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## Efficiency of the complex program of psychocorrection of cyber-addictions among middle and late adolescents

### ЕФЕКТИВНІСТЬ КОМПЛЕКСНОЇ ПРОГРАМИ ПСИХОКОРЕКЦІЇ КІБЕР-АДИКЦІЙ СЕРЕД ОСІБ ПІДЛІТКОВОГО ТА ЮНАЦЬКОГО ВІКУ

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#### Abstract

In this work, the authors conduct a statistical analysis of the problem, examine the experience of various states and possible measures of psychocorrection of cyber-addictions among the younger generation. It is also worth noting that in order for this work to be effective, it must relate to all spheres of an individual's life: family, educational environment, social life. Having considered the world experience in working with cyber-addictions, the authors proposed and conducted his own comprehensive program of psychocorrection of cyber-addictions, which is aimed at reducing the degree of addiction and includes the following areas of work: individual, group, family psychocorrectional and psycho-educative work. According to the results of the work carried out, it was found that the developed program gave positive results since the 3rd degree of addiction was reduced in all groups and types of cyber-addictions, and after psychocorrection, people appear who have ceased to show pathological signs of addiction

#### Анотація

У роботі автори проводять статистичний аналіз проблеми, розглядають досвід різних держав та можливі заходи щодо психокорекції кібер-адикцій серед молодого покоління. Варто також зазначити, задля того, щоб дана робота була дієвою вона повинна торкатися всіх сфер життя особистості: сім'ї, освітнього середовища, суспільного життя. Розглянувши світовий досвід щодо роботи із кібер-адиктами авторами запропоновано та проведено власну комплексну програму психокорекційних заходів із кібер-адиктами, яка була спрямована на зниження ступеню залежності та включила наступні напрямки роботи: індивідуальну, групову, сімейну психокорекційну та психоед'юкативну роботу. За результатами проведеної роботи визначено, що розроблена програма надала позитивні результати оскільки 3-й ступінь залежності було знижено по всіх групах та видах кібер-адикцій, також після психокорекції з'являються особи що перестали виявляти патологічні ознаки адикції (по групам

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(for groups it is from 2% to 17%). It should be noted that significant results in reducing the degree of addiction were achieved in selfitis, cyber-communicative and game addictions.

**Keywords:** cyberspace, adolescents, cyber-addictions, psychocorrection, addiction to cyberspace, non-chemical addictions.

## Introduction

Increasingly, researches confirm that a part of current young people, instead of being actively involved in social institutions, organizing family unions and focusing on creative activities, regularly immerse themselves in cyberspace. Thus, according to a study conducted by the Factum Group research company commissioned by the Internet Association of Ukraine, it is noted that the share of Internet users increased from 65% (in 2018) to 71% (in 2020). Ukrainians aged 15 to 24 are the most active on the Internet – among them the share of Internet users is 97%, people aged 25 to 34 – 96%, users over 65 – already 29% (a year ago it was only 14%) (World Health Organization, 2017; Kemp Digital, 2020).

Constant online presence gradually interferes with real life, however, there is a fear of being in an information vacuum, new types of addictions are formed. Meeting the needs of self-realization, self-identification, recognition and search for new types of entertainment through the network leads to the formation of passion not only for the network, but also for gadgets and new types of online games. The WHO has now included a "gaming disorder" in the updated International Classification of Diseases (ICD-11). The official recognition of gaming addiction to the disease suggests that its consequences are so significant that they require medical intervention. In the WHO classification, it is assigned the 6C51 code, and it falls into the category of mental, behavioral disorders and disorders of the nervous system. However, gaming addiction can officially be considered a disease no earlier than 2026, as it is necessary to perform another revision of the Korean Standard Classification of Diseases and Causes of Death (KCD) which is scheduled for 2025. The criteria for diagnosing gaming disorders, according to the WHO, are the loss of control over participation in the game and the prioritization of games to the detriment of other daily activities. To establish a diagnosis, signs of such behavior must be present for at least 12 months, but in the case of particularly severe symptoms, this period may be shorter (Block,

це від 2 % до 17 %). Слід зауважити, що значних результатів по зниженню ступеню адикції вдалось досягти по селфітіс, кіберкомунікативній та ігровій адикції.

**Ключові слова:** кіберпростір, молоде покоління, кібер-адикції, психокорекція, залежність від кіберпростору, нехімічні залежності.

2008; Hsieh, 2018; World Health Organization, 2017; Rumpf, Achab & Billieux, 2018).

