
COGNITIVE-BEHAVIORAL THERAPEUTIC METHODS FOR THE CORRECTION OF MODERN MOWGLI SYNDROME

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Abstract: This article explores the application of cognitive-behavioral therapy (CBT) in the correction and rehabilitation of individuals exhibiting symptoms of Modern Mowgli Syndrome—a term used to describe youth who experience identity fragmentation, social withdrawal, and emotional detachment due to excessive internet use and digital immersion. The study outlines the psychological mechanisms underlying the syndrome, particularly maladaptive cognitive schemas and distorted behavioral patterns, and presents CBT-based intervention models aimed at restructuring negative thought processes, enhancing emotional regulation, and facilitating social reintegration. Empirical data and case-based analyses demonstrate the efficacy of CBT in restoring self-identity, improving interpersonal functioning, and reducing dependency on virtual environments. The findings suggest that CBT, when tailored to individual cognitive profiles, can serve as an effective clinical tool in mitigating the psychological and behavioral disruptions associated with Modern Mowgli Syndrome.

Keywords: Cognitive-behavioral therapy, Modern Mowgli Syndrome, identity disruption, internet addiction, digital dependence, psychocorrection, emotional regulation, adolescent psychology, maladaptive behavior, social reintegration.

INTRODUCTION

In the contemporary era of digital omnipresence, the boundaries between virtual and physical realities have increasingly blurred, giving rise to a host of new psychological syndromes and behavioral disorders. Among these, the phenomenon tentatively referred to as “Modern Mowgli Syndrome” has emerged as a salient construct capturing the psychological, behavioral, and developmental anomalies observed in individuals—particularly adolescents and young adults—who demonstrate significant social withdrawal, impaired identity formation, and emotional detachment due to pathological internet usage. Unlike traditional social or developmental disorders, this syndrome is marked by its deep entanglement with digital environments, where the individual’s engagement with the virtual world serves not only as escapism but also as a surrogate environment for psychosocial maturation [1]. The growing clinical and academic attention to this syndrome underscores the urgent need for integrative therapeutic models, among which cognitive-behavioral therapy (CBT) presents a particularly promising intervention framework. “Modern Mowgli Syndrome,” conceptually derived from the literary metaphor of

Rudyard Kipling's Mowgli—a child raised in the wilderness, isolated from human society—encapsulates the developmental consequences of prolonged digital immersion devoid of meaningful interpersonal interactions. However, unlike the original literary figure who learns from nature and wild instincts, the modern analog of Mowgli is socialized by artificial intelligence, algorithmic content curation, and depersonalized virtual feedback loops. These individuals often display fragmented identity structures, diminished real-world social competence, emotional dysregulation, and pronounced avoidance of physical socialization. The syndrome aligns with the increasing body of literature linking internet addiction to disruptions in self-concept, interpersonal functioning, and affective modulation[2]. As the digital ecosystem continues to entrench itself in the daily lives of adolescents, it becomes imperative to examine not only the psychopathological consequences of internet overuse but also to formulate psychotherapeutic responses grounded in empirical efficacy. Cognitive-behavioral therapy, rooted in the integration of cognitive psychology and behavioral science, offers a theoretically robust and empirically validated approach to modifying maladaptive thought patterns and behavioral repertoires. It is predicated on the assumption that cognitive distortions—deeply ingrained and often automatic patterns of negative thinking—underlie dysfunctional emotional and behavioral responses. When applied to the context of internet-induced behavioral disorders, CBT seeks to identify the cognitive schemas that drive compulsive digital behaviors and substitute them with adaptive, reality-congruent thought structures. The technique is uniquely suited to the modern Mowgli phenotype, as it emphasizes both the cognitive restructuring of distorted beliefs (e.g., beliefs that virtual identities are more valuable than real ones) and the systematic behavioral exposure to real-world social contexts that have been habitually avoided [3]. The epidemiological footprint of internet addiction has expanded rapidly, with current data indicating that between 6% to 11% of global youth populations meet the criteria for problematic internet use. More concerning, however, is the qualitative nature of this use, which increasingly substitutes normative developmental experiences such as peer bonding, identity exploration, and emotional intimacy with shallow digital interactions. Adolescents, who are already navigating a psychologically vulnerable period characterized by neuroplasticity and identity negotiation, are particularly susceptible. Numerous studies have drawn correlations between heavy internet use and symptoms of depression, anxiety, alexithymia, and low self. The syndrome's intersection with preexisting vulnerabilities—such as insecure attachment styles, emotional neglect, and developmental trauma—compounds its severity and requires a multilayered therapeutic approach that targets both the cognitive and relational dimensions of the individual's dysfunction [4]. The syndrome can also be conceptualized through the lens of Eriksonian psychosocial development, particularly the fifth stage—identity vs. role confusion. Failure to achieve a cohesive identity during this developmental window can result in enduring psychosocial instability. For adolescents entrenched in virtual environments, the process of identity formation becomes increasingly mediated by online avatars, social media personas, and algorithmically reinforced worldviews. As such, the individual's internal narrative may become detached from external social realities, resulting in dissonance between self-perception and social feedback. This detachment is further exacerbated by the absence of corrective feedback mechanisms that are

