلدا کاظمی،
اکبر حسن زاده

مقدمه : رشد و تحول کودک به عنوان يك فرآیند تدریجی و بازی به عنوان يك ضرورت رشدی برای تحول جسمی - روانی متأثر از عوامل محیطی است . در دهه های اخیر با پیشرفتهای چشمگیر در صنعت رایانه شاهد پیدایش سریع بازیهای رایانه ای به اشکال گوناگون و اشغال بخش اعظم اوقات فراغت گروههای سنی مختلف بویژه کودکان و نوجوانان بوده ایم . به علت اثرات مستقیم و غیر مستقیم این ابزارهای تفریحی بر ابعاد مختلف روانی - جسمانی فرد استفاده کننده و یافته های پژوهشی گاهها متناقض ، ضروری است مطالعات منجسم و متناسب با فرهنگ تدوین و اجرا گردد.

مجله تحقیقات علوم رفتاری
پیاپی ۲ (پائیز و زمستان ۱۳۸۳)

نقش ویدئو و بازی های رایانه ای در رشد و رفتار کودکان
سید بدرالدین نجمی، سرور آرمان

در چند دهه اخیر با رشد و توسعه فن آوری رایانه و پردازنده های الکترونیکی، ابزارهای سرگرم کننده کودکان و نوجوانان نیز به طور فاحشی دستخوش تغییر شده است. به طوری که روز به روز حضور بیشتری از این گونه ابزارهای الکترونیکی را در خانواده های ایرانی و یا در موسسات تفریحی سطح جامعه شاهد هستیم. مطالعه حاضر حاصل مرور و نقد تحقیقات مربوط به پیامدهای روانی - اجتماعی - جسمانی فرآورده های رایانه ای از دهه ۱۹۸۰ تا ۲۰۰۲ میلادی می باشد که بررسی مقالات مربوط به این دوره حاکی از نتایج ضد و نقیض بازی، بازیهای رایانه ای، رشد روانی - اجتماعی - جسمی می باشد.

Internet addiction "disorder" (IAD)

Compulsive use of the internet, particularly on social media, that impairs an individual's function over a prolonged period of time.

Young people are at particular risk of developing internet addiction disorder, with case studies highlighting students whose academic performance declines as they spend more time online. Some experience health consequences from loss of sleep as they stay up to continue scrolling, chatting, and gaming.


EXCESSIVE INTERNET USE IS NOT RECOGNIZED AS A DISORDER BY THE AMERICAN PSYCHIATRIC ASSOCIATION'S DSM-5 OR THE WORLD HEALTH ORGANIZATION'S ICD-11. HOWEVER, **GAMING DISORDER** APPEARS IN THE ICD-11. CONTROVERSY AROUND THE DIAGNOSIS INCLUDES WHETHER THE DISORDER IS SEPARATE CLINICAL ENTITY, OR A MANIFESTATION OF UNDERLYING PSYCHIATRIC DISORDERS.

Diagnostic criteria

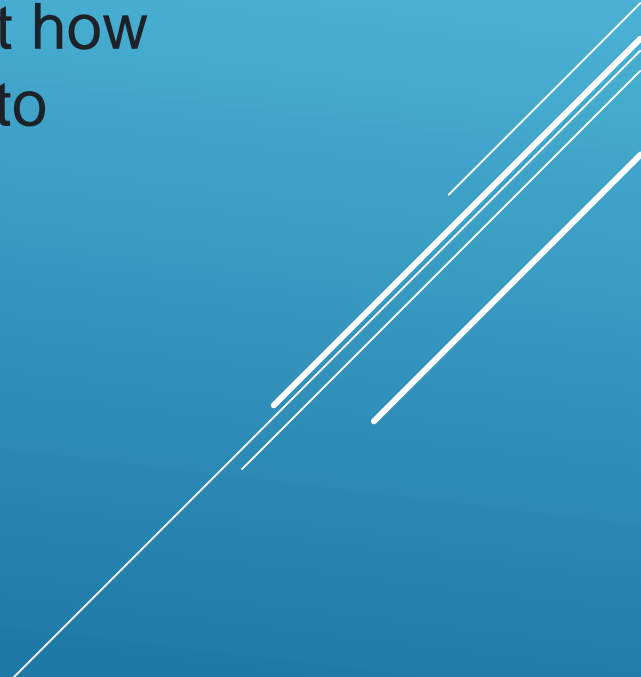
This failure is described by the following set of criteria:

- (1) Preoccupation with the Internet
- (2) The need to use the Internet for increasing amounts of time
- (3) Unsuccessful efforts to stop using the Internet
- (4) Mood change when attempting to stop or cut down Internet usage
- (5) Staying online longer than ...

In 2020, a documentary called “The Social Dilemma”, reported concerns of mental health experts and former employees of social media companies over social media's pursuit of addictive use. For example, when a user has not visited Facebook for some time, the platform varies its notifications, attempting to lure them back. It also raises concerns about the correlation between social media use and child and teen **suicidality**.

The image features a solid blue background. In the bottom right corner, there are several white, parallel diagonal lines that create a sense of motion or a graphic element.

In 2020, studies have shown that there has been an increase in the prevalence of Internet Addiction Disorder (IAD) since the **COVID-19** pandemic. Studies highlighting the possible relationship between COVID-19 and IAD have looked at how forced isolation and its associated stress may have led to higher usage levels of the Internet.

The image features a solid blue background. In the bottom right corner, there are several white, parallel diagonal lines that create a sense of motion or a modern design element.

Physical symptoms

Physical symptoms include:

- Weakened immune system due to lack of sleep
- Loss of exercise
- Increased risk for carpal tunnel syndrome

Additionally, headaches, eye and back strain are common in those struggling with IAD.

Psychological and social symptoms

The type of IAD (i.e., overuse of social media, gaming, gambling, etc.) will affect the types of symptoms experienced. For example, overuse of social media can lead to disruption in real-world relationships. The overuse of video games can lead to neglecting family, home, and work-related responsibilities. Additionally, the overconsumption of pornographic content can create interpersonal and relational problems and can negatively affect mental health. Social media use and child and teen suicidality.

Gambling and Internet Addiction

Between 60% and 80% of adolescents reported having engaged in some form of gambling during the previous year, mostly described as social, recreational, and occasional gambling. However, 3%–8% of adolescents may have a very serious gambling problem, with an additional 10%–15% at risk for developing such a problem. Using non-standardized criteria, the reported prevalence of internet addiction or problematic internet use ranges from 7.9% to 25.2% among U.S. adolescents, with even higher rates noted in Asian countries.

Psychological and social symptoms

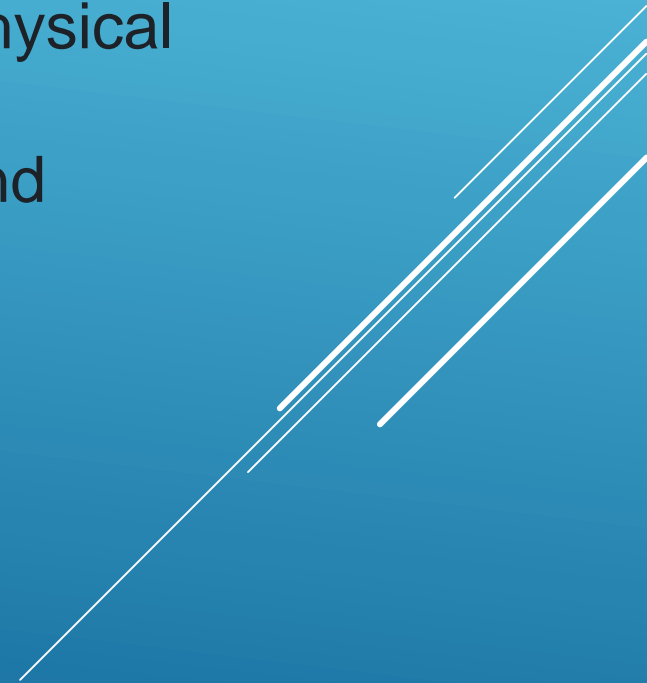
High Internet usage leads to psychological difficulties such as anxiety, depression loneliness and increases in impulsivity. Severe and average Internet users displayed significant difference on interpersonal relationships. Individuals with high use of Internet experience have a sense of criticism by others, shyness, and a sense of discomfort when criticized and can be easily hurt, have perceived lower social support, and found it easier to create new social relationships online. The consequence of exploring social support online often worsens their interpersonal problems in reality.