Although in the new ICD-11, gaming addiction is considered a disorder that has "serious deviations in behavior that negatively affect personal, family, social, educational, professional or other important aspects of life" (World Health Organization, 2017; Rumpf, Achab & Billieux, 2018). However, even before the entry into force of the new ICF-11, the majority of countries have already gradually started implementing preventive, treatment and rehabilitation programs.

The goal is to analyze the problem and develop a program of psychocorrection of cyber-addictions among middle and late adolescents.

## Research methods

Theoretical and methodological analysis of the literature on the issue; psychodiagnostic research methods and methods of mathematical and statistical data processing ("SPSS 26.0 for Windows XP" and "Microsoft Excel, XP").

To conduct the experimental part of the study, a psychodiagnostic technique was used which was aimed at determining the predisposition to addictive behavior and the degree of manifestation of certain types of cyber-addictions, and was conducted using: "Test-questionnaire to detect cyber-addiction" (TQC) Asieieva Y.O., Aymedov C.V., including 102 questions, the answers are rated on a five-point scale to determine the severity of the following types of cyber-addictions: computer addiction (PC), Internet-addiction, game addiction, gadget addiction, cybercommunication addiction, and selfitis.

The study was conducted in accordance with the principles of bioethics and deontology. The main bases of the study were: Odesa National Medical University; Odessa Institute of PJSC IAPM; Public Utility "Student Health Clinic" of the

Odesa City Council, NGO “LGBT Association “LEAGUE”. All respondents were announced the topic and purpose of scientific work, written consent was received from all participants in the study.

**The sample** consisted of 408 people – who had manifestations of certain types of cyber-addictions in the age category from 14 to 21 years. To determine the effectiveness of a comprehensive psycho-correctional program, all respondents were divided into three blocks: 1) from 14 to 15 years, it is EGB1 – 59 young men with signs of addiction; EGG1 – 65 girls with signs of addiction; 2) from 16 to 18 years old, it is EGB2 – 72 young men with signs of addiction; EGG2 – 76 girls with signs of addiction; 3) from 19 to 21 years old, it is EGB3 – 67 young men with signs of addiction; EGG3 – 69 girls with signs of addiction. This study describes only the results of the main groups before and after psychocorrection.

#### **Analysis of recent research and publications.**

Today, many scientists from different fields of science (psychology, medicine, sociology and pedagogy). Cyber-addiction is studied as a phenomenon of addictive behavior (Aarseth et al., 2017; Mozgova, Skrypnikov, Vyun, Asieieva, Leshchyna, Kozhyn & Khaustov, 2021), their definitions, socio-psychological factors (Markova, 2013; Moskalenko, 2013), symptoms and stages, age characteristics, clinical aspects, classifications and typologies are determined, issues of children's and youth's interaction with the computer, behavioral features are investigated users in the "Internet " (Aymedov, Asieieva, Tolmachev & Tabachnik, 2020; Asieieva, Druz, Kozhyna & Chernenko, 2021; Otte, Streb & Franke, 2019; Young, 1996).

A lot of attention is paid to the research of psychoprophylactic and psychocorrective measures of Internet-addiction: risk factors and prevention of Internet-addiction among young people are determined (Ilnytska, 2012; Griffiths, Kuss & Billieux, 2016; Rzhovsky, 2018; Young, 1996); approaches to upbringing, family functionality (Wu, Wong, Yu, Fok, Yeung, Lam & Liu, 2016) and the psychological and pedagogical problem of forming safe behavior of younger schoolchildren and teenagers on the Internet are studied (Bartkiv & Makhnovets, 2018); attention is paid to overcoming and prevention of cyber-bullying (virtual terror) among teenagers (Naidyonova, 2014); pedagogical conditions of prevention and correction of Internet-addiction among teenagers

are investigated (Hsieh, 2018; Asieieva, Druz, Kozhyna & Chernenko, 2021).

## **Results and Discussion**

Given that the new WHO classification is expected to enter into force from January 1, 2022, and with it the aid protocols. However, gaming addiction is already being treated in different countries. Gamers are admitted to the Kurihama Medical and Addiction Center in Kanagawa Prefecture, Japan, and at Geneva University Hospitals. In England, the Broadway Lodge Rehabilitation Center has a branch that specializes in working with gamblers; the program, consisting of twelve stages, is designed for both children and adults. In China, where about 13% of World Wide Web users are addicted to online games or the Internet, a summer rehabilitation camp and a militarized camp where addicts are forced to play sports and some of them to take sedatives and antidepressants were opened in 2007 (Aarseth et al., 2017; Hsieh, 2018; Wu, Wong, Yu, Fok, Yeung, Lam & Liu, 2016).

