Internet Gaming Disorder:  
a need for a multifactorial understanding

In the last 2 decades, there have been active discussions and debates in the psychiatric literature about whether excessive use of the Internet and video gaming warrants a separate diagnostic of Internet Gaming Disorder (IGD). From the 1990s onward, there have been reports of individuals displaying overuse of video gaming with the negative impact on day to day living. The recent psychiatric and psychological literature describes individuals with problematic Internet gaming as a comorbid condition with other psychiatric disorders. In the face of these findings, it is essential to delineate and evaluate whether these individuals represent a distinct class of the disorder or whether this is a coping mechanism related to the underlying diagnosis. There continues to be a debate regarding the potential of stigmatizing video gaming, which might be potentially beneficial to a majority of the population.

At this point in human history, we are at the cross-section of a fascinating phenomenon that is seldom experienced in our evolutionary history. We are seeing an interesting phenomenon of the last group of human beings who have grown up in a world without using computers daily interacting with another group of human beings who have entirely grown-up in that technology. The first group often regarded as digital immigrants, and the younger generation is digital natives. While there is a potential that online behavior of these digital natives bring a sense of angst for the digital immigrants, but the fact remains that the human history has been changed forever and this is digital change is going to stay with us. The video gaming industry has become of phenomenal success in recent times, generating more than 100 billion dollars a year. There is much academic literature debating about the positive values of digital life and youth well-being. They argue that gaming gives these children and adolescents sense of control, sense of connection, sense of achievement, and has the potential to boost confidence and connection. However, in the group of patients coming to psychiatrists, a different reality and the detrimental effects of pathological dependence on Internet gaming is often seen. Some of the games which are played in a Massively Multiplayer Online Role Playing Gaming (MMORPG), seems to be more addictive. Often players play these games in a team format all across the world in different time zones. In an English speaking country like Australia, which is relatively isolated geographically from the rest of the English speaking world some children are seen to have sleep-wake cycle difficulties as they play with children in different time zones.

There is a continuing debate in the Western literature on the merits and demerits of including IGD as a diagnostic entity. However, there is a strong evidence base emerging from the Asian countries like Taiwan, Korea, China, Japan, and Singapore about the reality of this condition and how it is impacting on the mental health of the youth in these countries. In the past few years, there have been attempts to establish reliable tools to diagnose IGD, attempts to have epidemiological studies to understand the incidents and problems of this disorder and several case reports. The long-term prognosis of this condition and its impact on the lives of individuals is not well researched.

While the debate continues about the authenticity of the diagnosis, the major classificatory systems the DSM 5 and ICD 15, have kept provision for the diagnosis. The clinical experience in the coal face is evolving rapidly. Individuals present with a variety of difficulties which range from school refusal to behavioral difficulties. In counties like Australia, where public community mental health services are relatively well organized, there is a significant challenge in providing care for these individuals. Experience shows that, that most of the cases present to mental health clinicians during adolescence. However, these children often have a long history of excessive screen time already. Often, this starts in early childhood with excessive screen time as the parents find it easier to put the children in front of a TV or give them a tablet. Often there are complicated family and developmental history; with a high probability of parental mental illness and evidence of parenting difficulties early in the child's life. Often there is a history of early attachment difficulties between the child and parent, history of family violence is not uncommon and so is being raised in a single parent family. As far as the children are concerned, there is a high incidence of Autism Spectrum Disorder, learning difficulties, Attention Deficit Hyperactivity Disorder, social phobia, generalized anxiety disorder, etc.

Although there is a raging debate about whether IGD is a diagnosable condition, unlike any other addictions, behavioral or chemical, IGD can start very early and can impact by altering the personality of the individual and then attract co-morbid diagnosis without much help. The complexity of the presentation, lack of any evidence-based treatment and the reluctance of the patients seeking treatment make treatment very challenging. Often patients take refuge to the virtual reality as an escape from their reality, which they perceive as painful. In a developing nation like India, the growth and availability of technology and the social changes have been more spectacular than the West in recent years. In India, young adults who have left home for higher education can be more vulnerable as a parental control for younger children is more robust in an Indian context compared to the West. The long term outcome in terms of educational and employment is
compromised, hence for young adults and older adolescents in India IGD can have a negative outcome in a per-sonal and also financial context.

As with other addictions, IGD is seldom encountered in isolation, there are often other psychiatric conditions that make individuals vulnerable, family factors, and developmental history adds to the complexity. Family support may be crucial, and when individuals are away from home for the first time, they can be particularly more vulnerable. These multiple factors need to be acknowledged and addressed in prevention programs and treatment programs in the future.

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