

Case report

Compulsive television watching in an adolescent: a case study

Bruno José Barcellos Fontanella*

* Psychiatrist, PhD in Medical Sciences, Universidade Estadual de Campinas (UNICAMP), Campinas, SP, Brazil. Associate professor, Department of Medicine, Universidade Federal de São Carlos (UFSCar), São Carlos, SP, Brazil.

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INTRODUCTION

Brazilian researches suggest that the average time our children and adolescents spend watching television (TV) may be higher than the time they spend in school.^{1,2}

By being less able to discern about complex social and ethical issues, children and adolescents are more vulnerable to several environmental variables, such as television programming, on their behaviors, judgments and choices.

TV programs may have a positive influence on educational learning and social behavior of children and adolescents.³ However, negative influences are more emphasized by the literature: the possible relationship between TV and some damages to health, such as sedentary lifestyle, obesity, aggressive behaviors, reduction in sleeping hours, early onset of tobacco use, early sexual initiation and poor school performance.⁴⁻¹⁰ In addition to those damages, compulsive behavior related to the act of watching TV starts being discussed.¹¹

We report the clinical case of a female adolescent who, during 4 to 5 years before the first psychiatric appointment, used to watch TV for 8-14 h/day, occasionally reaching 20 h/day (much above the average found in Brazilian studies).^{1,2} As will be described, the patient presented intensely egodystonic behaviors, related to what she classified as excessive time watching TV.

CASE REPORT

A 19-year-old, white female patient who was single and had completed high school. Main complaint was reported by her mother: “she’s always annoyed, besides being difficult and very dependent, we fight all the time.” The patient did not present any complaints in the first appointment.

History of current disease

Their reports initially focused on the fact that she was raised without a father and that the mother had always worked in the night shift since the patient was born. The patient reported

symptoms that are compatible with an anxiety syndrome: intense anxiety over the university admittance test, fear of failing and general dissatisfaction with her life (social, emotional and with her body, since she has acne and overweight), fear of social performances, of speaking in public, insecurity about not being accepted by her colleagues. Her status was mainly characterized as social phobia.

She started undergoing analytical psychotherapy (with another professional) and psychopharmacotherapy with sertraline (initially 100 mg/d, then 200 mg/d, validated for treatment of social anxiety).¹² During the following months, there was a subjective improvement in her quality of life – especially with regard to family interactions – and in social anxiety symptoms: “I feel safer, more relaxed, less anxious.”

Problems associated with TV were reported only 4 months after follow-up was initiated. They were the most marked ones in the clinical status. At the author’s request, the patient wrote a biographic report about this aspect of her condition.

History of the patient’s relationship with television

She reported progressive expenditure of time in front of the TV throughout her life, which she spontaneously divided into the following stages:

From 4 to 6 years: 3 h/d, “I thought it was fun to watch cartoons;”

From 6 to 13 years: “I cannot remember this stage;”

From 13 to 15 years: 4-5 h/d, “to pass the time;”

From 15 to 18 years: 8-9 h/d, “passes the time, makes me more relaxed, fills inner emptiness;”

Nowadays: 12-14 h/d (max. 20 h/d).

The feeling of being **relaxed** (from 15 to 18 years) was maintained during the report; however, now she feels that TV also “satisfies needs; I need to watch it.” For 2 years she has felt this strong desire, usually in a continuous manner (“I stop reading a book I find interesting; it seems

like a need”), sometimes experiencing it as a compulsive behavior (“I tried to get some sleep, I was sleepy, but couldn’t turn the TV off; I thought: ‘I wonder whether there is a nice movie on’”).

Despite her self-criticism, she felt she could not control such behavior: “Even though I realize all the damages caused by TV, I cannot stop watching it.” Even watching programs she finds interesting, she thinks: “‘I wonder whether there is anything more interesting on’. Then I change the channel.”

“I watch two programs simultaneously. I change to a worse program only because of the action, the colors, the movement. I like stories, plots, I even watch bad programs.”

She identified impairments as to her social life, friendships, school and family life, and health:

“It doesn’t harm my current friendships, but it is hard to make new friends.”

“Last year, I used to turn the TV off at 2 a.m. and missed the first class; in the afternoon, I used to sleep more than necessary.”

“I always have my meals in front of the TV, except for breakfast. I don’t have my meals with my mother. Even on Sundays, I get tired, because I go to bed late.”

“I’m not able to wake up to have a walk in the morning.”

She reports complaints by relatives, especially her mother, which she considers evidence of her problem: “I don’t do what my mother tells me to just to watch TV.”

She denies having problems with using the Internet.

Based on her report, cognitive-behavioral techniques were used during the psychiatric appointments, aiming to change this behavior of excessive TV **use**: she was advised to try to reduce the time dedicated to this activity and was also guided in the sense of searching for leisure alternatives.

