



ORIGINAL RESEARCH PAPER

Ayurveda

SMARTPHONE ADDICTION: A REVIEW OF EMERGING TRENDS, RISKS, AND INTERVENTIONS.

KEY WORDS: Smartphone addiction, digital health, behavioural addiction, mental health, intervention, screen time

Dr. Sonali L. Bagade*

M.D.PhD (Sch) (Kriya Sharir), Associate Prof. & HOD, Kriya Sharir Department, IIMS Ayurved College, Nashik, Maharashtra. *Corresponding Author

Dr. Laxmikant Joshi

M.D. (Kriya Sharir), Associate Prof. & HOD Kriya Sharir Department, ASS Ayurved college, Nashik, Maharashtra.

ABSTRACT

Introduction: Smartphone addiction is a rising behavioural health issue, especially among youth, with global and regional implications. Globally, smartphone usage has grown exponentially, with over 6.8 billion users as of 2025. The integration of smartphones into daily life, especially post-COVID-19, has increased digital dependency. In India, affordable data plans and youth-centric digital content have contributed to smartphone overuse, particularly among students. These digital stimuli stimulate dopamine release, reinforcing habitual checking behaviour and escalating into compulsive use among vulnerable individuals. **Aim:** To review the concept, causes, consequences, and interventions related to smartphone addiction. **Objectives:** (1) Define smartphone addiction, (2) Present prevalence data globally and in India, (3) Discuss psychological, neurological, and behavioural impacts, (4) Explore risk factors and management strategies, and (5) Recommend research and policy directions. **Methods:** Narrative synthesis based on peer-reviewed literature (2010–2025), using keywords related to digital and behavioural addiction. **Results & Discussion:** Psychological traits, brain mechanisms, behavioural outcomes, diagnostic tools, and therapy approaches are critically examined. Smartphone addiction affects 15–40% globally; Indian youth show high vulnerability. Consequences include sleep issues, depression, and academic decline. **Conclusion:** Effective regulation, education, and interventions—integrating clinical, digital, and social approaches—are necessary.

INTRODUCTION

Smartphones have revolutionized communication, education, commerce, and entertainment. However, their pervasive use has raised concerns about problematic smartphone use (PSU), commonly termed smartphone addiction.¹ Characterized by excessive use, withdrawal symptoms, and significant impairment in daily functioning, smartphone addiction is being increasingly compared to behavioural addictions like gambling disorder.

Globally, smartphone usage has grown exponentially, with over 6.8 billion users as of 2025.² While smartphones serve as tools for productivity and connection, their overuse—especially for gaming, social media, or continuous browsing—can lead to negative psychological and physiological outcomes.

The integration of smartphones into daily life, especially post-COVID-19, has increased digital dependency. The rise of online learning, remote work, and social media platforms has normalized extended screen time, making it difficult to distinguish between healthy and harmful usage patterns.

In India, affordable data plans and youth-centric digital content have contributed to smartphone overuse, particularly among students.³ Traditional face-to-face communication is gradually being replaced by virtual interactions, impacting attention spans, social bonding, and lifestyle behaviours.⁴ The cultural normalization of multitasking with smartphones has also shaped behavioural patterns in daily routines. Young individuals often engage with their devices during meals, while studying, or even during interpersonal interactions. Such patterns blur boundaries between productive and non-productive time and may contribute to diminished real-world social engagement.⁵

In addition, the competitive digital economy and marketing strategies of mobile app developers, including reward-based features, push notifications, and algorithm-driven content recommendations, foster continuous engagement.⁶ These digital stimuli stimulate dopamine release, reinforcing habitual checking behaviour and escalating into compulsive use among vulnerable individuals.

Aim: To review the concept, causes, consequences, and interventions related to smartphone addiction.

Objectives:

- To define smartphone addiction and identify its key features.
- To present the global and Indian prevalence of smartphone addiction.
- To examine psychological, neurological, and behavioural consequences.
- To discuss risk factors, diagnostic tools, and intervention strategies.
- To propose future research directions and policy implications.

Methodology:

This review is based on a narrative synthesis of literature published between 2010 and 2025, sourced from PubMed, Google Scholar, and other academic databases. Keywords such as "smartphone addiction," "digital addiction," "behavioural health," and "mental health and smartphones" were used. Studies were selected based on relevance, peer-reviewed status, and contribution to the understanding of smartphone addiction.

