**2.0 Literature Review:**

**2.1) Addiction and the Brain:**

The American society of addiction medicine (ASAM) defines addiction to be “a primary, chronic disease of brain reward, motivation, memory, and related circuitry.” (ASAM, 2011, Public policy statement: definition of addiction) This is the medical definition of addiction which highlights that it is a “disease of brain reward”, which is understood as the cyclic and constant intention to perform actions which provide gratification through the release of pleasure hormones such as dopamine, endorphins, and adrenaline.

When an individual becomes addicted to desktop software such as video games, over time their brain becomes tolerant to the activity to which the addicted party must increase their consumption to feel a “high”. If there is no intervention, the pleasure/reward circuits in the brain compel the addicted individual to constantly seek for more and more which eventually results in damage to regions of the brain and subsequently a decline in mental acuity. (NIH News in Health, 2015, Biology of Addiction)

**2.2) The Psychology of Addictions:**

According to Heather’s article in the 2017 British psychological society journal “Addictive behaviour is completely involuntary and against the will of the person: addicts do not ‘use’ because they choose to, but because they are compelled to.” (Heather. N, 2017, Rethinking Addiction)

Modern scientists and psychologists put forth this argument that Addiction is not a choice as there is an absence of free will. Addiction and fulfilling addictions do not happen consciously but rather subconsciously and it is a culmination of reflexes that compels a person to perform the task to whit they are addicted to. In the context of the problem domain, the afflicted party does not choose to use the desktop software that they are addicted to but rather the use of the software happens unconsciously, henceforth they are not able to stop nor control their usage because they never made the conscious decision to use it.

This is in direct contrast to the earlier agreed upon moral understanding of addictions where it is all a choice and that the addicted party can choose not to and therefore there is the moral implication that the addicted party must help themselves by choosing differently, the moral argument was put forth by Psychologists in the 18th century and many philosophers still hold this position to be true due to all actions being seen as a choice being made. (Vohs. K, Baumeister. R, 2009, Addiction and Free Will)

The crucial flaw of the first position is that the addicted party is free of all responsibility and cannot be held accountable which poses a problem for addictions that are harmful to others such as reckless driving due to Alcohol abuse as there are legal and moral ramifications for some addictions which this position irrationally discredits, some addictions are definitely more of a choice than others especially those that affect members of society, therefore this argument is centred around a deterministic viewpoint which for addictions that are solely self-inflicting harm could be argued for, but as a general argument it falls short due to a lack of recognition that all actions have an impact on wider society and it’s in this view that the argument can be classed as naïve. (Hoffman. R. S, Goldfrank. L. R, 1990, The Impact of Drug Abuse and Addiction on Society, Pg 467)

However, the second position completely fails to account for “When willpower has been depleted (such as by other acts of self-control, or even by decision making in any context; their likelihood of choosing the immediate pleasure increases”. (Vohs. K, Baumeister. R, 2009, Addiction and Free Will) This counter to the moral argument highlights how addiction causes a deterioration of the addicted parties mental health and ability to rationalise to an extent that their cognition of their actions is almost non-existent and that the only factor taken into account for their actions is the utility and pleasure that can be gained, which I would assume is done via emotional impulses and not a logical assessment where consequences are considered. This poses the question that if individuals are committing actions solely on emotional impulses due to a decline in mental faculty, is it just to hold them to the same standards as those who intentionally make choices whilst understanding potential consequences? To contextualise this, if a user is addicted to Desktop streaming applications and as a result their physical health declines due to always being seated, assuming that they are not making the conscious choice to do so, is it their fault?

There is not a consensus on the blame of addictions, which is why a third argument has been put forth characterising addictions to be a Mental disease (also known as the Brain disease model of addiction). This disease initialises in the form of a choice to perform an activity and as an unhealthy attachment and compulsion to repeatedly perform the activity free will and cognition are lost. (Heather. N, 2017, Rethinking Addiction). This argument is seen as a middle ground that resolves the flaws of the previous 2 arguments; an initial choice is made meaning that there is free will initially, but once the addiction has developed free will is lost and the afflicted party suffers from a disease, and at this point cannot be held accountable.

