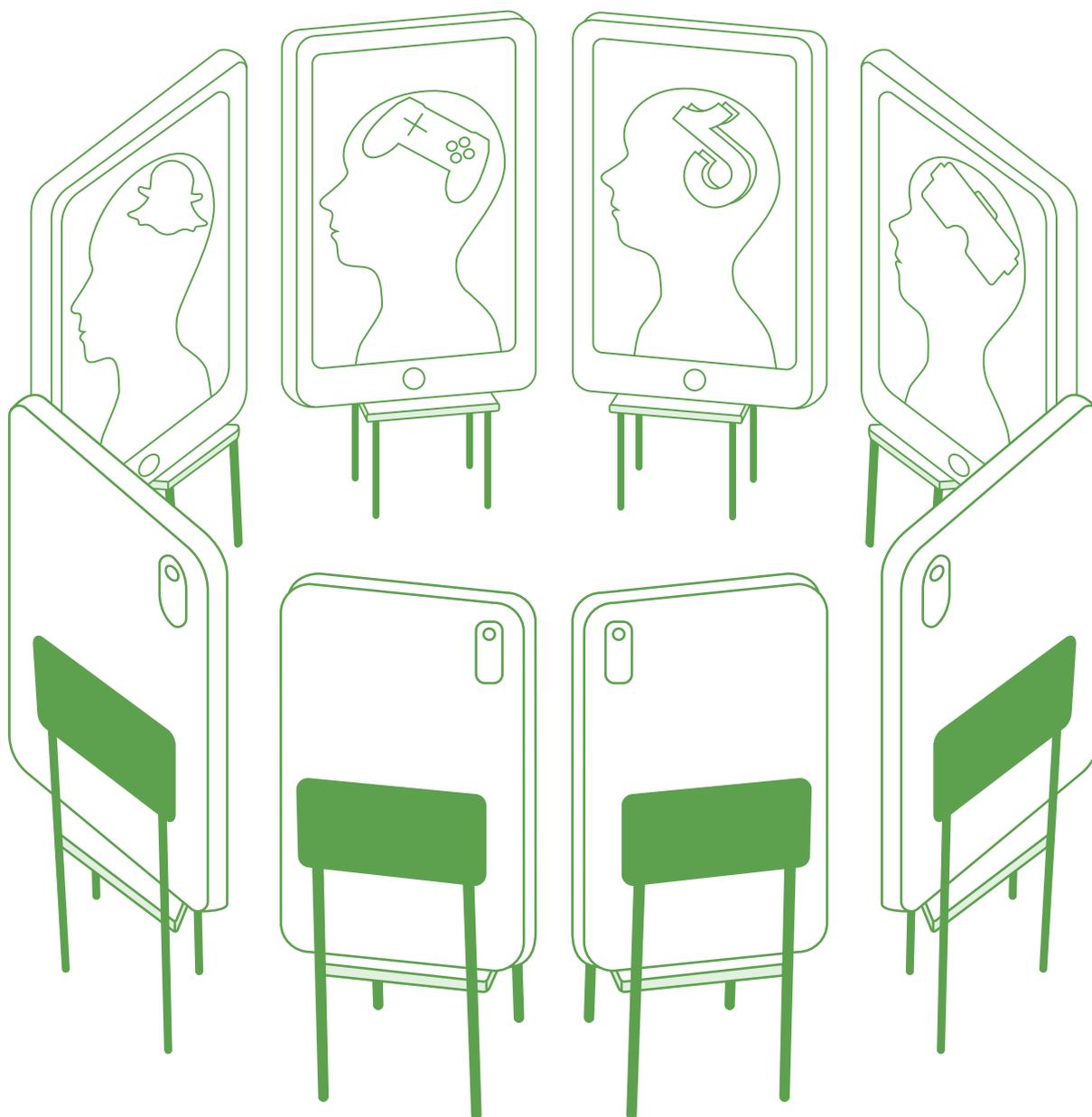


Can we combat digital addiction online?

Interview with **Franz Eidenbenz**
Hans-Jürgen Rumpf

By Stefan Pabst, Think Tank W.I.R.E.



Online addiction has been on the rise for years, and those affected are getting younger and younger. As the appeal of digital applications is set to rise, the risk of addiction will only increase. In this context, the options for digital therapy available today should make it easier to reach more people. Psychologists Franz Eidenbenz and Hans-Jürgen Rumpf see expert treatment that takes other mental health conditions into account as the key to successful therapy and advocate the widespread use of digital tools with clearly defined limits.

The availability of digital devices and applications can make it hard for people to control their consumption. At what point does it become a digital addiction, and what exactly is meant by this term?

Rumpf: A person must display three symptoms to be diagnosed with an internet addiction disorder. First, they exhibit a loss of control. In other words, people are no longer able to decide for themselves how long and when they should use the internet. This includes doing it excessively, even when it's inappropriate. The second criterion is that internet use becomes a priority. Gaming or other digital activities become the focal point of their life, taking precedence over their job, hobbies, friends, sports and anything else. The third criterion is when they continue to use the internet despite experiencing harmful consequences. For example, they may be unable to finish their education if they continue to spend so much time playing computer games. To prevent the stigmatisation of people who play a lot but are not addicted, there is the additional criterion of functional impairment in everyday life. This is to identify whether a person's behaviour has a destructive impact on their life.

