



**Kinyas Tekin**  
Expert Psychologist

## Interview with Kinyas Tekin

### Digital Addiction in Adolescents: Understanding, Preventing, and Treating Screen Overuse

#### 1) How is addiction scientifically defined?

Addiction is a condition where a person loses control over a substance or behavior. It is not limited to alcohol or drugs; behaviors such as gambling, gaming, and social media use can also be addictive. Scientifically, addiction is defined as a disease that affects the brain's reward system. The individual repeatedly engages in the behavior because it provides a temporary sense of pleasure, even though it has negative long-term consequences. A key characteristic of addiction is the inability to stop the behavior despite wanting to.

For example, playing digital games can be an enjoyable activity. However, when it starts to negatively impact a person's social relationships, academic, or work life, it may be considered an addiction.

#### Key characteristics of addiction include:

- **Loss of control:** Inability to regulate the behavior
- **Tolerance:** Needing more of the substance or activity to feel the same effect
- **Craving:** Experiencing a strong urge or desire when not engaging in the behavior
- **Withdrawal:** Suffering physical or psychological symptoms when not engaging in the behavior
- **Functional impairment:** Continuing the behavior despite problems in family, social, work, or school life

#### 2) What is technology or digital addiction? Are there different definitions in adolescence and adulthood?

Digital addiction refers to the excessive and uncontrolled use of digital tools such as the internet, digital games, and social media. In adolescents, this behavior is often linked to the need for socialization and identity formation, whereas in adults it may stem from stress, loneliness, or a desire to escape daily responsibilities. Although the behavior may appear similar, the underlying motivations differ, which is why the solutions must be personalized.

Digital tools can also serve as channels for other behavioral addictions – such as shopping, pornography, or gambling – which are increasingly conducted through digital platforms.

The World Health Organization (WHO) officially recognized "Gaming Disorder" as a medical diagnosis in the 2018 edition of the International Classification of Diseases (ICD-11). According to WHO, the following three criteria must be present for at least 12 months to make a diagnosis – although a shorter period may be acceptable if symptoms are severe:

- **Impaired control:** Loss of control over gaming frequency, duration, onset, and stopping
- **Increasing priority given to gaming:** Gaming takes precedence over other interests and daily activities, including basic needs like eating, sleeping, studying, or working
- **Continuation despite negative consequences:** Continued gaming despite negative impacts on social, educational, occupational, or health-related areas.

#### 3) Should access to digital media (e.g. social media platforms, digital games) be restricted for certain age groups?

Absolutely yes. Children's brains, especially during developmental stages, are not yet fully mature. This immaturity can affect their ability to focus, be patient, and develop empathy. Social media promotes rapid consumption and constant stimulation, which can make it harder for children to regulate emotions and concentrate.

As a result, serious physical and psychological issues can arise – including attention disorders, sleep problems, social withdrawal, and eating disturbances. Therefore, age-appropriate limitations, parental guidance, and digital literacy are essential.

Each age group has different neurodevelopmental needs, so access to digital content should be tailored accordingly.

## WHO and expert-recommended screen time by age:

**0–2 years:** No screen time recommended

- Why? Rapid brain development in this period means screens can negatively affect language development and emotional bonding.

**3–5 years:** Max 1 hour/day, with parental supervision

- Content: Only educational content, preferably co-viewed with parents
- Games: Should be non-violent, age-appropriate, and creative
- Social media: Not recommended

**6–9 years:** 1 to 1.5 hours/day, with time and content control

- Games: Focus on educational and creative games; violent content should be avoided
- Social media: Access should be restricted; even apps like WhatsApp should be closely monitored

**10–12 years:** Max 2 hours/day, with clear digital rules

- Social media: May begin using it; requires parental control and digital literacy education
- Games: Multiplayer games with friends can be encouraged but must be monitored for time and content

In Turkey, **74%** of children in this age group play digital games, and **23.4%** feel unhappy when they are not playing.

**13–17 years (Adolescents):** No more than 2–3 hours/day; purpose and content should be evaluated

- Social media: Widely used by teens, but it's important to assess why they are using it. The need for social validation can fuel addiction
- Games: Can support social bonding, but if there's a risk of disconnection from real life, limits must be set

In Turkey, **92%** of individuals aged 15–24 use social media – the highest screen time across age groups.

**18+ years (Adulthood):** Personal awareness should be emphasized

- Adults should set boundaries for themselves to maintain quality of life
- If dysfunction is present (e.g. insomnia, social withdrawal, lower productivity), screen time limits and digital detox periods are recommended.

## 4) What measures can be taken at school and at home regarding children's and adolescents' use of mobile phones?

At home, it's important for families to set screen time rules together. For example, establishing a "no phones at the dinner table" rule. Equally important is that all family members follow these rules, which helps model healthy behavior for children. In schools, digital literacy education should be provided – not just saying "don't use it," but teaching why we use technology and when to stop. The approach should be educational, not prohibitive.