In evaluation the third argument of the brain disease model of addiction makes a collaboration of the first 2 arguments(the Moral understanding and the deterministic view) by both highlighting that addiction is caused by a free will initial choice, but later progresses to a deterministic compulsion to which the afflicted party has no choice in whether to perform the addicted activity or not, and therefore I would consider it to be an exhaustive understanding of the psychology of addictions whilst also providing a social insight of the severity of addictions and “is less stigmatizing than the view of addiction as a moral failing and brings hope that medications can be developed to address the disease”. (Hazelden Betty Ford, The Brain Disease Model of Addiction, Url: [The Brain Disease Model of Addiction | Hazelden Betty Ford](https://www.hazeldenbettyford.org/research-studies/addiction-research/brain-disease-model#:~:text=The%20brain%20disease%20model%20of%20addiction%20is%20less%20stigmatizing%20than,developed%20to%20address%20the%20disease.&text=There%20is%20strong%20evidence%20supporting,pointing%20to%20observable%20brain%20changes.)) The brain disease model of addiction addresses the weaknesses of the prior arguments and hence why modern medical professionals have adopted this understanding which highlights it’s validity and applicability.

However, with recent developments in neuroimaging technology, some psychologists have argued that the BDMA (brain disease model of addiction) is not entirely conclusive given that the neurobiology of addicted patients is similar for a small subset of addicted individuals, but not concrete for a larger set of addicted individuals, hence the disparities have caused psychologists to rethink the model’s validity as it is deemed to be a “one dimensional portrayal”. (Heather. N, Best. D, Kawalek. A, Field. M, Lewis. M, Rotgers. F, Wiers. R. W, Heim. D, 2018, Challenging the brain disease model of addiction: European launch of the addiction theory network) Additionally, the BDMA cannot be extrapolated to explain the behaviour of animals in a laboratory that are exposed to a addictive substance because of the researchers having to rely on anthropomorphism which is a subjective interpretation and not objective nor free of bias. (Hall. W, Carter. A, Forlini. C, 2014, The BDMA: is it supported by the evidence and has it delivered in its promises?)

In conclusion, the BDMA in my opinion is still the best understanding of the psychology of addictions.

**2.3) Understanding Technology Addictions:**

Addictions to technology have always existed but did not become a mainstream phenomenon until the 20th century with the invention and widespread adoption of the Television set. The television was initially a rare good synonymous with the upper class of society given the earliest models were incredibly expensive, however after the Second world war there was a seismic shift in the delivery of public broadcasts and information from the Radio to the Television. Thereafter the television set found its way into the homes of many and subsequently became the first modern technological addiction. Since the invention of the television set, we have seen an exponential increase in addictive technologies; from Mobile phones which have revolutionised the way we interact with the world and the internet all the way back to the Fruit machines of the 1980’s and 90’s which captivated and stole the hearts of the adolescents in the UK.

After conducting interviews with those afflicted with fruit machine addictions (Griffiths. M, 1993, Fruit machine addictions in Adolescence, Journal of gambling studies), Griffiths recognised that the addiction caused a decline of inter-personal skills which coincidentally is the same for Software addictions. This infers that technology addictions can lead to a degradation of communication skills, can lead to the breakdown of relationships and potential feelings of social ostracization which unfortunately contribute to poor mental health, a reduction in the addict’s employability as well as severe personality changes. Griffiths compared the results of the interviews of fruit machine addicts with those afflicted with other addictions and concluded that all addictions have 5 common components which are: (Griffiths. M, 1995, Technological Addictions, Clinical Psychology Forum)

* Salience: when an activity becomes the most important thing of a person’s life and dominates their thoughts and feelings.
* Euphoria: the addiction provides them with a “buzz” or “high” feeling of enlightenment.
* Tolerance: Where the activity must be amplified to give off a greater dose of the feelings mentioned. Withdrawal symptoms; Any ceasing of the activity for any duration results in states of uneasiness and or unpleasantness both physically and emotionally.
* Conflict: regarding of interests where the addictive activity takes precedence over others such as Work, School etc.
* Relapse: which refers to any attempt at ceasing the activity is un-successful as the addicted party returns to said addiction and the state of addiction worsens.

