Chapter 1

INTRODUCTION

1. Meaning And Concept of Mental Health
2. Meaning of Aggression
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4. Meaning of Adjustment
5. Concept of Internet Addiction
1. Introduction

As high school students ourselves, we are under the constant temptation to spend numerous hours on the world-wide web. Procrastination of the task at hand, namely homework, merely increases this amount of time, thus creating negative effects on our health. During this day and age when computers and the Internet are essential for school, we must beware of the long-term effects of this electronic phenomenon. Many people do not recognize Internet addiction as a real problem, and are thus unaware of its danger to a person's well-being. This disorder is even more dangerous to us adolescents, because we are at a time where we are still growing and changing. If we make the poor decision now to become addicted to the Internet, its effects will impact our lives in the future. Internet addiction is a subject often overlooked in school, and therefore, several people are uneducated about it. As a result, they may not be able to make the best decisions regarding their time on the Internet. We hope to prevent IA students from developing this silent, but life-impacting disorder by informing them of the harms of Internet addiction. Therefore, we present the question, "How can IA students avoid the dangers of Internet addiction?"

First of all we will get the summary of dependent variables like Mental Health, Aggression, Anxiety and Adjustment. Then we will discuss about internet addiction in detail.

1.1 What is Mental Health?

Mental health is a level of psychological well-being, or an absence of a mental disorder; it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment".

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

In most countries, particularly low- and middle-income countries, mental health services are severely short of resources - both human and financial. Of the health care resources available, most are currently spent on the specialized treatment and care of the people with mental illness, and to a lesser extent on an integrated mental health system. Instead of providing care in large psychiatric
hospitals, countries should integrate mental health into primary health care, provide mental health care in general hospitals and develop community-based mental health services.

Even less funding is available for mental health promotion, an umbrella term that covers a variety of strategies, all aimed at having a positive effect on mental health well-being in general. The encouragement of individual resources and skills, and improvements in the socio-economic environment are among the strategies used.

Mental health promotion requires multi-sectoral action, involving a number of government sectors and non-governmental or community-based organizations. The focus should be on promoting mental health throughout the lifespan to ensure a healthy start in life for children and to prevent mental disorders in adulthood and old age.

1.1.1 Definition of Mental Health:

According to WHO (World Health Organization), defined mental health is "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". WHO stresses that mental health "is not just the absence of mental disorder".

According to Medilexicon’s medical dictionary, defined mental health is "emotional, behavioral, and social maturity or normality; the absence of a mental or behavioral disorder; a state of psychological well-being in which one has achieved a satisfactory integration of one's instinctual drives acceptable to both 4 oneself and one's social milieu; an appropriate balance of love, work, and leisure pursuits".

“Mental health means freedom from disability and disturbing symptoms that interfere with mental efficiencies, emotional stability or peace of mind”

1.1.2 Causes of Mental Health Problems:

Mental health researchers and professionals have developed several theories to explain the causes of mental health problems (including addiction), but they have reached no consensus. One factor on which they agree is that the individual sufferer is not responsible for the condition, and cannot simply turn it on or off at will. Most likely several factors combine to trigger a condition.

1.1.2.1 Environmental Factors:

People are affected by broad social and cultural factors as well as by unique factors in their personal environments. Early experiences, unique to individuals, such as a lack of loving parents, violent or traumatic events, or rejection by childhood peers can negatively impact mental health.
Current stressors such as relationship difficulties, the loss of a job, the birth of a child, a move, or prolonged problems at work can also be important environmental factors.

1.1.2.2 Cultural Factors:

Such as racism, discrimination, poverty and violence also may contribute to the causes of mental illness. Poverty is especially significant: according to the U.S. Department of Health and Human Services, people in the lowest socio-economic status are two to three times more likely than those in the highest strata to have a mental illness.

1.1.2.3 Biological Factors:

Scientists believe that the brain can produce too many or too few of certain chemicals, resulting in changes in how we perceive and experience things around us, as well as changes in behaviour, mood and thought. While causes of fluctuations in brain chemicals aren’t fully understood, physical illness, hormonal change, reaction to medication, substance abuse, diet and stress have been identified as contributing factors.

1.1.2.4 Genetic Factors:

Researchers have found that there appears to be a hereditary pattern to illnesses: individuals with particular disorders tend to have had parents or other close relatives with the same illnesses. Research has shown that the likelihood of inheriting disorders varies, but scientists aren’t clear which genes are involved.

1.1.3 Mental Health and Mental Illness:

Mental illness is very common. The Australian Government's Department of Health website says as many as 1 in 5 children and teenagers are affected by a mental health problem every year but only 1 in 4 receives professional help.

When children and young people with mental illness are not properly treated and supported, it can impact their entire life—impacting on their ability to study, make friends and move into adult roles such as working, forming key relationships including marriage, and establish healthy living habits.

That’s why being able to detect, treat and support mental illness early is so important.

1.1.3.1 What is Mental health?

The World Health Organisation defines good mental health as: “A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”
1.1.3.2 **What is Mental Illness?**

A mental illness is a diagnosable illness that affects a young person's thinking, emotional state and behaviour. It disrupts their ability to study, carry out daily activities and develop friendships.

There are many types of mental illness. The Australian Institute of Health and Welfare’s latest statistics on young Australians’ health and wellbeing shows anxiety disorders, substance abuse (particularly alcohol) and affective disorders are the most common.

Mental illness affects different people differently. Some may require support for several months whereas others may need life-long support.

1.1.4 **Yoga for Mental Health, Mind and Body:**

Yoga is a system of mental and physical exercises which developed originally in India over thousands of years. Yoga is practiced in many forms specifically designed to suit different types of people. As a result, some forms of yoga are of great significance all over the world. Yoga basically is a practice which begins with stretching. Stretching should only take five minutes to ten minutes. Yoga is not just physical fitness training but it is an authentic holistic tradition inclusive of contemplation and meditation. Yoga injuries are never heard of. Further the meditation techniques are a comprehensive combination of concentration, sublimation and ideation.

Yoga is also an effective method to reduce stress and anxiety. Yoga is a union of the organ systems in the body with the consciousness in the mind. As said by the great sages philosophically, yoga produces a union of body, mind, and energy (or soul or spirit) to bring about a state of equanimity (calmness). Yoga is most effective in dealing with psychosomatic problems. If practiced regularly and on a long-term basis it can have a significant effect on a person’s health both on a preventive basis and to control and cure existing problems. Yoga is when practiced in pregnancy helps to strengthen and stretch muscles, release tension and maintain good posture. Yoga is more than just a form of exercise, but part of a well-rounded philosophy that dates back around over 5,000 years. Therefore practice of Yoga can help you to live a healthy, integrated life. Yoga can help liberate your true nature. Meditation that are very beneficial in reducing down the levels of stress.

Yoga has loads of benefits as it can improve flexibility, strength, balance, and stamina. Yoga is all about breathing correctly and about integrating that breath into your body along with the mind. Yoga is a way of life, righteous living or an integrated system for the benefit of the body, mind and inner spirit. While yoga not only benefits in stretching and toning the body but it tones the whole body while slowing down the breath and incorporating the mind. So when yoga helps to relax you
and slow the pace of the breath, the pace of the mind is similarly calmed and quieted. Over the time, you begin to act and think from a state of peace. The more time you spend in this posture or yoga, the more likely you are to act with patience, understanding, and compassion. If one goes to decide to perform yoga for gaining spiritual enlightenment and the positive effects it also helps one build the mental strength and following this the fitness aspect may not be exploited to its full potential. Yoga has a very huge benefit on the body is because it stretches the muscles, therefore when performed yoga works as to have a similar effect of a massage which will ensure that the ideal blood supply can be reached by every organ. This helps you to work deep into your muscles and tendons and also helps to heal and exercise your body inside and out. It helps greatly in decreasing any chronic pains that you may have and also helps in maintain your health condition.

1.1.5 Mental Health Medications:

Medications are used to treat the symptoms of mental disorders such as schizophrenia, depression, bipolar disorder (sometimes called manic-depressive illness), anxiety disorders, and attention deficit-hyperactivity disorder (ADHD). Sometimes medications are used with other treatments such as psychotherapy. This guide describes:

- Types of medications used to treat mental disorders
- Side effects of medications
- Directions for taking medications
- Warnings about medications from the U.S. Food and Drug Administration (FDA)

This booklet does not provide information about diagnosing mental disorders. Choosing the right medication, medication dose, and treatment plan should be based on a person's individual needs and medical situation, and under a doctor's care.

Information about medications is frequently updated. Check the FDA Web site for the latest information on warnings, patient medication guides, or newly approved medications. Throughout this document you will see two names for medications—the generic name and in parenthesis, the trade name. An example is fluoxetine (Prozac).

1.1.5.1 What are psychiatric medications?

Psychiatric medications treat mental disorders. Sometimes called psychotropic or psychotherapeutic medications, they have changed the lives of people with mental disorders for the better. Many people with mental disorders live fulfilling lives with the help of these medications. Without them, people with mental disorders might suffer serious and disabling symptoms.
1.1.5.2 **How are medications used to treat mental disorders?**

Medications treat the symptoms of mental disorders. They cannot cure the disorder, but they make people feel better so they can function.

Medications work differently for different people. Some people get great results from medications and only need them for a short time. For example, a person with depression may feel much better after taking a medication for a few months, and may never need it again. People with disorders like schizophrenia or bipolar disorder, or people who have long-term or severe depression or anxiety may need to take medication for a much longer time.