Thus, most countries have already gradually begun to implement prevention, treatment and rehabilitation programs before the new ICD-11 enters into force. After analyzing the experience of various countries, we conducted our own research on this issue and developed a comprehensive psycho-correctional program for people with cyber-addictions.

In the process of analyzing the existing theoretical and methodological approaches and world experience in working with cyber addicts, we decided to focus on a integrated approach, which included the following main areas of work: individual, group, family psychocorrectional and psychoeducational work. The family therapy unit, in which parents participated along with cyber-addicts, focused on establishing child-parent relationships that have a significant impact on the severity of addiction in adolescents. Family therapy included psychoeducation activities for parents, as well as group social and psychological training. Working with cyber-addicts included individual and group psycho-correction sessions.

*Individual psychocorrection.* It included a short course of individual psycho-correctional counseling, which was aimed at identifying the problem, its acceptance and the creation or adjustment of values and training their proactivity in the real life of cyber-addiction.

Individual psychocorrection was a variant of a short-term “Acceptance and Commitment Therapy” (ACT) with inclusion in the sessions of “Eye movement desensitization and reprocessing” (EMDR) and was conducted in the form of 8 sessions: once a week, including 3 sessions of 60 minutes each, and 5 sessions of 40 minutes each. Individual psycho-correctional work also included individual consultations with parents – 3 sessions of 60 minutes each. The whole cycle consisted of an initial, diagnostic stage – included two sessions: one with parents, and one individual with an addict; the stage of active interaction included 2 sessions with parents and 5 sessions directly with the addict, as well as the stage of consolidating the results and summarizing the work done (2 sessions individually with the addict). The sessions were structured according to the clarity of the tasks, with a dosed emotional and information load, obligatory discussion of the difficulties and achievements of the addicts.

The main targets of psychocorrection were: activation of the addict's own personal resources (cognitive modality); developing skills of managing addictive urges and emotional response by joining positive feelings (modality of feelings); approbation and consolidation of behavior, which contributed to the extinction of addiction; resource elaboration of conflict and stressful situations related to the relations of addicts with the immediate environment (modality of interpersonal relations). The focus is aimed at overcoming the disharmonious intrapersonal mechanisms of the adolescent's response to his cyber-addiction, which did not allow the full use of personal resources in their development and in interpersonal interactions in real life.

*Group psychocorrection* included two blocks: group social and communicative training for adolescents and their parents; group psycho-correctional sessions with addicts.

*Group social and communicative training for adolescents and their parents* (GSCT). Communicative training consisted of 6 training sessions, the total duration of one training session was 2 hours. Each lesson contained tasks from each of the four stages of training.

The GSCT addressed behavioral problems that arise in the family in the relationship with cyber-addiction. An important focus of work with the family was the formation of an adaptive behavior strategy in relation to the adolescent: the focus on interrupting symbiotic addiction, manipulative

communication, ignoring the interests of the adolescent. The task of GSCT was to develop motivation to form a strategy of cooperation, which means the joint solution of problems related to the state of the adolescent in the process of growing up.

*Group psycho-correction sessions with addicts* (GPSA) included 5 sessions lasting 90 minutes each, groups were formed from cyber-addicts during psycho-correction work, they were closed, this was done to build trust between group members, the group consisted of 8-12 people. The work of GPSA was based on the principles of rational emotive behavior therapy (REBT).

The work of each GPSA was divided into three blocks: analysis of thinking and identification of irrational beliefs; confrontation with these beliefs and their revision; mitigation of these beliefs and requirements with the emergence of new, already rational. The moderator of the group used the “ABC-scheme” (A – any events, feelings or thoughts associated with them, memories of past experiences; B – our beliefs, persuasions and rules; C – consequences that include emotions, behavioral and bodily reactions) to analyze the thinking and behavior of group members, where the moderator only determined the direction of movement, helped to see the irrational beliefs of group members, but the main work was done by addicts themselves. The purpose of GPSA was to teach addicts to build interpersonal communication in real life, help to understand their irrational beliefs and affirm the desire to work with them and form new rational beliefs, the formation of such life attitudes that allow you to live in harmony with your “I” and others in the real world with minimal use of cyberspace, gadgets, computers and other electronic devices.