What Griffiths discerned regarding fruit machine addictions can be extrapolated to any technology be it hardware or software, “and the intensive use of technology is together with problematic or pathological consumption” (Savci. M, Aysan. F, 2017, Technological addictions and social connectedness…), the quote above highlights that excessive usage or attachment is the first sign of an addiction. Savci and Aysan also establish that “internet addiction can be likened to volatile substances” in the sense there are many commonalities between the two for example, both exploit the brains reward circuitry, by performing the activity repeatedly there is an increase in tolerance to dopamine and other pleasure hormones which drives the addiction higher hence greater usage is needed to release the pleasure hormones. It is well established that there is an inversely proportional relationship between Desktop software use and social connectedness; when desktop software usage is high through applications such as Video games, social connectedness plummets (Savci. M, Aysan. F, 2017, Technological addictions and social connectedness…). Levounis and Sherer stipulate that the low entry barriers and lack of legislation surrounding usage of such technology will mean “Society’s dependence on addictive technologies will only increase”. (Levounis. P, Sherer. J, 2022, Technological Addictions)

**2.4) The Consequences of Desktop Software Addictions:**

Given that desktop software constitutes to a wide range of different things; listed below are a small subset of the most severe consequences of Desktop software addiction and a generalisation that is applicable to all desktop software applications:

Consequence 1: Declining interpersonal skills and increased feelings of ostracization; We’ve established that there is an inversely proportional relationship between technology use and social connectedness such that an addiction to any technology (for example desktop video games) results has detrimental to one’s ability to form relationships, to socialise and greatly affects employability chances due to a decline in verbal communication. Furthermore, it leads to loneliness which often is a contributing factor to mental illnesses such as depression. According to Kumar and Mondal “the withdrawal symptoms when not engaged include a diminishing social life” (Kumar. M, Mondal. A, 2018, A study on internet addiction and it’s relation to psychopathology….).

Consequence 2: Declining physical health; Spending copious amounts of time staring at screens is incredibly damaging to one’s eyesight leading to conditions such as dry eyes and myopia, sitting down for hours on end at a desk severely increases the risk of Blood clots forming which are incredibly severe due to stopping circulation to the lower regions of the body and oft fatal, bad posture whilst seating can lead to chronic joint pains, replacing physical exercise with the addiction is noticeably going to lead to obesity, increased lethargy, and further health conditions synonymous with lack of exercise.

Consequence 3: Decline in workplace or academic performance: we’ve established that addictions exploit regions of the brain such as the mesolimbic dopamine pathway(A region of the brain to which dopamine, an pleasure hormone is transported to and from the VTA(the ventral tegmental area) which is responsible for knowledge acquisition, memory retention and other functions) in such way to which cognitive ability is directly hampered resulting in a lower quality of performance in say Exams, or in work tasks (Cai. J, Tong. Qingchun, 2022, Anatomy and Function of Ventral Tegmental Area Glutamate Neurons). Additionally, gratification derived from success in academia or in a workplace is unlikely to stimulate the addicted individual due to being replaced by the addiction itself thereby causing. Tulubas, Karakose and Papadakis discovered that “Digital Addiction…. Is a significant factor influencing students’ academic achievement”. (Tulubas. T, Karakose. T, Papadakis. S, 2023, A Holistic Investigation of the Relationship between Digital Addiction and Academic Achievement among Students)