Some people get side effects from medications and other people don’t. Doses can be small or large, depending on the medication and the person. Factors that can affect how medications work in people include:

- Type of mental disorder, such as depression, anxiety, bipolar disorder, and schizophrenia
- Age, sex, and body size
- Physical illnesses
- Habits like smoking and drinking
- Liver and kidney function
- Genetics
- Other medications and herbal/vitamin supplements
- Diet
- Whether medications are taken as prescribed

1.2. **What is Aggression?**

Aggression is an act of hostility and is characterized by outright physical attacks, throwing tantrums, yelling and verbal abuse or trying to shame another person. Aggression is also displayed in a more subtle fashion such as sabotaging a relationship, engaging in manipulative speech or behaviour, or gossiping behind another person’s back. Aggression can be openly violent or it can be a subtle lashing. It is important to know that aggressive people may not always intend to harm another individual purposely. This does not mean that the behaviour is any less aggressive in nature or that it is excusable. In order to understand how to best deal with aggression, we must look at the causes of aggression.

Psychologists often define aggression as behaviour that is aimed at harming or injuring others (Coie and Dodge, 1998). Challenging behaviour isn’t always aggressive - sometimes it is disruptive or antisocial or annoying. But aggressive behaviour is always challenging.
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The father of social learning theory is Stanford University psychologist Albert Bandura, who contends that children learn aggressive behaviour primarily by observing it. Children are great imitators, and they copy the models around them - family, teachers, peers, neighbours, television. At the same time, they observe and experience the rewards, punishments, and emotional states associated with aggressive behaviour. When they see that a behaviour is reinforced, they’re likely to try it for themselves; when they experience the reinforcement directly, they’re likely to repeat it. That is, when Zack hits Ben and gets the red fire engine, he will almost certainly try hitting the next time he wants something.

Social learning theory has spawned several sister theories that place more emphasis on cognition. According to the cognitive script model, proposed by L. Rowell Huesmann and Leonard D. Eron, children learn scripts for aggressive behaviour—when to expect it, what to do, what it will feel like, what its results will be—and store them in their memory banks. The more they rehearse these scripts through observation, fantasy, and behaviour, the more readily they spring to mind and govern behaviour when the occasion arises (Coie and Dodge, 1998; Pepler and Slaby, 1994; Reiss and Roth, 1993).

1.2.1 Definition of Aggression

“Aggression is defined as behaviour aimed at causing harm or pain, psychological harm, or personal injury or physical distraction. An important aspect of aggressive behaviour is the intention underlying the actor's behaviour.” (Lazarus and Launier, 1978).

“In psychology, the term aggression refers to a range of behaviours that can result in both physical and psychological harm to oneself, other or objects in the environment. The expression of aggression can occur in a number of ways, including verbally, mentally and physically.” (By Kendra Cherry) The Everything Psychology Book, 2nd Edition.

An introductory guide to the science of human behaviour “Aggression refers to any behaviour that is hostile, destructive, and/or violent. Generally, aggressive behaviour has the potential to inflict injury or damage to the target person or object. Examples of aggressive behaviour include physical assault, throwing objects, property destruction, self-harming behaviours, and verbal threats. Aggression can have mental aspects, as well.” By Kristalyn Salters-Pedneault, PhD, Updated February 19, 2009.
1.2.2 Theories of Aggression

1.2.2.1 Instinct Theory

Instinct theory as put forth by Freud and Lorenz, posited that aggression was a natural adaptive human instinct. Evolutionary psychologists have noted that aggression was a strategy for gaining resources, eliminating rivals, and improving one's chances of genetic survival (Buss and Shackleford, 1997).

1.2.2.2 Neurological Basis

- **Amygdala**: Arousal of the amygdala can cause increased aggression in humans. In a human experiment in which a woman's amygdala was electrically stimulated she threw a guitar at her psychologist in a fit of rage ((Moyer, 1976, 1983)).

- **Prefrontal Cortex**: The prefrontal cortex acts as an inhibitory mechanism. It is responsible for constrained and appropriate behaviour in social situations. It has been found that the prefrontal cortex in individuals with antisocial behaviour is 15 percent smaller than those without, which may be responsible for their abnormally aggressive behaviour.

- **Genetic Influence**: Animals can be bred to be aggressive which shows that there may be some genetic component. It has also been found that a person's temperament usually endures throughout their life (Larsen & Diener, 1986).

1.2.2.3 Chemical Factors

- **Testosterone**: Animals' testosterone has been shown to be linked with aggressive behaviour. After the age of 25, both testosterone levels and acts of violent crimes decrease greatly.

- **Alcohol**: Alcohol has been shown to increase aggression especially when provoked. Alcohol disinhibits an individual. This can be compared to the long-term disinhibition that occurs in individuals with antisocial behaviour due to an underdeveloped prefrontal cortex. Over half of all acts of rape occur while the aggressor is under the influence of alcohol.

1.2.3 Causes of Aggression (Jarret B.)

We live in a world which often seems more violent with every passing day. Terrorist bombings, school-yard massacres, war, and atrocities fill news headlines. At times it even seems that humanity has a collective death wish.

Human aggression has been blamed on many things, including broken homes, poverty, racism and inequality, chemical imbalances in the brain, toy guns, TV violence, sexual repression,
sexual freedom, overpopulation, alienation, bad genes, and original sin. However, virtually all of these potential causes have one thing in common:

1.2.3.1 Unfulfilled Human Needs and Desires

Human needs and desires are endless. Virtually all of us would like to have fancy homes, social status in our community, the ability to eat all we want without getting fat, sex whenever we want it, perpetual health, unconditional love, and the ability to live until we're 200. Most of us will enjoy few of these things.

Fortunately, most people are realistic and sane enough not to turn to violence to deal with their frustrations. However, self-control sometimes breaks down - resulting in aggressions ranging from petty theft - to the Columbine massacre - to the mass killing fields of Cambodia.

What causes people and societies to turn to aggression? Throughout history there have been five key factors: neurosis, desperation, envy, greed, and collectivism.

1.2.3.2 Neurosis

Neurosis consists of irrational thoughts and acts that cause significant harm to one's self or others. But what causes neurosis?

The humanistic psychologist Abraham Maslow gave a great answer. He argued that the standard for proper human behaviour should not be some statistical average of how people actually behave, but rather how the best, happiest, most productive, most creative, and most fulfilled human beings act – people such as Thomas Jefferson and Albert Einstein. In other words, Maslow argues that the standard for mental health should be human beings at their best. Maslow called these exemplary people "self-actualizers" or "the growing tip" of the human race.

Comparing self-actualizers to less-fulfilled, less-creative, and less-happy people, Maslow found that most neurosis is caused by the frustration of basic human needs.

A basic, as opposed to a derived need, is an innate and fundamental biological or psychological requirement for human well-being. In "Toward a Psychology of Being" (1962), Maslow listed five basic criteria which established a hierarchy of needs:

- Its absence breeds illness.
- Its presence prevents illness.
- Its restoration cures illness.
- Under certain, free-choice situations, it is preferred by the deprived person over other satisfactions.
It is found to be inactive, at low ebb, or functionally absent in the "healthy person" because it is a fulfilled need and thus no longer a strong motivating force.

Maslow held there were five basic levels of human needs:

- Physiological needs (air, food, sleep, shelter, and sex)
- Safety needs (including security, order and stability)
- Belongingness and love
- Esteem needs (need for a stable, firmly-based, high level of self-respect)
- Self-actualization (desire to become everything that one is capable of becoming; The desire to know and understand; Aesthetic needs the need for beauty in one's life)

Aggression, Maslow maintained, is principally a result of the frustration of basic needs. In other words, aggression is not an essential part of human nature, but rather a reaction to circumstances in which essential requirements of our nature are unfulfilled.

Examples are legion. In Communist China - one of the most sexually-repressed and controlling societies on earth - depression and suicide are commonplace. In the Middle East, which has been at war for 5,000 years - there is little safety, and massive anger, fear, distrust and hostility. In countries like North Korea, where there is massive starvation and even the most basic physiological needs are not met for millions of people, depression and suicide are rampant.

What is the solution? To create societies in which basic human needs are easily fulfilled. That means removing institutional barriers to productivity and wealth, so the necessities of life will be inexpensive and easily acquired. That means getting rid of taxes and regulations and letting a free market flourish.

It also means eliminating class systems which destroy opportunity and self-esteem by branding certain people "untouchables" (India); peasants (China and South America); or vermin (Nazi Germany). It means teaching that sex is natural and healthy, rather than sinful and evil.

1.2.3.3 Desperation

Imagine that you have lived in an inner-city slum your entire life. All around you is massive poverty, crime, and violence. Your mother is on welfare and you don't know who your father is.

The only people in the neighbourhood who have money, power and respect are drug-dealers, pimps and gang leaders. True, some die violent deaths. But so do many of your friends who are living straight.

Under such circumstances, it's quite rational to conclude that to succeed, you need to
become a drug dealer or gang-banger.

The only solution for this type of desperation is breaking the cycle of poverty and violence. Government tried to end such desperation by spending over $2 trillion on welfare programs. The result: destruction of the family by subsidizing children born out of wedlock - destruction of inner-city jobs and businesses by minimum-wage and licensing laws. (In New York, a license to operate a taxi-cab costs over $150,000. In Washington, D.C. a push-cart license costs $7,000!). The real solution:

- Compassionate charity through churches and other voluntary organizations
- Eliminating insane economic regulations that perpetuate desperation

1.2.3.4 Collectivism

Collectivism is the doctrine that the social collective - called society, the people, the state, etc. - has rights, needs, or moral authority above and apart from the individuals who comprise it. "Production for people, not profits," and "the common good."

Collectivism often sounds humane because it stresses the importance of human needs. In reality, it is little more than a rationalization for sacrificing you and me to the desires of others.

To achieve the communist utopia of economic equality and social justice, hundreds of millions of people were robbed, tortured, and slaughtered. Prof. R. J. Rummel, author of "Death by Government," estimates that the Soviet Union killed some 69,911,000 human beings. In communist Cambodia, nearly 1/3 of the entire population was murdered by the state. In Nazi (national socialist) Germany, some 6 million Jews, Catholics and other "enemies of the state" were slaughtered.

Collectivists justify their atrocities by such assertions as "the end justifies the means." However, their philosophical justifications are nonsense.

