A Firefighter Saving Virtual Addictions

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Abstract: *Virtual addiction is, like all addictions, first and foremost an attempt to find a SOLUTION by a patient, faced with a problem in their relationship to the world, to others or to themselves. This attempt at a solution, not being the best, becomes a PROBLEM in a second step.*

Very often, the solution can emerge from the problem if it is well identified, via systemic modelling (modelling of the relationship between the individual and the relational system that surrounds him). So, the questioning techniques specific to systemists and so-called "brief" therapists and hypnotic techniques (including HTSMA, EMDR) are an excellent means by which a therapist can help treat his patient.

We see in the clinical illustration above that starting from the external screen to which the child is addicted and repatriating it inside oneself, and making it a "psychic working screen", will be able to quickly improve the symptoms.

Keywords: *hypnosis, brief therapy, systemic therapy, addiction.*

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I am a child psychiatrist in the CHU department of Versailles working in a CMPE (medico-psychological centre for children): I carry out consultations and individual and family therapies.

I am specialized in institutional and family systemic approaches, brief therapy, Ericksonian hypnosis, HTSMA, psychodrama.

Within the framework of my work, I encounter various problems, generally serious, many of which have become considerably more serious since the "global pandemic": I am particularly concerned, above all, of the relative psychic effects and collective panic of this situation.

Within this varied, increasingly effervescent and complex situation, parents do not consult for the specific reason of "virtual addiction", fortunately! There are already too few of us in the face of the enormous amount of suffering that presents itself at the gates of our little "CMPE city" ... If parents were to consult for this reason, world psychiatry would quickly turn into a medical desert as we would have to face practically the entire global population …...

I will present to you the situation of a child accompanied in consultation by his parents for a so-called "ADHD" (attention deficit hyperactivity disorder), another scourge of global and collective confusion (the details being explained in the chapter of this book (Pavlovici, 2020a).

Theo, 8 years old, consults with his parents because they looked up Google and identified "ADHD" in their son; the teacher confirmed the diagnosis ... In class he is agitated, cannot concentrate, disturbs his classmates and he is very distractible ... At home, he is "agitated" and "provokes" his "poor" parents. Asked by me "what do you think he is trying to provoke in you, as a possible reaction? ... ", a thick silence sets in, after which the mother says," More attention from us? ... "To which I reply," You mean he's suffering from attention deficit disorder on your part? ... "

Little by little, always via "naive" questions, I learn that the little one "tortures" his "poor parents" by strong fits of "fury" when they turn off the computer (that Theo uses mainly to play an endless array of various games) ... The parents are too busy ...

Little by little, I manage to get the parents to admit that this addiction to virtual games, before becoming a problem, was first and foremost an attempt to solve a problem; that problem being an emotional void and forced isolation. I probed them with delicate questions, with no avert intention of offending the parents nor making them feel guilty; " naive" questions, like those of a child trying to understand ... And when the parents admitted my hypothesis and bowed their heads spontaneously,

staring at the ground, the child changed his posture (initially curled up, eyes downcast) as he stood up and looked at me intently.

It was only then, that I asked him directly (until this moment I was only observing his posture and his facial expressions, whilst I questioned his parents, because for me non-verbal reactions are the most precious, since we cannot "cheat"): "I see that your attempt to find a solution to not feel lonely, bored or sad, is to play excessively on the screens. However this has become a problem in its own right, because everything comes back to you like a boomerang: you are accused by your parents of being their main source of stress and exasperation, by your teacher too ... Is this working for you? ...".

Theo looked at me intently and nodded. So I asked him, "Would you be okay with finding a better solution with my help?" Something that would work better for you, your parents and your teacher? »Theo said« yes ». I replied, "First of all, I would like to know more about your qualities, your resources, your skills and interests. For example: what profession would you be interested in doing later? »Théo:« FIREFIGHTER !!! "His mother added:" In addition, his teacher had the good idea to give each pupil a responsibility: Theo chose that of "firefighter", that is to say to be vigilant, in the event of a problem in class. or during break. Be VIGILANT like a firefighter and warn an adult! » Me: « and how did you accomplish this mission, Theo? "Théo: "once a classmate played with a lighter, I felt it right away and I warned my teacher! "

I then turned to the parents and asked them, applying in my own way the questioning technique specific to "narrative" therapy (White & Epston, 2003):" Mr and Mrs, in your opinion, which VALUES are important for Théo to integrate through his actions? Proved by what he did that famous day? "Parents:" the desire to help, to be useful, to protect, to be present ... ". I then turned to Theo:

"Theo, were you aware that you have these values in you and that your parents saw them in you?" "Theo then shook his head to indicate "no ". The parents were moved and the mother let tears flow ... Theo noticed it and approached her ... His mother welcomed him in her arms and hugged him tightly. ...

