

Smartphone Addiction

When being connected starts to take control

Smartphones are woven into everyday life. They help us communicate, navigate, work, learn, organise and access support. Heavy use therefore does not automatically mean addiction. The more useful question is whether phone use has become difficult to control and is repeatedly displacing sleep, attention, relationships, responsibilities or activities the person genuinely values.

A useful note about the word 'addiction'

"Smartphone addiction" is widely used in everyday language, but it is not currently a standalone diagnosis in ICD-11 or DSM-5-TR. Difficulties may involve compulsive checking, social media, gaming, messaging, shopping, pornography or other online behaviours rather than the device itself. This guide uses the familiar term while focusing on impaired control, functional impact and the specific activity that keeps drawing somebody back.

When use starts to feel less voluntary

Common pattern	Possible impact
Checking automatically without a clear reason, sometimes moments after putting the phone down.	Attention becomes fragmented and it feels harder to stay with conversations, work or quiet activities.
Repeatedly staying online longer than intended.	Bedtime moves later, sleep shortens or the phone becomes the first and last activity of the day.
Feeling a strong pull towards notifications, feeds, messages or updates.	Mood becomes increasingly tied to responses, comparison, news, conflict or online feedback.
Trying to reduce use but quickly returning to the same pattern.	Relationships, study, work, movement, meals or hobbies repeatedly lose space.

Why the pull can be so strong

Phones contain many different rewards in one place: social connection, novelty, entertainment, reassurance, achievement, information and relief from boredom. Notifications and constantly changing content can repeatedly cue attention. For some people the phone also becomes a quick way to escape anxiety, loneliness, awkwardness, difficult thoughts or sensory and emotional overload. Understanding the function is more useful than simply counting screen hours.

Sleep and the always-on brain

Phone use can delay bedtime because there is always one more message, video, post or search. Emotionally activating content can also make winding down harder. Night notifications may interrupt sleep, while reaching for the phone immediately after waking can restart the stimulation cycle before the day has begun. Protecting sleep is often one of the most effective first changes.

Signs worth exploring

Using the phone during most face-to-face conversations; repeated conflict about use; checking while driving or in other unsafe situations; losing significant sleep; neglecting essential tasks; panic when separated from the device; spending beyond intended limits through apps; or repeatedly feeling unable to stop a particular online activity are all reasons to look more closely at the pattern.

Not every problem is a screen-time problem

A high screen-time total can include work, accessibility tools, navigation, reading, contact with family or meaningful community. Conversely, a shorter period of one highly compulsive activity may cause significant harm. Assessment should look at **what the person is doing, why, when, and what it is replacing**, rather than treating one daily number as a diagnosis.

Breaking the Automatic Checking Cycle

Small changes to cues and routines can return choice without demanding total disconnection

Map the loop

1. Cue	A notification, boredom, silence, waiting, anxiety, waking up, sitting down to work or simply seeing the phone.
2. Reach	The hand moves almost automatically; the person expects novelty, reassurance, connection or relief.
3. Scroll / check	One intended action becomes several apps, messages, videos or searches.
4. After-effect	Lost time, distraction, comparison, overstimulation, delayed sleep or unfinished tasks may follow.
5. Re-cue	Discomfort about what was missed or the return of boredom can trigger another check.

Change the environment before relying on willpower

Turn off non-essential notifications, remove the most compelling apps from the home screen, log out where appropriate, and give the phone a physical resting place that is not constantly within reach. Charging it outside the bedroom can help some people. The aim is to introduce a small pause between cue and action so checking becomes a decision again.

Create phone-free anchors

Choose a few specific moments rather than declaring the whole day “phone free.” Meals, the first 20 minutes after waking, the last 30-60 minutes before bed, a dog walk, a meeting or one conversation can become protected anchors. Predictable boundaries are easier to repeat and make progress visible.

The 10-minute delay

When the urge to check appears outside a planned time, delay for 10 minutes and notice what you expect the phone to give you. Is it reassurance? Stimulation? Escape? Connection? Information? If the need is genuine, decide how best to meet it after the pause. If the urge fades, you have practised tolerating the cue without immediately obeying it.

For ADHD and autistic people

Phones can provide stimulation, structure, reminders, social access and regulation, so blanket restriction may remove genuinely useful support. ADHD can make novelty and rapid reward especially compelling, while autistic people may value predictable digital communication or recovery from face-to-face demand. Keep helpful functions and target the specific pattern causing harm. External timers, visual routines and clear transition cues can be more useful than vague instructions to “use it less.”

A seven-day pattern check

For one week, note the **time, situation, app/activity, feeling before, intended purpose, actual time spent and feeling afterwards**. Do not try to change everything while observing. At the end, identify the two strongest cues and the one activity most likely to swallow time. That gives you a much more precise starting point than total screen time.

Relationships and presence

If phone use is causing conflict, agree concrete expectations rather than using phrases such as “you are always on it.” Examples might be no phones during a shared meal, phones away for a 20-minute conversation, or asking before checking something mid-conversation. The same agreement should apply fairly to everyone involved.

Building a Healthier Digital Balance

The goal is not to reject technology - it is to make sure the phone remains a tool rather than the organiser of every spare moment

A practical reset

Protect sleep	Choose a consistent phone resting place and reduce stimulating use before bed. Use a separate alarm clock if that makes bedroom boundaries easier.
Reduce cues	Keep only useful notifications. Move high-pull apps away from the first screen and remove unnecessary badges or prompts.
Batch checking	Where practical, choose times for messages, email or social feeds instead of responding to every cue immediately.
Restore what was displaced	Put one offline activity back into the day: movement, cooking, reading, conversation, creativity, rest or simply tolerating a quiet moment.
Review the activity	If one behaviour such as gambling, gaming, shopping or pornography is the real difficulty, seek support for that behaviour rather than treating the handset as the whole problem.

When professional support may help

Consider speaking with a GP or mental-health professional when digital behaviour is seriously affecting sleep, mood, relationships, education, work or safety, or when attempts to change repeatedly fail. Treatment may focus on the underlying behaviour and include CBT-informed strategies, motivational work, anxiety or depression treatment, ADHD support, family work, sleep interventions and practical habit change.

Supporting a child, partner or loved one

Start with impact and curiosity: "I have noticed you are sleeping much less and seem exhausted," rather than "You are addicted to your phone." Agree boundaries together where possible. Adults should model the behaviour they are requesting from children. Avoid removing a young person's main source of friendship or support without understanding what will replace it.

One book to explore

***How to Break Up with Your Phone* - Catherine Price.** This practical book focuses on changing the relationship with a smartphone rather than rejecting technology completely. Its structured exercises can help readers notice automatic habits and experiment with boundaries. It is a self-help resource, not a clinical treatment, and some people will need a more individual approach to the underlying behaviour or mental-health difficulty.

A message from Maggie

Your phone may hold your diary, friendships, work, music, photographs, reminders and the things that help you regulate. So the answer is rarely as simple as "put it down." I would rather help you notice the moments when reaching for it stops being a choice. Start with one small pocket of the day that you want back. Protect that space, see what feeling appears when the phone is not filling it, and work from there.

Clinical note & source framework

This resource uses "smartphone addiction" as a familiar descriptive term, not as a standalone formal diagnosis. Problematic smartphone use can overlap with recognised conditions or specific behaviours, including gaming disorder and gambling disorder. Clinical wording should be reviewed against current WHO ICD-11, NHS mental-health information and relevant evidence on problematic smartphone use before publication. Unsafe phone use while driving or in other hazardous situations requires immediate behaviour change.