Social Media and Infomania: Impulsive vs Compulsive Behavior

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Compulsions

• Most commonly part of OCD.
• Recurrent behaviors or thoughts designed to reduce anxiety, NJR’s, uncertainty or doubt.
• Almost always follow obsessional thoughts, images or impulses.
• Can be prolonged, stereotyped, or according to certain rules.
• Main cause of morbidity in OCD
BASIC OCD MODEL

- Situation trigger
- Obsession intrusion
- Appraisal interpretation
- Anxiety
- Compulsion neutralization

Strengthens belief in intrusion

Decreased anxiety, increased perception of control
Model for contamination/washing

Situation trigger → Obsession intrusion → Appraisal Interpretation → Anxiety → Compulsion Neutralization

Shaking hands → “What if I’m contaminated, dirty” → “That’s dangerous and awful. I must not spread it to anyone else or I might harm or kill them” → Anxiety → HAND WASHING and SHOWERING
Model for disaster/checking

Leaving home → "What if the house burns down?" → Appraisal Interpretation → Anxiety → Compulsion Neutralization

"It’s my responsibility. I’ll be to blame. I must be certain it’s all safe. If not I must be a terrible person" → CHECKING THE DOORS, ELECTRICAL ITEMS, TAPS etc
Model for violent obsessions

**Situation trigger**

SEE BABY

“What if I were to kill her (or) want to kill her?”

**Obsession intrusion**

“That’s awful.
A mother shouldn’t have those thoughts.
I must be a very bad person”

**Appraisal Interpretation**

Anxiety and Guilt

**Avoidance and Requests for Reassurance**

Compulsion Neutralization
Impulsive behavior/impulsivity

- Concept covers wide range of actions that are ‘poorly conceived, prematurely expressed, unduly risky or inappropriate to the situation and that often result in undesirable outcomes’ (Berlin & Hollander, 2008)

- Actions are unplanned or poorly planned

- Core symptoms of a range of psychiatric disorders

- Actions performed without regard for the negative consequences
Impulsivity seen in

- Those without formal psychiatric diagnosis
- OCD-related disorders eg hair-pulling, skin-picking, internet gaming disorder, “internet addiction”
- Impulse Control Disorders (intermittent explosive disorder, kleptomania, pyromania, pathological gambling).
- Some personality disorders
- Bipolar Disorder
OCD
Spectrum
HOW OCD HAS CHANGED RECENTLY
How OCD has changed recently

• Contamination OCD – fear of syphilis to gonorrhoea to HIV to Hep B/C
• Contamination OCD – fear of illness and transfer to others $\rightarrow$ disgust and “yuk”
• Harm OCD – from directly committing violent acts $\rightarrow$ offending others, bullying others, causing others to commit suicide
• Loss OCD – loss of electronic security, cloud storage, hacking of bank accounts, computer systems, paywave
• Certainty/NJR – checking of social media, email, phones, apps etc
• Hoarding – changes in content eg hoarding of emails, with the multiplicity of devices, endless data storage
How OCD has changed recently

- Henry – age 31, single Australian man, works as an engineer
- Age 4 – doubt over whether hands properly dried
- 6-12 – fears of loss and checking, harm/burglary and checking
- Moved to Australia for university (18) and developed fears of others gaining access to credit card details and personal information over net via hacking, scamming etc
- Worsening fears lead to reassurance seeking from friends, checking info when entering it, deleting songs and downloads and repeating process, worried about cookies from sites
- Spread to fears he would give away info when writing notes, letters or even when reading books, magazines
Henry (cont)

• Ironic given his job as engineer checking documents frequently
• Self-diagnosed OCD (over the internet!)
• Additional symptoms – cont/wash, harm by fire, flood and burglary/check, “car killer” fears, order and symmetry/arranging
• Treated with SSRIs and ERP – writing a numbers on computer screen or on paper and discarding quickly, accepting uncertainty
How OCD has changed recently

Sarah, 26 had severe OCD that responded to ERP when focused on fear of contamination from bins, public restrooms and close contact with others.

Symptoms shifted to preoccupation with being connected on social media. Began tracking her frequency of using social media over meals, on waking, when on a date, in the theatre or prior to going sleep.

Driven by the need to know where, what her friends were doing, how long before responding – experiencing catastrophic rejection.

Applying YBOCS criteria of time occupied, interference with functioning, distress, resistance, control and insight showed this as her primary symptom.

Are we capturing technology driven OCD in assessments?
Model for infomania

Situation trigger → Obsession intrusion → Appraisal Interpretation → Anxiety → Compulsion Neutralization

Sarah home alone → “What are my friends doing?” → “I need to know where they are, what they are doing, and why I’m not included. I have to know now!” → Anxiety → CHECKING FACEBOOK, SOCIAL MEDIA AND TEXTS REPEATEDLY

FOMO
How OCD has changed recently

• Jack is a 38 year old teacher whose OCD became disabling following a bullying episode when he was threatened and jostled by a group of teenage students on a suburban rail platform. He avoided train travel subsequently.