Psychological and social symptoms

Severe users' Internet group has obsessive-compulsive symptoms more than average users' Internet group, where severe users' Internet group was found to be preoccupied with Internet, needs **longer amounts of time** online, makes repeated attempts to reduce Internet use, feels withdrawal when reducing Internet use, has time management issues, has environmental distress (family, school, work, and friends), and has deception around the time spent online, thus doing mood modification through Internet use.

Symptoms of **withdrawal** might include agitation, depression, anger and anxiety when the person is away from technology.

These psychological symptoms might even turn into physical symptoms such as rapid heartbeat, tense shoulders and shortness of breath.



Video Game Addiction (VGA)

also known as gaming disorder or internet gaming disorder, is generally defined as a psychological addiction that is problematic, compulsive use of video games that results in significant impairment to an individual's ability to function in various life domains over a prolonged period of time. Gaming communities, Such disorders can be diagnosed when an individual engages in gaming activities at the cost of fulfilling daily responsibilities or pursuing other interests without regard for the negative consequences. As defined by the ICD-11, the main criterion for this disorder is **a lack of self control over gaming.**

In DSM-5, Internet Gaming Disorder is identified as a condition for further study. ICD-11 and the World Health Organization defined gaming disorder as “a pattern of gaming behavior characterized by impaired control over gaming, increasing priority . . . over other activities, and continuation or escalation of gaming despite the occurrence of negative consequences”.

Some individuals develop a preoccupation with certain aspects of the internet, particularly online games and, increasingly, social and other interactive media. “Gamers” play compulsively, to the exclusion of other interests, and their persistent and recurrent online activity may result in clinically significant impairment or distress. The amount of time spent playing endangers academic or job functioning.

Gamers may experience symptoms of **withdrawal** when prevented from gaming.

There is emerging evidence of mental health impairment associated with problematic, compulsive use of the internet. Preoccupation is usually focused on a specific activity, such as gambling, shopping, or pornography.

At this time, it is not clear whether internet addiction disorder and internet gaming disorder are separate clinical entities or a manifestation of underlying psychiatric disorders. However, the topic is particularly relevant to youth ages **12–29** years, whose internet use has risen by 1,000% in the past decade. Individuals with a history of impulse control and other addictive disorders and SUD risk factors may be more likely to develop problematic internet use.

Online gambling and problematic internet use appear to have a bidirectional relationship with mental health.

Some studies demonstrate that half of students meeting criteria for internet addiction have a comorbid mental health diagnosis, as well as higher levels of depression and dissociation.

Similarly, at-risk or problem teen gamblers have higher scores on problem behavior scales and more problematic internet use.

Treatment of Gambling and Internet Addiction

There are few controlled studies to guide treatment planning for gambling and internet addiction. A meta-analysis showed that **CBT, family intervention, and counseling programs could provide significant effects** and reduce addiction severity .

However, a systematic review assessing eight CBT RC for internet gaming and internet addiction did not find CBT to be superior to control conditions, perhaps relating to methodological weaknesses, because motivation to desist may be lacking, **MI** or MET may be useful as a lead-in or adjunct to specific treatment.

Youth with gambling or internet addiction should not be treated in SUD programs if they do not have SUDs.

PREVENTION of video gaming disorder is crucial. There are some simple and effective coping methods individuals effected by gaming addiction could incorporate into their everyday life. These strategies included:

- setting a time limit devoted to gaming
- keeping technology out of an individual's bedroom to create a healthier environment
- participating in physical activities and exercise

Some evidence suggest that up to 50% of people affected by the Internet Gaming Disorder may recover naturally.