Collections of people do not have unique consciousness or identities. "Society" and "the people" do not feel, need, think, or have rights. Only individuals exist.

The myth of the collective, in one form or another is accepted by the vast majority of people alive today, and it is responsible for a great deal of the violence in our world today.

1.2.3.5 Ending Aggression

The myth of the Three steps would end most of the aggression in the world today:

- Create free societies where prosperity is the norm, not the exception.
- Provide rational moral education for young people, explaining that aggression is almost never in their long-term interest and that greed and envy are irrational.
Reject the "myth of the collective" – the idea that the nation, state or race has an identity above and apart from the individuals comprising it.

Human beings are not inherently violent, rapacious animals bent on brutality and self-destruction. Aggression is rather a result of repressive cultural and political environments that conspire to frustrate and degrade our humanity.

Aggression may never be eliminated entirely, but it can be reduced to very low levels by creating societies of freedom, self-awareness and compassion.

1.2.4 The Main Causes of Aggression

Aggression may be a very difficult thing to address over the putter. In my experience, aggression (biting is aggression) has one or more of four causes.

- **Fear:** The horse is super afraid. He's like a bully in a school yard. He has no idea how to deal with and react to people so he immediately seeks to put you in your place BEFORE you do anything to him that may make him uncomfortable or harm him. It is a question of doing it to you before you do it to him. When fear bullies are confronted they usually immediately align themselves with the confronter. When bullying doesn't work, they turn into a cajoling buddy..."Hey Buddy, you and I are friends, right? We can handle any troublemakers who come our way, right?"

- **Disrespect:** Occupying your space, punishing you for not doing what they want when they want, paying more attention to some petty distraction than you and a number of other things that make you feel meaningless when you are around the horse. If you are doing something he doesn't like, he can, and often does, bite, or threaten to bite. You may gain some insight from my video Dealing with the Aggressive Horse.

- **Pain:** Suppose for a moment that you have a twisted back or neck and every movement sends a spear through you...would you bite if someone crossed your path? Sure. In the case of pain (physical issues) you may gain some insight from my video Troubleshooting Physical Issues in Horses.

- **Mental illness whether caused by hormones or what have you:** These horses are exceptionally dangerous because logic doesn't work with them. If a horse is mentally ill, it usually exhibits some additional symptoms as well such as irrationality, inconsistency or total unpredictability.

1.2.5 Internet "Addiction" May Fuel Teen Aggression?

According to Reuters Health, teenagers who are preoccupied with their Internet time may be
more prone to aggressive behaviour, researchers reported recently. Researchers in Taiwan claim to have proven another link between teenage aggressiveness and Internet addiction. Researchers studied 9,405 Taiwanese teenagers, and found that all who were said to be addicted to the internet were more likely to be aggressive towards their peers -- more likely to admit to hitting, shoving or threatening their peers within the past 12 months.

Of the 9,405 participants, 25 percent of male teenagers and 13 percent of female teenagers were believed to be official internet addicts. Thirty percent of all males and 13 percent of girls admitted to engaging in aggressive behaviour, though 37 percent of participants with internet addiction also engaged in aggressive behaviour.

"Online chatting, adult sex Web viewing, online gaming, online gambling and [surfing the] Bulletin Board System were all associated with aggressive behaviours," as teenagers would create the opportunity to "observe, experience and try aggressive behaviours [on the internet] resulting in positive outcome, [such as] identification in a group, being a hero or winning in games," researchers observed in the study.

Researchers published their findings in the Journal of Adolescent Health, but will be met by certain levels of criticism and doubt among other researchers. Despite the findings of the Taiwanese researchers, it seems U.S. researchers aren't quite ready to blame the internet for aggressive behaviour among adolescents.

Aside from the fact it's unknown how internet addiction was officially defined, there are numerous other factors that could have come into play, other researchers said. Chinese researchers have created some guidelines towards the official definition of internet addiction, but a global definition has not been created and agreed upon.

"It could be that using the internet causes people to behave more aggressively or it could be that aggressive people seek out the internet," according to Brad Bushman, University of Michigan psychology professor. "Or some other third factor could cause both -- people with poor social skills don't have any friends, so they spend a lot of time on the internet and can't resolve conflicts in non-aggressive ways."

### 1.3 What is Anxiety?

Anxiety is a feeling of unease, such as worry or fear that can be mild or severe.

Everyone has feelings of anxiety at some point in their life. For example, you may feel worried and anxious about sitting an exam or having a medical test or job interview.

Feeling anxious is sometimes perfectly normal. However, people with generalized anxiety
disorder (GAD) find it hard to control their worries. Their feelings of anxiety are more constant and often affect their daily life.

Anxiety is a general term for several disorders that cause nervousness, fear, apprehension, and worrying. These disorders affect how we feel and behave, and they can manifest real physical symptoms. Mild anxiety is vague and unsettling, while severe anxiety can be extremely debilitating, having a serious impact on daily life. People often experience a general state of worry or fear before confronting something challenging such as a test, examination, recital, or interview. These feelings are easily justified and considered normal. Anxiety is considered a problem when symptoms interfere with a person's ability to sleep or otherwise function. Generally speaking, anxiety occurs when a reaction is out of proportion with what might be normally expected in a situation. Anxiety disorders can be classified into several more specific types. The most common are briefly described below.

1.3.1 Classification of Anxiety

1.3.1.1 Generalized Anxiety Disorder (GAD)?

Generalized Anxiety Disorder (GAD) is a chronic disorder characterized by excessive, long-lasting anxiety and worry about nonspecific life events, objects, and situations. GAD sufferers often feel afraid and worry about health, money, family, work, or school, but they have trouble both identifying the specific fear and controlling the worries. Their fear is usually unrealistic or out of proportion with what may be expected in their situation. Sufferers expect failure and disaster to the point that it interferes with daily functions like work, school, social activities, and relationships.

1.3.1.2 Social Anxiety Disorder?

Social Anxiety Disorder is a type of social phobia characterized by a fear of being negatively judged by others or a fear of public embarrassment due to impulsive actions. This includes feelings such as stage fright, a fear of intimacy, and a fear of humiliation. This disorder can cause people to avoid public situations and human contact to the point that normal life is rendered impossible.

1.3.1.3 Separation Anxiety Disorder?

Separation Anxiety Disorder is characterized by high levels of anxiety when separated from a person or place that provides feelings of security or safety. Sometimes separation results in panic and it are considered a disorder when the response is excessive or inappropriate.
1.3.2 Definition of Anxiety

“Anxiety is a natural human reaction that involves mind and body. It serves an important basic survival function: Anxiety is an alarm system that is activated whenever a person perceives danger or threat.” (Matarazzo J.D., 1980)

“Anxiety is a normal reaction to stress. It helps one deal with a tense situation in the office, study harder for an exam and keep focused on an important speech. In general, it helps one cope. But when anxiety becomes in excessive, irrational dread of everyday situations, it may become a disabling disorder.” (Mercado, Carol, Classidy, Cote, 2000)

“Anxiety is a multisystem response to a perceived threat or danger. It reflects a combination of biochemical changes in the body, the patient's personal history and memory, and the social situation. As far as we know, anxiety is a uniquely human experience. Other animals clearly know fear, but human anxiety involves an ability, to use memory and imagination to move backward and forward in time, that animals do not appear to have. The anxiety that occurs in posttraumatic syndromes indicates that human memory is a much more complicated mental function than animal memory. Moreover, a large portion of human anxiety is produced by anticipation of future events. Without a sense of personal continuity over time, people would not have the "raw materials" of anxiety. It is important to distinguish between anxiety as a feeling or experience, and an anxiety disorder as a psychiatric diagnosis. A person may feel anxious without having an anxiety disorder. In addition, a person facing a clear and present danger or a realistic fear is not usually considered to be in a state of anxiety. In addition, anxiety frequently occurs as a symptom in other categories of psychiatric disturbance.”

1.3.3 Causes of Anxiety

Anxiety disorders may be caused by environmental factors, medical factors, genetics, brain chemistry, substance abuse, or a combination of these. It is most commonly triggered by the stress in our lives. Usually anxiety is a response to outside forces, but it is possible that we make ourselves anxious with "negative self-talk" - a habit of always telling ourselves the worst will happen.

1.3.3.1 Environmental and external Factors:

- Trauma from events such as abuse, victimization, or the death of a loved one
- Stress in a personal relationship, marriage, friendship, and divorce
- Stress at work
- Stress from school
Stress about finances and money
Stress from a natural disaster
Lack of oxygen in high altitude areas

1.3.3.2 Medical Factors:
Anxiety is associated with medical factors such as anaemia, asthma, infections, and several heart conditions. Some medically-related causes of anxiety include:
- Stress from a serious medical illness
- Side effects of medication
- Symptoms of a medical illness
- Lack of oxygen from emphysema, or pulmonary embolism (a blood clot in the lung)

1.3.3.3 Genetics:
It has been suggested by some researchers that a family history of anxiety increases the likelihood that a person will develop it. That is, some people may have a genetic predisposition that gives them a greater chance of suffering from anxiety disorders.

1.3.3.4 Brain Chemistry:
Research has shown that people with abnormal levels of certain neurotransmitters in the brain are more likely to suffer from generalized anxiety disorder. When neurotransmitters are not working properly, the brain's internal communication network breaks down, and the brain may react in an inappropriate way in some situations. This can lead to anxiety.

1.3.3.5 Substance use and abuse:
It is estimated that about half of patients who utilize mental health services for anxiety disorders such as GAD, panic disorder, or social phobia are doing so because of alcohol or benzodiazepine dependence. More generally, anxiety is also known to result from:
- Intoxication from an illicit drug, such as cocaine or amphetamines
- Withdrawal from an illicit drug, such as heroin, or from prescription drugs like Vicodin, benzodiazepines, or barbiturates

1.3.4 Symptoms of Anxiety
In order to understand the diagnosis and treatment of anxiety, it is helpful to have a basic
understanding of its symptoms.

