



Vol. 4 No. 6 (June) (2026)

## **Excessive Gaming, Substance Use, and Psychosocial Dysfunction: A Psychological Case Study of a Young Adult with Internet Gaming Disorder**

### **Fatima Fayyaz**

Ph.D Scholar, Department of Clinical Psychology, Shifa Tameere-Millat University, Islamabad (working as Consultant Clinical Psychologist/Addiction Specialist at Farooq Hospital Enclave Islamabad). Email: [fatimafayyaz814@gmail.com](mailto:fatimafayyaz814@gmail.com)

### **Prof. Dr Neelam Ehsan**

Professor, Department of Clinical Psychology, Shifa Tameer-e Millat University, Islamabad.) [Neelam.dcp@stmu.edu.pk](mailto:Neelam.dcp@stmu.edu.pk)

### **Sidra Shehzad**

Ph.D Scholar, Department of Clinical Psychology, Shifa Tameer-e-Millat University, Islamabad (working as CEO/Clinical Psychologist - Addiction Specialist at Umeede Shifa Rehabilitation Centre, Bani Gala, Islamabad).

### **Sadia Sikander**

MS Scholar, Clinical psychologist, at Umeed e Shifa Rehabilitation Centre, Bani Gala, Islamabad).

### **Abstract**

Internet Gaming Disorder (IGD) is an emerging behavioral addiction associated with significant psychosocial, academic, and functional impairment, often co-occurring with substance use disorders. This case study presents a 21-year-old male with excessive gaming behavior, cannabis and nicotine use, emotional dysregulation, and severe impairment in academic and social functioning. A comprehensive psychological assessment was conducted using clinical interviews, Mental Status Examination (MSE), MMSE, and projective TAT, HTP, WAISE, RISB and psychometric tools. Findings revealed emotional insecurity, impulsivity, low frustration tolerance, and maladaptive coping patterns, while cognitive functioning remained in the low-average to average range. The case highlights the role of early exposure to digital devices, peer influence, family dynamics, and emotional vulnerability in the development and maintenance of addictive behaviors. A multimodal treatment approach including psychoeducation, CBT, DBT skills, behavioral modification, and motivational enhancement was implemented for screen addiction and substance use disorder. Structured environmental control, craving management, and stabilization strategies were used to reduce compulsive behaviors and support abstinence. Family intervention, social rehabilitation, and relapse prevention strategies were integrated to ensure sustained recovery and long-term functional improvement.

**Keywords:** Internet Gaming Disorder, Substance Use, Behavioral Addiction, Cannabis Use Disorder, CBT, Psychological Assessment

### **Introduction**

Internet Gaming Disorder (IGD) has gained increasing recognition as a behavioral



## Vol. 4 No. 6 (June) (2026)

addiction characterized by excessive and compulsive engagement in online gaming activities, leading to significant impairment in personal, social, and academic functioning. The DSM-5-TR identifies IGD as a condition requiring further study, while the ICD-11 has formally recognized Gaming Disorder as a mental health condition (World Health Organization, 2019). Recent research suggests that IGD shares neurobiological and behavioral similarities with substance use disorders, particularly in terms of reward system dysregulation, dopamine activation, and impaired executive control (Kuss & Griffiths, 2017). Individuals with IGD often present with comorbid psychiatric conditions such as depression, anxiety, attention deficits, and substance use disorders, further complicating clinical presentation (Chen et al., 2020).

Environmental and psychosocial factors play a critical role in the development of IGD. Early exposure to digital devices, poor parental monitoring, peer influence, and emotional neglect are strongly associated with increased vulnerability to gaming addiction (Dong & Potenza, 2019). The COVID-19 pandemic further intensified screen-based behaviors due to social isolation and increased reliance on digital platforms (Fernandes et al., 2021). Childhood traumatic experiences have been shown to increase vulnerability to maladaptive coping strategies, including substance use and emotional dysregulation (Bukhari et al., 2023). From a theoretical perspective, Cognitive Behavioral Theory explains IGD through maladaptive cognitions and reinforcement patterns, while Behavioral Theory emphasizes operant conditioning through reward mechanisms. Social Learning Theory highlights the influence of peers and online communities, and Family Systems Theory underscores the role of dysfunctional family dynamics in maintaining maladaptive behaviors (Brand et al., 2019). Despite increasing recognition, limited case-based evidence exists on IGD with co-occurring substance use disorders in young adults within South Asian contexts. This case contributes to clinical literature by presenting a comprehensive biopsychosocial formulation of a patient with IGD and cannabis use disorder.