You pinpoint gaming in your definition. Why is that?

Rumpf: ICD-11 is the 11th version of the International Statistical Classification of Diseases and Related Health Problems. It came into force on 1 January 2022. "Gaming disorder" was included as an illness for the first time in ICD-11. Many experts recommend that the focus "gaming disorder" should be expanded to include other specific behavioural addictions, such as social networks, online pornography and online shopping. All these internet-related disorders are not explicitly excluded from ICD-11, but not enough research has been done at present.

This topic has gained ground in the public eye. How has digital addiction developed in recent years?

Eidenbenz: It is increasingly widespread. Parents, teachers and children themselves are struggling with it more and more. Conflict about the use of digital applications is now par for the course in families. But the important question is: has the use become pathological? Young people often believe their behaviour is normal and okay, even though it has long since crossed the line into addiction. Parents often want to know how much is 'too much time' when it comes to internet use or gaming. But length of use isn't actually a clear marker. The amount of time spent online may indicate that there is a problem, but it doesn't necessarily suggest addiction. Much more important is the question of what function the use has. Does it supplement or expand real life? Or does it compensate or suppress personal problems?

Is there a link between a person's age and the risk of internet use being harmful?

Rumpf: There is clear evidence today that shows there has been a sharp rise in problematic use among young people aged 12-17, with girls being particularly affected. There are two to three times more cases now compared to five years ago. This trend coincides with the increased use of mobile devices in daily life and their improved performance. It is important to note that clear limits should be set for screen time for children up to the age of three, i.e. no use or only a few minutes per day at most. This is because excessive screen time can overstimulate the developing child's brain, but also, and more importantly, because there is

a risk that it will set behavioural patterns. It is known as dysfunctional emotion regulation when a child learns that its negative emotions can be managed with a smartphone. It lays the foundation for addictive disorders.

Eidenbenz: At our practice, we are seeing more and more young people as a result of excessive smartphone use. A few years ago, most of our clients were in the 16-20 age group, whereas today we are seeing more and more 10-14 year olds. Parents themselves are promoting the use of smartphones among younger children. And without pre-negotiated rules, they often don't know what they're letting themselves in for. The smartphone is used a bit like a security blanket and provides comfort. It gives the child the feeling that they are not alone. Parents don't think about the fact that use of the phone is hard to manage and that digital applications are becoming increasingly toxic from an addiction perspective. Due to the huge amounts of data involved, the products are optimised so that there is a greater risk of addiction, tempting users to invest more and more time and money.

What impact has the pandemic had?

Eidenbenz: We know that time spent online increased significantly – for everyone – during the periods of lockdown. However, we don't yet know whether this increased usage was a reasonable response for entertainment purposes and to stay in touch with other people, or whether the number of addicted users will increase. It will only be possible to say for certain when it becomes clear that people remain dependent on their smartphones, etc. even though all other real-life offerings are available again.

The pandemic was a psychological and emotional challenge for many people. What are the links between internet addiction and other medical conditions?

Rumpf: There are often clear links to other mental illnesses or conditions. For example, it has been shown that depression and ADHD make people more susceptible to internet addiction. However, we also see that internet addiction disorder can lead to secondary disorders. Social networks in particular involve constant comparison of personal values with the values of other people, even though we know that what we see there does not reflect reality. Personal devaluation can cause depression, a sense of inferiority and even suicidal thoughts. So it works both ways. If a person is shy and anxious, they find it easier to interact with people online. Or they may develop a disorder as a result of internet addiction.

Eidenbenz: The internet has a reinforcing effect – in both a positive and negative sense. For example, gaming can no longer be dismissed as a marginal phenomenon and must be seen as a cultural event that is already going head-to-head with real sports. That's why we need a new understanding of the culture to be able to deal with it in the correct way. It cannot simply be brushed aside or demonised. Doing so would mean that we miss the chance to establish a reasonable, managed and healthy form of interaction.

We have to assume that the development of digital applications will continue unabated. Is it therefore inevitable that there will be an increase in online addiction?

Rumpf: The appeal of applications will remain high or even grow. And we shouldn't forget that increasing the length of use of all applications is a key goal of producers. This is how they measure success. That's why successful games like Fortnite got psychologists involved in the development of the game. In this particular case, a lawsuit was brought against them.¹ But there is a little glimmer of hope: Tech corporations are theoretically in a position to use their algorithm-based insights to provide the foundation to intervene with

1: See also: <https://www.sueddeutsche.de/leben/fortnite-computerspiel-gericht-1.4635286>

at-risk individuals at an early stage. However, it remains to be seen whether this possibility is really ever used for the protection of users.

Eidenbenz: The problem of digital dependency will continue to grow. But going forward, a simple but central truth remains: When young people have to choose between recognition in the virtual world and the real world, they choose the real option. In crisis situations, however, the simplicity and rapid availability of digital offerings are an additional temptation to finding success and attention. Nevertheless, young people have always had access to unhealthy temptations, and they have always survived. So, we'll just have to watch this space. The goal is to achieve a healthy balance between virtual opportunities and real, sensual experience.