At the final diagnostic stage of the study in all main groups during psychological testing the dynamics of the mental state of addicts was assessed to verify the effectiveness of individual psychocorrectional work and GSCT and GPSA in working with adolescents with cyber-addiction. This study is devoted to the analysis of the effectiveness of the developed integrated psychocorrection program using “Test-questionnaire for the detection of cyber-addiction” (TQC) (Asieieva Y.O., Aymedov C.V.) psychodiagnostic method which allowed to identify the degree of addiction before and after psychocorrection (tab. 1-6).

According to the results of a psychodiagnostic study when considering changes in addiction to

PC, it was found that after complex psychotherapy (table 1) for all groups there is a significant decrease in the degree of addiction, as from 3% to 13% of people stopped showing pathological signs of addiction. The highest rates of reduction of 52.24% of the manifestation of the 3rd degree of addiction were found among young men in the age category from 19 to 21 years and among young men in the age category from 16 to 18 years the level of manifestation of the 3rd addiction degree decreased by 47.22%. Among girls, the highest rates of reduction of the 3rd degree of addiction were found in the age

group from 19 to 21 years – after treatment the rate decreased by 37.68%, and among girls in the age group from 16 to 18 years the rate decreased by 28.95%. Psycho-correctional work significantly affected young people in the age group from 14 to 15 years – 11.86% of addicts stopped showing signs of addiction and the number of people with the 1st degree of addiction in this age category increased by 38.99%, which indicates the effectiveness of therapy and achievement of the goal of reducing the degree of addictive behavior among addicts.

**Table 1.**  
*The results of the psycho-correctional work on the subscale “Addiction to PC”*

Groups	Before psychocorrection					After psychocorrection				
	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction
Addiction to PC										
Before psychocorrection										
EGB1	0,00	0,00	15,25	44,07	40,68	0,00	11,86	54,24	23,73	10,17
EGG1	0,00	0,00	20,00	41,54	38,46	0,00	7,69	41,54	33,85	16,92
EGB2	0,00	0,00	8,33	33,33	58,33	0,00	5,56	51,39	31,94	11,11
EGG2	0,00	0,00	15,79	47,37	36,84	0,00	7,89	50,00	34,21	7,89
EGB3	0,00	0,00	4,48	23,88	71,64	0,00	2,99	41,79	35,82	19,40
EGG3	0,00	0,00	10,14	46,38	43,48	0,00	13,04	59,42	21,74	5,80

Source: (Own authorship)

When considering the results of psychocorrection on Internet-addiction (Table 2), it can be noted that the degree of addiction is significantly reduced, as there is a category of respondents who do not show pathological signs of addiction, their percentage in groups of respondents in all ages is from 2% to 10%, in contrast to the indicators that were before the start of an integrated psychocorrectional program (complete absence of respondents on the indicators of “no addiction” and “no pathological signs of addiction”). It should also be noted that the indicators for the 3rd degree of Internet addiction are reduced. The highest rates

of decline among boys are in the age categories from 16 to 18 years and from 19 to 21 years, a decrease of 51.39% and 56.71%, respectively, among girls in these age categories as well the 3rd addiction degree was reduced in EGG3 – by 40.58% and in EGG2 – 36.84%. We also consider that the number of addicts with the 1st and 2nd degree of addiction increased due to the reduction of the 3rd degree of addiction as positive changes that were achieved due to the conducted psychocorrection program. It is possible to note that the goal of the psychocorrectional program to reduce the level of addiction to Internet has been achieved.

**Table 2.**  
The results of psycho-correctional work on the subscale “Internet-addiction”

Groups	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction
	Internet-addiction									
	Before psychocorrection					After psychocorrection				
EGB1	0,00	0,00	11,86	38,98	49,15	0,00	8,47	47,46	28,81	15,25
EGG1	0,00	0,00	15,38	33,85	50,77	0,00	6,15	40,00	35,38	18,46
EGB2	0,00	0,00	5,56	29,17	65,28	0,00	6,94	45,83	33,33	13,89
EGG2	0,00	0,00	11,84	40,79	47,37	0,00	9,21	44,74	35,53	10,53
EGB3	0,00	0,00	2,99	19,40	77,61	0,00	1,49	40,30	37,31	20,90
EGG3	0,00	0,00	4,35	40,58	55,07	0,00	5,80	52,17	27,54	14,49

Source: (Own authorship)

Further, the results of psychocorrectional work on game addiction were analyzed (Table 3).