Management

As concern over video game addiction grows, the use of **psychopharmacology, psychotherapy, twelve-step programs, and use of continuing developing treatment enhancements** have been proposed to treat this disorder. Empirical studies indeed indicate that internet gaming disorder is associated with detrimental health-related outcomes. However, the clinical trials of potential treatments remain of low quality, except for cognitive-behavioral therapies (CBT), which shows efficacy to reduce gaming disorder and depressive symptoms but not total time spent. Although there is a scientific consensus that cognitive-behavioral therapy is preferable to pharmacological treatment, it remains difficult to make treatments have not been well established.

- با او صحبت شود که روی استفاده اینترنت او نظارت خواهید داشت.
- در مورد محدودیت زمانی استفاده از اینترنت قانون گذاشته شود و در صورت لطمه وارد شدن به عملکرد تحصیلی و خانوادگی اعمال محدودیت‌های بیشتر توضیح داده شود.
- اجازه دسترسی هر کسی را به صفحه شخصی خود ندهند و رمز عبور خود را در اختیار هیچ کس قرار ندهند.
- در مورد قلدری مجازی و خطرات آن برای وی توضیح داده شود.
- آدرس، شماره تلفن، شماره کارت بانکی را در صفحه شخصی خود قرار ندهند.
- فقط مطالبی را در این شبکه‌ها به اشتراک بگذارند که اگر هر کسی آنها را ببیند احساس ناراحتی نکنند.
- افرادی را که نمی‌شناسند به گروه‌های خود اضافه نکنند.
- از فرستادن عکس و پیام‌هایی که می‌توان از آنها سوء استفاده کرد پرهیز کند.
- با افرادی که فقط به طور مجازی با آنها اتفاقی آشنا شده قرار ملاقات حضوری بدون اطلاع خانواده نگذارد.
- در صورت دریافت پیام‌های مشکوک به آنها پاسخ نداده و خانواده را در جریان بگذارد.

2024-2025 FSMS Student Owned Device Expectations and Agreement

Parents– Please review this form with your student and submit to allow them to bring their phone to campus. **As a reminder, all students will be issued a district laptop for their use and no personal computer should be brought to campus.** Should a phone be found or picked up without this agreement on file, we will assume it is lost and a parent will be required to come to campus to pick up the phone.

I agree

No phones may be in students' possession during the instructional day. A phone is not considered an allowable instructional device (I can't use it during class instead of my district issued computer)

I agree

No personal laptops may be in students' possession on campus. FBISD is issuing every student a district laptop and that will be the only laptop brought to school.

I agree

When students arrive on campus in the morning, they will report to their assigned holding area (commons or gyms). Students will be permitted to use their phones at school in the morning classroom holding areas between 8:20-8:40 and after dismissal at the end of the day (after 4:10).

I agree

Phones must be powered off and stored in the student's locker during the instructional day (8:40-4:10).

I agree

Students may not use their **phones** or devices to access and use any social media at any time while students are on campus, including before and after school.

I agree

Students may not use their **phone** to take photos or videos at any time while they are on campus, including before and after school. **Phone use in the locker room or restroom is considered a severe violation and will be considered the fourth offense.**

I agree

Using **earbuds** and **headphones** in one ear only is permitted before and after school unless using them for instructional purposes during class time as instructed by staff.

I agree

Students with **electronic watches** and other “smart devices” must conform to district and school policy; any misuse will follow the same procedures for cell phones and other student-owned devices.

I agree

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue background.

If a phone is discovered in a student's possession or if a student misuses their own instructional device, the following steps will be taken:

First Offense—Device is confiscated and delivered to the front office for end-of-day student pickup and recorded in Skyward with a referral.

Second Offense—Same as the first offense.

Third Offense—Same as first and second offense, and student fined (per policy in the current FBISD Student/Parent Handbook).

Fourth Offense or Severe Violation—Student device will no longer be allowed on campus and if brought to school, must be dropped off at the front office each day. Student is fined, a parent must pick up the phone, and a referral submitted to their administrator.