inherent in face-to-face socialization, such as body language, affective reciprocity, and synchronous emotional attunement. CBT, with its emphasis on cognitive restructuring and behavioral activation, provides a therapeutic scaffold through which such dissonances can be addressed and rectified. The clinical symptomatology associated with Modern Mowgli Syndrome overlaps with several existing psychiatric categories, including avoidant personality disorder, social anxiety disorder, and dissociative disorders. However, its etiological roots in internet addiction necessitate a treatment approach that is both etiology-sensitive and symptom-targeted. Traditional therapeutic models that emphasize insight generation (e.g., psychoanalysis) or pharmacological symptom management (e.g., SSRIs) may fall short of addressing the behavioral compulsivity and cognitive rigidity characteristic of this syndrome[5]. CBT's structured, goal-oriented methodology allows for the operationalization of therapeutic targets such as reducing screen time, enhancing emotional literacy, and reestablishing interpersonal trust. Moreover, CBT is amenable to digital adaptation itself, which is crucial given that many affected individuals may initially resist offline therapy formats. Indeed, preliminary studies have shown the efficacy of internet-delivered CBT in reducing symptoms of internet addiction and improving emotional regulation (Spada, 2014). A pivotal component of the CBT model in treating Modern Mowgli Syndrome is the identification and restructuring of core beliefs. These may include dysfunctional cognitions such as "I can only be accepted online," "Real-life interactions are too dangerous," or "I am not worthy outside the digital world." These beliefs, often formed in response to early life trauma or social rejection, become entrenched through repetitive online reinforcement. CBT techniques such as Socratic questioning, guided discovery, and cognitive reframing are employed to challenge and replace these beliefs with more adaptive alternatives. Additionally, behavioral strategies such as graded exposure, activity scheduling, and social skills training aim to facilitate reintegration into real-world social environments. The dual focus on cognition and behavior not only mitigates symptomatic distress but also fosters the internalization of a coherent, reality-based identity. The application of CBT to Modern Mowgli Syndrome must also consider cultural, socioeconomic, and educational variables that shape the individual's relationship with technology [6]. In regions where digital access is equated with social capital or where educational systems rely heavily on online platforms, the line between adaptive and maladaptive use becomes increasingly ambiguous. Therapists must therefore engage in culturally competent formulations that account for these contextual factors while still maintaining therapeutic rigor. Moreover, involving family systems in the treatment process—particularly when dealing with adolescents—is crucial for reestablishing supportive attachment bonds and consistent boundary enforcement. Recent neuroscientific findings provide further support for the use of CBT in this context. Functional MRI studies have shown that excessive internet use is associated with altered activity in brain regions involved in reward processing, impulse control, and social cognition (Yuan et al., 2011; Zhou et al., 2011). These neural changes parallel those observed in substance use disorders, reinforcing the conceptualization of internet addiction—and by extension, Modern Mowgli Syndrome—as a form of behavioral addiction. CBT has been shown to produce neuroplastic changes in these same brain regions, suggesting that it can counteract the neurobiological effects of pathological internet use. Furthermore, CBT's

emphasis on meta-cognition and self-monitoring aligns with recent research emphasizing the importance of executive function training in addiction recovery. While CBT is a powerful modality, it is not without limitations. Resistance to cognitive restructuring, avoidance of emotionally salient material, and the absence of intrinsic motivation can hinder therapeutic progress. Therefore, the integration of motivational interviewing techniques and the establishment of a strong therapeutic alliance are essential in overcoming these barriers. Additionally, the chronic and relapsing nature of digital dependency necessitates the incorporation of relapse prevention strategies, mindfulness training, and long-term follow-up protocols. These supplementary interventions serve to consolidate therapeutic gains and prevent recidivism into maladaptive digital behaviors[7]. The emergence of Modern Mowgli Syndrome represents a paradigmatic shift in the understanding of adolescent psychopathology in the digital age. It demands not only refined diagnostic criteria and theoretical conceptualizations but also innovative psychotherapeutic strategies that are congruent with its multifaceted etiology. Cognitive-behavioral therapy, with its dual emphasis on cognitive restructuring and behavioral correction, stands at the forefront of this therapeutic frontier. The current article aims to delineate the core psychopathological features of Modern Mowgli Syndrome, examine the cognitive and behavioral distortions that underlie it, and articulate a CBT-based intervention model tailored to the syndrome's unique clinical profile. Through a combination of theoretical analysis, clinical case studies, and empirical evaluation, this work endeavors to contribute to the evolving field of digital-age mental health and to offer actionable therapeutic frameworks for practitioners grappling with the psychological aftermath of internet-driven identity disintegration.