Suggested social media content is becoming increasingly radical as developers seek to encourage users to stay on their sites as long as possible. What impact does this have on the risk of addiction?

Rumpf: Here we have to distinguish between echo chambers and filter bubbles in social networks. Echo chambers were around long before the internet. When like-minded people get together, they always create an echo chamber when they interact. In contrast, filter bubbles ensure that topics are proactively and constantly offered based on a user's previous behaviour. Thus, there is a risk that radical ideas or the denial of obvious facts will be taken as truth. This leads to the creation of fringe groups. These groups can also affect illnesses with progressively destructive effects, as in the case of eating disorders. In virtual rooms today, for example, you can find training offers to help you lose even more weight or personal scouts offering one-on-one support for weight reduction. We lose sight of the variety life has to offer and miss out on the social corrective that is otherwise in place.

What role can digital offerings play in the treatment of online addictions?

Rumpf: They basically play the same role as in the treatment of other diseases. For example, depression can be treated with digital tools that offer a good chance of success. For this reason – and not only as a result of experiences during the pandemic – we can say that blended therapies, i.e. the combination of digital and analogue approaches, are proving successful. One key benefit is that digital solutions have a greater reach. They give more people the opportunity to deal with their illness. And the fact that these therapies use the same medium to which the person is addicted is irrelevant. E-health offers aren't addictive. It's about the content rather than the form they take. After all, alcoholics should still drink water rather than giving up all liquids entirely.

Eidenbenz: With digital information and user-based therapies, we are reaching more people and different target groups compared to conventional therapies. If the client has already shut themselves off and the goal of treatment is social interaction, a blended approach can be more useful as they can select a simple and more convenient way of getting started while also benefiting from personal support. It can also be the starting point for in-person treatment, with the aim of tackling the deeper issues, such as difficulties forming relationships and family conflict. Involving other members of the family can help avoid stigmatisation of the child, and the resources of the group can be used to initiate change.

What do successful digital therapies involve?

Rumpf: At present, the most promising approaches are stepped care models that offer different levels of treatment depending on the user's level of dependency. After an initial analysis of the user's internet use, an app provides them automatically with suggestions on how to change their behaviour. If no improvement is noticeable over the course of four

weeks, the second step is to have a brief phone consultation based on a motivational interviewing technique. The third step is online group therapy lasting 15 weeks. All offers are available as e-health solutions.

**Why and at what point should digital therapies be supplemented by analogue formats?
What are the specific limitations of digital tools?**

Rumpf: If a light form of addiction is detected early on, an app can achieve a lot. However, the more established the condition, the harder it is for automated applications to get to the root of the problem. The interplay of analysis, empathy and trust building is the key to successful, personal therapy. And this dynamic is only possible today through interpersonal exchange.

Eidenbenz: Exactly. Internet addicts often lack positive relationship experiences. To successfully treat the addiction, corrective experiences in the real world are essential at a certain point in the therapy.

Public debate and awareness is required to bring about a change in how society handles online addiction. Is the issue getting the attention it needs?

Rumpf: It is a current topic and is being picked up by both the scientific community and the press. However, people are getting used to seeing this topic in the media, so the focus is fading. Research is no longer in its infancy, and it is accepted that we are talking about an illness instead of a temporary phenomenon. This creates a solid foundation for the work ahead.

Eidenbenz: The risk of digital addiction is underestimated. For this reason, preventive approaches and discussion about new risks of addiction need to be kept alive. We have to distinguish between a dependence on performance-enhancing, useful digital tools – comparable with the earlier use of pen and paper – and pathological, addictive uses that can lead to isolation and depression. On the whole, I believe that the upcoming generation will learn to achieve a good and healthy balance with the new opportunities and will master the future as successfully as the generations before them.



Franz Eidenbenz is a psychologist specialising in psychotherapy. He works in private practice as a couples and family therapist, supervisor and is active as a lecturer at various colleges and universities. In 2011, he established the RADIX outpatient centre for gambling addiction and other behavioural addictions in Zurich, which focuses on the prevention and treatment of behavioural addictions. He is the author of the book “Digital-Life-Balance, Bewusst und selbstbestimmt dem Online Sog begegnen” (Digital life balance: coping with the online maelstrom), which was published in January 2021. It shows how problematic usage behaviour can arise and how you can recognise signs of it early on in yourself or in people close to you and find your way back to balanced media behaviour and everyday life.

<http://www.spielsucht-radix.ch>



Dr. Hans-Jürgen Rumpf After studying psychology, Hans-Jürgen Rumpf worked as a clinical psychologist in neurological research. Then he joined the psychiatry department at the University of Lübeck, where he focuses on the analytical epidemiology of substance-related, gambling and online disorders as well as psychiatric disorders in general. Since 2014 he has also worked as an expert with the World Health Organisation WHO and was involved in drawing up ICD-11 for substance use disorders and behavioural addictions.

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