**Table 3.**  
The results of psycho-correctional work on the subscale “Game addiction”

Groups	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction
	Game addiction									
	Before psychocorrection					After psychocorrection				
EGB1	0,00	0,00	27,12	32,20	40,68	0,00	8,47	47,46	27,12	16,95
EGG1	0,00	0,00	27,69	36,92	35,38	0,00	9,23	38,46	35,38	16,92
EGB2	0,00	0,00	20,83	27,78	51,39	0,00	9,72	41,67	36,11	12,50
EGG2	0,00	0,00	23,68	34,21	42,11	0,00	6,58	44,74	35,53	13,16
EGB3	0,00	0,00	17,91	20,90	61,19	0,00	5,97	31,34	38,81	23,88
EGG3	0,00	0,00	20,29	26,09	53,62	0,00	10,14	33,33	36,23	20,29

Source: (Own authorship)

When considering the obtained data (Table 3), it is possible to note positive changes among respondents with gaming addiction, as well as for previous types of cyber-addictions, there is a significant decrease in the degree of addiction. It was found that the percentage of addicts with the 3rd degree of addiction decreases, and the number of people with the 1st and 2nd degree of addiction increases, which indicates the effectiveness of the developed program. It should also be noted that among the respondents with gaming addiction there is a category of people who have stopped showing signs of pathological

addiction and in all groups this percentage is from 5% to 10% of respondents.

Analyzing the results of the effectiveness of the psychocorrection program on the degree of manifestation of gadget addictions (Table 4) among respondents it can be noted that in comparison with previous types of cyber addictions, although there is from 2% to 5% of people who no longer show pathological signs of addiction, however, they are less than in Internet addiction, addiction to PC and game addiction where the number of people in some groups is almost 10%.

**Table 4.**  
The results of the psycho-correctional work on the subscale "Gadget-addiction"

Groups	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction
	Gadget-addiction									
Before psychocorrection						After psychocorrection				
EGB1	0,00	0,00	23,73	33,90	42,37	0,00	5,08	37,29	40,68	16,95
EGB2	0,00	0,00	23,61	30,56	45,83	0,00	5,56	36,11	41,67	16,67
EGB3	0,00	0,00	20,90	25,37	53,73	0,00	2,99	29,85	43,28	23,88
EGG1	0,00	0,00	23,08	40,00	36,92	0,00	3,08	32,31	40,00	24,62
EGG2	0,00	0,00	25,00	35,53	39,47	0,00	3,95	32,89	40,79	22,37
EGG3	0,00	0,00	23,19	28,99	47,83	0,00	4,35	31,88	39,13	24,64

Source: (Own authorship)

It should be noted that the 3rd degree of addiction on gadgets (Table 4) is significantly reduced among young people in all age categories (in EGB1 by 25.42%, in EGB2 by 29.16%, in EGB3 by 29.85%), among girls there is also a decrease in the 3rd degree of gadget addiction, but the indicators are not as high as among boys (in EGG1 by 12.30%, in EGG2 by 17.10%, in EGG3 by 23.19%). So it is possible to note that boys were better at psychocorrection in terms of gadget addiction than girls in the age category from 14 to 21 years.

When analyzing the results of psychocorrection of cybercommunicative addiction (Table 5), it is

possible to note the positivity of the results, i.e. there are respondents who no longer show pathological signs of this type of addiction (from 5% to 11% in all groups), significantly reduced 3rd degree addiction (from 30% to 52% in all groups), addiction passes into a safer degree of manifestation (1st and 2nd degree of addiction). Significant results of reduction of the 3rd degree of addiction were noted among girls in the age categories from 16 to 18 years and from 19 to 21 years (in EGG2 by 52.63% and in EGG3 by 52.18%). Among young men in all age categories the 3rd degree of cybercommunicative addiction is reduced by more than 40% (EGB1 by 44.07%, in EGB2 by 43.50%, in EGB3 by 44.78%)

**Table 5.**  
The results of psycho-correctional work on the subscale "Cybercommunicative addiction"

Groups	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction
	Cybercommunicative addiction									
Before psychocorrection						After psychocorrection				
EGB1	0,00	0,00	20,34	25,42	54,24	0,00	10,17	45,76	33,90	10,17
EGB2	0,00	0,00	19,44	23,61	56,94	0,00	5,56	45,83	34,72	13,89
EGB3	0,00	0,00	8,96	26,87	64,18	0,00	7,46	43,28	29,85	19,40
EGG1	0,00	0,00	20,00	26,15	53,85	0,00	6,15	40,00	36,92	16,92
EGG2	0,00	0,00	14,47	21,05	64,47	0,00	9,21	50,00	28,95	11,84
EGG3	0,00	0,00	14,49	23,19	62,32	0,00	11,59	43,48	34,78	10,14

