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Research Paper

The Association between Internet Addiction Disorder and Sleep Disturbances: A Study of Insomnia in Young Adults

Shubhra Maiwal[1]*, Dr. Neetu Sharma[2], Dr. Manisha Tiwari[3]

ABSTRACT

The main purpose of this research study is to find the correlation between the Internet Addiction disorder and disturbances in the sleep cycle or associated sleep disorders particularly insomnia, among young adults. The sample size of 150 through random sampling is being selected. The Internet Addiction Inventory & Insomnia Severity Scale are tailor-made instruments, having sufficient reliability and validity. The correlation analysis indicates a strong positive relationship between the two variables. Higher Internet addiction is associated with higher sleep disturbances. The ANOVA results reinforced the model's statistical significance. The statistical results were highly significant across all indicators, correlation, ANOVA, and regression coefficients, underscoring the reliability of the complete findings. The regression equation clearly showed that as internet addiction increases, the disturbances in sleep systematically accentuate with each incremental rise in internet dependency, measureably eroding health outcomes.

Keywords: *Internet Addiction, Insomnia, Sleep Disturbances*

Internet Addiction: known as Problematic Internet Use (PIU), involves excessive, poorly controlled preoccupations with internet use that lead to distress and functional impairment. As a behavioural addiction, it causes measurable physiological and structural brain changes affecting reward systems, impulse control, and executive function.

Core Psychological Components:

- Salience or Preoccupation: Internet activity dominates thoughts and becomes the most important life activity.
- Tolerance: Increasing time online is needed for the same satisfaction.
- Withdrawal: Unpleasant symptoms (irritability, anxiety, restlessness) when offline.
- Loss of Control: Repeated failed attempts to reduce or stop use.

Sleep Disturbances: Sleep disturbances, particularly insomnia, involve more than just tiredness represent a **vicious psychological cycle** involving:

- **Hyperarousal**: Nervous system enters fight-or-flight mode at bedtime

[1]Research Scholar, Chhatrapati Shivaji Maharaj University, Panvel, Navi Mumbai, India
[2]Assistant Professor, H OD (Dept. of Applied Social Sciences) Chhatrapati Shivaji Maharaj University, Panvel, Navi Mumbai, India
[3]Associate Professor & Head of Psychology, JECRC University, Jaipur, India
*Corresponding Author

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- **Negative thought patterns**: Anxiety about sleeplessness that perpetuates the problem
- **Maladaptive behaviours**: Coping strategies that worsen the condition
- **Performance anxiety**: Fear of not sleeping becomes what keeps people awake

Insomnia: It is not just about a lack of sleep, it is a complex interplay of thoughts, emotions, and behaviours that create a vicious, self-perpetuating cycle of sleeplessness. It is about a person's relationship with sleep, a natural biological process that becomes a source of anxiety, dread, and struggle.

INTRODUCTION

Internet addiction is characterized by excessive, control-compromising use that disrupts daily functioning, as it has grown alongside ubiquitous connectivity, while insomnia reflects difficulties with sleep onset, maintenance, or quality that impair daytime functioning.

This study advances a structured examination of whether greater internet addiction severity is associated with more pronounced insomnia symptoms among young adults, after accounting for relevant covariates. It integrates a theoretical framework that links digital behaviour to sleep health, specifies measurable constructs; internet addiction severity, sleep latency, sleep quality, and circadian disruption. Sleep is not a simple "off switch" for the brain. It's a complex, orchestrated cycle that repeats multiple times throughout the night, with each cycle lasting approximately 90-120 minutes. A typical night includes 4-6 complete cycles.

The Four Stages of Sleep
Stage 1 (NREM - Light Sleep)
Stage 2 (NREM - Light Sleep).
REM Sleep (Rapid Eye Movement)
The Natural Sleep Architecture: First half: Dominated by deep sleep (Stage 3) - physical restoration, second half: Dominated by REM sleep - cognitive and emotional processing

Internet Addiction Disrupts Sleep cycle:
Blue Light Exposure: Screens emit blue wavelength light that suppresses melatonin production. Melatonin is the hormone that signals it is time to sleep, even 30 minutes of screen time before bed can delay melatonin release by 1-2 hours, shifting the entire circadian rhythm later (delayed sleep phase)

Cognitive Stimulation: The mind remains in an alert, problem-solving mode rather than winding down. Creates hyperarousal - the opposite brain state needed for Stage 1 sleep
Emotional Activation: The brain stays in processing mode rather than rest mode.