One day, she went to her appointment saying she had not watched TV for 8 days. Her report is transcribed here. It seems to characterize a condition similar to **abstinence syndrome**:

“I get irritated. I can’t spend a minute without thinking about television, movies, soap operas, characters, plots, news, colors. Some programs have a blue background, it gives a feeling of peacefulness, respectability, intellect, kind of noble. I remember some sitcoms, even those that are not on anymore. I’ve dreamed about television. In days like that, if I have something to do, I do it in the evening, just to disguise my desire to watch TV in those schedules. I’ve recently even got to stay 20 hours watching TV, I only turned it off because my mother came home. Sometimes I turn my PC on, maybe to see the light on the screen. When I go to bed, I can’t sleep well, I keep turning in bed. I’ve turned the TV in my bedroom off, I’ve hid the remote control. My mother knows about my problem, but she has no idea of its severity. In the beginning [of these 8 days without TV], it was very difficult, I was hardly in control, it was painful, demanding much, much effort. I was trying to study, but couldn’t focus, then I changed to a lighter reading. I put the biology book near the TV set, to remind me of the reason I’m no longer watching it.”

DISCUSSION

“Television addiction” is not an object that has sufficiently delimited clinical-scientific knowledge, and its diagnosis is not included in psychiatric nosographic classifications. In order to avoid trivializing the term **addiction**, when applied to activities common to daily life, it might be better to call this situation as **abuse** or **harmful use** of TV.

Nevertheless, the case reported here shows a parallelism between the signs and symptoms of addiction to psychoactive substances, as classified by the current psychiatric nosography.¹³ For example, the behavior of watching TV was emphasized, to the detriment of spending time with the family, study activities and even physical health. In addition, she used to watch TV for periods of time much longer than what she intended to; she presented a persistent desire to be in front of the TV, making efforts to reduce expenditure of time, and reduced the time spent on other social and leisure activities. All these behaviors are guidelines stated in the International Classification of Diseases (ICD-10)¹³ for the diagnosis of substance addiction and were present in this patient.

However, the transposition of two other criteria, which are more specific of the addiction syndrome, is less immediate. Considering, for instance, that the patient presents **tolerance to watching TV** is inadequate, since it is a pharmacological concept. It should be stressed, however, that she reported an analogous phenomenon: a clear increase in the number of hours spent in front of the TV through the years. With regard to **abstinence status**, there is the same theoretical impossibility, because it is a neurophysiological phenomenon related to the interruption or reduction in substance use. Nevertheless, the patient clearly perceived the development of symptoms with strong temporal relationship with the suspension of the behavior of watching TV: lack of concentration, feeling of restlessness, dreams related to TV, insomnia and craving.

The patient was also diagnosed as social phobic, a status whose relationship with TV abuse cannot be conclusive in her case. One may assume that the hours spent in front of the TV, through her psychosocial development, might have jeopardized the spontaneous development of some social skills, or (in the opposite sense) that the TV abuse is a consequence of phobic avoidance. The differential diagnosis with a depressive syndrome was initially considered, being discarded because the patient did not present crucial symptoms, such as depressive mood, fatigability or reduction in interests or pleasures.

As to the role of sertraline in the short-term prognosis presented by the patient (in which she could, for the first time, establish control measures regarding TV use), it could not be conclusive either. Since this drug has an anticomulsive activity, it is possible that it has contributed positively; however, its unspecific anxiolytic effects may also have contributed. The possible positive effects of the analytical psychotherapy initiated simultaneously with pharmacotherapy should also be considered.

Even in the absence of a consensus on the property of a **TV addiction** diagnosis, we recommend pediatricians to be judicious when assessing the relationship of children and adolescents with this habit.¹⁴ For example, they could ask how such behavior is manifested, whether the parents share these moments with their children, whether they discuss the content of television

programs, whether the time spent watching TV seems adequate and whether they consider other leisure activities – thus, possible risks of using TV without criticism may be minimized.

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ABSTRACT

We report the case of a 19-year-old female adolescent with social anxiety who has watched television for 8 to 14 hours daily, sometimes 20 hours, over the past 4-5 years. We discuss the patient's subjective perceptions of this situation; the cluster of symptoms she experienced when she tried to change this behavior for the first time; the short-term prognosis after administration of sertraline 200 mg/d, analytic psychotherapy and cognitive approach during psychiatric outpatient treatment. A possible "television addiction," or perhaps more appropriately, a "harmful use" of television is discussed (such diagnosis is not included in psychiatric nosographic classifications).

Key words: Television, compulsive behavior, anxiety disorders, adolescent.

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Correspondence:

Bruno José Barcellos Fontanella

Rua Rodrigo de Freitas, 474, São Conrado (Sousas)

CEP 13104-162 – Campinas, SP – Brazil