

COGNITIVE – BEHAVIOURAL THERAPY FOR EXCESSIVE MOBILE USERS

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Abstract: Mobile addiction, a relatively modern phenomenon, that has been developed with the recent advancement of mobile technology, is discussed. The negative aspects of this addiction (financial, social etc.) are presented. The core of the paper focuses on the therapeutic programme based on the Cognitive – Behavioural Therapy principles.

Key words: mobile phones, excessive use, Cognitive – Behavioural Therapy

The danger of becoming addicted to practically anything from drugs and alcohol to shopping and internet increases anxiety in our society. Research proves that once hooked, be it to drugs or nicotine, the road back to normalcy is long, rough, and often impossible. Yet, many people can handle devastating practices such as gambling or overeating without any professional help before they become addicted. We do not have similar results on a new non-drug addiction, mobile addiction, even though practitioners call attention to clients whose mobile use is out of control and curable only with professional help.

Excessive mobile use

Excessive mobile use is associated with pleasure, craving and compulsion in an attempt to use a mobile phone as a means of changing psychological mood. Sending sms or phoning friends suppresses negative feelings of despair or loneliness, and substitutes them with happiness which is immediately gratifying. There is anchored the beginning of dependency. A mobile becomes a means of relieving negative feelings causing distress and discomfort. It helps to alter uncomfortable mood rather than face it. For some people it has a deep and enduring psychological grip. Our client called her mobile “a friend, the only pleasure in my life”, and another client “the only means giving me privacy”.

Many compulsive mobile users are unaware of the link between their inner problems and a quick fix for their disturbing inner states provided by a mobile. An example is our client who got her first mobile at the age of 15, and since then she could not make a step without it. High bills upset her parents but not her. A situation had worsened after a few years when her boyfriend left her and she missed his company. She started to call friends almost constantly, having earphones on her head while cleaning, shopping, even taking a bath.

Based on DuPont's work on addiction (1997), we can anticipate that addictive mobile use has the same four characteristics as any other addiction: good feelings, loss of control over excessive use, compulsion to use a mobile despite the consequences, and denial that a person has a problem.

Negative consequences of excessive mobile use

When mobile phones were introduced at the beginning of the eighties in the last century (Bianchi and Phillips, 2005), skeptics did not believe in the striking power of the mobile phone, and that the phenomenal uptake would be so considerable. Who will send sms instead of making a phone call? – was their basic doubt. Nevertheless, potential advantages of mobile phone technology were conferred pretty soon. Mobiles became affordable, enabled people to contact each other anytime, at any place. They brought feelings of safety and security, made communication more flexible, saved time. After more than 20 years in which mobile phones became a part of our lives, it is absolutely indisputable that mobile phone technology brought many advantages, but it is also indisputable that disadvantages followed almost immediately. In many ways the negative consequences of this behaviour are similar to that of any other addiction. Compulsive mobile use may result in interpersonal, occupational, family, and financial problems in one's life. It interferes into the quality of life, the individual's ability to function appropriately, and to achieve goals.

Undoubtedly, excessive mobile use is reflected in financial costs. As a result of extensive phone bills impairment in relationships may occur. Compulsive mobile users may become pre – occupied with making calls and sending sms, and thus spend less time with

their family and friends. Their anxiety after receiving high bills may also negatively interfere with their school or work performance.

Studies investigating the effects of radio frequency (Schuz, 2005) warn about the effect of cellular phones on health. Practitioners report on migraines occurring in their clients who are frequent mobile users. Bianchi and Phillips (2005) point out on the potential dangers of mobile use while driving. They also describe other problematic areas, which are violation of privacy and harassment of others as mobile phones are increasingly used by children to bully other children.

British psychologists warn that texting messages impoverishes the English language. Probably all lecturers can confirm disturbing effects of sending messages during the lectures by students negatively distracting their attention, and many complaints were raised by lecturers about students' misuse of mobiles during exams.

As a result of problematic mobile use, cellular phones were banned in certain situations, such as airplanes, theatres, cinemas, hospitals, driving. Unfortunately, no formal bans, no legislation, no fees or safety concerns have stopped some people using their mobiles in these situations.

What causes mobile phones dependency?

Negative consequences of excessive mobile use represent a challenge to psychologists demanding them to explain factors contributing to this new dependency, and thus prevent it, or if it is established to develop methods helping people in their personal battles to overcome this addiction.