3. RESULTS AND DISCUSSION

Smartphone addiction is a behavioural disorder where individuals exhibit uncontrollable and compulsive use of smartphones. Key features include salience (preoccupation with smartphone use), mood modification (using the phone to escape stress), tolerance (increased use over time), withdrawal symptoms (anxiety and irritability when not using the phone), relapse (returning to excessive use), and conflict (interpersonal or academic disruption).⁷ These features align with Griffiths' components model of addiction, often used in evaluating behavioural dependencies.⁸

Globally, smartphone addiction affects 15–40% of the population depending on the assessment tool and demographic group. In India, the problem is even more severe, with studies indicating that approximately 39% of young people may exhibit addictive use patterns.⁹ Contributing factors in India include the affordability of smartphones, low-cost data services, high engagement with

social media platforms, and academic or work pressures driving constant online presence.

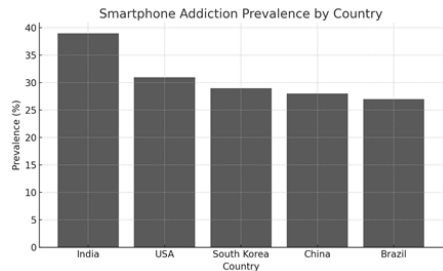


Figure 1: Smartphone Addiction Prevalence by Country

This chart shows estimated smartphone addiction prevalence in selected countries. Data suggests India has the highest rate among the listed nations.

Psychological effects include depression, anxiety, loneliness, and fear of missing out (FOMO).¹⁰ Neurologically, smartphone overuse is associated with structural and functional brain changes, especially in the anterior cingulate cortex and amygdala, which are linked to impulse control and emotional regulation.^{11,12} Behavioural, addiction results in reduced academic performance, physical issues such as eye strain and neck pain, and poor sleep quality, often due to screen exposure before bedtime.¹³⁻¹⁶

Risk factors include individual traits (e.g., low self-esteem), mental health issues (e.g., stress), social pressures, and persuasive app design. Diagnostic tools like the Smartphone Addiction Scale (SAS), Mobile Phone Problematic Use Scale (MPPUS), and Nomophobia Questionnaire (NMP-Q) are used to assess severity. Interventions include cognitive behavioural therapy (CBT), mindfulness practices, digital detoxes, usage-tracking apps, and family- or school-based education programs to promote digital well-being.¹⁶

Table 1: Risk Factors For Smartphone Addiction

Risk Domain	Examples
Personal	Low self-control, high sensation seeking
Psychological	Depression, anxiety, low self-esteem
Social	Peer pressure, lack of parental supervision
Technological	Addictive app design, social media algorithms
Environmental	Urban lifestyle, academic stress, online learning

There is a need for standardized diagnostic criteria and longitudinal studies to understand long-term consequences.¹⁷ Indian-specific tools and culturally tailored interventions should be developed.¹⁸ Public health policies must encourage digital literacy in schools, regulate persuasive app features, and promote responsible digital behaviour.¹⁹ Integrating holistic and Ayurvedic approaches may offer culturally acceptable alternatives in India.²⁰

In addition to clinical and behavioural strategies, environmental and technological interventions must be emphasized.²¹ For example, app developers and platform designers should be encouraged or even regulated to follow ethical design standards that prevent exploitative engagement patterns.²² Screen time nudges, content moderation tools, and age-based access restrictions may assist in promoting healthier smartphone behaviours, especially among minors.^{23,24}

Furthermore, discussions around smartphone addiction must address digital equity and access in rural or underserved populations. While urban youth may experience overuse, rural users are increasingly exposed to new digital dependencies without adequate awareness or support.

Culturally tailored educational campaigns and collaborations with community leaders can help mitigate the unintended harms of digital expansion.

Limitations

- Lack of uniform diagnostic criteria across studies.
- Most studies are cross-sectional—limiting causal inference.
- Cultural differences in usage patterns are underexplored.
- Few longitudinal studies tracking addiction trajectories over time²⁵.

CONCLUSION

Smartphone addiction is a multi-faceted behavioural health issue that warrants urgent attention. While smartphones are indispensable in modern life, their compulsive use poses significant risks to mental, physical, and social well-being. Addressing this challenge requires coordinated efforts across clinical, educational, familial, and policy domains. Developing age-appropriate digital habits and promoting mindfulness and digital balance are key to mitigating the impact of smartphone overuse.

Funding And Conflict Of Interest

No funding was received for this review. The authors declare no conflict of interest.

Generalizability

This review includes both global and Indian data and may help educators, healthcare professionals, and families understand and act on smartphone addiction.