Consequence 4: Significant personality change; As discussed above addictions are seen by many experts; psychological and medical professions, to be a brain disease. All diseases have symptoms and the symptoms of addictions in general are the development of an obsessive-compulsive personality disorder (OCD). Mind.org, a mental health charity explains OCD as having “Obsessions are unwelcome thoughts, feelings, images, urges, worries, or doubts that keep coming into your mind. They may feel stuck in your mind, no matter what you do. You may worry what they mean or why they won't go away and feel very distressed by them. Compulsions are repetitive things that you do to reduce the distress or uncertainty caused by obsessions. Compulsions can be things you do physically, like repeatedly checking a door is locked. Or they can be things you do in your head, like repeating a specific word to yourself. Or they may involve others, such as asking people for reassurance”. (Mind.org, 2023, Url: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-ocd/about-ocd/#WhatIsOCD> )

Consequence 5: Deterioration of Sleep; Frequent usage of Software technology; be it the Internet, the Desktop or the Mobile phone can lead to insomnia, poor sleeping patterns, poor sleep quality. A study conducted by Mahmood, Hadad and Sayed on internet addiction and the sleep of university medical students found “About 81.62% of subjects who suffer from IA (Internet Addiction) significantly had poor quality of sleep”. (Mahmood. O, Hadad. S, Sayed. A. T, 2022, The association between Internet Addiction and sleep quality among Sohag University medical students). The cause of the decline in sleep is due to screen emission of blue light. Blue light blocks the secretion of melatonin at night; a hormone that is responsible for inducing sleep, and as such this causes insomniac symptoms which has the side effects of sleeping less, sleeping worse. Sleep is a very important mechanism for the human body; it allows for cellular growth and repair to occur, helps with revitalization, and other important functions.

**2.5) Behavioural Treatments:**

As established above, addictions are incredibly complex with a multitude of symptoms and causes, as such there is no universal cure for any addiction let alone all addictions. However, the methodology of treating addictions is less fixated on medication courses but on behavioural modification techniques. Behavioural modification is the process of altering an individual’s thoughts, emotions, and their actions through the introduction of stimuli and feedback loops which force an individual to respond differently. Here are some examples of behavioural treatments to addiction:

Detoxification: according to the Nation institute of Health “Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the patient who is acutely intoxicated and/or dependent on substances of abuse.” (National institute of Health, 2006, Detoxification and Substance Abuse Treatment, URL: [1 Overview, Essential Concepts, and Definitions in Detoxification - Detoxification and Substance Abuse Treatment - NCBI Bookshelf (nih.gov)](https://www.ncbi.nlm.nih.gov/books/NBK64119/#:~:text=Detoxification%20is%20a%20set%20of,by%20the%20abuse%20of%20substances.) ) In the context of software addiction, Detoxification involves avoiding the use of the addictive software by finding alternatives, by implementing control procedures to aid avoidance. Unfortunately, Detoxification oft leads to relapses due to the nature of treatment dealing with the short-term consequences and side effects, detoxification doesn’t offer any response to the breaking of habits and routines that are developed with an addiction and therefore ultimately leads to relapsing. Lipton et al suggest that Detoxification should be the steppingstone to enrolling addicts onto long term treatments, and while Detoxification is an important procedure, on its own it is ineffective. (Lipton. D. S, Maranda. M. J, 1982, Detoxification from Heroin dependency)

‘Cold Turkey’: Is the action of spontaneously ceasing an addiction altogether, where the addicted party makes the choice out of their own volition. Cold Turkey is infamous for being ineffective and dangerous; by stopping an addiction immediately it triggers a response known as a withdrawal symptom which is a negative consequence caused by the body or the mind due to the absence of a dependency. In the context of the problem, cold turkey quitting an addiction to the Internet or to video games can leave an individual with withdrawal symptoms such as they behave erratically, they are not focused, mood swings and etc. Withdrawal symptoms are more severe than regular side effects because the response of the body or mind is akin to that of an overreaction, additionally going cold turkey oft does not last very long and most addicts immediately relapse. Albeit, for some individuals going cold turkey can be incredibly effective as it inspires in them self-restrain and promotes self-control and accountability, smoking is an addiction which sees the greatest number of people trying to go cold turkey. (Watson. S, 2020, Is It Safe to Quit Substances Cold Turkey? Here’s What to Consider, Healthline Journal)

