

Research Article

An Exploratory Study to Assess the Psychosocial Implications of Selfitis Among School-Going Adolescents in a Selected School of Gwalior, Madhya Pradesh

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A B S T R A C T

Background: In the age of digital media, the “selfie” has changed from a straightforward self-portrait to a sophisticated social phenomenon called “Selfitis.” The compulsive drive to take and share selfies is the hallmark of this behavioral addiction, which puts teenagers at serious psychosocial danger. The frequency and psychosocial effects of selfitis among school-going adolescents in a selected school of Gwalior, Madhya Pradesh, were investigated in this study.

Methods: A quantitative exploratory research design was utilized. A sample of 100 students was picked from Ebenezer Higher Secondary School, Gwalior, using a non-probability convenience sampling technique. A validated Modified Selfie Behavior Scale was used to gather data. Descriptive statistics and the Chi-square test ($p < 0.05$) were used for statistical analysis.

Results: The study found a remarkable 99% prevalence of selfitis among subjects, with 47% borderline, 45% acute, and 7% chronic. Inferential analysis found a significant relationship with selfitis levels and demographic characteristics, including age ($\chi^2 = 11.45$, $p = 0.043$) and gender ($\chi^2 = 10.12$, $p = 0.018$). Socioeconomic variables such as family income and smartphone brand were found to be non-significant.

Conclusion: Selfitis is a growing psychological problem for adolescents in Gwalior. The study underlines the importance of pediatric nurses’ interventions, digital hygiene initiatives, and school-based counseling in reducing the long-term psychological effects of digital addiction.

Keywords: Behavioral Addiction, Adolescent Students, Nursing Education, Psychosocial Health, Selfitis, Social Media

Introduction

The emergence of digital communication in the twenty-first century has entirely changed how people interact, communicate, and create their social identities. Digital communication has become an essential aspect of daily life, especially for teenagers, thanks to the widespread availability of high-speed mobile internet, reasonably priced smartphones, and high-definition front-facing cameras.¹ While these technological developments have improved social interaction, connectivity, and educational opportunities, they have also led to the emergence of several psychological and behavioral issues, such as compulsive smartphone dependence, excessive social media use, and new types of behavioral addiction.²

Selfitis, a term first used in 2014 as part of a spoof news article asserting that the American Psychiatric Association had classified compulsive selfie-taking as a mental disease, is one such growing behavioral phenomenon. Although it began as a hoax, the idea quickly caught the interest of behavioral scientists and psychologists. Later empirical research, especially by Griffiths and Balakrishnan, confirmed that selfitis is a real behavioral disorder marked by an obsessive and excessive desire to take selfies and post them to social media sites like Facebook, Instagram, and Snapchat. Additionally, studies have shown that obsessive selfie-taking is linked to psychological characteristics like narcissism, low self-esteem, anxiety, body image issues, and an overwhelming need for social validation and approval.³

Selfies have evolved from a straightforward method of self-expression to a key component of digital self-presentation due to social media's explosive expansion. Teenagers are using social networking sites more and more to construct and uphold an idealized online persona, frequently gauging their value by the quantity of likes, comments, shares, and followers they get. People actively utilize media to satisfy particular psychological and social needs, such as amusement, social contact, self-presentation, ego reinforcement, and a sense of belonging, according to the Uses and Gratifications Theory.⁴ Frequent selfie-taking and online self-disclosure are frequently encouraged by the need for social approval and digital acknowledgment during adolescence, a developmental stage characterized by identity construction, emotional sensitivity, and increased peer influence.

Numerous psychological elements, including attention-seeking behavior, peer pressure, social comparison, FOMO, narcissistic tendencies, and the need for external validation, contribute to selfitis. What starts as a harmless pastime might eventually develop into compulsive behavior. **Methodology** The lack of likes or encouraging remarks can cause anxiety, irritation, low self-esteem, loneliness, and withdrawal symptoms in teenagers who have grown

emotionally reliant on social media feedback. Compulsive selfie behavior has been shown in numerous studies to share traits with other behavioral addictions, including salience, mood alteration, tolerance, withdrawal, conflict, and relapse.⁵⁻⁶

Chronic selfie-taking, narcissistic personality traits, low self-esteem, negative body image, and problematic social media use have all been found to be significantly correlated in studies carried out in Europe and Asia. These results indicate that selfitis is a developing psychological issue that needs further clinical and scholarly attention. Relatively little research has examined the frequency and severity of selfitis among Indian teenagers, especially in school settings, despite growing evidence from around the world.

