Behaviours that are performed compulsively and repetitively and are associated with certain negative consequences have been a conceptual challenge for psychopathology. They are usually labelled as behavioural addictions, although this term has been vague, misused and applied to an exceptionally wide variety of activities (Starcevic, 2016). A similar trend to medicalise problematic behaviours has appeared more recently, with an emergence of ‘selfitis’ (Balakrishnan and Griffiths, in press). This article draws attention to these troublesome tendencies and aims to shed more light on their origin and implications.

Addiction or inflammation: that is the question?

The concept of behavioural addiction has been both heavily promoted and criticised (Billieux et al., 2015; Starcevic, 2016). The tide of behavioural addictions remains high and sometimes resembles a tsunami that is going to drown every effort to stop pathologising human behaviour and maintain common sense. Thus, in recent years, almost every activity has been a prey to a tendency to make it look addictive, which has resulted in ‘new disorders’ such as musical activity addiction (or musicorexia), stock market addiction, religious addiction, study addiction and dance addiction. In addition, pathological behaviours or mental disorders such as deliberate self-harm (or borderline personality disorder), impulsive sexual behaviour, anorexia nervosa and binge eating disorder have been proposed to be better understood as addiction to self-mutilation, sex addiction, starvation addiction and food addiction, respectively.

A group of scholars and researchers have recently made an effort to reach a consensus, promote conceptual rigour and avoid misuse by proposing an open (modifiable) definition of behavioural addiction. According to this definition, behavioural addiction represents a repeated and persistent behaviour leading to a significant harm or distress, whereas the behaviour is not being reduced by the person and the associated harm or distress is of a functionally impairing nature (Kardefelt-Winther et al., 2017). One advantage of this definition is that it clearly stipulates the activities and contexts that do not qualify as behavioural addiction: activities that represent a free-will choice (e.g. participation in extreme sports) and behaviours that are better explained by an underlying disorder, are a result of a coping strategy and/or do not lead to significant functional impairment or distress despite heavy involvement. The definition has already been modified, with behavioural addiction excluding behaviours that result from a temporary coping strategy as an expected response to common stressors or losses (Billieux et al., 2017).

A trend that seemingly abandons the conceptualisation of problematic behaviours as behavioural addictions has emerged recently. Thus, instead of labelling an excessive and sometimes dangerous practice of taking selfies as a ‘selfie addiction’, this behaviour was conceptualised as an inflammation-like selfitis (Balakrishnan and Griffiths, in press). It was defined as the ‘obsessive taking of selfies’ and an instrument, the Selfitis Behaviour Scale, was developed to measure the intensity of selfitis, which the authors suggested should be investigated in relation to ‘selfitis addiction and/or compulsion’ (Balakrishnan and Griffiths, in press: 8). Interestingly, the components of selfitis that were identified (environmental enhancement, social competition, attention seeking, mood modification, self-confidence and subjective conformity) have practically nothing in common with behavioural addiction, as defined above. Therefore, selfitis appears to be a construct that is very different from ‘selfie addiction’, and its purported link with compulsivity also seems tenuous.

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Predictably, this emergence of selfitis in the scientific literature did not go unnoticed by the media, always ready to exploit everything that is ‘novel’ and sensational. Thus, one newspaper reported that selfitis, ‘the obsessive need to post selfies’, was a ‘genuine mental disorder’ and quoted one of the authors of the aforementioned article that the existence of selfitis appeared to be confirmed (www.telegraph.co.uk/ science/2017/12/15/selfitis-obsessive-need-post-selfies-genuine-mental-disorder/). Eureka! The word has thus become enriched by one more ‘condition’, complete with an assessment tool to establish its severity and a suggestion that people with selfitis may need professional help.

Two phenomena are striking in this popular embracement of ‘new disorders’ that seem to be a product of the times in which we live. One is an uncritical acceptance of problematic behaviours as mental disorders by many mental health professionals and members of a wider audience alike, possibly due to the relative novelty of such behaviours and their relationship with use of modern technologies. A behaviour that may result in death could arise from mental illness, for example, suicide in the context of depression, but not every such behaviour points to a mental disorder as the culprit. Examples are taking selfies in places where it might be dangerous to do so (e.g. cliffs), but much more commonly, it is reckless driving. Intriguingly, while such driving itself is not considered a mental disorder, one line of reasoning supporting selfitis as a mental disorder is that it could have a tragic outcome.

The second phenomenon, largely related to the previous one, is a tendency to medicalise problematic behaviours by attaching medical or medically-sounding diagnostic labels. As already noted, the dominant tendency in this regard has been to conceptualise a wide variety of problematic behaviours as addictions, but this may be changing to some extent, with the introduction of inflammation-invoking terms such as selfitis and an increasing popularity of the terms like ‘Twitteritis’. Does this mean that the medical metaphor for problematic behaviours is moving from addiction to inflammation? It is more likely that the reasons for using certain terms are more trivial and that many are related to how they ‘sound’. For example, ‘Facebookitis’ is an awkward-sounding word, whereas ‘Facebook addiction’ may sound more compelling to some. Likewise, ‘Internetitis’ is tongue-braking, unlike ‘Internet addiction’. Labelling certain behaviours as inflammation-like rather than addiction-like might be less stigmatising and more socially acceptable, but this does not appear to influence the terminological preference. It is also important to remember that medical terminology is often heavily influenced by the fads of the time. If we happened to live in the final decades of the 19th century, selfitis and ‘Twitteritis’ might be called ‘selfifmania’ and ‘Twitteromania’.

Does every behavioural quirkiness need a medical name, its own scale and treatment?

The proposed definition of behavioural addiction is appropriately ‘conservative’ as it sets relatively strict criteria for considering any behavioural manifestation as addiction. At the same time, there is little risk that according to this definition, behaviours such as problematic gambling that are associated with significant harm or distress and functional impairment would not qualify as behavioural addiction and fail to reach the threshold of a disorder. Yet, humbleness is very much needed in an age in which instant fame comes with the ‘discovery’ and promotion of ‘new disorders’. Unusual and reward-driven human behaviours do not necessarily denote psychopathology and should not always be construed as disorders with a medical name, diagnostic instructions and suggestions for treatment. Ignoring this would only lead to a proliferation of psychiatric diagnoses of a very dubious validity and utility – something that psychiatry has already been justly criticised for.

Medical terminology and medicalisation may be attractive as a way of confirming deviance (‘something is wrong with that person’) and legitimising that the behaviour in question is abnormal. However, medical terms in this context only have labelling and potentially stigmatising effects and no explanatory power, with the road from an abnormal behaviour to a mental disorder usually being a long and winding one.

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