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The psychosocial impact of excessive selfie-taking in youth: A brief overview

In March 2014, the *Daily Mirror* published the story of Danny Bowman, a teenage 'selfie addict' who allegedly took up to 10 hours a day taking 200 selfies, dropped out of school, and tried to kill himself when he was unable to take the perfect photo of himself (Aldridge & Harden, 2014). According to the *Oxford English Dictionary*, a 'selfie' is a "photograph that one has taken of oneself, typically one taken with a smartphone or webcam and shared via social media". Taking selfies has become a very popular activity, particularly amongst teenagers and young adults. However, selfie-taking is more than just the taking of a photograph and can include the editing of the colour and contrast, changing backgrounds, and adding other effects, before uploading the picture onto a social media platform. These added options and the use of integrative editing has further popularized selfie-taking behaviour. From a psychological perspective, the taking of selfies is a self-oriented action which allows users to establish their individuality and importance, and is also associated with personality traits such as narcissism. In an interview for the *Daily Mirror*, Bowman said that:

"I was constantly in search of taking the perfect selfie and when I realised I couldn't I wanted to die. I lost my friends, my education, my health and almost my life. The only thing I cared about was having my phone with me so I could satisfy the urge to capture a picture of myself at any time of the day. I finally realised I was never going to take a picture that made the craving go away and that was when I hit rock bottom. People don't realise when they post a picture of themselves on Facebook or Twitter it can so quickly spiral out of control. It becomes a mission to get

approval and it can destroy anyone. It's a real problem like drugs, alcohol or gambling. I don't want anyone to go through what I've been through. People would comment on [my selfies], but children can be cruel. One told me my nose was too big for my face and another picked on my skin. I started taking more and more to try to get the approval of my friends. I would be so high when someone wrote something nice but gutted when they wrote something unkind. [Taking lots of selfies] sounds trivial and harmless but that's the very thing that makes it so dangerous. It almost took my life, but I survived and I am determined never to get into that position again."

While Bowman's case is extreme, it doesn't mean that obsessive selfie-taking is a trivial condition. Bowman was diagnosed as having (and eventually treated for) body dysmorphic disorder (BDD) which at its simplest level, is a distressing, handicapping, and/or impairing preoccupation with an imagined or slight defect in body appearance that the sufferer perceives to be ugly, unattractive, and/or deformed (Veale, 2004). Bowman's psychiatrist, Dr. David Veale (one of the world's most foreknown experts on BDD) said that: "Danny's case is particularly extreme. But this is a serious problem. It's not a vanity issue. It's a mental health one which has an extremely high suicide rate."

To date, there has been very little research on 'selfie addiction' and most of what has been academically published (both theorizing and empirical research studies) has tended to come from psychiatrists and psychologists in India. The main reasons for this are that (i) no other country has more Facebook users than India

(thenextweb.com, 2017), and (ii) India accounts for more selfie deaths in the world compared to any other country with 76 deaths reported from a total of 127 worldwide (Lamba *et al.*, 2016). For instance, the death on February 1, 2016, of the 16-year old Dinesh Kumar killed by a train in Chennai while taking a selfie was reported widely in the media (Kaur & Vig, 2016)

In 2014, there were a handful of separate media reports all reporting that 'selfie addiction' had been recognized by psychologists and psychiatrists as a genuine mental disorder (e.g., Barakat, 2014; Grossman, 2014). On March 31, 2014, a news story appeared in the *Adobo Chronicles* website that the American Psychiatric Association (APA) had classed 'selfitis' (i.e., the obsessive taking of selfies) as a new mental disorder (Vincent, 2014).

The article claimed that selfitis was "the obsessive compulsive desire to take photos of one's self and post them on social media as a way to make up for the lack of self-esteem and to fill a gap in intimacy". The same article also claimed there are three levels of the disorder – borderline ("taking photos of one's self at least three times a day but not posting them on social media"), acute ("taking photos of one's self at least three times a day and posting each of the photos on social media"), and chronic ("uncontrollable urge to take photos of one's self round the clock and posting the photos on social media more than six times a day"). The story was republished on numerous news sites around the world but it soon became clear the story was a hoax. However, many of the academic papers exploring the concept of 'selfie addiction' have reported the story as genuine (e.g., Bhattacharyya, 2017; Gupta & Pooja, 2016; Kaur & Vig, 2016; Singh & Tripathi, 2017).