Théo also cried ... I then added, at this key moment of SHARED MAXIMUM POSITIVE EMOTION: "Personally, I still see two values, although I would call one rather QUALITY and the other COMPETENCE. The first is the HEART and the second is VIGILANCE "... The parents confirmed that yes, indeed, Theo is very sensitive, helpful and generous, and attentive when he wants and when something interests him. I then asked

Théo if already at school there are subjects that interest him (note that I never lose sight of the school objective, considering that children's lives are spent at school and at home, and not in the offices of child psychiatrists, long-term ...). He said "yes": science, maths, sometimes history, but that it is hard for him to concentrate for long.

I then asked him what prevents him from maintaining his attention and his VIGILANCE? (I added this point to make the link with the competences which had already been recognized earlier by his parents and to prepare him for what I already had in my head). He told me that his classmates distract him too much and that in addition, he often has the reflex to turn on his mobile phone in class and play games on it ...

So I said to him, "Would you like to find a POWER in yourself to resist it, which prevents you from using your FIREFIGHTER skill?" "Theo said, amused, "Yes! ". I then asked him to draw the ALLIES that we were going to use to be helpful in this scenario: the FIREFIGHTER and his FIRE THROWER. I then recommended him to accompany himself in an imaginary mental "exercise", in which we would call upon these ALLIED POWERS: I thus induced a state of therapeutic hypnotic trance, via the use of tapping on his shoulders (technique used in EMDR and HTSMA), offering him to close his eyes and feel that part of him remains seated in his chair as an OBSERVER, while another part of him is the CHARACTER of the virtual film that now takes place in front of the Observer: "Character Theo is now in his class, in front of his desk ... Is he there?" ... "

Theo said in a low voice. "Perfect, so he's surrounded by his classmates and the teacher?" ... "Theo:" yes ... ". Me: "Perfect, so ask the Observer part to observe what happens when the teacher is going to show, right now, a maths exercise on the board ... How Theo focuses and zooms easily on it and on the voice of the teacher... Right now ... Is it OK? ... ". Theo:" Yes... ". Me: "Perfect! We are now going to ask a question to the FIREFIGHTER who is in Theo: what are you going to do, FIREFIGHTER, to help Theo to face the very first DISTRACTOR that comes to annoy him? ... The Observer has nothing to do other than observe, hear and smell what will happen before his eyes ... Right now ... ».

During this creative visualization trance, in which I accompanied him, Theo saw, heard and felt classmates coming to disturb him, in various ways, and he visualized a FIREFIGHTER dressed in a fireman's costume, who doubled his body, like an extension of it, which then sprayed his classmates with a strong jet of water by means of his FIRE THROAT, throwing them far away thus leaving the area free for Character Theo to focus and zoom in on the blackboard exercise and the teacher's voice.

When I suggested that he also take care of another distractor, Theo visualized taking his mobile phone out of his pocket and the FIREFIGHTER spraying the phone with his fire hose and throwing it on the wall. When he came out of trance, Theo was smiling and delighted with the POWER of the FIREFIGHTER in him ...

I then gave him the task of self-hypnosis at home, once a day, possibly in the evening before bedtime, so that he could train himself to accomplish various future academic or personal goals that his "ADHD" prevented him from doing so.

At the next consultation, a month later, I learned that Theo had greatly reduced the playing time on the screens, that he could control this time and that he wanted himself to do this. At school his teacher had praised him and his grades had increased.

Conclusions

Virtual addiction is, like all addictions, first and foremost an attempt to find a SOLUTION by a patient, faced with a problem in their relationship to the world, to others or to themselves. This attempt at a solution, not being the best, becomes a PROBLEM in a second step.

Very often, the solution can emerge from the problem if it is well identified, via systemic modelling (modelling of the relationship between the individual and the relational system that surrounds him). So, the questioning techniques specific to systemists and so-called "brief" therapists and hypnotic techniques (including HTSMA, EMDR) are an excellent means by which a therapist can help treat his patient.

We see in the clinical illustration above that starting from the external screen to which the child is addicted and repatriating it inside oneself, and making it a "psychic working screen", will be able to quickly improve the symptoms.

However, the illustration lacks all the family work that has to be done in parallel with the work with the child, namely the work on the bottom of the systemic dysfunction: a relational loss between the child and his parents. The relational and emotional potential was present enough in this family that the moment of shared positive emotion seemed to be sufficient to re-ignite the bonds. In other families, this work with parents is necessary with a longer-term perspective and is often difficult to do without proper training.

Final point: arriving via a virtuous loop, the therapist only has to validate the capacity of the patient to have interrupted his own vicious circle.

He has to encourage the patient to stay there, continue to do what he has learned, according to that which is working well. The objective is therefore to make the patient autonomous, as quickly as possible.

More precise references on the working methods that I personally developed can be found in the books of Pavlovici (2019; 2020b).

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