1.3.4.1 **Somatic**: The somatic or physical symptoms of anxiety include headaches, dizziness or lightheadedness, nausea and/or vomiting, diarrhea, tingling, pale complexion, sweating, numbness, difficulty in breathing, and sensations of tightness in the chest, neck, shoulders, or hands. These symptoms are produced by the hormonal, muscular, and cardiovascular reactions involved in the fight-or-flight reaction. Children and adolescents with generalized anxiety disorder show a high percentage of physical complaints.

1.3.4.2 **Behavioural**: Behavioural symptoms of anxiety include pacing, trembling, general restlessness, hyperventilation, pressured speech, hand wringing, or finger tapping.

1.3.4.3 **Cognitive**: Cognitive symptoms of anxiety include recurrent or obsessive thoughts, feelings of doom, morbid or fear-inducing thoughts or ideas, and confusion, or inability to concentrate.

1.3.4.4 **Emotional**: Feeling states associated with anxiety include tension or nervousness, feeling "hyper" or "keyed up," and feelings of unreality, panic, or terror.

1.3.4.5 **Defence Mechanism**:

In psychoanalytic theory, the symptoms of anxiety in humans may arise from or activate a number of unconscious defence mechanisms. Because of these defences, it is possible for a person to be anxious without being consciously aware of it or appearing anxious to others. These psychological defence include:

- **Repression**: The person pushes anxious thoughts or ideas out of conscious awareness.
- **Displacement**: Anxiety from one source is attached to a different object or event. Phobias are an example of the mechanism of displacement in psychoanalytic theory.
- **Rationalization**: The person justifies the anxious feelings by saying that any normal person would feel anxious in their situation.
- **Somatization**: The anxiety emerges in the form of physical complaints and illnesses, such as recurrent headaches, stomach upsets, or muscle and joint pain.
- **Delusion Formation**: The person converts anxious feelings into conspiracy theories or similar ideas without reality testing. Delusion formation can involve groups as well as individuals.

Other theorists attribute some drug addiction to the desire to relieve symptoms of anxiety. Most addictions, they argue, originate in the use of mood-altering substances or behaviours to
1.3.5 What Are Common Symptoms Of Anxiety?

People with anxiety disorders present a variety of physical symptoms in addition to non-physical symptoms that characterize the disorders such as excessive, unrealistic worrying. Many of these symptoms are similar to those exhibited by a person suffering general illness, heart attack, or stroke, and this tends to further increase anxiety. The following is a list of physical symptoms associated with GAD:

- Trembling
- Churning stomach
- Nausea
- Diarrhoea
- Headache
- Backache
- Heart palpitations
- Numbness or "pins and needles" in arms, hands or legs
- Sweating/flushing
- Restlessness
- Easily tired
- Trouble concentrating
- Irritability
- Muscle tension
- Frequent urination
- Trouble falling or staying asleep
- Being easily startled

Those suffering from panic disorders may experience similar physical symptoms to those with GAD. They also may experience chest pains, a sense of choking, shortness of breath, and dizziness.

Post-traumatic stress disorders have a range of symptoms that are unique to this form of anxiety. Frequent symptomatic behaviours include:

- Flashbacks or nightmares of re-experiencing the trauma
- Avoidance of people, places, and things that are associated with the original event
- Difficulty concentrating or sleeping
Closely watching surroundings (hyper vigilance)

Irritability and diminished feelings or aspirations for the future

1.3.6 Treatment for Anxiety

The most important clinical point to emerge from studies of social anxiety disorder is the benefit of early diagnosis and treatment. Social anxiety disorder remains under-recognized in primary care practice, with patients often presenting for treatment only after the onset of complications such as clinical depression or substance abuse disorders. Treatment options available include lifestyle changes; psychotherapy, especially cognitive behavioural therapy; and pharmaceutical therapy. Education, reassurance and some form of cognitive-behavioural therapy should almost always be used in treatment. Research has provided evidence for the efficacy of two forms of treatment available for social phobia: certain medications and a specific form of short-term psychotherapy called cognitive-behavioural therapy (CBT), the central component being gradual exposure therapy.

Anxiety can be treated medically, with psychological counselling, or independently. Ultimately, the treatment path depends on the cause of the anxiety and the patient's preferences. Often treatments will consist of a combination of psychotherapy, behavioural therapy, and medications. Sometimes alcoholism, depression, or other coexisting conditions have such a strong effect on the individual that treating the anxiety disorder must wait until the coexisting conditions are brought under control.

1.3.6.1 Psychotherapy

Most patients with anxiety will be given some form of psychotherapy along with medications. Many patients benefit from insight-oriented therapies, which are designed to help them uncover unconscious conflicts and defence mechanisms in order to understand how their symptoms developed. Patients who are extremely anxious may benefit from supportive psychotherapy, which aims at symptom reduction rather than personality restructuring.

Two newer approaches that work well with anxious patients are cognitive-behavioural therapy (CBT), and relaxation training. In CBT, the patient is taught to identify the thoughts and situations that stimulate his or her anxiety, and to view them more realistically. In the behavioural part of the program, the patient is exposed to the anxiety-provoking object, situation, or internal stimulus (like a rapid heart beat) in gradual stages until he or she is desensitized to it. Relaxation training, which is sometimes called anxiety management training, includes breathing exercises and
similar techniques intended to help the patient prevent hyperventilation and relieve the muscle tension associated with the fight-or-flight reaction. Both CBT and relaxation training can be used in group therapy as well as individual treatment. In addition to CBT, support groups are often helpful to anxious patients, because they provide a social network and lessen the embarrassment that often accompanies anxiety symptoms.

1.3.6.2 **Psychosurgery**

Surgery on the brain is very rarely recommended for patients with anxiety; however, some patients with severe cases of obsessive-compulsive disorder (OCD) have been helped by an operation on a part of the brain that is involved in OCD. Normally, this operation is attempted after all other treatments have failed.

1.3.6.3 **Self-Treatment**

In some cases, anxiety may be treated at home, without a doctor's supervision. However, this may be limited to situations in which the duration of the anxiety is short and the cause is identified and can be eliminated or avoided. There are several exercises and actions that are recommended to cope with this type of anxiety:

- Learn to manage stress in your life. Keep an eye on pressures and deadlines, and commit to taking time away from study or work.
- Learn a variety of relaxation techniques. Information about physical relaxation methods and meditation techniques can be found in book stores and health food shops.
- Practice deep abdominal breathing. This consists of breathing in deeply and slowly through your nose, taking the air right down to your abdomen, and then breathing out slowly and gently through your mouth. Breathing deeply for too long may lead to dizziness from the extra oxygen.
- Learn to replace "negative self-talk" with "coping self-talk." Make a list of the negative thoughts you have, and write a list of positive, believable thoughts to replace them. Replace negative thoughts with positive ones.
- Picture yourself successfully facing and conquering a specific fear
- Talk with a person who is supportive
- Meditate
- Exercise
- Take a long, warm bath
1.3.6.4 Counseling

A standard method of treating anxiety is with psychological counselling. This can include cognitive behavioural therapy, psychotherapy, or a combination of therapies.

Cognitive-behavioural therapy (CBT) aims to recognize and change the patient's thinking patterns that are associated with the anxiety and troublesome feelings. This type of therapy has two main parts: a cognitive part designed to limit distorted thinking and a behavioural part designed to change the way people react to the objects or situations that trigger anxiety.

For example, a patient undergoing cognitive-behavioural therapy for panic disorder might work on learning that panic attacks are not really heart attacks. Those receiving this treatment for obsessive compulsive disorder for cleanliness may work with a therapist to get their hands dirty and wait increasingly longer amounts of time before washing them. Post-traumatic stress disorder sufferers will work with a therapist to recall the traumatic event in a safe situation to alleviate the fear it produces. Exposure-based therapies such as CBT essentially have people confront their fears and try to help them become desensitized to anxiety-triggering situations.

Psychotherapy is another type of counselling treatment for anxiety disorders. It consists of talking with a trained mental health professional, psychiatrist, psychologist, social worker, or other counsellor. Sessions may be used to explore the causes of anxiety and possible ways to cope with symptoms.

1.3.6.5 Alternative treatment

Alternative treatments for anxiety cover a variety of approaches. Meditation and mindfulness training are thought beneficial to patients with phobias and panic disorder. Hydrotherapy is useful to some anxious patients because it promotes general relaxation of the nervous system. Yoga, aikido, t'ai chi, and dance therapy help patients work with the physical, as well as the emotional, tensions that either promote anxiety or are created by the anxiety.

Homeopathy and traditional Chinese medicine approach anxiety as a symptom of a systemic disorder. Homeopathic practitioners select a remedy based on other associated symptoms and the patient's general constitution. Chinese medicine regards anxiety as a blockage of qi, or vital force, inside the patient's body that is most likely to affect the lung and large intestine meridian flow. The practitioner of Chinese medicine chooses acupuncture point locations and/or herbal therapy to move...
the qi and rebalance the entire system in relation to the lung and large intestine.

1.3.6.6 Other drugs

Although SSRIs are often the first choice for treatment, other prescription drugs are used, sometimes only if SSRIs fail to produce any clinically significant improvement.

In 1985, before the introduction of SSRIs, anti-depressants such as monoamine oxidase inhibitors (MAOIs) were frequently used in the treatment of social anxiety. Their efficacy appears to be comparable or sometimes superior to SSRIs or benzodiazepines.

However, because of the dietary restrictions required, high toxicity in overdose, and incompatibilities with other drugs, its usefulness as a treatment for social phobics is now limited. Some argue for their continued use, however, or that a special diet does not need to be strictly adhered to. A newer type of this medication, Reversible inhibitors of monoamine oxidase subtype A (RIMAs) inhibit the MAO enzyme only temporarily, improving the adverse-effect profile but possibly reducing their efficacy.

