



Spotlight on...Technology addiction

Craving more 'Likes'? Obsessing over your number of followers? Constantly checking for notifications?

Trevor Eddolls takes a look at how enthusiasm for modern technology can affect some people's mental health.

Human bodies evolved to live successfully on the plains of Africa. Our guts symbiotically worked with bacteria to make the most of the food that was available; our bodies functioned perfectly with frequent movement; and our brains adapted to keep track of around 150 people who were members of our family group/clan/tribe.

But now, with social media, we can spend long periods of the day keeping track of more than 150 people, as we check Facebook to see what our 300 or so friends are doing; look through our Twitter feed at the 200 people we follow on that; and browse LinkedIn at the updates from another group of around, say, 500 people. It's no wonder that we need to keep checking - our brains can't cope with the extra information (and those funny cat videos - called lolcats - look it up!).

So, how can you tell whether a client is just browsing through their Facebook feed or whether they're obsessive about it? There are some tell-tale signs to look out for.

These include:

Over-sharing

– that's not just sharing some information about their lives, but sharing intimate information. And this may be because they need the gratification of being acknowledged or receiving peer approval. But, it may well be that they are unable to judge what's appropriate to share, with the need to be heard overriding any privacy concerns.

Reporting on Facebook

– i.e. using Facebook as a log of their every activity, no matter how small or inconsequential. This could be a sign of obsession, as if they need to post something, no matter how ordinary or unimaginative, in order to relieve their anxiety of not doing so.

Checking Facebook all the time

– it may be that they're waiting for a relative to post news of the birth of a new niece or nephew and they're keen to get the news as soon as possible. This might be quite normal if they're a continent away or other valid reasons. But what if they're checking it every few moments at work, or, worse, every few moments when out with friends? Not only are people checking other people's posts but they are also looking at responses to their own posts. Continually checking other people's posts is called FOMO (Fear Of Missing Out).

Excessive time browsing Facebook every day

– while spending some time each day checking a person's newsfeed etc. is fairly normal, spending a lot more time each day doing it could mean there's a problem. And if your client is losing sleep time to spend on Facebook, this is going to impact on their whole life.

Overly concerned with their Facebook image

– this is where they ponder for ages before posting an update and then eagerly anticipate others' responses. Consequently, what people think about them on Facebook becomes an all-consuming activity.

Adding more-and-more friends

– this can be an indicator of a Facebook addiction, especially when a person feels that they are in competition with their friends to gain the most friends on Facebook. Research from Edinburgh Napier University found that Facebook users with more friends tended to be more stressed when using Facebook.

Compromising offline social life

– people can feel more comfortable socializing online than offline – in the real world.

Some people even create accounts for their pets, and post updates about what they are doing! But why? What makes people obsessive about social media? One answer seems to be that social media addiction activates the same areas of the brain as drugs such as cocaine. Researchers found that Facebook triggers activated the amygdala, which helps establish the significance of events and emotions, and the striatum, which is involved in the processing and anticipation of rewards. The good news is that the researchers speculated that the addictive behaviour with social media stems from low motivation to control the behaviour, which is due partly to the relatively benign societal and personal consequences of technology overuse, compared to, say, substance abuse.

Another big problem with Facebook and other social media sites is envy. All of a person's friends seem to dress smarter, go to nicer places (on holiday or just for a night out), get to meet 'important' people, and eat fantastic meals compared to them. So, what do they do? They see a post or photos from their friends that look fantastic, and they compare their friend's life (or this tiny snapshot of their life) with their own life. And then they feel inadequate. This is followed by feelings of sadness and depression. And, worse, this may be followed by a decision to emulate their friend's life and book a holiday they can ill-afford or buy similar clothes or just stop being themselves and become a copy of their friend's imagined life. None of these reactions is likely to end well. There have even been cases where individuals have sought cosmetic surgery to emulate or compete with photos of people (even of complete strangers) they've seen on Instagram.

The obvious solution to these issues of envy, inadequacy, anxiety, and depression is to stop using social media – to simply disconnect a person from Facebook, Twitter, Instagram, LinkedIn, Snapchat, WhatsApp, and the rest for a while. But feelings of being disconnected can lead to, what's

