

Pornography, gaming, & screen addiction

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Objectives

1

Discuss diagnosis and common client presentations related to screen, pornography, and gaming addictions

2

Discuss attachment issues and impact on development

3

Provide overview of treatment methods & examples of therapeutic interventions

Case Example

Eli

Eli is a 14 year old, heterosexual boy and lives with his parents and his little brother Jordan. Eli started using an Ipad for gaming and watching Youtube videos when he was 7. It started out being a shared device in his home but eventually became his personal device he was able to use freely. He also enjoys playing MMORPGs (Massively Multiplayer Online Role Playing Games) on his Xbox, chatting with his friends on apps like Discord and Snapchat, and spends time browsing Reddit to learn about games he enjoys. Eli used to love swimming and was a competitive athlete for his age group. Eli also was at one time a strong student and found school easy to navigate. In the last 2 years Eli's screen use has grown exponentially. Once home from school and through the obligatory 1 hour homework period set by his parents Eli games with his friends. Most days he spends at least 3 hours gaming and on weekends binges for 4-8 hours at a time. While attempting to work on homework, also done on his Ipad, Eli finds difficulty concentrating and often compulsively watches Youtube videos and switches frequently between a series of apps instead of completing his work. Eli discovered pornography for the first time while browsing Reddit and has also been watching porn periodically and has noticed a quick escalation into content areas he finds disturbing in hindsight. Eli's parents became increasingly frustrated with their inability to set limits with his screen time and noticed that he became progressively more angry, irritable, and at times violent when told he had to stop gaming or surrender his phone. Eli also began having extreme difficulty concentrating during school or at home doing homework and was diagnosed with ADHD. Eli's sleep became grossly inconsistent due to his nightly binges and he found it difficult to stay awake during school and social functions. Eli's parents called a therapist after having to call the police when Eli threatened suicide if they took his screens away.

Why pornography, screen, & gaming addiction together?

Hyperarousal and dopamine

- Rhythmic novelty seeking
- Task-switching
- Pornography, gaming, discussion forums (sexting), social media, Youtube—super stimulus
- Games and comics including highly sexualized avatars, characters

Attention driven towards digital life vs. non-screen related life

- Education becoming screen dependent
- Metaverse
- Compelling themes of fantasy (“Who do I get to be?”)

All devices able to provide same experience

- Modern interactive screens all come with endless entertainment/stimulation capability

Access, Affordability, Anonymity

- Happens on same device

Moving towards more legitimate diagnosis...

Inclusion of *Compulsive Sexual Behavior Disorder & Internet Gaming Disorder* in ICD-11 by World Health Organization in 2018

The WHO's official definition of gaming disorder includes:

- A pattern of behavior for at least 12 months in which gaming is out of control
- The pattern of behavior must show an "increase priority given to gaming" to the point that gaming "takes precedence over other interests and daily activities."
- A "continuation or escalation of gaming despite the occurrence of negative consequences."

DSM-V

The DSM-5 includes internet gaming disorder in the section of conditions requiring more research. The DSM-5 proposes nine symptoms. A person must demonstrate at least five of these within one year for a positive diagnosis.

- Preoccupation with games (i.e., always thinking about internet games).
- Withdrawal symptoms when gaming is taken away (i.e., feelings of discomfort such as irritability, anxiety, depression).
- Tolerance (i.e., needing to play for increasing amounts of time).
- Difficulty/inability to reduce playing.
- Loss of interest in previous hobbies and giving up other activities.
- Continuing to play despite problems.
- Problems with relationships (conflict and dishonesty about gaming behavior).
- Playing to feel better.
- Negative impact on community, social, school, and work environments

Current socio-cultural factors

- Technology and interactive screen use applications are advancing rapidly (Swann, Moeller & Lijffijt, 2016)
 - super stimulus and false evolutionary benefit
 - Virtual reality, TikTok, quick reels on social media
- COVID-19 pandemic has forced many to rely more heavily on the use of technology for education, socializing, and entertainment
 - Having to use same device for work and entertainment
- Parents and kids sharing space at home with school and work; 'Digital Babysitter'
- Norms related to social connection have changed dramatically where kids who are completely off the grid of social media/texting/forums may feel socially isolated

Common symptoms and collateral indicators of screen, internet, and/or gaming addiction

- Prolonged sleep disturbance or insomnia
- Lack of interest in non-screen related activities
- Difficulty concentrating, impairment in executive functioning
- Extreme anger and/or rage when screen limits are set
- Decreased academic performance/work performance
- Low distress tolerance
- Demonstrated need to use screens when upset

Continued...