Benzodiazepines such as alprazolam and clonazepam are an alternative to SSRIs. These drugs are often used for short-term relief of severe, disabling anxiety. Although benzodiazepines are still sometimes prescribed for long-term everyday use in some countries, there is much concern over the development of drug tolerance, dependency and recreational abuse. It has been recommended that benzodiazepines are only considered for individuals who fail to respond to safer medications. Benzodiazepines augment the action of GABA, the major inhibitory neurotransmitter in the brain; effects usually begin to appear within minutes or hours.

The novel antidepressant mirtazapine has been proven effective in treatment of social anxiety disorder. This is especially significant due to mirtazapine's fast onset and lack of many unpleasant side-effects associated with SSRIs (particularly, sexual dysfunction).

In Japan, the serotonin-norepinephrine reuptake inhibitor (SNRI) Milnacipran is used in the treatment of Taijin kyofusho a Japanese variant of social anxiety disorder.

Some people with a form of social phobia called performance phobia have been helped by beta-blockers, which are more commonly used to control high blood pressure. Taken in low doses, they control the physical manifestation of anxiety and can be taken before a public performance.

A novel treatment approach has recently been developed as a result of translational research. It has been shown that a combination Anxiety disorder - Wikipedia, the free encyclopedia of acute dosing of d-cycloserine (DCS) with exposure therapy facilitates the effects of exposure therapy of social phobia (Hofmann, Meuret, Smits, et al., 2006). DCS is an old antibiotic medication used for
treating tuberculosis and does not have any anxiolytic properties per se. However, it acts as an agonist at the glutamatergic N-methyl-D-aspartate (NMDA) receptor site, which is important for learning and memory (Hofmann, Pollack, & Otto, 2006). It has been shown that administering a small dose acutely 1 hour before exposure therapy can facilitate extinction learning that occurs during therapy.

Treatment controversy arises because while some studies indicate that a combination of medication and psychotherapy can be more effective than either one alone, others suggest pharmacological interventions are largely palliative, and can actually interfere with the mechanisms of successful therapy. Meta-analysis indicates that psychotherapeutic interventions have better long-term efficacy compared to pharmacotherapy. However, the right treatment may very much depend on the individual patient's genetics and environmental factors.

1.3.7 Prognosis

The prognosis for resolution of anxiety depends on the specific disorder and a wide variety of factors, including the patient's age, sex, and general health, living situation, belief system, social support network, and responses to different anxiolytic medications and forms of therapy.

1.3.8 Prevention

Humans have significant control over thoughts, and therefore, may learn ways of preventing anxiety by changing irrational ideas and beliefs. Humans also have some power over anxiety arising from social and environmental conditions. Other forms of anxiety, are built into the human organism and its life cycle, and cannot be prevented or eliminated.

Although anxiety disorders cannot be prevented, there are ways to reduce your risk and methods to control or lessen symptoms. Recommendations include:

- Reducing caffeine, tea, cola, and chocolate consumption
- Checking with a doctor or pharmacist before using over-the-counter or herbal remedies to see if they contain chemicals that may contribute to anxiety
- Exercising regularly
- Eating healthy foods
- Keeping a regular sleep pattern
- Seeking counselling and support after a traumatic or disturbing experience
- Avoiding alcohol, cannabis
1.3.9 Diagnosis of Anxiety

Anxiety disorders are often debilitating chronic conditions, which can be present from an early age or begin suddenly after a triggering event. They are prone to flare up at times of high stress and are frequently accompanied by physiological symptoms such as headache, sweating, muscle spasms, palpitations, and hypertension, which in some cases lead to fatigue or even exhaustion.

In casual discourse the words "anxiety" and "fear" are often used interchangeably; in clinical usage, they have distinct meanings:

"Anxiety" is defined as an unpleasant emotional state for which the cause is either not readily identified or perceived to be uncontrollable or unavoidable, whereas "fear" is an emotional and physiological response to a recognized external threat. The term "anxiety disorder" includes fears (phobias) as well as anxieties.

Anxiety disorders are often co morbid with other mental disorders, particularly clinical depression, which may occur in as many as 60% of people with anxiety disorders. The fact that there is considerable overlap between symptoms of anxiety and depression, and that the same environmental triggers can provoke symptoms in either condition, may help to explain this high rate of co morbidity.

Studies have also indicated that anxiety disorders are more likely among those with family history of anxiety disorders, especially certain types. Sexual dysfunction often accompanies anxiety disorders, although it is difficult to determine whether anxiety causes the sexual dysfunction or whether they arise from a common cause. The most common manifestations in individuals with anxiety disorder are avoidance of intercourse, premature ejaculation or erectile dysfunction among men and pain during intercourse among women.

Sexual dysfunction is particularly common among people affected by panic disorder (who may fear that a panic attack will occur during sexual arousal) and post traumatic stress disorder.

1.4 What is Adjustment?

Adjustment is a process that provides applicants who met and exceeded the conditions of their firm choice an opportunity to reconsider where and what to study. Eligible applicants register to use Adjustment in Track. If they are accepted by another university or college, the new choice will replace their original choice as their unconditional firm offer.

Adjustment is the relationship which comes to be established between the individual and the
environment. Every individual plays certain position in his social relations. He is trained to play his role in such a way that his maximum needs will be fulfilled. So, he should play his role properly and get maximum satisfaction. If he does not play his role according to standards and training Home Environment received his needs may not be fulfilled and he may get frustrated.

1.4.1 Definition of Adjustment

“The act of adjusting, or condition of being adjusted; act of bringing into proper relations; regulation. Success depends on the nicest and minutest adjustment of the parts concerned”. —Paley.

“Settlement of claims; an equitable arrangement of conflicting claims, as in set-off, contribution, exoneration, subrogation, and marshaling”. - Bispham.

“The operation of bringing all the parts of an instrument, as a microscope or telescope, into their proper relative position for use; the condition of being thus adjusted; as, to get a good adjustment; to be in or out of adjustment. Syn: Suiting; fitting; arrangement; regulation; settlement; adaptation; disposition.”

1.4.2 Meaning of Adjustment

The term adjustment refers to the extent to which an individual's personality functions effectively in the world of people. It refers to the harmonious relationship between the person and the environment. In other words, it is the relationship that comes among the organisms, the environment and the personality. A well adjusted personality is well prepared to play the roles which are expected of the status assigned to him within given environment. His needs will be satisfied in accordance with the social needs. Psychologists have interpreted adjustment from two important points of view.

- Adjustment as an Achievement
- Adjustment as a process

1.4.2.1 Adjustment as an Achievement

Adjustment as an achievement means how effectively an individual could perform his duties in different circumstances. Business, military education and other social activities need efficient and well adjusted men for the progress and wellbeing of the nation. If we interpret adjustment as achievement then we will have to set the criteria to judge the quality of adjustment.
1.4.2.2 Adjustment as Process

Adjustment as a process is of major importance for psychologists, teachers and parents. To analyze the process we should study the development of an individual longitudinally from his birth onwards. The child, at the time of his birth is absolutely dependent on others for the satisfaction of his needs, but gradually with age he learns to control his needs. His adjustment largely depends on his interaction with the external environment in which he lives. When the child is born, the world for him is a big buzzing, blooming confusion. He cannot differentiate among the various objects of his environment but as he matures he comes to learn to articulate the details of his environment through the process of sensation, perception, and conception.

1.4.3 Characteristics of Adjustment Mechanism (Jobin Jose)

Adjustment mechanism is almost used by all people. They are ideas which are inferred from the behaviour of the individuals. All mechanisms are used to protect or enhance the persons self-esteem against dangers. They increase satisfaction and help in the process of adjustment if used within limit.

The danger is always within the person. He fears his own motives. The fear and danger are manifested in adjustment mechanism. The overall effect of adjustment mechanism is to cripple the individual's functioning and development through falsifying some aspects of his impulses so that he is deprived of accurate self knowledge as a basis for action.

1.4.4 Types of Adjustment

1.4.4.1 Normal Adjustment

When a relationship between an individual and his environment is according to established norms then that relationship is considered as normal adjustment. A child who obey his parents, who is not unduly stubborn; who studies regularly and has neat habit is considered adjusted.

1.4.4.2 Abnormal Adjustment

Abnormal Adjustment means problem behaviour or popular speaking maladjustment. Maladjustment takes place when the relationship between an individual and his environment is not according to established standards or norms. A delinquent child adjusts with his environment but he is a maladjusted child because he is violating certain moral codes.
1.4.5 Symptoms of Adjustment Disorder

DSM-IV-TR states that the symptoms of an adjustment disorder must appear within three months of a stressor; and that they must meet at least one of the following criteria: 1) the distress is greater than what would be expected in response to that particular stressor; 2) the patient experiences significant impairment in social relationships or in occupational or academic settings. Moreover, the symptoms cannot represent bereavement, as normally experienced after the death of a loved one.

DSM-IV-TR specifies six subtypes of adjustment disorder, each with its own predominant symptoms:

- **With depressed mood**: The chief manifestations are feelings of sadness and depression, with a sense of accompanying hopelessness. The patient may be tearful and have uncontrollable bouts of crying.

- **With anxiety**: The patient is troubled by feelings of apprehension, nervousness, and worry. He or she may also feel jittery and unable to control his or her thoughts of doom. Children with this subtype may express fears of separation from parents or other significant people, and refuse to go to sleep alone or attend school.

- **With mixed anxiety and depressed mood**: The patient has a combination of symptoms from the previous two subtypes.

- **With disturbance of conduct**: This subtype involves such noticeable behavioural changes as shoplifting, truancy, reckless driving, aggressive outbursts, or sexual promiscuity. The patient disregards the rights of others or previously followed rules of conduct with little concern, guilt or remorse.

- **With mixed disturbance of emotions and conduct**: The patient exhibits sudden changes in behaviour combined with feelings of depression or anxiety. He or she may feel or express guilt about the behaviour, but then repeat it shortly thereafter.