Restoring The Normal Cycle

- Sleep Hygiene + Digital Boundaries
- Addressing Hyperarousal
- Cognitive Behavioural Therapy for Insomnia (CBT-I) to reduce anxiety
- Relaxation techniques to counter the "fight-or-flight" state
- Stimulus control: if not asleep in 20 minutes, leave bed
- Earlier bedtimes to capture the deep sleep window
- Regular Physical exercise

- Fixing sleep environment

Internet Addiction Disorder (IAD) known as problematic internet use or compulsive internet use, is a behavioural addiction. It is conceptualized as an impulse-control disorder that shares many underlying neurobiological and psychological mechanisms with substance use disorders. Internet Gaming Disorder (IGD) is included as a condition for further study, highlighting its growing recognition within the clinical community.

Problematic internet use impacts the brain's reward system, particularly dopaminergic pathways, in a manner like substance addictions. Functional neuroimaging studies have revealed alterations in brain regions associated with impulse control, decision-making, and emotional regulation in individuals with IAD.

The relationship between internet addiction and sleep cycle disruption represents a profound interference with the brain's most fundamental restorative process. Internet addiction systematically dismantles the carefully orchestrated stages of sleep, preventing the brain from completing the physical restoration, memory consolidation, emotional regulation, and cognitive recovery that each stage provides.

This creates a bidirectional trap: internet addiction destroys sleep architecture, and the resulting sleep deprivation creates a brain state that is uniquely vulnerable to compulsive internet use. Breaking this cycle requires understanding that these are not separate problems but two aspects of a single, interconnected pattern of dysfunction that must be addressed together for proper recovery.

REVIEW OF LITERATURE

The proliferation of the internet has revolutionized communication, education, and entertainment. Its pervasive use, particularly among young adults, has given rise to significant public health concerns, chief among them being Internet Addiction Disorder (IAD) and its detrimental effects on sleep health. This chapter synthesizes the existing body of literature exploring the complex relationship between IAD and insomnia in the young adult population (aged 18-25).

Conceptualizing Internet Addiction Disorder (IAD): Initially proposed by Ivan Goldberg in 1995, IAD is not yet formally recognized as a distinct disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). It is widely researched as a behavioural addiction characterized by a loss of control over internet use, leading to clinical impairment or distress (Young, 1998).

IAD is frequently categorized into subtypes, such as addiction to online games, social media, streaming services, and cybersex, with gaming and social media being most prevalent among young adults (Kuss & Griffiths, 2011).

Prevalence in Young Adults: Young adults are a high-risk group due to developmental tasks like identity formation, social exploration, and often, greater autonomy with less parental supervision. Prevalence rates vary globally due to differing assessment tools and cut-offs, but studies consistently report significant figures. A meta-analysis by Cheng and Li (2014) estimated a global prevalence of 6%, with rates in Asian and Western young adult samples often ranging between 8% and 18% (Spada, 2014).

Insomnia in Young Adults: Insomnia Disorder is defined as a persistent difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, resulting in some form of daytime impairment (American Academy of Sleep Medicine, 2014). The Association Between IAD and Insomnia: Empirical Evidence A substantial and growing body of cross-sectional, longitudinal, and experimental research supports a strong, positive association between IAD and insomnia in young adults.

Cross-Sectional Evidence: The majority of studies have established a robust correlation. A large-scale study of Chinese university students found that those with IAD symptoms had a significantly higher risk of reporting insomnia, poor sleep quality, and daytime fatigue (Lam & Peng, 2010). Similar findings have been replicated across diverse cultural contexts, including in the United States, Europe, and the Middle East, confirming that the association is not culturally specific but rather a global phenomenon (AlFaris et al. 2012; Cheung & Wong, 2011).

Longitudinal and Causal Inferences: While cross-sectional studies cannot establish causality, longitudinal research strengthens the argument for a directional relationship. A study following adolescents into young adulthood found that problematic internet use predicted the incidence of new-onset sleep disturbances over time, even after controlling for depression and anxiety (van den Eijnden et al., 2018).