Other academics claim in a rather uncritical way that 'selfie addiction' exists. For instance, Shah (2015) claims that selfie-taking behaviour "classically fits" the criteria of addiction (p.602) but then fails to say what these criteria are. He then goes on to argue that anyone taking more than 3-5 selfies a day "may be considered as a disease" and that spending more than 5 minutes taking a single selfie or more than 30 minutes per day may also be "considered as disease" (p.602). Such proposals add little to the credence of excessive selfie-taking being potentially addictive.

In an editorial entitled 'Selfie addiction', Singh and Lippmann (2017) assert that knowing about the psychology of selfies and their consequences is important for both individuals and the communities in which they live. They claim that the taking of selfies can sometimes be "inconsiderate of other people, especially when 'getting the perfect shot' becomes an obsession" (p.2). They claim that excessive selfie clicking can become "a troublesome obsession and may be related to different personality traits" (p.2) such as psychopathy, narcissism, and Machiavellianism. More specifically, they argue that:

"Narcissistic people exhibit feelings of superiority and perfection, but also often harbor self-doubt. Those with psychopathy have little compassion about harming others. Persons with Machiavellian traits fulfill their wishes with diminished ethics. All three utilize social websites that allow posting and amending pictures. Individuals with low self-esteem, obsession, and/or hyperactivity also sometimes exhibit high rates of "snapping" selfies" (pp. 2-3).

In a very brief review of the literature on selfie-taking and mental health, Kaur and Vig (2016) concluded that selfie addiction was most associated with low self-esteem, narcissism, loneliness and depression. Sunitha *et al.* (2016) also reported similar findings based on their review of selfie-taking. In an online populist article on the rise of the 'selfie generation', Tolete and Salarda (2017) interviewed a teen development specialist, Dr. Robyn Silverman, about how and why adolescents might get hooked on selfie-taking. He said that teens "crave positive feedback to help them see how their identity fits into their world. Social media offers an opportunity to garner immediate information...the selfie generation ends up agonizing over very few likes or one or two negative comments, as if these are the only metrics that will prove they matter. One can only imagine the vulnerability of their still fragile self-esteem in such an environment".

Other academics have claimed that while the evidence for 'selfie addiction' being a social problem is lacking, it does not mean that it could not be a 'primary pathology' in times to come (Senft & Baym, 2015). However, there has been very few empirical studies that have examined 'selfie addiction', and those that have been

published suffer from many methodological weaknesses.

For instance, Gaddala *et al.* (2017) examined the association between Internet addiction and 'selfie addiction' among 402 Indian medical students (262 females). They reported a significant association between selfie dependence and internet dependence. However, they used Shah's (2015) operationalization of 'selfie addiction' (the taking of three or more selfies a day; 4% of the total sample), therefore it is unlikely that very few of the participants would have been genuinely addicted to taking selfies.

Singh and Tripathi (2017) carried out a very small study on 50 Indian adolescents aged 12-18 years of age (28 females; average age 14.6 years). They found that narcissism and hyperactivity were positively correlated with 'selfie addiction' whereas self-image was negatively correlated with 'selfie addiction'. However, in addition to the very small sample size, the instrument used to assess selfie tendencies had little to do with addiction and simply asked questions about typical selfie behaviour (e.g., how many selfies a day/week are taken, how much time a day is spent taking selfies, are the selfies posted onto social media, etc.)

A study by Kela *et al.* (2017) examined the more medical effects of excessive selfie-taking. In a survey of 250 Indian students aged 18-25 years (56% females), it was reported that 30% reported lower back ache, 15% suffered stress, 20%, suffered from cervical spondylitis, 25% suffered from headache, and 10% suffered from 'selfie elbow' (a tendonitis condition). However, it was unclear from the methodology described to what extent these effects were specifically attributable to selfie-taking.