- **Unspecified**: This subtype covers patients who are adjusting poorly to stress but who do not fit into the other categories. These patients may complain of physical illness and pull away from social contact.

Adjustment disorders may lead to suicide or suicidal thinking. They may also complicate the treatment of other diseases when, for instance, a sufferer loses interest in taking medication as prescribed or adhering to diets or exercise regimens.
1.4.6 Treatments

There have been few research studies of significant scope to compare the efficacy of different treatments for adjustment disorder. The relative lack of outcome studies is partially due to the lack of specificity in the diagnosis itself. Because there is such variability in the types of stressors involved in adjustment disorders, it has proven difficult to design effective studies. As a result, there is no consensus regarding the most effective treatments for adjustment disorder.

1.4.6.1 Psychological and social interventions

There are, however, guidelines for effective treatment of people with adjustment disorders. Effective treatments include stress-reduction approaches; therapies that teach coping strategies for stressors which cannot be reduced or removed; and those that help patients build support network of friends, family and people in similar circumstances. Psychodynamic psychotherapy may be helpful in clarifying and interpreting the meaning of the stressor for a particular patient. For example, if the person is suffering from cancer, he or she may become more dependent on others, which may be threatening for people who place a high value on self-sufficiency. By exploring those feelings, the patient can then begin to recognize all that is not lost and regain a sense of self-worth.

Therapies that encourage the patient to express the fear, anxiety, rage, helplessness and hopelessness of dealing with the stressful situation may be helpful. These approaches include journaling, certain types of art therapy, and movement or dance therapy. Support groups and group therapy allow patients to gain perspective on the adversity and establish relationships with others who share their problem. Psycho-education and medical crisis counselling can assist individuals and families facing stress caused by a medical illness.

Such types of brief therapy as family therapy, cognitive-behavioural therapy, solution-focused therapy, and interpersonal therapy have all met with some success in treating adjustment disorder.

1.4.6.2 Medications

Clinicians do not agree on the role of medications in treating adjustment disorder. Some argue that medication is not necessary for adjustment disorders because of their brief duration. In addition, they maintain that medications may be counterproductive by undercutting the patient's sense of responsibility and his or her motivation to find effective solutions. At the other end of the spectrum, other clinicians maintain that medication by itself is the best form of treatment, particularly for patients with medical conditions, those who are terminally ill, and those resistant
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to psychotherapy. Others advocate a middle ground of treatment that combines medication and psychotherapy.

1.4.6.3 Alternative Therapies

Spiritual and religious counselling can be helpful, particularly for people coping with existential issues related to physical illness.

Some herbal remedies appear to be helpful to some patients with adjustment disorders. For adjustment disorder with anxiety, a randomized controlled trial found that patients receiving Euphytose (an herbal preparation containing a combination of plant extracts including Crataegus, Ballota, Passiflora, Valeriana, Cola, and Paullinia) showed significant improvement over patients taking a placebo.

1.4.7 Mental Health and Adjustment Disorder

Adjustment disorder is a short-term condition that occurs when a person is unable to cope with, or adjust to, a particular source of stress, such as a major life change, loss, or event. Because people with adjustment disorders often have symptoms of depression, such as tearfulness, feelings of hopelessness, and loss of interest in work or activities, adjustment disorder is sometimes called "situational depression." Unlike major depression, however, an adjustment disorder is triggered by an outside stress and generally goes away once the person has adapted to the situation.

The type of stress that can trigger adjustment disorder varies depending on the person, but can include:

- Ending of a relationship or marriage
- Losing or changing job
- Death of a loved one
- Developing a serious illness (yourself or a loved one)
- Being a victim of a crime
- Having an accident
- Undergoing a major life change (such as getting married, having a baby, retiring from job)
- Living through a disaster, such as a fire, flood, or hurricane

A person with adjustment disorder develops emotional and/or behavioural symptoms as a reaction to a stressful event. These symptoms generally begin within three months of the event and rarely last for longer than six months after the event or situation. In an adjustment disorder, the reaction to the stressor is greater than what is typical or expected for the situation or event. In
addition, the symptoms may cause problems with a person's ability to function; for example, the person may be unable to sleep, work, or study.

Adjustment disorder is not the same as post-traumatic stress disorder (PTSD). PTSD generally occurs as a reaction to a life-threatening event and tends to last longer. Adjustment disorder, on the other hand, is short-term, rarely lasting longer than six months.

1.5 Internet Addiction

Ten years ago, the only people who spent a majority of their leisure time on the computer were paid members of the technology industry. Today, however, surfing the Web has become a pastime as social and marketable as bar hopping or going to the movies. As the web has become a part of mainstream life, some mental health professionals have noted that a percentage of people using the web do so in a compulsive and out-of-control manner. In one extreme (1997) clinical case, unemployed mother Sandra Hacker allegedly spent over 12 hours a day secluded from her three young and neglected children while she surfed the Web. For better or for worse, these phenomena of compulsive Internet use has been termed 'Internet Addiction' based on its superficial similarity to common addictions such as smoking, drinking, and gambling. Internet Addiction has even been championed as an actual disorder, notably by psychologists Kimberly Young, and David Greenfield. However, at this time the true nature of Internet Addiction is not yet determined.

In a true addiction, a person becomes compulsively dependent upon a particular kind of stimulation to the point where obtaining a steady supply of that stimulation becomes the sole and central focus of their lives. The addict increasingly neglects his work duties, relationships and ultimately even his health in his drive to remain stimulated. In some cases of addiction, such as addiction to alcohol or to heroin, a phenomenon known as tolerance occurs, wherein more and more stimulation is required to produce the same pleasurable effect. A related phenomena, withdrawal, can also occur, wherein the addicted person comes to be dependent upon their source of stimulation and experiences dramatically unpleasant (and even potentially lethal - as can be the case with alcohol) reactions when he goes without it. Sources of addictive stimulation can be chemical (as is the case with addictive drugs such as alcohol, cocaine, nicotine and heroin), sensual (as in sex) or even informational (as in gambling or work holism). What are all sources of addictive stimulation have in common is that they provoke a strong, usually positive (at first) reaction in the potential addict, who then seeks out the source of that stimulation so as to obtain that feeling on a regular basis.

Mental health professionals are split as to whether or not Internet addiction is real. No one
disputes that some people use the Internet in a compulsive manner even to a point where it interferes with their ability to function at work and in social relationships. What is disputed is whether people can become addicted to the Internet itself, or rather to the stimulation and information that the web provides. The controversy surrounding Internet Addiction is precisely whether people become addicted to the net itself, or to the stimulation to be had via the net (such as online gambling, pornography or even simple communication with others via chat and bulletin boards).

Some psychologists do not believe in addiction to the Internet itself, but rather in addiction to stimulation that the Internet provides. They suggest that new Internet users often show an initial infatuation with the novelty of the Web, but eventually lose interest and decrease their time spent online back to a normal, healthy amount. Those users who do go on to show compulsive Internet utilization, for the most part become compulsive only with regard to particular types of information to be had online, most often gambling, pornography, chat room or shopping sites. This is not an addiction to the Internet itself, but rather to risk-taking, sex, socializing or shopping. In essence then, the chief addictive characteristic of the Internet is its ability to enable instant and relatively anonymous social stimulation. “Addicted” Internet users are addicted to a favoured kind of social stimulation and not to the Internet itself; although it is also true that the Internet has made it vastly easier and more convenient for someone to develop such a compulsion.

Help for Internet related addiction is available from multiple sources. Anyone concerned about serious problem Internet usage should consider consulting with a local licensed psychologist, social worker or counsellor, specifically one with experience treating addictions. Cognitive therapy based approaches are recommendable due to their systematic and direct focus on reducing problem use and preventing relapse, and the strong scientific support for the approach. Marital and or family therapy approaches may be useful as well when an individual's Internet Addiction is affecting their larger family system (such as might be the case when a husband uses Internet-based pornography as his sole sexual outlet, leaving his wife frozen out). More than a few books and self-help resources (such as audio tape sets) are also available for those who want to educate themselves on the problem.

1.5.1 What are Internet Addictions or Computer Addiction? (Joanna S., Melinda S., Lawrence R., Jeanne S.)

Internet Addiction, otherwise known as computer addiction, online addiction, or internet addiction disorder (IAD), covers a variety of impulse-control problems, including:
Cybersex Addiction: compulsive use of Internet pornography, adult chat rooms, or adult fantasy role-play sites impacting negatively on real-life intimate relationships.

Cyber-Relationship Addiction: Addiction to social networking, chat rooms and messaging to the point where virtual, online friends become more important than real-life relationships with family and friends.

Net Compulsions: Such as compulsive online gaming, gambling, stock trading, or compulsive use of online auction sites such as eBay, often resulting in financial and job-related problems.

Information Overload: Compulsive web surfing or database searching, leading to lower work productivity and less social interaction with family and friends.

Computer Addiction: obsessive playing of off-line computer games, such as Solitaire or Minesweeper, or obsessive computer programming.

The most common of these internet addictions are cyber sex, online gambling and cyber relationship addiction.

1.5.2 What is Internet Addiction Disorder?

What "Internet addiction disorder" (IAD) is still difficult to define at this time. Much of the original research was based upon the weakest type of research methodology, namely exploratory surveys with no clear hypothesis or rationale backing them. Coming from a theoretical approach has some benefits, but also is not typically recognized as being a strong way to approach a new disorder.

Do some people have problems with spending too much time online? Sure they do. Some people also spend too much time reading, watching television, and working, and ignore family, friendships, and social activities. But do we have TV addiction disorder, book addiction, and work addiction being suggested as legitimate mental disorders in the same category as schizophrenia and depression? It's the tendency of some mental health professionals and researchers to want to label everything they see as potentially harmful with a new diagnostic category. Unfortunately, this causes more harm than it helps people. (The road to "discovering" IAD is filled with many logical fallacies, not the least of which is the confusion between cause and effect).