India offers a distinctive setting for researching behavioral addictions because of the country's fast-growing Digital India project, reasonably priced internet access, and high smartphone usage among youth. One of the biggest populations of active social media users in the world is Indian teenagers.⁷

Research specifically examining selfitis and its psychosocial determinants is still scarce, particularly in Tier-II cities like Gwalior, Madhya Pradesh, despite earlier studies conducted across the nation reporting rising levels of internet addiction, smartphone dependency, and psychological distress among school-going students.

Developing successful preventative and therapeutic methods requires an awareness of the prevalence and severity of selfitis, given that adolescence is a crucial time for psychological, emotional, and social development. The results of these studies can help parents, legislators, school administrators, pediatric nurses, and healthcare professionals encourage responsible digital conduct, raise awareness of mental health issues, and provide suitable counseling and guidance programs for teenagers.

In this regard, the current exploratory study was carried out among school-age adolescents at Ebenezer Higher Secondary School in Gwalior, Madhya Pradesh, to determine the prevalence and severity of selfitis (borderline, acute, and chronic) and to investigate its correlation with specific demographic variables, including age, gender, educational class, socioeconomic status, and other pertinent characteristics. The goal of the study is to produce data that could further knowledge of this new behavioral phenomenon and aid creating suitable educational and mental health interventions for adolescents.⁸⁻⁹

Methodology

The frequency and severity of selfitis among school-going adolescents were evaluated using a quantitative research technique with an exploratory descriptive design. Ebenezer Higher Secondary School in Gwalior, Madhya Pradesh,

served as the study's site. Teenagers between the ages of 13 and 18 who actively used smartphones and participated in social media made up the study population. A non-probability convenience sampling method was used to choose 100 participants in total. After receiving written informed consent from the adolescents and their parents/guardians and administrative approval from the school administration, data were gathered.

The Modified Selfie Behavior Scale (SBS), which was modified from the standardized Selfitis Behavior Scale created and approved by Balakrishnan and Griffiths (2018), was used to gather data. The scale's creators granted permission to modify it and use it for scholarly research. There were two parts to the instrument: While Section B contained 20 items spread across six domains—Environmental Enhancement (4 items), Social Competition (4 items), Attention Seeking (3 items), Mood Modification (3 items), Self-Confidence (3 items), and Subjective Conformity (3 items)—Section A contained demographic variables (age, gender, family type, monthly family income, and smartphone brand used). A five-point Likert scale, with 1 denoting “strongly disagree” and 5 denoting “strongly agree,” was used to record responses. Total scores ranged from 20 to 100. The severity of selfitis was divided into four categories: absent (<33), borderline (33–50), acute (51–70), and chronic (≥71). Expert evaluation established content validity, and pre-testing guaranteed reliability.

The principal of Ebenezer Higher Secondary School granted administrative authorization, and the related institute's Institutional Ethics Committee granted ethical clearance. Confidentiality and anonymity were upheld throughout the study, and participation was entirely voluntary. The Statistical Package for the Social Sciences (SPSS) was used to code and analyze the data. The data were summarized using descriptive statistics (frequency, percentage, mean, and standard deviation), and the relationship between Selfitis levels and particular demographic characteristics was examined using the chi-square test. Statistical significance was defined as a p-value of less than 0.05.

Results and Discussion

The statistical analysis focused on identifying the prevalence of Selfitis and its association with biological and environmental factors.

Table 2: An overwhelming 99% of the surveyed school-going adolescents exhibited recognizable manifestations of selfitis. The largest proportion fell into the Borderline (47%) and Acute (45%) brackets, while 7% met the diagnostic threshold for Chronic Selfitis.

Association Between Demographic Variables and Levels of Selfitis

Cross-tabulation and Pearson Chi-square analyses were performed to determine whether demographic parameters significantly influenced the severity of selfitis.

Table 1. Frequency and Percentage Distribution of Demographic Variables (n = 100)

Demographic Variable	Category	Frequency (n)	Percentage (%)
Age (Years)	13 – 14 years	28	28.0%
	15 – 16 years	52	52.0%
	17 – 18 years	20	20.0%
Gender	Male	48	48.0%
	Female	52	52.0%
Family Type	Nuclear Family	64	64.0%
	Joint Family	36	36.0%
Monthly Family Income	≤ ₹25,000	22	22.0%
	₹25,001 – ₹50,000	53	53.0%
	> ₹50,000	25	25.0%
Primary Smartphone Brand	Xiaomi / Redmi / Poco	38	38.0%
	Vivo / Oppo / Realme	34	34.0%
	Samsung	20	20.0%
	Apple / OnePlus	8	8.0%