Even though research in this area is relatively new and not overwhelming there is some insight into contributing factors. It is assumed that **biological factors** may play a role but what specific role remains unknown even though research (Schuz, 2005) tries to unveil the connection between mobile use and neurobiology. More is known about **social and cultural factors** that tend to increase the addictive potential of mobile using. Bearing in mind that we live in a media – driven world it is not surprising that the media portrayal of mobile users has a strong influence. Numerous advertisements have impact especially on young people who are more insecure and vulnerable, and who want to be “in”. This makes them fair game for ad companies. In a search for their own identity young people

identify with their peers (Buck, 2007). The peers' pressure dictates that if they want to join the club they cannot differ. They have to wear the same clothes, behave in the same way,...use the last mobile model.

Social pressure makes the excessive mobile use a phenomenon typical for our culture. In the contrast, countries which did not adopt this technology and where mobiles are not easily accessible do not face problems with this new cultural "hit".

Probably, the key to understand the excessive mobile use is kept in psychologists' hands. Behavioural theories approach the explanation of **psychological factors** contributing to excessive mobile use from the perspective of learning theories (classical and operant conditioning) and social learning theory. They underline the role of positive and negative reinforcement, the role of self – efficacy expectations and outcome expectancies for our own behaviour (Buck, 2007). Social psychologists point at schemas, cognitive structures by which we organize our knowledge and expectations (Buck, 2007). Cognitive theory stresses that mobile dependence results from a complex interaction between cognitions, behaviour and emotions, social network, cultural influences and biological processes. Obviously, cognitions are prioritized, which in turn interact with other variables.

Research

In our research, we looked at the addictive consumption of mobile technology among students. Similar to Bianchi and Phillips (2005), we tried to find a link between high mobile use and low self-esteem and extroversion/introversion dimension. These characteristics were measured by the Rosenberg's Self – Esteem test and Eysenck's EOD test. As expected, persons with low self – esteem preferred messaging and communication over the phone to more anxiety provoking direct communication face to face. Extroverted students, who need more interpersonal contacts than introverted saturated this need more frequently by mobiles. Self – report technique was also used, mapping attitudes towards mobiles, and behavioural manifestation of these attitudes.

Cognitive – behavioural therapy

After this phase, the therapeutic phase was approached. We worked in the frame of Cognitive – behavioural therapy (CBT) which is a comprehensive approach based on

numerous techniques integrated into the conceptual model aimed to help a therapist in the work with a client (Dobson, 2001). It is focused on the change of negative thoughts and cognitive distortions, which influence people to construct their lives destructively. Negative thoughts and cognitive distortions represent *covert behaviour* which in the opposite to overt behaviour is not directly observable and measurable.

The fundamental proposition of CBT states that cognitive activity affects behaviours and emotions, in other words, cognitive appraisals of events can affect the response to those events (Buck, 2001). Therefore the CBT model stipulates that difficulties begin when the appraisal of events oversteps the limits of accessible evidence. Magnified perception of events leads to negative thoughts and negatively influences emotions and behaviours in a vicious circle. Therefore the primary intervention of CBT focuses on identification and change of cognitive distortion which precedes changes of distorted emotions and behaviours.

Cognitive and behavioural strategies

CBT is a hybrid of cognitive and behavioural strategies helping people to create constructive and adaptive attitude to solving problems, and to realize the meaning they attribute to situations and emotions. In other words, to reveal the meaning of their own cognitive processes. In our programme, the first therapeutic phase, assessment phase, had two foci: data collection, serving to the specification of the person's problem; and second, specification of the most appropriate methods to be used.

Self – monitoring is the assessment methodology referring to systematic observation by a person for her own behaviour. The technique provides real – life data with regard to a problematic behaviour on a day-to-day basis. In our project, the purpose of the technique was to observe the connection between external events and internal subjective responses. Participants were asked to collect baseline data by monitoring their mobile use. They filled in daily diary sheets based on stimulus (situation), emotional response (anxiety) and consequences (mobile use). Example:

Stimulus: Saturday, 6 pm, alone at home

Response: feel anxious

Consequence: send sms to several friends

Monitoring enabled participants to find stimuli triggering mobile use which helped them find out that this behaviour is predictable and therefore controllable (Buck, 2003). The technique often brought surprises: “Did I really spend hours on mobile?” However, it’s purpose is not to bring surprises but bring into awareness frequency of mobile use.