- Age-inappropriate tantrums
- Extreme methods of deceit, lying, or manipulation to gain screen access
- Significant weight fluctuations
- Decreased interest in social connections and/or partnered sex
- Social isolation, “being awkward around others” “being a poor sport”
- Affect presentation is listless and irritable when not engaging in screen use
- Exacerbates or mirrors common ADHD and/or Autism Spectrum symptomology

Attachment disruption & developmental gaps



Co-regulation & Attunement

- Our nervous systems are designed to co-regulate by borrowing the stability of larger, more stable nervous systems in times of distress (Porges, 2011; Siegel & Hartzell, 2014)
- This co-regulation fosters attachment and allows us to know we have a safe and secure base to return to when life becomes challenging or scary
- **Functional attunement**
 - Caregiver attunes to child's nonverbal cues
 - Impacts language development, social skills, emotional regulation, trauma resilience
 - French – "Virtual Autism"



Interactive vs. Passive Screen Use

Passive

Watching TV or movies from across the room

- While on singular device

Interactive

Regular interfacing with device—able to manipulate level of stimulation/arousal

Gaming, watching TV/movies on handheld device, Youtube, social media, taking videos on phone, pornography and masturbation

Causes hyperarousal, activates addictive process, more likely to negatively impact sleep and memory

Prolonged exposure puts body into chronic stress state

All revved up and nowhere to go

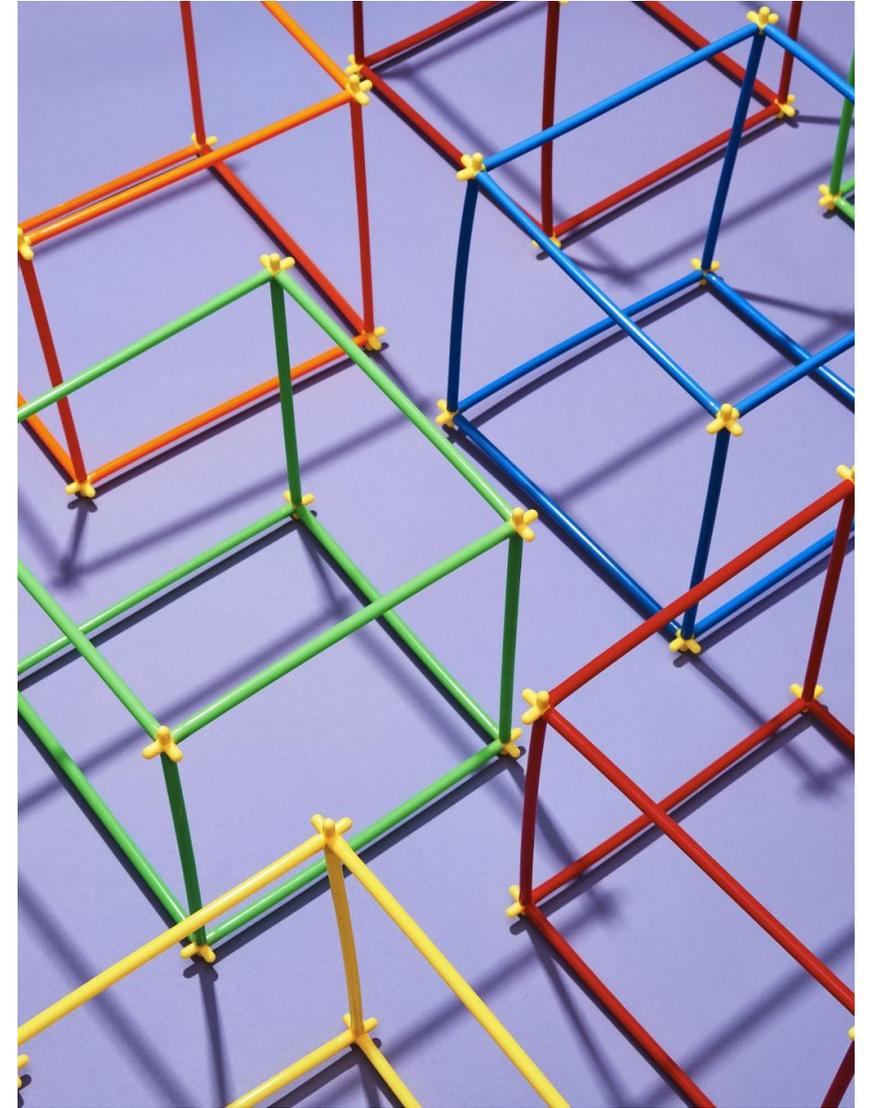
Our nervous systems have evolved to keep track of quick changes, bright colors, loud noises, and changing landscapes by raising the arousal in our bodies to stay vigilant and defend against threat