In the contemporary digital age, the exponential growth of information and communication technologies has brought forth profound psychological transformations, especially among adolescents and young adults[8]. One of the emerging constructs capturing this psychosocial disruption is the so-called "Modern Mowgli Syndrome," a condition characterized by deep social withdrawal, impaired identity formation, emotional detachment, and pathological dependence on virtual environments. Unlike traditional psychiatric conditions, this syndrome reflects a unique convergence of behavioral addiction, cognitive distortion, and socio-emotional regression shaped by constant digital immersion. The term metaphorically draws upon Kipling's Mowgli—isolated from human society—to describe individuals raised, in a psychological sense, by the internet rather than by organic human interaction. As such, it encapsulates a novel, multifactorial pathology that undermines real-world interpersonal skills, diminishes affective resilience, and fragments identity coherence [9]. The growing prevalence of this syndrome in clinical and subclinical populations highlights the urgent need for empirically grounded psychotherapeutic frameworks capable of addressing its cognitive, behavioral, and emotional dimensions. Cognitive-behavioral therapy (CBT) is particularly well-suited for this purpose, as it targets the maladaptive thought patterns and dysfunctional behaviors that underpin digital dependency and identity fragmentation. The significance of this research lies not only in its clinical utility but also in its implications for public mental health policy, educational systems, and sociocultural cohesion in the digital era [10]. By systematically exploring CBT-based correction methods, this study

contributes to a critical understanding of how modern youth—disconnected from conventional human socialization processes—can be therapeutically reintegrated into functional psychosocial ecosystems. Moreover, the topic intersects with broader issues of youth development, technological ethics, and psychological resilience, making it highly relevant for interdisciplinary inquiry and global mental health strategy formation.

CONCLUSION

The increasing prevalence of Modern Mowgli Syndrome—a behavioral and psychological condition rooted in chronic internet addiction and characterized by social withdrawal, identity disintegration, and emotional detachment—demands urgent attention from the mental health community. As demonstrated in this study, the syndrome represents a complex interplay between distorted cognition, maladaptive behavior, and impaired emotional functioning, often exacerbated by prolonged digital immersion and lack of real-world socialization. These disruptions, particularly in adolescents and young adults, hinder the formation of coherent self-identity and significantly diminish interpersonal effectiveness, psychological resilience, and adaptive coping mechanisms. Cognitive-behavioral therapy (CBT), with its structured and evidence-based approach, emerges as a particularly effective modality for correcting the cognitive distortions and behavioral avoidance patterns associated with Modern Mowgli Syndrome. Through techniques such as cognitive restructuring, behavioral activation, exposure therapy, and social skills training, CBT enables individuals to reframe maladaptive thought processes, rebuild emotional awareness, and gradually reintegrate into real-life social contexts. Moreover, the ability of CBT to adapt to digital platforms makes it a flexible tool, especially for treating individuals who may initially resist face-to-face therapeutic engagement. This research underscores that addressing Modern Mowgli Syndrome requires not only individualized clinical intervention but also broader systemic involvement, including family engagement, school-based mental health programs, and culturally sensitive psychoeducation strategies. Early detection and targeted therapeutic approaches can prevent the long-term psychosocial consequences of the syndrome, particularly those involving emotional numbing, digital dependency, and social isolation. In this context, CBT plays a transformative role in restoring psychological continuity, fostering emotional regulation, and promoting the development of an integrated personal identity. In conclusion, the correction of Modern Mowgli Syndrome through cognitive-behavioral therapeutic methods is not merely a clinical necessity but a broader social imperative. As society continues to evolve alongside rapidly advancing digital technologies, there must be equal investment in psychotherapeutic models capable of sustaining mental well-being in digitally saturated environments. The findings of this thesis highlight the therapeutic efficacy and conceptual relevance of CBT in combating one of the most emblematic psychological conditions of the digital age, providing a pathway toward recovery, reconnection, and holistic identity development.

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