After this stage, the **therapeutic interventions** were employed. Numerous techniques have been tried with compulsive mobile users, and many efforts have been made to reduce or eliminate extensive mobile use. It is not possible nowadays to keep total abstinence from mobile use. Therefore therapists induce more *control* in extensive mobile users utilizing various coping skills, such as relaxation and positive self – talk when confronting with tempting situations. In our programme, we tried to help participants to get the mobile use under control, to change life style, and replace telephone contacts with personal contacts as well as find new satisfying activities. We blocked compulsive mobile use by instructions, encouragement, direction, persuasion, and other nonphysical means. Because excessive mobile use serves an anxiety reduction function, we taught persons that the feared consequences do not occur if the mobile calls are not performed. We started with the change of thoughts, and continued with teaching new ways of behaviour. Besides typical cognitive restructuring techniques, also techniques serving as distracters were used teaching participants to consciously switch their attention from repetitive thoughts about mobile into more constructive thoughts.

Questioning is the main cognitive disputing technique based on the work of Greek philosopher Socrates. The technique teaches to use logic, reason and facts to support beliefs. Prepared questions are asked to dispute beliefs. Typical questions are: Can I rationally support my belief that without a mobile I will lose friends? What evidence does exist for the truth of this belief? What evidence does exist for the falseness of this belief? Why I cannot stand if I do not send sms? The cognitive outcome of disputing similar beliefs and their derivatives is a healthy set of preferential beliefs (Buck, 2003). Modified forms of Socratic questioning are used by other authors who stress that desirable emotional and behavioural effects stem from healthy beliefs afterwards.

Thoughts stopping is a technique for reducing the frequency of particular cognitions (Buck, 2003). The person loudly verbalizes her repetitive thoughts. At the beginning, the

therapist breaks her chain of thoughts by shouting “stop”. Once a person adopts a technique, she begins to practice saying “stop” to herself whenever her excessive thoughts about mobile use begin, doing it firstly overtly, and later covertly. We combined this technique with **covert assertion**. Participants were taught to assert to themselves some thought that directly challenged their obsessive thoughts (Buck 2001). For instance, a girl who was obsessed with a thought “If I do not keep in touch with my friends via mobile I will lose them”, was taught that immediately after stopping her thoughts, she was to assert a constructive thought: “There is no evidence that my friends will leave me. Opposite is true. They might leave me if I will bother them frequently by mobile phones”. By this technique, the anxiety assumed to motivate her excessive thinking was inhibited by a covert assertive response.

Analysis of advantages and disadvantages (Ellis, 1991) contributes to awareness that mobile use brings not only positives but also negatives. Participants were asked to list ten advantages and ten disadvantages of frequent mobile use, and review them every day. After, the alternative ways to find advantages were searched for.

Cognitive model of control covers several techniques. We adopted Kanfer’s model of changing behaviour without external control and with applying internal reward and punishment (Buck, 2007). The model consists of 3 steps:

1. *control of stimuli* – the situations triggering mobile use are blocked. Mobile phones are left at home, a person has no access to mobile.
2. *change of behaviour* – participants were allowed to use only land line for maximum 2 minutes, send a limited number of sms, and buy a low credit mobile 6 months after completing therapy.
3. *reinforcement of new behaviour* – positive reinforcement for abstinence and occasional punishment for returning to excessive use are applied. New behaviour without mobiles is rewarded by anything what brings positive feelings except of mobile use.

Conclusion

It is assumed, quite rightly, that the increase of mobile use will bring a raise of mobile addiction. Psychologists are still not very well prepared to prevent this new addiction,

and many areas in mobile addiction remain “terra incognita”. There are several challenges put before researchers and practitioners. To prepare an effective treatment plan, we must know more about this addiction. The construction of questionnaires is needed. We need to find behavioural indicators, which would be then tested over time. For instance: do the same variables interfere into mobile use as in other non – substance addictions or are they different? What kind of psychological underpinning is the essence? After answering similar questions, the proper form of treatment must be matched to an excessive mobile user. In this paper, we suggested a set of cognitive and behavioural techniques which proved to be effective. However, further research is needed to improve psychological assistance in mobile abuse treatment.

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