Interactive screen use including: gaming on any device, Youtube watching via phone or laptop, pornography, and social media scrolling activate the limbic system and require nervous system to engage fight or flight to keep up with stimulation, induces chronic stress state (Dunckley, 2015)

Task switching, long exposures to interactive screen use, and blue light toned light (suppresses melatonin production) negatively impacts restorative sleep

Early onset of self-regulation vs. co-regulation

- Interactive screen use can become a powerful way to self-regulate and tone the nervous system
- Kids who start interactive screen use early are more likely to develop a hardwired pattern of self-regulation & compensate with this behavior, missing key developmental milestones
- Issue becomes compounded as gaps in development impair ability to co-regulate and tendency to lean towards self-regulation becomes preferable (early trauma-attachment disruption increases vulnerability)
 - Empathy
 - Attunement
 - Verbal and emotional expression
 - Reading body language
 - Developing internal regulation methods



The Common Technology Trap

Common precursors to treatment

Poor academic performance or loss of employment

Unable to achieve independence in college or independent living

Chronic sleep deprivation

Extreme violence and aggression towards self and/or others

Parents discover sexting with strangers online, sending nude content to peers

Extreme exacerbation of ADHD, Autism spectrum disorder, anxiety disorders

Extreme affect dysregulation—*"Who is this kid?!"* or *"Where is the person I married?"*

Chronic negative patterns in relationships—intimacy disorder

Inability to regulate internal distress (vomiting in bathroom at work, blowing up on spouse or children)

Treatment

- **Abstinence period or Reset**
 - Dr. Dunckley recommends at least 3 weeks
 - Dr. Cash uses at least 90 day model
 - Total screen abstinence, best to approach as a family experiment
 - Can be done at home; based on needs and current risk or severity may need to happen in residential setting
- **Integrate group therapy, 12-step, individual therapy, family therapy and psycho-education as needed**
 - In some cases therapy needs are minimal
 - Focus during abstinence period is on installing alternate behaviors to screen use, creating balance, and increasing social interaction
- **Re-integrate screen use slowly and intentionally**
 - Focus on functional use of technology to engage modern world
 - Integrate entertainment and highly stimulating content last
 - Learn mindfulness techniques with screens
 - Process is trial and error based

Interventions

Recovery

- Bonding with others in 12-step community or peer led groups
- Online Gamers
Anonymous, Sex Addicts Anonymous, Internet and Technology Addiction Anonymous (small but growing communities)
- 3 circles for sex addiction, gaming disorder, and/or screen addiction

Psycho-education

- Neuroscience related to addiction, hyperarousal, and interactive screen use
- Intent is to reduce shame & confusion related to screen/gaming/porn use and provide accurate explanation

Individual Therapy

- Focus on developing new regulation strategies that are pro-social
- EMDR
- Navigating missed developmental milestones to improve functioning
- Create needed boundaries for tech use with addiction potential in mind
- Specific protocols for addiction interaction
- Heavy on mindfulness and increasing awareness of body

Family therapy

- Addressing how relationship with screen use began and spun out of control
- Address emotional injuries, attachment disruptions during screen addiction
- Provide support for abstinence period accountability
- Family addresses modeling of appropriate screen use

Neuropathways Interview & Addiction Interaction

Arousal

- Pleasure, excitement, risk, stimulation, "all revved up"
- Sexting online, taboo pornography, fast task switching, intense gaming

Satiation (Numbing)

- Calming, soothing, sedating, becoming emotionally anesthetized
- Compulsive masturbation (ex: before sleep), TV on and using phone/tablet, eating to excess

Fantasy (Dissociation)

- Get out of reality, separate from my body and feelings
- Going after the big win, social media & intrigue, pornography, "being the hero/heroine" in a game, seeking pornography that mirrors sexualized gaming characters

Deprivation

- Acting in, all about control
- Anorexia, binge-purge with food, sex, or spending

Examples of mindful technology use

Doing homework in common area of house, where my use can be monitored, on a PC with content blockers for social media, gaming, pornography & Youtube

Only using 1 screen at a time with intentional time limits

Maintain balance through structured daily activities & set screen time (not 'earned' time)

Using a Gabb phone or "dumb" phone

Identify internal mechanisms of elevated arousal & use cool down periods

Common myths

Kids need to learn how to use screens responsibly so having access earlier is better

If I take their games/screens/phone away they won't have any connection with others

I'll be ostracized as a parent if I set limits and all the other parents let their kids do it so why shouldn't I?