Gaps in the Literature

1. Mechanistic Specificity: More research is needed to disentangle which specific online activities (e.g., social media vs. gaming) are most detrimental to sleep and through which precise mechanisms.
2. Longitudinal Designs: There is a need for more long-term, prospective studies to firmly establish the temporal and causal pathways between IAD and insomnia.
3. Cultural and Socioeconomic Moderators: Most of the research has been conducted on university students. More diverse samples are required to understand how socioeconomic status and cultural norms moderate this relationship.
4. Intervention Studies: There is a scarcity of research testing integrated interventions that simultaneously target IAD and insomnia symptoms.

Statement of the problem of the Study:

To systematically investigate the complex interplay between Internet Addiction Disorder and insomnia among young adults beyond just a simple correlational equation, by identifying the specific mechanisms, direction, and magnitude, moderating factors for the association.

Objectives of the study*:*

- To examine the correlation between Internet Addiction Disorder and sleep disturbances, including insomnia, among young adults, recognizing both as complex behavioural and psychological conditions with significant life impact.
- To assess the prevalence of Internet Addiction Disorder and clinically significant insomnia symptoms in a sample of young adults, aged 18 to 25.

Hypothesis:

- **H1.** It is hypothesised that insomnia is frequently associated with internet addiction disorder.

- **H2**. It is hypothesized that there is a significant positive correlation between the severity of Internet Addiction Disorder symptoms and the severity of insomnia in young adults.
- **H3**. It is hypothesized that young adults classified with IAD will report a significantly higher prevalence of clinical insomnia compared to young adults without IAD.

METHODOLOGY

Participants:

In this study, Young Adults studying or working in various institutions, including corporate and non-corporate settings, are the target population.

Inclusion criteria
1. Young Adults with moderate to excessive internet exposure.
2. The age range of participants is18-25 years.
3. Participants belong to both genders.
4. Participants were asked for their consent to participate in the study.
5. young adults studying or working in institutional settings and corporate and non-corporate settings.
Exclusion criteria
1. Young Adults who cannot understand questionnaire language.
2. Young Adults under psychological intervention.
3. Young Adults who have taken similar tests earlier.
4. Young Adults who are not using smart gadgets.
5. Young Adults who are admitted to the hospital due to internet addiction

In this study, purposive random sampling is used to select the sample for the study. As per the willingness of participation of subjects in the study,150 Young adults are chosen.

Type of Research Design: correlational research design

Variables Used in the Study

- Independent Variable: Internet Addiction Disorder
- Dependent Variable: Insomnia Severity Index

Measures

1. Internet Addiction Test (IAT): The IAT was developed by Dr. Kimberly Young, 1998 and it consists of 20 questions and was adopted to evaluate the respondents level of internet addiction. Each item is scored using a five-point Likert scale, and a graded response can be selected (1 = "rare" to 5 = always). It covers the degree to which internet use affects daily routine, social life, productivity, sleeping patterns, and feelings. The minimum score is 20, while the maximum is 100, and the higher the score the greater the level of internet addiction. Three types of Internet-user groups were identified in accordance with the original scheme of Young, and the scores ranging from 20 to 49 indicate minimal user scores from 50 to 79 indicate moderate users, and scores from indicate excessive users. The instrument has exhibited good psychometric properties in previous research. The reliability for this questionnaire is 0.899 in Cronbach's Alpha (Sally, 2006)

2. Designed as a brief screening tool for insomnia, the seven-item questionnaire asks respondents to rate the nature and symptoms of their sleep problems using a Likert-type scale. Questions relate to subjective qualities of the respondent's sleep, including the severity of symptoms, the respondent's satisfaction with his or her sleep patterns, the degree to which insomnia interferes with daily functioning, how noticeable the respondent feels his or her insomnia is to others, and the overall level of distress created by the sleep problem.

The scale has been validated on two separate insomnia patient populations with ages ranging from 17 to 84. Administration Requiring only about 5 minutes for completion, the brief scale is a self-report measure administered with pencil and paper. Reliability and Validity Developers Bastien and colleagues performed an initial psychometric study. They also demonstrated an internal consistency of a = .74 and found item-total correlations that were quite variable, ranging from .36 to .54.