### **CASE STUDY**

#### **Identifying Information**

The patient, M.A is a 21-year-old male, an only child, living with parents in Australia. He is currently enrolled in a Computer Science program. He was admitted by his parents with his consent for treatment of gaming addiction and associated psychological concerns.

#### **Presenting Complaints**

Excessive screen time (gaming, gambling, online friends), mood disturbances, aggression, academic avoidance, cannabis and nicotine use, disturbed sleep, binge



## Vol. 4 No. 6 (June) (2026)

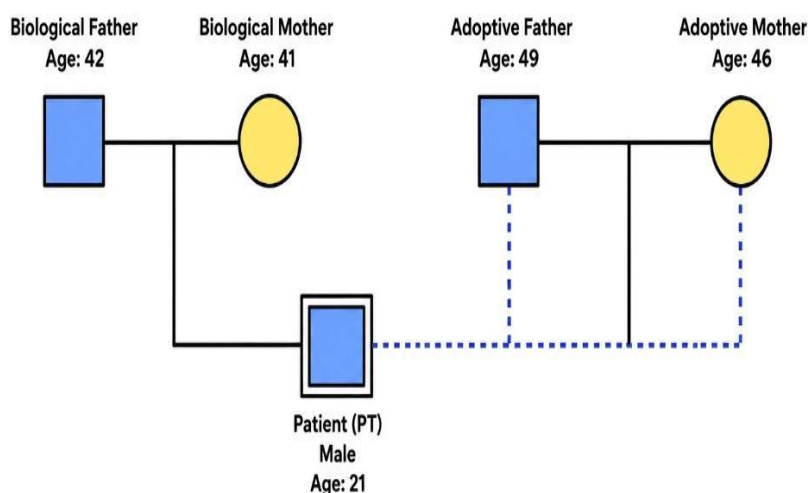
eating, excessive time in the washroom, and social withdrawal.

### History of Present Illness

Difficulties began in 2020 during the COVID-19 pandemic. Although the patient used PlayStation from age 5, the transition to online classes provided uncontrolled mobile phone access. He began gaming during class time, leading to academic decline. He initiated vaping and later cannabis. His parents discovered stolen money used to purchase a hidden phone. Despite confiscations, he repeatedly broke locks to access devices. When he move to Canada, On daily basis cannabis use began, and he failed academically. After return to Australia, similar patterns persisted. He showed aggression (e.g., breaking a mirror, verbal abuse) when restricted.

### Family History

The patient was adopted Child. The adoptive mother had infertility issues and experienced depression post-adoption. The biological parents had marital conflict, and the biological father reportedly had psychological issues. Adoption was disclosed to patient before sending him to Canada; the patient stated his adoptive mother is his “real mother.”



### Developmental and Childhood History

Stressful prenatal period, cesarean delivery, and slightly larger head size at birth (normalized within 72 hours). Milestones achieved on time. As a child, he was talkative, confident, and socially active. Being an only child, his demands were promptly fulfilled.

### Social and Educational History

Initially a high achiever (~90% scores), he lost interest during O-levels and severely declined in A-levels. He completed only one semester in Canada (GPA ~2.5) and dropped out. He later discontinued a BBA program and re-enrolled in CS.



## Vol. 4 No. 6 (June) (2026)

### **PSYCHOLOGICAL ASSESSMENT FINDINGS**

Comprehensive psychological assessment was conducted through clinical interviews, behavioral observations, Mental Status Examination (MSE), Mini Mental State Examination (MMSE), House-Tree-Person Test (HTP), Thematic Apperception Test (TAT), Rotter Incomplete Sentences Blank (RISB), and intellectual assessment WAIS.

#### **Mini Mental State Examination (MMSE)**

The client obtained a score of 28/30 on MMSE, indicating intact cognitive functioning with mild difficulties in attention and concentration. Orientation, memory, and general cognitive abilities were preserved.

#### **House-Tree-Person Test (HTP)**

Projective findings suggested emotional insecurity, dependency needs, social withdrawal, impulsivity, internal tension, poor frustration tolerance, and maladaptive coping mechanisms. Difficulties in emotional expression and interpersonal adjustment were also evident.