***“Nomophobia”
– the (as yet unclassified)
name given for fear of being
without a mobile phone
or signal.***



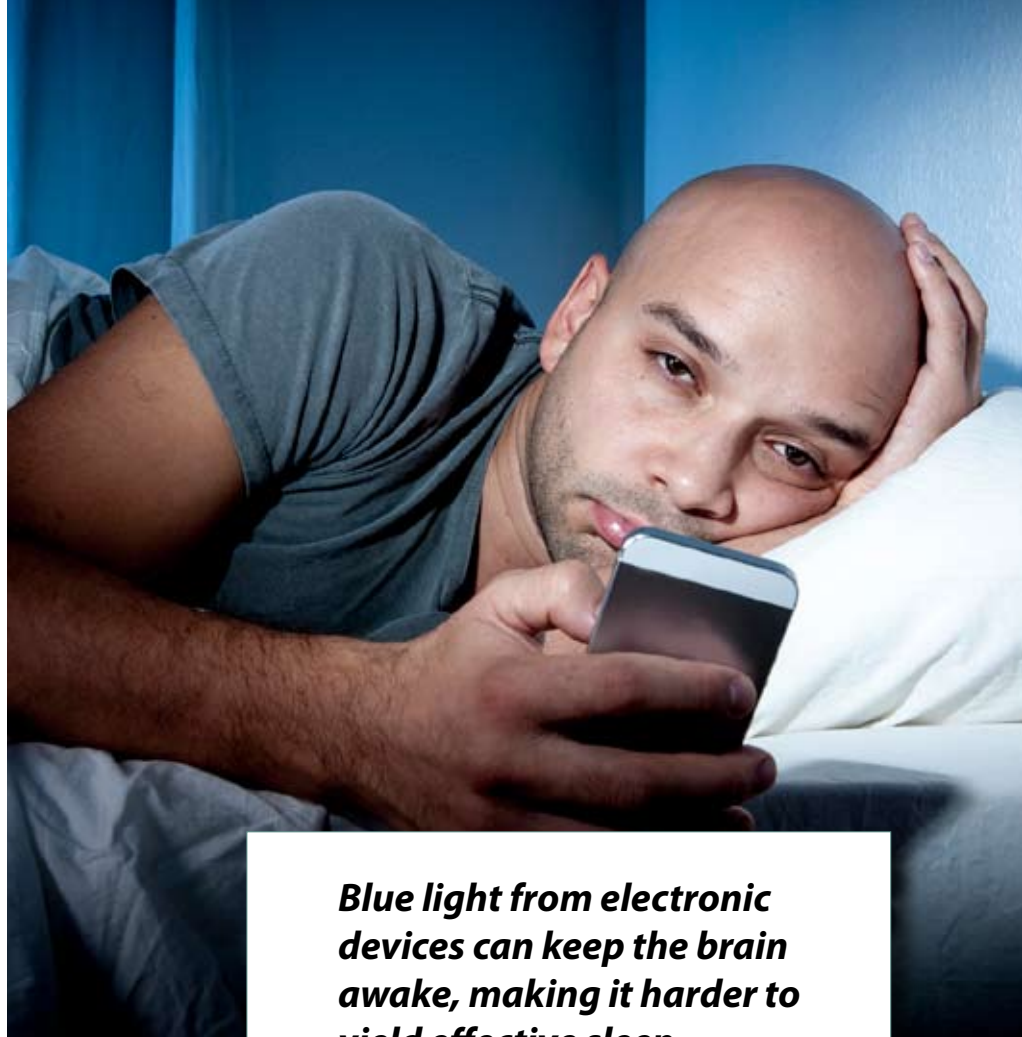
being called, nomophobia. Nomophobia is the name being given to the fear of having no mobile phone – and this could be from loss, forgetfulness, the battery running out, poor signal etc. – and, of course, having no mobile phone means a person can't access these social media apps. Long gone are the days when mobile phones were used to just make phone calls!

You won't find nomophobia in ICD-10 (The International Statistical Classification of Diseases and Related Health Problems), which is a medical classification list by the World Health Organization (WHO) containing codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases. Neither does nomophobia feature in the DSM-5 (The Diagnostic and Statistical Manual of Mental Disorders), which acts as a universal authority for psychiatric diagnoses in the USA. However, it is very likely that it will be included in future editions of both.

People not only use their phones to easily upload photos and comment on social media, they also use them to browse websites, listen to streamed music and radio, listen to podcasts, and check their e-mail. Once upon a time, Blackberry owners would respond to a ping from their phones every time an e-mail arrived, but now with so many e-mails arriving, their device would be pinging all the time! All these e-mails mean that people get in the habit of checking their e-mail regularly.

It may be that your client is expecting an important message, but if they wake up in the night and check social media and their e-mail, the likelihood is that they have FOMO – the Fear Of Missing Out (mentioned earlier). Another aspect of FOMO can be a reluctance to delete e-mails, just in case they contain some gem of information that a person might need later. It can also lead to having multiple e-mail addresses and checking each of them. This adds social anxiety to our list of problems with using technology.

You may also see clients who spend much of their day huddled over their tablet looking at the statistics being bluetoothed from their Fitbit or other wearable device that counts their steps (pedometer), monitors their pulse rate, and tells them how well they are



Blue light from electronic devices can keep the brain awake, making it harder to yield effective sleep.

sleeping. Different devices can measure other aspects of a person's physiology. Wearable tech is becoming commonplace.

There is a suggestion that some of the targets built into these devices may be doing us harm. Many devices recommend 10,000 steps a day, but there's not a lot of evidence that this is right for everyone – and for some people may be harmful. Some devices can calculate every calorie a person takes in and every calorie of energy they use, and this can lead some people to unusual eating habits and even, possibly, to anorexia. Additionally, there can be added stress if a person isn't getting the required amount of exercise in a day or the correct amount of sleep at night – and the last thing people need is more stress in their lives.