A sample of 150 young Adults studying in various disciplines such as science, arts, and commerce or working in various corporate and non-corporate settings, was selected. In the initial phase of the study, a few institutions and corporate and noncorporate enterprises were selected according to convenience. After receiving permission from the administrative departments of the respective settings for data collection, researcher approached the participants directly during their working hours, explained the purpose and method of using the questionnaires, and ensured the confidentiality of the data. Verbal consent was taken from the participants. Only the day scholars were included in the study. Responses were collected from the participants. First, the participants filled the sociodemographic sheet. Participants having a previous history of psychopathology and substance abuse were excluded from the study. After excluding of the participants, the questionnaires were distributed to the remaining participants, and after completion, they were scored and interpreted according to the tool. Confidentiality of the data has been maintained.

Statistical Treatment

T-test

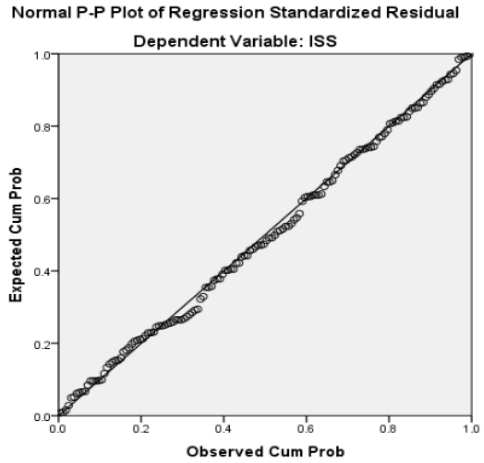
- A t-test is an inferential statistic used to determine if there is a statistically significant difference between the means of two variables.
- The t-test is a test used for hypothesis testing in statistics.
- T-tests can be dependent or independent.
- This calculated t-value is then compared against a value obtained from a critical value table called the T-distribution table.
- Higher values of the t-score indicate that a large difference exists between the two sample sets. The smaller the t-value, the more similarity exists between the two sample sets.

T-Score: A large t-score indicates that the groups are different, while a small t-score indicates that the groups are similar. Degrees of freedom refer to the values in a study that have the freedom to vary and are essential for assessing the importance and the validity of the null hypothesis. Computation of these values usually depends on the number of data records available in the sample set.

Correlation(r): Correlation is a statistic also known as the Pearson product-moment correlation coefficient, or "Pearson's correlation." They are obtained by dividing the two

variables by standard deviation; Karl Pearson developed coefficients with a similar but slightly different view by Francis Galton. A relation is a single number that describes the degree of relation between the two variables. The Correlation coefficient is a numerical value that indicates the degree and direction of two variables. Coefficient shows the correct positive affinity of +1.00 values, 0.00 does not show any relation, and -1.00 shows the perfect negative or inverse relationship between the two variables.

RESULTS OF THE STUDY



The present regression analysis is undertaken to examine the predictive influence of Internet Addiction Test (IAT) scores on the Insomnia Severity Scale (ISS). In other words, the purpose was to determine whether higher levels of internet addiction were associated with greater severity of insomnia symptoms among the sample of 150 respondents. The results obtained from the model summary, ANOVA table, coefficients, and residual statistics provide valuable insights into the nature of this relationship.

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	**.452[a]**	**.204**	**.198**	**2.706**

The model summary indicates a correlation coefficient (R) of .452, which signifies a moderate positive relationship between IAT and ISS. This suggests that as internet addiction scores increase, insomnia severity tends to increase as well, and the relationship is not weak but substantively meaningful. The R Square value is .204, meaning that 20.4% of the variance in insomnia severity (ISS) can be explained by internet addiction levels (IAT). Although this is not a very high proportion, in psychological and behavioural sciences, explaining around one-fifth of the variance with a single predictor is considered a noteworthy finding, especially given the multifactorial nature of insomnia. The adjusted R Square of .198 confirms the stability of the model after adjusting for the sample size and number of predictors, suggesting that the explanatory power of the model is not inflated. The standard error of estimate (2.706) provides the average deviation of observed ISS values from those predicted by the regression equation, indicating reasonable prediction accuracy.