• Concerned his image would displayed on the net or be photographed randomly in public places.

• Asked therapist to put a tape on computer camera in office in case he was recorded or photographed during the session.

• Stopped using social media, ATM’s, frequenting places with security cameras, smartphones, ipads for fear of being exposed to scrutiny or identification. Using hoodies to cover face and head when out.
SOCIAL MEDIA USE –

IMPULSIVE OR COMPULSIVE OR BOTH?
Impulsivity in Social Media use

• Facebook posting of friends, children, cake they have just baked, mood – from 10 – 20 times a day

• ‘look at me’ – aren’t I lucky? aren’t I beautiful? look at what I’m doing?

• HuffPost article (5/27/2016) notes allegations of operations being on the internet through snapchat
Kylie is 16

• She is falling behind in school

• Mother noticing increasing irritability, interrupted sleep and changes in energy and mood.

• The phone rings or beeps at all hours – meals, during study, family interactions – it demands an instant response.

• Kylie says she feels ‘controlled’ by her need to know and be sure about her status with friends.
How extensive is social media reach?

Larry Rosen surveyed 1038 of each of four generations:
Baby boomers (1946-64); Gen X (1965 – 1979)
Net Gen (1980 -1989); iGen (1990-1999)

1. If you could not check your text messages as often as you would like? 50%+ of iGen reported moderate to high anxiety

2. Facebook? 20%-25% in both Net and iGen reported moderate to high anxiety.

3. Key factor is the ANXIETY FELT at not being able to check social media as much as person would like – from moderate to high – and more relevant in social media than pleasure-seeking.
What drives Social Media use?

Anxiety?

Using the net to connect with ‘friends’ to reduce felt anxiety

To avoid anxiety by knowing what is going on with those close to them at any point.

Does it reach the point of an obsession or compulsion?

How often do you feel the need to ‘check in’ to make sure you are not missing out on something.
Managing use of social media

• Not to pathologize usage
• Contextual factors – leading to withdrawal and preoccupation – perhaps driven by other psychological or personal factors.
• Balance work, relationship, activity and interests so that the options are available.
• Monitor usage in collaborative ways – habitual use of checking in, messaging as multi-tasking-interferes work, study, sleep and recreational needs.
• Strategic behavioral management
Impulsivity seen in

• Those without formal psychiatric diagnosis – using internet as a break or socially connecting
• OCD-related impulse disorders eg hair-pulling, skin-picking, internet addiction
• Impulse Control Disorders (intermittent explosive disorder, kleptomania, pyromania, pathological gambling).
• Some personality disorders – jealous and insecure so track location of friends on smart phones
• Bipolar Disorder
TREATMENT OF COMPULSIVE AND IMPULSIVE SOCIAL MEDIA USE
TREATMENT

• COMPULSIVE

• IMPULSIVE
1. Psycho-education

• OCD – Nature of the obsessions and compulsions, 5-box model, description of ERP, simple behavioral tests.

• ICD – Nature of the impulsive behaviors, absence of obsession, unplanned, performed without regard for negative consequences.
2. Treatment planning

- OCD – motivational interviewing, detailed behavioral assessment, list of obsessions, compulsions and triggers.

- ICD – motivational interviewing, monitoring of impulsive behaviors, recognition of triggers.
3. Behavioral interventions

• OCD – Not applicable

• ICD – plans to limit exposures to triggers in the short-term, limited time with phone and other devices, competing response strategies.
4. Exposure


• ICD – cue-exposure therapy including imaginal and in vivo exposure. Consider behavioral hierarchy.
5. Cognitive therapy

• OCD – thought record for interpretations, appraisals (box 3) – three classic domains: responsibility/threat estimation; perfectionism/certainty; importance/control of thoughts

• ICD – thought record work for cognitions – “I can’t stop when I want to”, “I need to be sure – certain”, “this doesn’t interfere with my life”.
6. Other options for both

- Medications
- Mindfulness
- Habit reversal training
- Relapse prevention
- Family work
- Activity and exercise.
THE FUTURE OF OCD
The Future – some suggestions

• Climate Change
• Developmental issues as babies tap and slide before walking and talking, and most are using mobile devices by age 2.33
• Security and safety (broadly)
• Computers, phones, social media
• New illnesses, drugs and medical concerns
• Schools and bullying
• Issues relating to ageing
• Migration and refugees
• Dietary worries, restrictions, controls on eating, supplements, vitamins, “natural” remedies
• Religious issues – tolerance and intolerance
The Future

• What will be important in the future?
• The evidence suggests that the content of obsessions closely parallels the fears of society as a whole and can change very rapidly eg contamination by blood and HIV, asbestos
• What role will the media play? And what (new) forms of media and technology?
• Influences from other parts of the world? And the USA?
• More co-morbidities eg with eating disorders
Comments and questions please!