Tapering Off: Tapering off is the process of weaning off an addictive substance by gradually cutting down the dosage over a period, eventually resulting in the complete ceasing of the addiction in a potentially safe and effective manner. Tapering off is effective because unlike going cold turkey it gives the body or mind sufficient time to acclimate to a reduction in dosage whilst simultaneously ensuring there are no withdrawal symptoms. Tapering off works by reducing the tolerance level to the addiction as the dosage is reduced, it can also be used in conjunction with other treatments such as Detoxification; the detoxification is the initial short-term treatment that causes the addicted user to start cutting down their dosages progressively. However, much like going cold turkey there is a large chance of the treatment being ineffective due to the possibility of relapsing due to the severity of the addiction.

My solution will employ detoxification followed by tapering off; this composite strategy will cause a gradual cessation of the addiction to desktop software in a safe and theoretically effective manner which aims to reduce the chances of relapsing and suffering from withdrawal symptoms, therefore my solution takes onboard the advice of detoxification being used in conjunction with another technique. I will implement this strategy by allowing the user to set a time allocation for how long they want to use an application for, once this allocation has been met the application will be rendered unusable as it will be instantly prevented from running until 24 hours later, the reason why I think this is an effective strategy is that it offers some control to the user and simultaneously removes some, meaning that the user will not be allowed to over indulge their software addiction, but they will not be completely prevented from using the application, which will eventually cause a decrease in tolerance levels, allowing for them to eventually altogether be free of the addiction.

**2.6) Review of similar solutions:**

There are several popular mobile applications that are designed to treat and manage software addictions:

AntiSocial app: is a free android app that works to treat software addiction to specific applications by allowing the user to block them from running, and it tracks the user’s smartphone usage, once a usage threshold is met it forces the user to stop using their phone by displaying a popup which overlays the User interface when they use a high usage software application. The anti-social app is partially effective at solving the problem of software addiction as it tracks the user’s usage and provide suggestions on whether the user should block a certain app.

Off the Grid is another Android application which employs the strategy of completely blocking every application and function that the phone has between a user defined start and end time. Off the grid disables all notifications, blocks all phone calls, and texts and renders the phone unusable until the end time is reached and cannot be interrupted. This application provides a truly effective method to solve but at the cost of hindering the user, to explain my evaluation; the problem as the user cannot stop the application after starting it, however this does unnecessarily impact the user by rendering their phone useless, blocks phone calls and texts which can be urgent, and if they need to make a phone call they cannot; say in an emergency.

Freedom is a cross system application that works similarly to AntiSocial where the user can create a list of apps that they wish to block from running, once created these apps are unable to be accessed until Freedom is uninstalled; freedom also has additional functionality of suspending the phone’s wireless functionality, which means the application simultaneously manages internet addiction. Additionally, freedom is not as intrusive as Off the Grid, it does not prevent receiving and sending texts and calls, however it is subscription-based application which means that once the subscription is over, if the user chooses not to renew, they will most likely relapse. Hence, the inaccessibility can cause relapses.

Detox is a free android application which as the name suggests Detoxes addictions to addictive applications by uninstalling them from the phone. Detox is effective in the extreme short term, but as soon as the addicted party starts suffering from withdrawals, they will immediately reinstall the application, therefore overall, its effectiveness is ineffective.

The solutions above have both their strengths and weaknesses which have been highlighted, by combining all 4 solutions’ strengths and taking into account their weaknesses and correcting them, an effective software solution to desktop software addiction can be produced in the form of a GUI (Graphical user interface) application, the question that remains is how will this be done?