The coefficients table provides crucial information about the regression equation and the nature of the predictive relationship. The regression equation derived from the unstandardized coefficients is: ISS = 3.807 + 0.119 × IAT

Coefficients								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	Constant	3.807	1.265		3.010	.003	1.308	6.306
	IAT	.119	.019	.452	6.156	.000	.081	.157

Here, the constant value (3.807) represents the predicted ISS score when IAT is zero. Although practically IAT cannot be zero in real populations, this constant simply provides the baseline intercept of the regression line. The unstandardized coefficient for IAT is 0.119, which implies that for every one-unit increase in internet addiction score, insomnia severity score increases by 0.119 points on average. This establishes a positive slope of the regression line, meaning higher IAT scores are linearly associated with higher ISS scores.

The standard error of 0.019 for the IAT coefficient is small, indicating precise estimation. The t-value of 6.156 and the highly significant p-value of .000 confirm that IAT is a significant predictor of ISS. The standardized beta coefficient is .452, which further highlights the moderate effect size of IAT on ISS in standardized terms. This suggests that a one standard deviation increase in IAT is associated with nearly half a standard deviation increase in ISS, a magnitude that has both statistical and practical importance.

The 95% confidence interval for the regression coefficient of IAT ranges between 0.081 and 0.157, which does not include zero. This further validates the robustness of the effect, confirming that internet addiction exerts a consistent and positive impact on insomnia severity across the sample.

ANOVA						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	277.552	1	277.552	37.900	.000[b]
	Residual	1083.841	148	7.323		
	Total	1361.393	149			

The analysis of variance (ANOVA) table demonstrates whether the regression model is statistically significant. The F-statistic is 37.900 with 1 and 148 degrees of freedom, and the associated significance level (p = .000). This extremely low p-value confirms that the regression model is statistically significant at the 0.001 level. In simpler terms, the likelihood that this observed relationship occurred by chance is less than one in a thousand. Hence, internet addiction scores significantly predict insomnia severity, providing empirical support for that hypothesis that problematic internet use is linked with disturbed sleep patterns.

The residual statistics provide insight into how well the regression model fits the data. The predicted values of ISS ranged between 8.68 and 14.39, with a mean of 11.47 and a standard deviation of 1.365. The residuals, or differences between observed and predicted ISS values, ranged from -6.554 to 9.348, with a mean of zero, as expected in a well-specified regression

model. The standard deviation of residuals is 2.697, indicating some variation around the regression line, but this variation is within acceptable limits.

Residuals Statistics

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	**8.68**	**14.39**	**11.47**	**1.365**	**150**
Residual	**-6.554**	**9.348**	**.000**	**2.697**	**150**
Std. Predicted Value	**-2.046**	**2.134**	**.000**	**1.000**	**150**
Std. Residual	**-2.422**	**3.454**	**.000**	**.997**	**150**

Dependent Variable: ISS Independent Variable: IAT

The standardized predicted values and standardized residuals also show acceptable ranges. Standardized predicted values ranged between -2.046 and 2.134, while standardized residuals ranged between -2.422 and 3.454. These values fall mostly within the ±3 range, indicating that there are no extreme outliers exerting undue influence on the regression model. Thus, the assumptions of linear regression are reasonably met, and the model demonstrates satisfactory fit.

CONCLUSION

Taken together, the regression analysis reveals that internet addiction significantly and positively predicts insomnia severity. Approximately 20% of the variability in insomnia scores can be attributed to internet addiction levels. This relationship is statistically significant and robust, as demonstrated by the ANOVA, t-tests, and confidence intervals. The regression equation indicates that higher IAT scores systematically increase ISS scores, confirming the hypothesis that problematic internet use is associated with disrupted sleep patterns. From a psychological and clinical perspective, these findings highlight the importance of addressing internet overuse in efforts to manage insomnia. While insomnia is influenced by multiple factors including stress, lifestyle, environment, and health conditions, this analysis clearly shows that internet addiction plays a measurable role. For practitioners, interventions that reduce excessive or problematic internet use may also alleviate sleep difficulties and enhance overall well-being. For researchers, the moderate effect size encourages further exploration of mediating and moderating variables, such as age, gender, lifestyle habits, and mental health conditions, to build a more comprehensive understanding of the mechanisms linking internet addiction to insomnia.

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Conflict of Interest
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