Source: (Own authorship)

The last type of cyber-addiction that was influenced was selfitis (Table 6). This type of addiction was mostly suffered by girls, especially in the age group from 19 to 21 years (EGG3 – 72.46% of respondents), after psychocorrection the 3rd degree of addiction among girls was significantly reduced by 40.58% (EGG3 – 31.88 % of respondents). Significant changes were also found in other groups of girls, so in EGG1 the 3rd degree of addiction was reduced by 32.30%, and in EGG2 by 30.27%. Among young men of all

groups there is also a decrease in the 3rd degree of selfitis: in EGB1 by 23.73%, in EGB2 by 22.22%, in EGB3 by 17.91%. It should be noted that among boys (EGB1 – 10.17% of respondents, EGB2 – 13.89% of respondents, in EGB3 – 17.91% of respondents) more than among girls (EGG1 – 6.15% of respondents, EGG2 – 6.58% respondents, EGG3 – 10.14% of respondents) there are respondents who do not show pathological signs of addiction.

**Table 6.**  
*The results of psycho-correctional work on the subscale “Selfitis”*

Groups	Before psychocorrection					After psychocorrection				
	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction	no addiction	no pathological signs of addiction	1st degree of addiction	2nd degree of addiction	3rd degree of addiction
Selfitis										
EGB1	0,00	0,00	23,73	30,51	45,76	0,00	10,17	30,51	37,29	22,03
EGG1	0,00	0,00	18,46	24,62	56,92	0,00	6,15	30,77	38,46	24,62
EGB2	0,00	0,00	27,78	33,33	38,89	0,00	13,89	29,17	40,28	16,67
EGG2	0,00	0,00	15,79	21,05	63,16	0,00	6,58	25,00	35,53	32,89
EGB3	0,00	0,00	28,36	32,84	38,81	0,00	17,91	26,87	34,33	20,90
EGG3	0,00	0,00	11,59	15,94	72,46	0,00	10,14	23,19	34,78	31,88

Source: (Own authorship)

Thus, it is possible to note that the main goal of an integrated program of psychocorrection of cyber-addictions was achieved, as the level of dangerous addictions on all subscales of the test was significantly reduced, although no complete type of cyber-addiction was achieved, but no signs of pathological addiction for all types of addictions almost up to 13%.

**Conclusions**

After analyzing the theoretical and experimental achievements of modernity, we came to the conclusion that the problem of the prevalence of cyber-addictions among the younger generation of Ukrainians is becoming relevant. To date, it is not recognized as a type of non-chemical addiction in ICD-10, but the new classifier includes proposals for including gaming, Internet addiction and addiction to PC. Even before the entry of the ICD-11, prevention, treatment, psychocorrection programs are already being developed in some countries, and measures to control the use of cyberspace are being

implemented at the state level, as the number of addicted young people is growing every year.

Having considered the world experience in working with cyber-addicts, we have developed a comprehensive psycho-correctional program that includes the following areas of work: individual, group, family psycho-correctional and psycho-educational work. At the end of the work with addicts, the results were compared in terms of the severity of the degree of addiction before and after psychocorrection. It was determined that the developed program had positive results because the 3rd degree of addiction was reduced in all groups and types of cyber-addictions, and after psychocorrection there are people who have stopped showing pathological signs of addiction (in groups it is from 2% to 17%). It should be noted that significant results in reducing the degree of addiction were achieved in selfitis, cybercommunicative and gaming addiction. The highest rates of reduction of all types of cyber-addictions were found among young people in the age category from 19 to 21 years, especially

significant results were achieved in reducing the level of addiction to PC, Internet and gaming addiction. The girls also underwent psycho-correctional work, especially to reduce their addiction on selfies and cybercommunicative addiction.

In addition to psychocorrection programs with cyber-addicts, the issue of psycho-prevention and global state prevention and informational and educational work on the prevalence of cyber-addictions among the younger generation remains unresolved. In our opinion, preventive measures to prevent the spread of cyber-addictions among the younger generation of Ukrainians should be addressed at the state level with the experience of other countries, recommendations of the WHO and other international organizations.

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