**2.7) Resource Analysis:**

The first available resource to complete the project’s GUI is one that I am familiar which is Tkinter. Tkinter Is a GUI Library that is included within the default installation of python, meaning that no external installation of modules or packages is required.

The advantages of using Python and Tkinter are; due to having prior experience with it, there is less time needed to make a start on the development, Tkinter is included in the python installation and is lightweight, therefore there are less dependencies on the project and the finished application will have low storage and low performance requirements allowing for a range of system configurations to be compatible. Additionally, Tkinter is used in many open-source projects because it itself is open source and therefore there is no cost or licensing fee. (Moore.A.D, 2018, Python GUI Programming with Tkinter: Develop responsive and powerful GUI).

However, the disadvantages are; Simplicity, it is not possible to create advanced widgets and vector graphics, nor is it possible to create high end GUI’s which have data driven views and modern multimedia integration, so there are aesthetic limitations as well as complexity of design limitations.

Next, we have Java FX, the biggest advantage in favour of using JavaFX is that unlike many GUI libraries JavaFX is cross compatible and cross operating system compliant. Due to the nature of Java being a cross system language, JavaFX inherits this property and therefore if the artefact is created for desktop, it can also be used on Mobile with no alterations needed which allows the project to be available to another userbase, but for now the project is solely for desktop environments. JavaFX is also easy to use and works in many ways like Tkinter and therefore has a shallow learning curve whilst maintaining enough functionality to where it is still popular for creating industry applications. (Clarke. J, Connors. J, Bruno. E.J, 2009, JavaFX: Developing rich internet applications)

But JavaFX is limited in complexity; like Tkinter there are limits to the visual quality of the User interface which is a result of JavaFX being older than a lot of newer GUI libraries, also the JavaFX community is very small in comparison to Tkinter and QT which means there is less available guides and tutorials, there aren’t many forums to which users can ask and answer question regarding JavaFX. Furthermore, there is a somewhat sizeable overhead due to the Java runtime environment and virtual machine which everything is ran on and therefore the final application would be much larger in storage size and ram usage in comparison to other tools.

Qt is an open-source framework that is built on C++ and uses C++ to create enterprise level Graphical user interface applications, it is widely used in the tech industry because of its extensive inclusion of tools for creating visually stunning applications for a range of platforms; including Desktop, Mobile, and Automobiles.

The benefits to creating the artefact with Qt are the opportunity to create an enterprise level complex interface which has the potential for multi-faceted functionality and usability, Qt unlike JavaFX and Tkinter can create modern-esque applications which are aesthetically pleasing through the importing of complex multimedia and allowing the creation of vector graphics and immensely customizable widgets. Additionally, QT has many packages and can create applications for a range of platforms and operating systems hence achieving one of the objectives of the project, furthermore QT has a decently sized forum where users can ask questions and provide solutions to common problems. (Summerfield. M, 2010, Advanced QT Programming….)

However, Qt has a large performance and storage overhead resulting in the application being harder to use and run, hence affecting accessibility. There is a steep learning curve to using Qt which means that it will be harder to make a start on the development phase and that more time will have to allocated to the development and the testing procedure to ensure by the end of the project there is a functioning artefact which isn’t a guarantee, additionally Qt is also very complex to use with excessive functionality and in my personal opinion is over-engineered and sophisticated for this project to meet the current aims and objectives.

Currently, I am leaning towards using Tkinter and Python due to its high capability despite having low hardware requirements, hence making for an appropriate and accessible solution.

**2.8) Considerations:**

Given that the solution is an application which will be installed on the user’s computer, we have to comply with legal requirements, such as declaring the software as Open source so that users can install and use it without a license and ensure the software is secure from unauthorised and malicious actors, the application will not collect any data from the user but it will take input from the user in GDPR compliant manner. Ethical requirements need to be followed, such as ensuring the software is safe to use and does not have any adverse effects on the user’s computer.