REFERENCES

- Billieux J. Problematic use of the mobile phone: a literature review and a pathways model. *Curr Psychiatry Rev.* 2012;8(4):299–307.
- Statista. Number of smartphone users worldwide from 2016 to 2025 [Internet]. Available from: <https://www.statista.com/>
- Kwon M, Kim DJ, Cho H, Yang S. The smartphone addiction scale: development and validation of a short version for adolescents. *PLoS One.* 2013;8(12):e83558.
- Chóliz M. Mobile phone addiction: a point of issue. *Addiction.* 2010;105(2):373–4.
- Griffiths MD. A components model of addiction within a biopsychosocial framework. *J Subst Use.* 2005;10(4):191–7.
- Panova T, Carbonell X. Is smartphone addiction really an addiction? *J Behav Addict.* 2018;7(2):252–9.
- Lopez-Fernandez O. Short version of the smartphone addiction scale adapted to Spanish and French: towards a cross-cultural research in problematic mobile phone use. *Addict Behav.* 2017;64:275–80.
- Samaha M, Hawi NS. Relationships among smartphone addiction, stress, academic performance, and satisfaction with life. *Comput Human Behav.* 2016;57:321–5.
- Montag C, Walla P. Carpe diem instead of losing your social mind: beyond digital addiction and why we all suffer from digital overuse. *Cogent Psychol.* 2016;3(1):1157281.
- Elhai JD, Levine JC, Dvorak RD, Hall BJ. Fear of missing out, need for touch, anxiety and depression are related to problematic smartphone use. *Comput Human Behav.* 2016;63:509–16.
- Rozgonjuk D, Elhai JD. Emotion regulation and problematic smartphone use: a meta-analysis. *J Affect Disord.* 2021;280(Pt B):415–24.
- He Q, Turel O, Bechara A. Brain anatomy alterations associated with social networking site (SNS) addiction. *Sci Rep.* 2017;7(1):45064.
- Horvath J, Mundinger C, Schmitgen MM, Sambataro F, Hirjak D, Wolf RC. Structural and functional brain alterations in individuals with internet gaming disorder: a systematic review of recent neuroimaging studies. *Brain Sci.* 2020;10(12):847.
- Junco R. The relationship between frequency of Facebook use, participation in Facebook activities, and student engagement. *Comput Educ.* 2012;58(1):162–71.
- Demirci K, Akgönül M, Akpınar A. Relationship of smartphone use severity with sleep quality, depression, and anxiety in university students. *J Behav Addict.* 2015;4(2):85–92.
- Xie Y, Szeto G, Dai J. Prevalence and risk factors associated with musculoskeletal complaints among university smartphone users. *BMC Musculoskelet Disord.* 2020;21(1):1–9.
- Twenge JM, Campbell WK. Associations between screen time and lower psychological well-being among children and adolescents. *Prev Med Rep.* 2018;12:271–83.
- Rothberg MB, Arora A, Hermann J, Kleppel R, St Marie P, Visintainer P. Phantom vibration syndrome among medical staff: a cross-sectional survey. *BMJ.* 2010;341:c6914.
- Ybarra ML, Mitchell KJ. Online aggressor/targets, aggressors, and targets: a comparison of associated youth characteristics. *J Child Psychol Psychiatry.* 2004;45(7):1308–16.
- Kim H. Exercise rehabilitation for smartphone addiction. *J Exerc Rehabil.* 2013;9(6):500–5.
- Kwon M, Lee JY, Won WY, Park JW, Min JA, Hahn C, et al. Development and validation of a smartphone addiction scale (SAS). *PLoS One.* 2013;8(12):e

- 83558.
22. Bianchi A, Phillips JG. Psychological predictors of problem mobile phone use. *Cyberpsychol Behav.* 2005;8(1):39–51.
23. Yildirim C, Correia AP. Exploring the dimensions of nomophobia: development and validation of a self-reported questionnaire. *Comput Human Behav.* 2015;49:130–7.
24. Sohn SY, Rees P, Wildridge B, Kalk NJ, Carter B. Prevalence of problematic smartphone usage and associated mental health outcomes: a meta-analysis. *J Affect Disord.* 2019;244:91–9.
25. Van Deursen AJ, Bolle CL, Hegner SM, Kommers PA. Modeling habitual and addictive smartphone behaviour. *Comput Hum Behav.* 2015;45:411–20.
26. George MJ, Odgers CL. Seven fears and the science of how mobile technologies may be influencing adolescents in the digital age. *Perspect Psychol Sci.* 2015;10(6):832–51.
27. Council on Communications and Media. Media and young minds. *Pediatrics.* 2016;138(5):e20162591.
28. Chen B, Liu F, Ding S, Ying X, Wang L, Wen Y. Gender differences in factors associated with smartphone addiction: a cross-sectional study among medical college students. *BMC Psychiatry.* 2017;17(1):341.