More recently, we carried out a study trying to establish whether 'selfitis' (obsessive selfie taking) actually exists (i.e. Balakrishnan & Griffiths, 2017). Across two studies we empirically explored the concept of selfitis and collected data on the existence of selfitis with respect to the three alleged levels (borderline, acute, and chronic) and developed a new scale to assess sub-components of selfitis (the 'Selfitis Behaviour Scale' which can be used to assess the severity of selfitis).

The study began by using focus group interviews with 225 teenagers and young adults to gather an initial set of items that underlie selfitis. Example questions used during the focus

group interviews included "What compels you to take selfies?", "Do you feel addicted to taking selfies?", and "Do you think that someone can become addicted to taking selfies?" Based on the findings a scale was constructed and rigorously tested on a further 400 participants (also teenagers and young adults).

The scale we developed comprised questions relating to the six main motivations for taking selfies that were identified in the research using focus groups. The six components of selfitis were: environmental enhancement (e.g., taking selfies in specific locations to feel good and show off to others), social competition (e.g., taking selfies to get more 'likes' on social media), attention seeking (e.g., taking selfies to gain attention from others), mood modification (e.g., taking selfies to feel better), self-confidence (e.g., taking selfies to feel more positive about oneself), and subjective conformity (e.g., taking selfies to fit in with one's social group and peers). Our findings also showed that those with chronic selfitis were more likely to be motivated to take selfies due to attention seeking, environmental enhancement, and social competition.

Our findings suggest that those with chronic levels of selfitis are seeking to 'fit in' with those around them, and may display symptoms similar to other potentially addictive behaviours. Now the existence of the condition appears to have been confirmed, it is hoped that further research will be carried out to understand more about how and why people develop this potentially obsessive behaviour, and what can be done to help people who are the most affected.

However, the findings of our research do not indicate that selfitis is a mental disorder, only that selfitis appears to be a condition that requires further research to assess fully the psychosocial impacts that the behaviour might have on the individual.

Taking the academic literature as a whole, there is little evidence – as yet – that 'selfie addiction' exists, although, if stories like Danny Bowman are to be believed, it does appear possible for an individual to become addicted to such an activity.

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How to test for selfitis using the Selfitis Behaviour Scale

Using the statements below, rate them 1-5, where 5 is strongly agree, and 1 is strongly disagree. The higher your score, the greater the likelihood is that you suffer from selfitis.

1. Taking selfies gives me a good feeling to better enjoy my environment
2. Sharing my selfies creates healthy competition with my friends and colleagues
3. I gain enormous attention by sharing my selfies on social media
4. I am able to reduce my stress level by taking selfies
5. I feel confident when I take a selfie
6. I gain more acceptance among my peer group when I take selfies and share them on social media
7. I am able to express myself more in my environment through selfies
8. Taking different selfie poses helps increase my social status
9. I feel more popular when I post my selfies on social media
10. Taking more selfies improves my mood and makes me feel happy
11. I become more positive about myself when I take selfies
12. I become a strong member of my peer group through selfie postings
13. Taking selfies provides better memories about the occasion and the experience
14. I post frequent selfies to get more 'likes' and comments on social media
15. By posting selfies, I expect my friends to appraise me
16. Taking selfies instantly modifies my mood
17. I take more selfies and look at them privately to increase my confidence
18. When I don't take selfies, I feel detached from my peer group
19. I take selfies as trophies for future memories
20. I use photo editing tools to enhance my selfie to look better than others

Please note that Items 1, 7, 13, and 19 relate to environmental enhancement; Items 2, 8, 14 and 20 relate to social competition; Items 3, 9, and 15 relate to attention seeking; Items 4, 10, and 16 relate to mood modification; Items 5, 11, and 17 relate to self-confidence; Items 6, 12, and 18 relate to subjective conformity

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