Perhaps you may well see clients who play video games excessively – individuals who sacrifice sleep time and socializing time in order to play a game. It now seems that playing video games can change how a person's brain performs as well as its structure. Video game players display

improvements in sustained attention and selective attention. And the regions of the brain that play a role in attention are more efficient in gamers compared with non-gamers. Playing video games apparently increases the size of the right hippocampus, making them better visuospatially.

On the down side, Internet gaming disorder can be given as a diagnosis for people who are gaming addicts. Such individuals may have functional and structural alterations in their neural reward system, which makes them want to continue playing the game (rather than sleep or interact with people in the real world).

You may also see people who aren't addicts and aren't continuously on Facebook, Twitter or Instagram, but are struggling with sleep because of their general use of modern technology. LEDs (Light-Emitting Diodes) are found in TVs, phones, tablets, kindles, and other popular devices. Our bodies' circadian rhythms control the timing of physiological processes such as sleeping, feeding, hormone production, and cell

regeneration. The hypothalamus sets its sleep patterns to match daylight. When it starts to get dark outside, the hypothalamus tells the body to start making sleep hormones, like melatonin, and to drop the body's temperature ready for sleep. In the morning, when it starts getting light, the body warms up and produces hormones, like cortisol, to wake up. When people are working on their tablets until late into the evening, the body doesn't receive any signs that it's getting dark outside and so its response is much reduced.

The other problem with LED devices is that they produce blue light, which boosts attention, reaction times, and mood – which is not what anyone wants just before bedtime. Blue light also reduces melatonin production more than ordinary light. Blue light also suppresses delta brainwaves (the ones that induce sleep), and boosts alpha waves (creating alertness) – both of which can make going to sleep more difficult.

So, what might be useful for your clients? Firstly, they might like to avoid blue light for at least half an hour (an hour might be better) before they go to sleep. In Windows 10, in Settings, users can turn on the option to 'Lower blue light automatically', which may help. Some mobile phones also have an option to 'Filter blue light', found under 'Settings' (usually listed under Display options). This may be a particularly useful feature to enable if using your phone for reading at bedtime.

How else can we help clients with technologically-linked issues such as nomophobia, depression, anxiety, addiction, and insomnia? The answer is straightforward – in the usual way. As solution-focused hypnotherapists, we work with clients to attain their goals. And we do that, mainly by helping them to empty their metaphorical stress buckets, helping them to relax, and making positive changes to their behaviour (often this involves helping them to create new habits). It's a case of finding out when the bad stuff doesn't happen and getting them to do more of whatever they do in those circumstances; utilizing their strengths; and celebrating their successes with them. And then they'll be able to reduce the amount of time they spend on social media or online gaming... and more time sleeping and interacting with real people.

References:

- Social Network Size Linked to Brain Size: <https://www.scientificamerican.com/article/social-network-size-linked-brain-size/>
- 7 Tell-tale Signs of Facebook Addiction: <http://www.hongkiat.com/blog/facebook-addiction-signs/>
- 7 Signs of Facebook Addiction: <https://www.lifewire.com/signs-of-facebook-addiction-2654371>
- Facebook addiction 'activates same part of the brain as cocaine': <http://www.telegraph.co.uk/news/12161461/Facebook-addiction-activates-same-part-of-the-brain-as-cocaine.html>
- Facebook Addiction Disorder — The 6 Symptoms of F.A.D.: <http://www.adweek.com/digital/facebook-addiction-disorder-the-6-symptoms-of-f-a-d/>
- 6 Stages of Facebook Envy: <https://www.daveramsey.com/blog/6-stages-of-facebook-envy>
- Nomophobia: A Rising Trend in Students: <https://www.psychologytoday.com/blog/artificial-maturity/201409/nomophobia-rising-trend-in-students>
- How to Overcome Email FOMO (Fear of Missing Out): <http://www.asianefficiency.com/email-management/overcoming-email-fomo/>
- Health apps could be doing more harm than good, warn scientists: <https://www.theguardian.com/science/2017/feb/21/health-apps-could-be-doing-more-harm-than-good-warn-scientists>
- How video games affect the brain: <http://www.medicalnewstoday.com/articles/318345.php>
- How Blue LEDs Affect Sleep: <https://www.livescience.com/53874-blue-light-sleep.html>



About the writer:

Trevor Eddolls is the Head of IT for the AfSFH and is a regular contributor to the journal. He runs his hypnotherapy practice in Chippenham and is also a Supervisor.

Calling all writers! Have your say...and receive a little extra bonus!

As if it wasn't kudos enough to have an article published, any member who has work published in Hypnotherapy Today will now also receive a £5 gift voucher to go towards payment for any CPHT CPD training day, as a little extra thank you for their contributions!

So, if you're keen to add another feather to your cap, just get in touch to share your ideas and contributions and perhaps you'll make the next edition! You can send your comments, articles, book reviews or stories to: journal@afsfh.com

Some useful guidelines:

- All contributions should relate to SFH, or be of interest to those working in this field.
- Any case studies/stories submitted must not contain any identifiable client information, so please keep confidentiality in mind!
- References for any studies, definitions or descriptions given should be included where appropriate.
- Standard article lengths are between 500 - 2,000 words – we're happy to help you streamline your content if needed!