### Measures that can be taken at school:

- **Establish a mobile phone policy:** School administration should define clear rules limiting student phone use. For example, collecting phones during class or requiring flight mode.
- **Digital literacy education:** Emphasize that the phone itself is not harmful – how it is used determines the impact. Topics like responsible media use, cyberbullying, and digital footprints should be included.
- **Role of teachers:** Teachers should monitor digital distractions during lessons and intervene when necessary. They can also promote conscious use of technology through learning apps or educational platforms.
- **Balance phones with alternatives:** Encourage physical activity, play, and face-to-face interaction during breaks. Schools should create more engaging activity zones to reduce reliance on phones.

### Measures that can be taken at home:

- **Set screen time limits:** Define daily maximum usage times according to age (e.g. 1–1.5 hours for ages 6–12). Also, restrict phone use during specific times (e.g. at dinner, or one hour before bedtime).
- **Be a role model:** Parents should apply the same rules they expect from their children. For instance, creating habits like a "screen-free evening" or a shared family reading hour sets a positive example.
- **Content supervision and parental controls:** Apps and social media accounts should be age-appropriate. Parental control settings should be activated on certain platforms to ensure safe usage.
- **Offer alternatives to phone use:** Encourage offline activities such as hobbies, sports, reading books, or playing family games. The goal should be to increase real-life engagement instead of filling empty moments with screens.

## 5. How can healthy digital habits be encouraged in adolescents, and how should they be monitored?

First of all, it is crucial to communicate with adolescents without conflict or judgment. Trying to understand their digital world – watching content together and having open conversations – helps build trust and connection. Supporting their offline social life (such as encouraging face-to-face time with friends or helping them find a hobby) also facilitates the development of healthy digital habits.

The digital world is both a space for social interaction and self-discovery for teens. That's why banning it often leads to resistance. The real goal should be to teach them how to use digital tools beneficially, in balance, and mindfully – and to make these habits sustainable over time.

### Ways to Encourage Healthy Digital Habits:

- **Communicate without judgment:** Instead of saying, "You're on your phone again!", try a collaborative approach like, "Let's figure out what works best for you." A relationship built on trust is the foundation of positive change.
- **Understand their digital world:** Get to know the apps they use and the games they play. This helps create a shared language and fosters a sense of partnership rather than surveillance.
- **Provide positive role models:** Adults at home and school should model the digital behavior they expect from teens. A parent who is always glued to their phone can't realistically expect their child to reduce screen time.
- **Encourage alternative and productive activities:** Teens who are actively involved in offline areas like art, music, sports, or volunteering are less likely to develop digital addictions.
- **Set screen time rules with teens, not for them:** Rules are more likely to be respected when adolescents are part of the decision-making process. For instance, agreeing together on a "weekly digital detox day" increases their sense of ownership.

### Healthy Ways to Monitor Adolescents

- **Open and transparent monitoring:** Instead of secretly watching their children, parents should adopt the approach of "Let's monitor this together to keep you safe." This helps set digital boundaries without damaging the trust in the parent-child relationship.
- **Use parental control tools wisely:** Screen time trackers, app permissions, and content filters can be effective, but they should be seen as supporting tools, not the only method of monitoring.

- **Encourage self-regulation in teens:** Adolescents should be taught to manage their own screen time and digital behavior. When they learn to control their own habits, they rely less on external rules.
- This includes setting personal goals, making daily schedules, and reflecting on their screen usage.
- **Collaboration between school and family is essential:** Monitoring teenagers should not be the sole responsibility of parents. School guidance counselors, teachers, and psychologists must actively participate in the process.

**In summary:** The realistic goal is not to disconnect adolescents from the digital world, but to help them remain safe, responsible, and productive within it. Achieving this requires a collaborative and supportive approach from both home and school.

## 6. How can adolescents recognize if they are addicted to technology or digital communication? What steps should be taken if they receive such a diagnosis?

If a person cannot control the amount of time spent on screens, becomes irritable when trying to stop, experiences sleep disruption, or neglects daily responsibilities, these are warning signs of a possible addiction. Awareness is the first step – after that, it's crucial to talk to someone they trust, such as a parent, teacher, or school counselor. Because addiction is rarely something one can overcome alone, professional help may be necessary.

**These self-reflection questions can help adolescents assess their behavior:**

- Do I feel anxious, irritable, or empty when I don't have my phone?
- Do I say "just 5 more minutes" but end up spending hours in front of a screen?
- Is my school performance suffering because of time spent on social media or games?
- Am I spending less time with my family or friends?
- Has my sleep schedule been disrupted?
- Do I reach for my phone first thing in the morning or last thing at night?

If the answer is "yes" to multiple of these questions, there may be a risk of digital addiction.

