

TECHNOLOGY

There's more to cyber dependency than meets the eye

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The technological revolution has brought many advantages. But a concern for parents is that their child may develop an abusive or dependent relationship with computer-related technologies (CRT), whether in the form of laptops, tablets or mobile phones.

It is not possible to receive a diagnosis for CRT "abuse/dependence" as there is no official diagnostic category. But speaking generally, your child has an unhelpful relationship with CRT if it causes marked distress or interferes with daily life at home or school.

You may notice changes in the following areas: CRT directed behaviour, self-directed behaviour and behaviour towards others.

CRT directed behaviour includes increased desire for, and actual time on, CRT. Children are in a happier mood when using CRT and are irritable, anxious or sad when not.

Prolonged CRT time is not sufficient or necessary to classify someone as being abusive/dependent. But a German study found that participants who were CRT dependent engaged for longer each day than non-dependent participants. This was about 4.7 hours compared to about 2.5 hours.

Examples of behaviour change include adolescents neglecting their own health, for instance, getting insufficient sleep due to continued gaming; neglecting their hygiene; related physical

problems, for example, repetitive strain injury; reduced interest in previously enjoyed activities; dreams about CRT; increased expenditure, or debt incurred, on CRT activities; and a denial to self that a problem with CRT actually exists.

Things you may notice include your child spending less time with others; a deterioration in relationships; lying; stealing; denying to others that there is a problem; poorer school attendance and performance, including homework; and a disconnect between the child's online and offline worlds.

Some of the behaviour outlined above may be normal adolescent behaviour. That can make it hard to know if you simply have teenage angst on your hands, or if it is something more serious.

This uncertainty can be exacerbated if your child believes that they do not have a problem. Are they correct, or in denial? A simple guide is that the more evidence you see, the more likelihood there is that a difficulty is developing.

So why might your child develop a problematic relationship with CRT? Principally, people repeat rewarding activities and CRT provide adolescents with enjoyable, exciting experiences. A German study found teenagers enjoyed the flexibility of characters and the ease in which they could enter and exit games. This enables them to explore different identities safely. There is evidence to suggest teenagers may engage in CRT to compensate for



Singapore students use an iPad in a language class. If children ignore their offline friends, they may have CRT addiction, says Dr Grayer. Photo: AFP

perceived deficiencies in their offline world, such as friendships or physical appearance.

It is also a way of interacting with people without needing the same thick skin that is required in the real world. It can also be an adolescent's attempt to cope with difficult emotional experiences such as stress and frustration.

Drawing on a British study of adults' use of the online game *EverQuest*, teenagers may experience a sense of achievement from progressing through a game. They may feel liberated by the scope of the internet and a gain a sense of community through being able to

form or maintain friendships. This is particularly relevant to expatriates.

More generally, there is evidence that mechanisms relevant to other dependencies are present in CRT abuse/dependence.

These include a tolerance to the brain's reward system which partly explains the need for more CRT activity; sensitivity to CRT cues; expecting better outcomes from continued use ("just one more game!"); and expecting to feel relief from any agitation associated with a lack of CRT activity.

At present, there is no body of evidence to suggest that there may be a genetic component to CRT

dependence. There is mixed evidence about whether it is related to other forms of psychological distress such as depression or OCD.

Few studies have looked at the prevalence of CRT abuse among adolescents. But a Norwegian study found about 10 per cent of its sample of 2,372 adolescents were abusing the internet. Boys were three times as likely as girls to be abusers. A small number of studies have found CRT dependence rates of between 2.7 per cent (Norway) and 20 per cent (Britain).

More research is needed to better understand why and how often problems arise.

But what can be agreed is that some adolescents do develop problematic relationships with CRT. Research demonstrates that clinical interventions can be successful in helping people of all ages in managing their CRT relationships.

- There is a limited research base into the phenomenon of CRT abuse/dependence. It has a number of problems, including a use of different criteria for abuse and dependence. There are also different criteria in use for varied CRT activities, for instance, gaming versus internet activity.