Offenses will start over at the beginning of each semester.

I agree

Some students will be exempt from these expectations due to documented health monitoring or medical necessity.

I agree

Parents needing to contact their children during the instructional day regarding transportation or for emergencies may call (281) 634-6440 in order to have a message delivered to their child.

I agree

A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

اجازه کتبی ولی دانش آموز و موافقت مدیر و
به سرپرستی او یا یکی از کارکنان مدرسه مجاز
خواهد بود

تبصره ۲- دانش آموزان می توانند در چارچوب
وظایف خود و با تایید شورای مدرسه و با
نظارت مدیر مدرسه، برابر شیوه نامه های مربوط
نسبت به خرید و فروش محصولات و دست
ساخته های خود اقدام کنند.

۴- پرهیز از همراه آوردن اشیا گرانبها و وسایل
غیر مرتبط با امور تحصیلی به مدرسه
۵- اهتمام در حفظ و نگهداری اموال، تجهیزات
و ساختمان مدرسه

ماده ۷۲- مقررات انضباطی دانش آموزان با توجه به موارد زیر توسط شورای مدرسه با مشارکت و همکاری شورای دانش آموزان، تدوین و ابلاغ می شود.
رعایت این مقررات برای دانش آموزان الزامی است.

1. رعایت احکام دینی و شرعی و داشتن حسن رفتار و اخلاق

2. رعایت شئونات دانش آموزی (ادب و احترام نسبت به مدیر، معلمان، کارکنان و سایر دانش آموزان، بهداشت فردی و عمومی و نظافت کلاس و مدرسه)

3. رعایت مقررات آموزشی تربیتی (حضور به موقع در مدرسه و کلاس درس، خروج به موقع از مدرسه و کلاس درس، انجام درست تکالیف درسی و خودداری از خرید و فروش غیر مجاز در مدرسه)

قانون شماره ۲ در مدرسه ما

دختر عزیزم!

جهت استفاده از تلفن همراه برای آموزش یا تعامل با والدین با معاون آموزشی مدرسه هماهنگ باش. به همراه آوردن تلفن بدون هماهنگی قانون شکنی است و پیامد خوبی ندارد

قانون شماره ۲ در مدرسه ما

دکتر عزیزم!

جهت استفاده از تلفن همراه برای آموزش یا تعامل با والدین با معاون آموزشی مدرسه هماهنگی باشد به همراه آوردن تلفن بدون هماهنگی قانون شکنی است و پیامد خوبی ندارد

احتراما فقط يك ماده انضباطی در آيين نامه آموزشی هست كه بالا خدمتتان گذاشتم كه به صورت كلي قانون گذاشته.

بقیه اجرائیات مدارس به صورت دستورالعمل شفاهی و پیشنهادی در جلسات مدیران نواحی مختلف مطرح میگردد كه البته همگی يكسان هستند و مدارس كمد و یا كیسه هایی برای جمع آوری گوشی های دانش آموزان در بدو ورود به كلاس تعبیه می كنند.

سایر وسایل اصولاً تا زمان امتحانات پایانی كه با موبایل یاب دانش آموزان كنترل می شوند قابل دستیابی نیست در همه هنرستان ها و گاهی دبیرستان ها بنا به ضرورت دانش آموزان اجازه بردن تبلت و لپ تاب به مدرسه را دارند.

2:02 p.m.

در صورت تخلف دانش آموزان مبنی بر استفاده از گوشی سر كلاس مدرسه گوشی را ضبط کرده و کمی بعد با گرفتن تعهد به دانش آموز برمی گرداند. چون سه سال پیش یکی از مدارس ناحیه دو از دانش آموز موبایل گرفت و گوشی را با زور باز کرده و به فیلم و عكس ها ورود کرده بودند. مدیر علیرغم التماس و گریه دختر به پدر زنگ زده بود تا فردا به مدرسه مراجعه كند ولی دختر به محض رسیدن به منزل از بالكن منزل خودكشی كرد. برای همین دیگه حتی با اولیا هم خیلی مطرح نمیشه.

*Thank You
For Your Attention*

