Mobile phone addiction: An Overview

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INTRODUCTION

Today, a cell phone/mobile phone isn’t just a rich man’s fashion accessory in the world. It’s transforming the way millions of people do business in a country where even landlines were a luxury barely a decade ago. Across the country people with low incomes are now adopting cellular phones as tools for enhancing their business.

According to Oxford English Dictionary one of the earliest uses of word ‘mobile’ was in association with the Latin phrase ‘mobile vulgus’, i.e. excitable crowd. Today’s mobile phones live up to these origins. Invention of fixed telephone in 19th century was no more a wonder in 21st century when human brain invented portable “mobile phone”. Mobile phone technology has experienced a tremendous growth. In 1946, Swedish mobile used the first official mobile phone. In 1983, Motorola presented 1st truly portable cell phone (www.tech-faq.com).

Since the appearance of the cell phone, the anomalous use of this device has called into question whether the abuse of its use could lead to addiction. This problem is identical to the one regarding the existence of behavioral addictions as opposed to substance addictions. The existence of cellphone addiction, as opposed to it being the manifestation of an impulsivity disorder, has been questioned without necessarily considering the concept of addiction. To date, the DSM-5 has only recognized compulsive gam-
bling as a behavioural addiction, considering the rest of these types of abuse as impulse disorders, and the clinical world has not done much more than proclaims that many of them are true addictions that affect patients’ lives.\(^{(16)}\)

**WHAT IS MOBILE PHONE ADDICTION?**

Mobile-phone addiction is a dependence syndrome seen among certain mobile phone users. Some mobile phone users exhibit problematic behaviours related to substance use disorders.\(^{(5)}\)

Mobile phone addiction can be defined as problematic, dysfunctional use of the mobile phone, which has the following characteristics and symptoms:\(^{(6)}\)

- A strong desire to use the mobile phone, make phone calls or send text messages, expressed as constant preoccupation with those activities.
- The need to increase the frequency and time of making phone calls and sending text messages.
- Repeated unsuccessful efforts to cease or reduce the number of phone calls made and text messages sent.
- Withdrawal symptoms such as restlessness, anxiety and depression associated with attempts to cease or reduce the number and time of phone calls and the number of text messages sent;
- Making longer phone calls and sending a larger number of text messages than originally intended.
- Financial, career, family and social problems caused by mobile phone use.
- Lying to family and friends to conceal the costs of and the time devoted to making phone calls and sending text messages.
- Use of the mobile phone as a way of escaping from real problems or as a mood enhancer (to relieve loneliness, anxiety, depression or guilt)\(^{(6)}\)

The cell phone enables behavioural problems and disorders, particularly in adolescents. This fact has become more and more evident in communications media, inspiring new pathologies, such as “Nomophobia” (No-Mobile Phobia), “FOMO” (Fear Of Missing Out) – the fear of being without a cell phone, disconnected or off the Internet, “Textaphrenia” and “Ringxiety” – the false sensation of having received a text message or call that leads to
constantly checking the device, and “Textxiety” – the anxiety of receiving and responding immediately to text messages.\(^7\)

Physical and psychological problems have reportedly resulted from cell-phone abuse, including rigidity and muscle pain, ocular afflictions resulting from Computer Vision Syndrome reflected in fatigue, dryness, blurry vision, irritation, or ocular redness,\(^8\) auditory and tactile illusions – the sensation of having heard a ring or felt a vibration of a cell phone\(^9,10\), and pain and weakness in the thumbs and wrists leading to an increased number of cases of de Quervain’s tenosynovitis.\(^11\)

**PREVALENCE**

The prevalence among British adolescents aged 11-14 was 10\%.\(^12\) In India, addiction is stated at 39-44\% for this age group.\(^13\) Under different diagnostic criteria, the estimated prevalence ranges from 0 to 38\%, with self-attribution of mobile phone addiction exceeding the prevalence estimated in the studies themselves.\(^14\) Women are more likely to develop addictive mobile phone behaviour than men. Men experience less social stress than women and use their mobile phones less for social purposes. Older people are less likely to develop addictive mobile phone behaviour because of different social usage, stress and greater self-regulation.\(^15\)