## Steps to Take After a Diagnosis

- **Acceptance and open expression:** The first step in addressing addiction is acknowledging it. Being able to say, “Yes, I’m too attached to my phone,” is the beginning of recovery. Young people should be encouraged to express this without blame or judgment.
- **Seek professional support:** Addiction is a serious issue, and simply saying “Use it less” is not enough. A school counselor, psychological advisor, or clinical psychologist can help manage this process professionally. Cognitive Behavioral Therapy (CBT) has proven effective in treating digital addiction.
- **Collaborate with the family:** Families should take on a supportive, not punitive, role during this process.
  - Set mutual rules
  - Establish screen-free hours
  - Acknowledge and praise progress
- **Implement a digital detox program:** This involves designated times or days without screens.
  - For example: one “tech-free day” per week
  - During this time, encourage nature walks, art, sports, or other real-life activities to strengthen their connection with the offline world.
- **Monitor and give feedback:** Change takes time, so progress should be reviewed periodically.
  - Encourage teens to track their own screen time weekly
  - Set small, achievable goals together with a parent or counselor

**In summary:** Addiction is not only about digital tools – it’s also about how young people deal with feelings of emptiness, boredom, or stress. Therefore, reducing screen time alone is not enough; it’s equally important to understand and respond to the emotional needs behind the behavior.

## 7. How is digital and technology-related addiction treated in adolescents?

Digital addiction is more than just a habit – it is a form of behavioral addiction that can seriously disrupt an individual’s life. Therefore, treatment involves more than just reducing screen time, especially in adolescents. The process must be multifaceted and sensitive to developmental needs.

## 1. Assessment and Diagnosis

Treatment should begin with a professional assessment, which includes:

- The severity of the addiction (mild, moderate, severe)
- The specific platforms involved (e.g. social media, gaming)
- The impact on daily life (sleep, school, social relationships)
- The emotional needs underlying the behavior (loneliness, stress, escapism)

## 2. Psychotherapy

- **Cognitive Behavioral Therapy (CBT):** One of the most effective and widely used therapeutic methods. It helps the individual understand the thought-emotion-behavior cycle behind their actions.
- **Examples of reflection in therapy:**
  - “Why do I feel relaxed when I hold my phone?”
  - “Why do I open a game every time I’m bored?”
- CBT also involves developing alternative coping strategies to replace screen-based behaviors.

## 3. Family Involvement (Family Therapy)

- Addressing communication problems, control dynamics, and trust within the family
- Teaching parents how to set boundaries and provide emotional support
- Helping families transition from controlling to understanding, becoming companions in their child’s digital journey

## 4. Structured Daily Routines & Digital Detox

- Set daily screen time limits (e.g. 2 hours) and monitor them together
- Balance digital life with healthy routines like sleep, study, meals, and social activities
- Designate “digital detox days” to encourage offline exploration
- It’s not enough to reduce screen time – it must be replaced with meaningful and enjoyable activities such as sports, music, nature walks, or drama

## 5. Psychiatric Support (if necessary)

- If there are co-existing mental health conditions (e.g. anxiety, depression, or ADHD), collaboration with a child and adolescent psychiatrist may be necessary
- This may involve medical support or additional therapeutic approaches.

**In summary:** The digital world is an inevitable part of adolescents’ lives. Rather than trying to eliminate it, the goal should be to help them build a healthy, balanced relationship with technology.

## **Kinyas Tekin**

### *Expert Psychologist*

Psychologist **Kinyas Tekin** completed his undergraduate and master's studies at Istanbul University Faculty of Health Sciences, and then graduated from the Department of Psychology at Istanbul Bilim University. Between 2007 and 2016, he worked at Istanbul University, Istanbul Faculty of Medicine, Department of Psychiatry.

During his time at the Faculty of Medicine, he continued both his clinical and academic work. While working in the Department of Psychiatry, he received training and conducted clinical studies in areas such as cognitive behavioral therapy, schema therapy, eye movement desensitization and reprocessing (EMDR), art therapy, psychiatric rehabilitation, psychotic disorders, and alcohol and substance addiction. He was also involved in the establishment process of the Art Therapy and Rehabilitation Unit within the Department of Psychiatry at Istanbul Faculty of Medicine.

Between 2010 and 2016, he conducted individual and group therapy sessions with clients undergoing addiction treatment at Humanite Psychiatry Medical Center. He also provided free public trainings and professional trainings for practitioners in the field. From 2016 to 2022, he worked as a specialist psychologist and psychologist coordinator at Moodist Psychiatry and Neurology Hospital. During this period, he was a member of the Moodist Addiction Center team, providing both inpatient and outpatient care. As part of his work, he developed and implemented a gambling addiction treatment program. He has also coordinated in-service trainings, corporate trainings, and specialized professional education programs.

Since 2023, he has been continuing his practice by founding Kalamış Psychology.