Please consider these methodological shortcomings when reading the findings above.

This article is based on a presentation given by clinical therapist Anuradha Mathur and clinical psychologist Dr Justin Grayer.

RELATIONSHIPS

Raising a dyslexic child: from guilt and confusion to progress

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I would like to tell you about my experience as the mother of a child with dyslexia. According to the Health Department, children with dyslexia have difficulty with word recognition, reading and dictation. Without proper assistance, this may result in a severe disability in acquiring reading skills.

A 2008 study by the University of Hong Kong found that dyslexia affects 7 per cent to 9 per cent of children in Hong Kong, and up to 17 per cent of children worldwide.

My first child, a girl, is a "normal" child. As an enthusiastic and committed mother, I read books and took courses to equip myself with appropriate parenting knowledge and skills. My daughter learned to read before kindergarten.

I tried to do the same with my son. But he was still unable to recognise all the letters of the alphabet at the age of six. He had difficulties with Chinese, too.

I received many complaints from his kindergarten. They said he was inattentive in class and failed to follow teachers' instructions to complete the writing worksheets.

What the teachers found most frustrating was that he avoided looking at them and refused to

respond when they tried to teach him to write and read. He just bowed his head, looked at the ground and sat frozen in his seat.

As his mother, I was incredibly confused. He is a very inquisitive boy, one who loves to listen to stories. He seems to learn a great deal from daily observations and others' life experiences.

He would sometimes make wise and clever remarks that surprised me and his father.

He was a very happy boy when playing, but extremely emotional when doing his homework.

Making him to do his schoolwork and revisions was a daily battle. He

couldn't stay at the desk for more than 15 minutes at a time, and it was exhausting to just try and make him to return to the desk to do his homework. Even then, he was reluctant to pick up his pencil.

When he did pick it up, the pencil seemed so heavy that he couldn't write anything with it.

The difficulties made us feel very helpless as parents. Gentle admonitions proved ineffective, and were always followed by angry scolding, then punishment such as cancelling breaks from homework.

While experiencing our anger, helplessness and frustration, my son responded with loud and bitter

crying that could last for hours if we continued scolding him.

It was a dark time for our family, and most days ended with a crying son, two exhausted, angry and guilty parents, and a fearful and helpless elder sibling.

Dyslexia robbed our whole family of joy. My identity as a professional social worker further intensified my shame and guilt when I couldn't help my own son.

But my son's diagnosis of dyslexia in Primary Two provided with us a new perspective for understanding his behaviour. Although dyslexic, he was also found to have superior intelligence.

It helped to resolve my confusion as to why he was so clever in conversation but so inept at reading and writing.

The assessment did not provide an instant cure for all our problems. We have taken years to come to terms with my son's disability and our loss of a "normal" gifted child. He failed nearly all his dictation tests in primary school and lagged behind in his academic results despite support from his teachers.

We are still worried about the long-term effects of dyslexia on his future development, especially with the strong emphasis on academic performance in Hong Kong.

As an ordinary parent, I work hard to save up money for my

children, especially my son, in order to provide them with a more secure future.

Despite these anxieties and grievances, we have allowed our son to choose a "band two" secondary school that has small classes and a good pastoral care system.

This has turned out to be a very good decision.

He completed his first year of secondary school with awards for extensive reading and exemplary service as a librarian.

Although his difficulties in writing persists, my son's interest in reading blossomed after we stopped focusing solely on his academic performance and addressed his special learning needs more appropriately.

Again, it is a taxing process that can't be fully expressed in words. It requires a great deal of patience, persistence and give-and-take. Conflicts often arise among family members due to failures and difficulties in the process.

Knowledge and skills helped, but adequate support and patience dealing with anxiety, frustration, sense of loss, shame and guilt are the most essential factors in successfully raising a child with dyslexia.

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