What some very few people who spend time online without any other problems present may suffer from is compulsive over-use. Compulsive behaviours, however, are already covered by existing diagnostic categories and treatment would be similar. It's not the technology (whether it be the Internet, a book, the telephone, or the television) that is important or addicting -- it's the behaviour. And behaviours are easily treatable by traditional cognitive-behaviour techniques in
psychotherapy.

Case studies, the alternative to surveys used for many conclusions drawn about online overuse, are just as problematic. How can we really draw any reasonable conclusions about millions of people online based upon one or two case studies? Yet media stories, and some researchers, covering this issue usually use a case study to help "illustrate" the problem. All a case study does is influence our emotional reactions to the issue; it does nothing to help us further understand the actual problem and the many potential explanations for it. Case studies on an issue like this are usually a red flag that help frame the issue in an emotional light, leaving hard, scientific data out of the picture. It is a common diversionary tactic.

1.5.2.1 Addiction and Internet Addiction Disorder

Suler (1999) points out those addictions are not actually defined very clearly. This is because it can be unhealthy or even healthy and also a combination of both. It is clear that when people are satisfied by some activities such as hobbies, they would like to spend their times on these activities as much as possible. In addition, it can also be creativity, learning and self-expression. Despite of this, some psychologists define addiction as a behaviour pattern of compulsive drug use characterized by overwhelming involvement with the use of a drug and securing of the supply, as well as the tendency to relapse after completion of withdrawal.

Internet Addiction Disorder is the term first proposed by Dr. Ivan Goldberg for pathological, compulsive Internet usage. Internet Addiction Disorder is said that it is closest to pathological gambling. This is because some Internet users cannot control themselves when they should access or disconnect the internet. Many medical doctors and psychologists attempt to elucidate Internet Addiction Disorder. These explanations consist of psychodynamic and personality, sociocultural, behavioural and biomedical explanations. Not with standing, Ferris (2002) points out that during this time the term Internet Addiction Disorder is still difficult to define. Not all can perfectly elucidate any addiction and some are better than the others at explaining Internet Addiction Disorder. So far, researchers can only focus on defining the symptoms that lead into Internet addiction.

1.5.3 Definition

- By Keith Beard: The Internet addiction disorder refers to the problematic use of the Internet, including the various aspects of its technology, such as electronic mail (e-mail) and the World Wide Web. reader should note that Internet addiction disorder is not listed in the mental health
professional’s handbook, the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (2000), which is also called the DSM.

- By Beth Bartlett, eHow Contributor: Internet addiction is a relatively new and dangerous affliction that can wreck your health, damage relationships and reduce your overall productivity. While many people spend hours online every day for work or play, the line from plugged-in power user to addict is crossed when you can't stop spending time on the Internet, even though the rest of your life suffers for it.

- By Natalie Grace, eHow Contributor: The Internet has become a worldwide phenomenon used by children and adults for a variety of reasons. It is a convenient way of retrieving information, conducting business transactions and connecting with others. Unfortunately, some individuals develop an addiction to the Internet, which can be difficult to overcome.

1.5.4 Characteristics of Internet Addiction

- Feel preoccupied with the internet:
  
  People who spend a lot of time surfing the Internet are more likely to suffer depressive symptoms, according to a British study. These users report more symptoms on the Beck depression inventory, a questionnaire that gauges emotional and physical aspects, such as hopelessness, irritability, feelings of guilt, fatigue and weight loss.
  
  In addition, small subsets of people who surf the Internet compulsively report high levels of depressive symptoms. These users spend more time browsing sexually-gratifying websites, gaming sites and online communities; the Internet appears to replace real-life social interaction.

- Feel a need to internet increasing and achieving satisfaction:

- Inability and ability to control internet use:

- Feel re-stress or irritable to internet use:

- Escaping from problems of relieving feelings of depression, helplessness, guilt, or anxiety:

- Much relationship involvement with the internet:

- obsessive and compulsive in use of the internet:

1.5.5 Why do People Addict to the Internet?

- Lack of satisfaction

- Friendship problems

- People feel dissatisfied in life

- Behaviour of accessing
Reinforcing, stimulating and rewarding
Anything people require

1.5.6 Who are the most likely candidates for Internet addiction?

There are many kinds of people that can be addicted to the Internet. Many psychologists believe anyone who accesses the Internet has the possibility to be addicted. Internet Addiction Disorder can happen to people who are depressed, lonely or high family conflicts. Therefore, there is no exactly particular group affected by Internet Addiction Disorder. However, some specialists mention that age and education seem to impact the demographic profile of people with Internet Addiction Disorder. Especially, students and homemakers who are young or well educated are the major players.

A longitudinal study of Internet use for ninety-three families notes that teenagers access the Internet much more often than their parents. The Internet users between the ages of sixteen and twenty-five are negatively influenced by the Internet. This is due to the fact that these people in this group having the huge opportunities to access the Internet.

Additionally, there is the most popular question from the millions of people that is "where does Internet users go when they are using the Internet?" The answer is that those people who are online addicts are often attracted by these kinds of website listed below.
- Day trading
- Adult sex chat
- Online pornography
- Playing computer games
- Gambling in virtual casinos
- Chatting with online strangers
- Obsessively checking stock quotes
- Searching for information not relevant to work

How about children? They are the most vulnerable candidates that everyone is concerned.
The most popular place children always go is online game websites. Those can spend several hours on playing online games such as Counter Strike, Ragnarok and so on. Some do not go to their schools but go to an internet cafe or their friend’s houses so as to play those online games. Now the further question is not only about Internet addiction but it is about negative impacts on those children, particularly violence in the online games.
1.5.7 Risk factors for Internet addiction: (Joanna S., Melinda S., Lawrence R, and Jeanne S)

The Greater risk of Internet addiction if:

- You suffer from anxiety - You may use the Internet to distract yourself from your worries and fears. An anxiety disorder like obsessive-compulsive disorder may also contribute to excessive email checking and compulsive Internet use.
- You are depressed - The Internet can be an escape from feelings of depression, but too much time online can make things worse. Internet addiction further contributes to stress, isolation and loneliness.
- You have any other addictions - Many Internet addicts suffer from other addictions, such as drugs, alcohol, gambling, and sex.
- You lack social support - Internet addicts often use social networking sites, instant messaging, or online gaming as a safe way of establishing new relationships and more confidently relating to others.
- You’re an unhappy teenager - You might be wondering where you fit in and the Internet could feel more comfortable than real-life friends.
- You are less mobile or socially active than you once were - For example, you may be coping with a new disability that limits your ability to drive. Or you may be parenting very young children, which can make it hard to leave the house or connect with old friends.
- You are stressed - While some people use the Internet to relieve stress, it can have a counterproductive effect. The longer you spend online, the higher your stress levels will be.

1.5.8 What are the effects of internet addiction?

Internet addiction results in personal, family, academic, financial, and occupational problems that are characteristic of other addictions. Impairments of real life relationships are disrupted as a result of excessive use of the Internet. Individuals suffering from Internet addiction spend more time in solitary seclusion, spend less time with real people in their lives, and are often viewed as socially awkward.

Arguments may result due to the volume of time spent on-line. Those suffering from Internet addiction may attempt to conceal the amount of time spent on-line, which results in distrust and the disturbance of quality in once stable relationships.

Some suffering from Internet addiction may create on-line personas or profiles where they are able to alter their identities and pretend to be someone other than himself or herself. Those at highest risk for creation of a secret life are those who suffer from low self-esteem feelings of
inadequacy, and fear of disapproval. Such negative self-concepts lead to clinical problems of depression and anxiety.

Many persons who attempt to quit their Internet use experience withdrawal including: anger, depression, relief, mood swings, anxiety, fear, irritability, sadness, loneliness, boredom, restlessness, procrastination, and upset stomach. Being addicted to the Internet can also cause physical discomfort or medical problems such as: Carpal Tunnel Syndrome, dry eyes, backaches, severe headaches, eating irregularities, (such as skipping meals), failure to attend to personal hygiene, and sleep disturbance.

### 1.5.9 Signs and symptoms of Internet addiction

Signs and symptoms of Internet addiction vary from person to person. For example, there are no set hours per day or number of messages sent that indicate Internet addiction. But here are some general warning signs that your Internet use may have become a problem:

- **Losing track of time online** - Do you frequently find yourself on the Internet longer than you intended? Do a few minutes turn in to a few hours? Do you get irritated or cranky if your online time is interrupted?

- **Having trouble completing tasks at work or home** - Do you find laundry piling up and little food in the house for dinner because you’ve been busy online? Perhaps you find yourself working late more often because you can’t complete your work on time — then staying even longer when everyone else has gone home so you can use the Internet freely.

- **Isolation from family and friends** - Is your social life suffering because of all the time you spend online? Are you neglecting your family and friends? Do you feel like no one in your “real” life - even your spouse - understands you like your online friends?

- **Feeling guilty or defensive about your Internet use** - Are you sick of your spouse nagging you to get off the computer and spend time together? Do you hide your Internet use or lie to your boss and family about the amount of time you spend on the computer and what you do while you're online?

- **Feeling a sense of euphoria while involved in Internet activities** - Do you use the Internet as an outlet when stressed, sad, or for sexual gratification or excitement? Have you tried to limit your Internet time but failed?

#### 1.5.9.1 Physical Symptoms of Internet Addiction

- Carpal Tunnel Syndrome (pain and numbness in hands and wrists)
Dry eyes or strained vision
Back aches and neck aches; severe headaches
Sleep disturbances
Pronounced weight gain or weight loss

1.5.10 Therapy, Counselling and Support for Internet Addiction

1.5.10.1 Therapy and Counselling for Internet Addiction

Therapy can give you a tremendous boost in controlling Internet use. Cognitive-behavioural therapy provides step-by-step ways to stop compulsive Internet behaviours and change your perceptions regarding Internet and computer use. Therapy can also help you learn healthier ways of coping with uncomfortable emotions, such as stress, anxiety, or depression.