If we just address the anxiety disorder, ADHD, anger issues they won't use their screens as much

This is just a phase they'll grow out of



Age-appropriate screen use & prevention

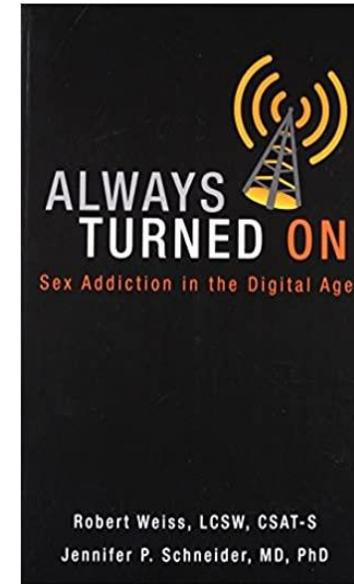
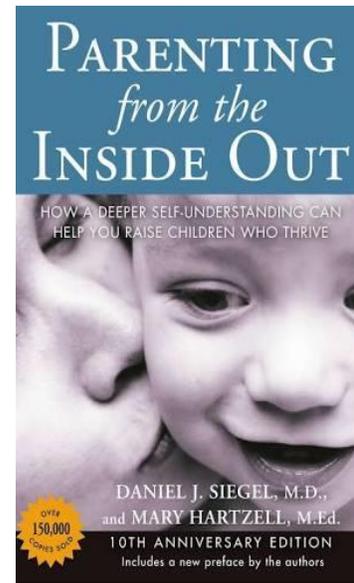
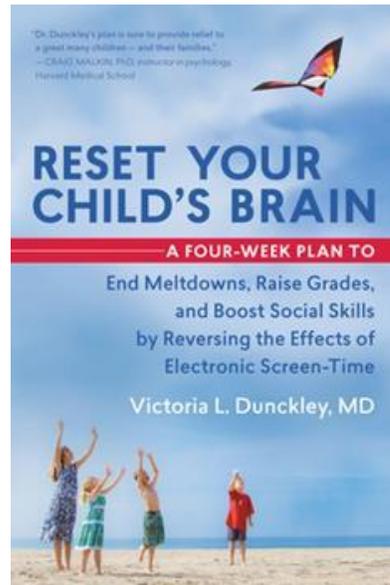
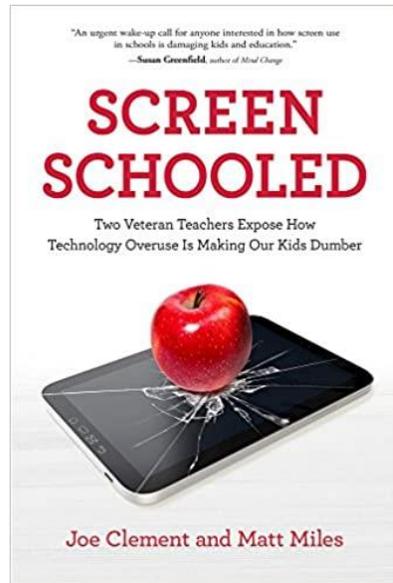
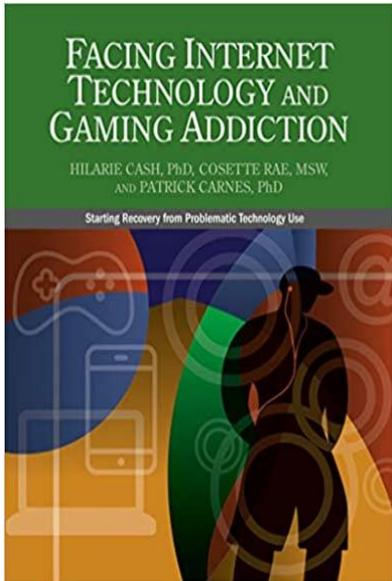
Age 0-6: 30-60 minutes of passive screen time, avoid interactive screen use altogether

- Allows children time to practice co-regulation and form healthy attachment
- Allows language development and learning through collaborative play
- American Academy of Pediatrics strongly recommends no screen use prior to age 3

Age 6-12: Prolong interactive screen use introduction as long as possible, no more than 1 hour per day of interactive use, 90 minute max on passive screen use

Age 12-18: No more than 2 hours of interactive screen time per day, only after social functions, responsibilities, and exercise has been completed. Best not to happen all at once.

The longer the frontal lobes have to develop before heavy loads of interactive screen use the better. Avoid “earned screen time” and maintain limits based on age



Recommended Reading

Additional Resources

RestartLife

<https://www.restartlife.com>

Access screens/assessments related to gaming and problematic screen use

<https://www.albertahealthservices.ca/info/Page17566.aspx>

Reset Your Child's Brain

<https://drdunckley.com/reset-your-childs-brain/>