#### **Thematic Apperception Test (TAT)**

The stories generated by the client revealed themes of loneliness, frustration, emotional dependency, avoidance, interpersonal conflicts, and inadequate coping with stress. Underlying anxiety and emotional conflicts were prominent.

#### **Rotter Incomplete Sentences Blank (RISB)**

The patient obtained a score of 118, reflecting moderate emotional maladjustment. Responses highlighted frustration, dissatisfaction, insecurity, family conflicts, irritability, and poor emotional adjustment.

#### **Wechsler Adult Intelligence Scale (WAIS):**

The client obtained an IQ score of 82, falling within the low average range of intellectual functioning. Although mild difficulties in problem-solving and reasoning were noted, no evidence of intellectual disability was present.

### **RESULTS**

The assessment findings provide a comprehensive understanding of the patient's psychological functioning. Cognitive abilities were largely preserved, with only mild impairment in attention and concentration. Projective assessments consistently demonstrated emotional insecurity, dependency needs, frustration, poor coping mechanisms, impulsivity, and social withdrawal. Behavioral observations and clinical interviews revealed emotional dysregulation, low frustration tolerance, impaired impulse control, aggression, academic decline, and dependency on gaming and digital activities. Partial insight into his condition was present; however, the patient underestimated the severity of his behavioral problems.



## Vol. 4 No. 6 (June) (2026)

The overall findings support a diagnosis of Internet Gaming Disorder (Condition for Further Study, DSM-5-TR), accompanied by Cannabis Use Disorder (Moderate) and Nicotine Use Disorder. The patient's symptoms resulted in significant impairment across academic, interpersonal, emotional, and occupational domains.

### Test Results:

Test	Score	Interpretation
<b>MMSE</b>	28/30	Normal cognitive functioning
<b>HTP</b>	Qualitative findings	Emotional insecurity, dependency, impulsivity
<b>TAT</b>	Qualitative findings	Anxiety, loneliness, emotional conflict
<b>RISB</b>	118	Moderate emotional maladjustment
<b>WAIS Intellectual test</b>	82	Low Average Intellectual Functioning
<b>Behavioral Observation</b>	Clinical findings	Emotional dysregulation, impaired impulse control

### DISCUSSION

The present case illustrates a complex interaction of biological, psychological, and social factors contributing to IGD with comorbid substance use disorder. Biologically, genetic vulnerability and potential neurobiological reward system sensitization may have contributed to addictive behaviors. Psychologically, maladaptive beliefs, poor emotional regulation, and dependency patterns reinforced compulsive gaming behavior. Socially, peer influence, online gaming communities, and lack of structured supervision played a significant role. M.A history of adoption, potential attachment disruptions, and maternal emotional unavailability may be considered early traumatic or adverse childhood experiences. Consistent with Bukhari et al. (2023), individuals with drug dependence who report childhood trauma also exhibit significantly higher levels of emotional dysregulation, including poor impulse control, non-acceptance of emotional responses, and lack of emotional clarity. In the present case, the patient's aggression, irritability, and reliance on gaming and substances as coping mechanisms reflect similar patterns of emotion dysregulation linked to early adverse experiences

Moreover, Consistent with Cognitive Behavioral Theory, gaming served as a maladaptive coping mechanism for stress and emotional discomfort. Behavioral reinforcement through rewards in gaming environments strengthened addictive patterns. Social Learning Theory explains the normalization of substance use and



## Vol. 4 No. 6 (June) (2026)

gambling behaviors through peer exposure. Family Systems Theory highlights the role of inconsistent boundaries, emotional unavailability, and overindulgence in childhood, contributing to impaired self-regulation. Similar findings have been reported in previous studies linking IGD with family conflict, emotional distress, and substance use comorbidity (Stevens et al., 2019; Paulus et al., 2018). The case supports evidence that IGD is not an isolated condition but part of a broader psychosocial dysfunction involving emotional, cognitive, and behavioral domains (Pontes & Griffiths, 2019). Early intervention and integrated treatment approaches are essential.