**Table 1: Symptomatology of problematic cell-phone use vs. DSM-5 criteria for compulsive gambling and substance use\(^{5,16}\)**

<table>
<thead>
<tr>
<th>Symptomatology of problematic cell-phone use(^5)</th>
<th>DSM-5 criteria for substance use disorder(^{16})</th>
<th>DSM-5 criteria for gambling disorder(^{16})</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problems and conscious use in dangerous situations or in prohibited contexts</td>
<td>1. Dangerous use</td>
<td>A. Persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:</td>
</tr>
<tr>
<td>2. Social and family conflicts and confrontations, as well as loss of interest in other activities</td>
<td>2. Social, interpersonal problems related to use</td>
<td>2. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.</td>
</tr>
<tr>
<td>3. Continuing behaviour despite the negative effects and/or personal malaise it causes</td>
<td>3. Continues using the substance despite being conscious of recurring or persistent psychological or physical problems, which appear to be caused or exacerbated by substance use</td>
<td>4. Repeated attempts to quit, to stop using</td>
</tr>
<tr>
<td>4. Difficulty of controlling</td>
<td>4. Spends a lot of time getting the substance, using it, or recovering from its effects</td>
<td>2. Is restless or irritable when attempting to cut down or stop gambling.</td>
</tr>
</tbody>
</table>

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5. Frequent and constant checking of phone in very brief periods of time with insomnia and sleep disturbances

6. Tolerance

4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).

6. Tolerance

7. Progressive increase in use

5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).

7. Excessive use, urgency, need to be connected

8. Abstinence syndrome

6. After losing money gambling, often returns another day to get even (“chasing” one’s losses).

8. Abstinence, dependence, craving. Anxiety, irritability if cell phone is not accessible, feelings of unease when unable to use.

7. Lies to conceal the extent of involvement with gambling.

9. Increase in use to achieve satisfaction or relaxation or to counteract a dysphoric mood.

8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.

9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behaviour is not better explained by a manic episode.

PSYCHOLOGICAL PROBLEMS AND PSYCHIATRIC CO-MORBIDITIES

With respect to the psychological problems derived from cell-phone abuse mostly interfere with healthy activities and habits, specifically affecting sleep time and quality. In particular, Sahin et al. (18) observed that the higher students’ points are for problematic use on the Mobile Phone Problem Use Scale (MPPUS), (2) the greater the deterioration in their sleep quality, measured using the Pittsburgh Sleep Quality scale. (17) Personality problems and psychiatric symptoms coexist with substance and behavioural abuse. In a study with students, Sanchez Martinez and Otero (19) found a significant relationship between cell-phone abuse, school failure, depressive symptomatology, smoking and consuming cannabis, and other drugs. Similarly, Toda et al. (20) also observed a relationship between cell-phone use and smoking,
solely in males, without alcohol consumption, likely due to its lower penetration in their Japanese sample. Social networks have also been shown to coexist with substance use.\(^{(21)}\) Augner and Hacker\(^{(22)}\) discovered significant relationships between cell-phone abuse, chronic stress, emotional stability, and depression in young women. Tavakolizadeh et al.\(^{(23)}\) also observed a coexistence relationship between one’s mental health state — the tendency toward somatization, anxiety, and depression due to excessive cell-phone use.

**CONCLUSION**

Undoubtedly, the greatest roadblock to research in cell-phone abuse is the diversity of terms, criteria, and constructs available in the field. Some researchers are convinced that we are facing an addiction unlike any other. In addition, a prudent attitude exists toward the classification of addiction. In effect, whether or not it is an addiction, cell phones give rise to problems that increasingly affect daily life, for the most part without the risk of uncontrolled spending with the establishment of flat rates or free Wi-Fi access and unlimited use. With respect to the psychological and psychiatric problems associated with problematic cell-phone use, there is an inverse relationship between mental health, healthy habits, and cell-phone addiction. Co-morbidities reported include sleep affectations, anxiety, stress (and depression, to a lesser extent), and consumption of substances, such as alcohol or tobacco, particularly in adolescents. In addition, coexistence with certain psychiatric pathologies, in which lack of impulse control is shared, is also evident. In summary, there is still much work to be done in this field in light of the limitation of its concepts & criteria.\(^{(4)}\)

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