If your Internet use is affecting your partner directly, as with excessive cybersex or online affairs, marriage counselling can help you work through these challenging issues. Marriage counselling can also help you reconnect with your partner if you have been using the Internet for most of your social needs.

For help finding a therapist for Internet addiction, see Resources and References section below.

1.5.10.2 Group Support for Internet Addiction

Since Internet addiction is relatively new, it can be hard to find a real-life support group dedicated to the issue like Alcoholics Anonymous or Gamblers Anonymous. If that is a simultaneous problem for you, however, attending groups can help you work through your alcohol or gambling problems as well. Sex Addicts Anonymous may be another place to try if you are having trouble with cybersex. There may also be groups where you can work on social and coping skills, such as for anxiety or depression.

There are some Internet addiction support groups on the Internet. However, these should be used with caution. Although they may be helpful in orienting you and pointing you in the right direction, you need real-life people to best benefit from group support.

1.5.11 Treatment Techniques for Internet Addiction (By Written by Dr. Kimberly Young)

1.5.11.1 Practicing the Opposite:

The goal of this exercise is to have patients disrupt their normal routine and re-adapt new time patterns of use in an effort to break the on-line habit.
1.5.11.2 **External Stoppers:**

Use concrete things that the patient needs to do or places to go as prompters to help log off. If the patient has to leave for work at 7:30 am, have him or her log in at 6:30, leaving exactly one hour before its time to quit. The danger in this is the patient may ignore such natural alarms. If so, a real alarm clock or egg timer may help. Determine a time that the patient will end the Internet session and preset the alarm and tell the patient to keep it near the computer. When it sounds, it is time to log off.

1.5.11.3 **Setting Goals:**

Many attempts to limit Internet usage fail because the user relies on an ambiguous plan to trim the hours without determining when those remaining on-line slots will come. In order to avoid relapse, structured sessions should be programmed for the patient by setting reasonable goals, perhaps 20 hours instead of a current 40. Then, schedule those twenty hours in specific time slots and write them onto a calendar or weekly planner.

1.5.11.4 **Abitinence:**

If a specific application, such as chat or a game, has been identified and moderation of it has failed, then abstinence from that application is the next appropriate intervention.

1.5.11.5 **Reminder cards:**

To help the patient stay focused on the goal of either reduced use or abstinence from a particular application, have the patient make a list on 3x5 cards of the (a) five major problems caused by addiction to the Internet, and (b) five major benefits for cutting down Internet use or abstaining from a particular application. Instruct patients to take out the index card as a reminder of what they want to avoid and what they want to do for themselves when they hit a choice point when they would be tempted to use the Internet instead of doing something more productive or healthy.

1.5.11.6 **Personal Inventory:**

The clinician should instruct the patient to make a list of every activity or practice that has been neglected or curtailed since the on-line habit emerged. This exercise will help the patient become more aware of the choices he or she has made regarding the Internet and rekindle lost activities once enjoyed.
1.5.11.7 **Support Groups:**

Support groups tailored to the patient's particular life situation will enhance the patient's ability to make friends who are in a similar situation and decrease their dependence upon on-line cohorts/friends. If an Internet addict resorts to going online because they are lonely, then encourage them to join a church group, bowling league, etc.

1.5.11.8 **Family Therapy:**

Lastly, family therapy may be necessary among addicts whose marriages and family relationships have been disrupted and negatively influenced by Internet addiction. Intervention with the family should focus on several main areas: (a) educate the family on how addictive the Internet can be, (b) reduce blame on the addict for behaviours, (c) improve open communication about the pre-morbid problems in the family which drove the addict to seek out psychological fulfilment of emotional needs on-line, and (d) encourage the family to assist with the addict’s recovery such as finding new hobbies, taking a long over-do vacation, or listening to the addict’s feelings. A strong sense of family support may enable the patient to recover from Internet addiction.

1.5.12 **What are the Solutions**

To deal with Internet addiction is certainly difficult thing to do. It is the same as facing with any other type of addiction. It can be said that although all addictions can be cured, as long as people agree to do whatever might be necessary. Definitely, this is not an easy procedure or practice.

The first solution is to refrain. This is the most important matter for any kind of addiction. Greenfield (1999) affirms that after Internet addicts decide to resolve the problem, they must have stable mind and always realise that they will not turn to become addicted to the Internet for a second time. An example of this is that if online addicts find themselves hooked on chat rooms, they must exclude this attractive Internet activity by saying no and refrain from chat rooms altogether.

Family therapy can be necessary among addicts whose marriages and family relationships are negatively impacted by Internet addiction (Schuman, 2000). The family should be involved so as to cure the Internet addicts. It should concentrate on several main areas. For example, family members should reduce blame on the addict for behaviours; the members should listen to the addicts feeling and help him or her by finding new hobbies or take a long vacation; and member should improve open communication relating to the addictive problems in the family.

Time management is another significant solution. Young (2003) suggests that Internet
addicts should stick to a schedule. This tangible schedule of Internet usage can make the participants being in control. Internet addicts can also use external stoppers such as an alarm clock in order to set definite time to log off the computers each day. Particularly, these people should learn to set reasonable time with the purpose of limiting computer use. They do not have to decrease online time dramatically but they should reduce it little by little. Internet addicts must keep this regulation strictly as well as avoid future relapse.

Effective treatment programs can be developed for Internet Addiction Disorder. Internet addicts should join a group such as individual therapy that support or encourage them to stop spending too much time on the Internet (Young, 2003). More and more hospitals and clinics are offering treatment programs and support groups for Net addicts. Psychologists or mental health professionals can certainly offer the existence of the problem and suggest any possible resolution to online addicts. As a consequent; online addicts will not be addicted any longer if they follow the recommendations from these professionals.

1.5.13 Ways to Control Internet Addiction

1.5.13.1 Self-Control:

Block out distracting websites for a set amount of time. If you find yourself slipping into a Twitter sinkhole when you should be updating your business plan, Self-Control may be the app you need. Set it for four hours, for instance, and your browser will behave as if its offline for that period of time. No amount of browser restarts or computer reboots will stop it. Before you have heart palpitations, know that you can white list or blacklist certain sites. So, rather than completely disabling the entire Internet, you can selectively decide which sites are OK, or not OK, to visit during your focus period.

1.5.13.2 Concentrate:

Maximize focus while shifting between different tasks. Concentrate is great for shifting between tasks that require different mindsets. I have a variety of recurring tasks that require different tools: 1) Writing 2) Social Media Management 3) Event Planning. Concentrate lets me configure a different set of tools for each task. When I activate “Writing,” the app automatically closes my email client and Internet Browser; blocks me from Twitter, Face book, and YouTube; launches Microsoft Word; and sets my instant messaging status to “away”. Then, when I want to concentrate on “Social Media Management,” I can customize a completely different set of actions to happen relevant to that activity. There’s also a handy “concentration” timer.
1.5.13.3 **Focus Booster:**

Focus on single tasks for 25 minutes apiece. This app is based on the principles of the Pomodoro Technique, a time management system that challenges you to focus on a single task for 25 minutes and then give yourself a 5-minute break. Combining the features of a to-do list and a time-management coach, Focus Booster allows you to list out your daily tasks, and then it tracks your time as you work through them. When 25 minutes are up, an alarm sounds and you get a break. It’s an easy way to practice expanding your attention span without going overboard.

1.5.13.4 **Think:**

Limit your attention to a single application at a time. This is an extremely simple app that’s akin to “Spaces” on a Mac. When activated, Think allows you to bring just one application into the foreground on your computer, while everything else is hidden underneath a nearly opaque backdrop. While you can easily shift between other applications when you need to, it creates a clean space for focusing on the task at hand. (It also works well in tandem with Focus Booster.)

1.5.13.5 **Focus Writer:**

Create a distraction-free environment for writing. If writing is something that you do on a regular basis, it’s incredibly useful to have an easy way to create a distraction-free setting. Focus Writer re-creates a word processor-like environment, blocking out absolutely everything on your screen except for the words you type on a simple grey background -- all menus (date, timer, dock, etc) are tucked away until rollover. Despite its pristine appearance, Focus Writer does have the usual rich text editor features, such as spell check and word count. Plus a few bonuses like a daily writing goal (word count or writing time) and very gratifying typewriter sounds for each keystroke.

1.5.13.6 **Anti-Social:**

Instantly block the social websites that are killing your focus. Anti-Social is like a light version of full-scale Internet-blocker Freedom. Rather than blocking the Internet in its entirety, Anti-Social automatically blocks all of the known time sinks for a set period of time. Sites that are off-limits include Twitter, Face book, Flickr, Digg, Reddit, YouTube, Hulu, Vimeo, and all standard web email programs. It’s not that different from Self-Control (see above), except that it comes pre-equipped with a blacklist (which you can add to, of course). If you can’t handle your Internet abstinence, you can turn Anti-Social off by rebooting your computer.
1.5.13.7 **Stay Focused:**

Curb the time you spend browsing time-wasting sites. This extension, for users of Google’s Chrome browser, works in the reverse manner to Anti-Social or Self-Control. Rather than setting a period of time for which you CANNOT use the Internet, it allows you to set a period of time to indulge in time-wasting sites. Only want to give yourself 60 minutes a day for Twitter, vanity Googling, and updating your Netflix queue? This is your app. Much like when you were a kid and only allowed to watch two hours of TV a day.

1.5.13.8 **Time Out:**

Remind yourself to take regular breaks to keep your focus sharp. For optimal focus, we need to take regular time-outs to relax and rebuild our energy. Time Out is a super-simple application that runs in the background while you work. At set intervals (say, every 90 minutes), it fades in and gently reminds you to take a 5-10 minute break. You can also use it to remind you to take 1-minute “micro-breaks” to avoid eye strain from staring at your computer like a zombie for hours on end.