### CONCLUSION

This case highlights Internet Gaming Disorder with comorbid cannabis and nicotine use as a multifactorial condition driven by psychological vulnerability, environmental reinforcement, and family dynamics. As highlighted by Bukhari et al. (2023), childhood trauma significantly contributes to emotional dysregulation in substance-dependent individuals, reinforcing the need for trauma-informed interventions in cases like M.A. The multimodal treatment approach including psychoeducation, Cognitive Behavioral Therapy (CBT), DBT skills, behavioral modification, and motivational enhancement was implemented for screen addiction and substance use disorder. Structured environmental control, craving management, and stabilization strategies were used to reduce compulsive behaviors and support abstinence. Additionally, family intervention, social rehabilitation, and relapse prevention strategies were integrated to ensure sustained recovery and long-term functional improvement.

Following the structured rehabilitation plan, the patient has shown significant improvement in impulse control, emotional regulation, academic engagement, reduced screen time, and decreased substance use. He remains motivated and continues to attend regular follow-up sessions to consolidate gains, prevent relapse, and support long-term recovery. Early identification and structured multimodal intervention can significantly improve outcomes in similar cases, especially when followed by consistent post-discharge care and family involvement.

### REFERENCES :

- Brand, M., Wegmann, E., Stark, R., Müller, A., Wölfling, K., & Robbins, T. (2019). The Interaction of Person-Affect-Cognition-Execution (I-PACE) model for addictive behaviors. *Neuroscience & Biobehavioral Reviews*, 104, 1–10.
- Bukhari, S. R., Khatoon, T., & Fayyaz, F. (2023). Relationship between childhood trauma and emotional dysregulation among individuals with drug dependence. *International Journal of Special Education*, \*38\*(1), 1-7.



## Vol. 4 No. 6 (June) (2026)

- Chen, L., et al. (2020). Internet gaming disorder: Neurobiological mechanisms. *Addictive Behaviors*, 106, 106–120.
- Dong, G., & Potenza, M. N. (2019). Internet gaming disorder: Cognitive and neurobiological evidence. *Progress in Neuro-Psychopharmacology*, 98, 109–110.
- Fernandes, B., et al. (2021). COVID-19 and behavioral addictions. *Psychiatry Research*, 303, 114–115.
- Griffiths, M. D. (2017). Behavioral addiction and Internet Gaming Disorder. *Addictive Behaviors Reports*, 5, 21–30.
- Kuss, D. J., & Griffiths, M. D. (2017). Social networking and addiction. *International Journal of Environmental Research*, 14(3), 1–15.
- Pontes, H. M., & Griffiths, M. D. (2019). DSM-5 Internet Gaming Disorder. *Clinical Psychology Review*, 68, 101–105.
- Paulus, F. W., et al. (2018). Family environment and gaming addiction. *Journal of Behavioral Addictions*, 7(3), 623–630.
- Stevens, M. W. R., et al. (2019). Internet gaming disorder: A systematic review. *Psychiatry Research*, 268, 402–409.
- World Health Organization. (2019). *ICD-11 Gaming Disorder*. WHO.
- Saunders, J. B., et al. (2017). Gaming disorder: Clinical description. *World Psychiatry*, 16(3), 265–266.
- Müller, K. W., et al. (2015). Risk factors for Internet addiction. *Addiction Biology*, 20(3), 555–567.
- King, D. L., & Delfabbro, P. H. (2018). Internet gaming disorder treatment. *Clinical Psychology Review*, 54, 1–12.
- Petry, N. M., et al. (2018). Behavioral addictions in DSM-5. *Annual Review of Clinical Psychology*, 14, 401–428.
- Fineberg, N. A., et al. (2016). Behavioral addictions review. *CNS Spectrums*, 21(1), 19–25.
- Rumpf, H. J., et al. (2018). Gaming disorder in ICD-11. *Journal of Behavioral Addictions*, 7(3), 553–560.
- Andreassen, C. S. (2015). Online addiction framework. *Current Addiction Reports*, 2(4), 1–7.
- Király, O., et al. (2018). Problematic gaming and regulation. *Journal of Behavioral Addictions*, 7(3), 508–517.
- Saunders, J. B., et al. (2017). Gaming disorder validation. *World Psychiatry*, 16(3), 265–266.



## Vol. 4 No. 6 (June) (2026)

Bargeron, A. H., & Hormes, J. M. (2017). Psychological correlates of gaming addiction.  
*Cyberpsychology, Behavior, and Social Networking*, 20(3), 168–174.