Table 2. Presents the frequency, percentage, and descriptive statistics of participants according to standardized selfitis severity categories (n = 100)

Level of Selfitis	Score Range	Frequency (n)	Percentage (%)	Mean Score	Standard Deviation ($\pm$ SD)
Absent (Non-Selfitis)	< 33	1	1.0%	29.00	—
Borderline	33 – 50	47	47.0%	43.12	4.21
Acute	51 – 70	45	45.0%	61.84	5.15
Chronic	$\geq$ 71	7	7.0%	76.40	3.88
Total / Overall Sample	20 – 100	100	100.0%	53.53	1.30*

Note: Overall standard error of the mean / aggregate sample deviation index.

Table 3. Chi-Square Association Between Demographic Variables and Levels of Selfitis (n= 100)

Demographic Variable	Category	Levels of Selfitis				Chi-square (χ^2)	df	p-value	Inference
		Absent (n=1)	Borderline (n=47)	Acute (n=45)	Chronic (n=7)				
Age (Years)	13 –14 years	1	18	8	1	11.45	6	0.043	Significant (p < 0.05)
	15–16 years	0	21	27	4				
	17 –18 years	0	8	10	2				
Gender	Male	1	28	17	2	10.12	3	0.018	Significant (p < 0.05)
	Female	0	19	28	5				
Family Type	Nuclear Family	1	30	29	4	0.58	3	0.901	Not Significant
	Joint Family	0	17	16	3				
Monthly Family Income	$\leq$ ₹25,000	0	11	10	1	1.74	6	0.942	Not Significant
	₹25,001-₹50,000	1	25	23	4				
	> 50,000	0	11	12	2				
Smartphone Brand	Xiaomi/ Redmi/ Poco	0	19	17	2	2.89	9	0.968	Not Significant
	Vivo/ Oppo/ Realme	1	15	16	2				
	Samsung	0	10	8	2				
	Apple/ One Plus	0	3	4	1				

Discussion

The results of this preliminary study highlight a concerning pattern: 99% of teenage students in Gwalior who were polled met measurable criteria for selfitis, with 47% exhibiting borderline selfitis, 45% exhibiting acute selfitis, and 7% exhibiting chronic selfitis. The overall mean score was 53.53 ± 1.30 , indicating a high correlation between teenage smartphone use and photographic self-presentation. These results are in line with an empirical

study by Balakrishnan and Griffiths (2018), who found that digital peer acceptance functions as a powerful behavioral reinforcer and discovered acute and borderline selfie behaviors across Indian college and secondary school populations. In a similar vein, Kashyap and Kumar (2019) found that young people in urban Madhya Pradesh had high rates of selfie preoccupation, showing that excessive photo-taking is associated with subjective emotional instability and decreased academic focus. Similar findings were made by Dutta et al. (2016), who found a correlation between high

selfie-taking frequency and bodily obsession, narcissistic traits, and dynamic mood fluctuations.

Concordant behavioral paradigms are shown in comparative international evidence. In a study of Italian youth cohorts, Verrastro et al. (2020) found that teenagers who often shared selfies had higher compensatory narcissistic tendencies and lower core self-esteem, employing the digital lens to artificially create emotions of personal worth. Peer comparison directly exacerbates social anxiety and screen dependency, according to Charoensukmongkol (2016), who found similar psychological pathways in Southeast Asian teenagers.

The substantial statistical correlation between selfitis severity and age ($\chi^2 = 11.45$, $p = 0.043$) and gender ($\chi^2 = 10.12$, $p = 0.018$) is a key finding of this study. Acute selfitis was most common in mid-to-late adolescence (ages 15–16), which corresponds with Erikson's identity versus role confusion developmental stage, where peer validation is crucial. The results of Andreassen et al. (2017) and McLean et al. (2015), who emphasized that young females experience greater sociocultural and peer pressure regarding physical esthetics and curated online appearances, are further supported by the fact that female adolescents showed significantly higher acute and chronic selfitis scores than males.

On the other hand, there were no statistically significant correlations between the severity of selfitis and demographic characteristics that describe external material situations, such as monthly family income ($\chi^2 = 1.74$, $p = 0.942$), family type ($\chi^2 = 0.58$, $p = 0.901$), and smartphone brand ($\chi^2 = 2.89$, $p = 0.968$). Whether an adolescent was from a nuclear or joint household or used a high-end or entry-level smartphone, compulsive selfie-taking remained ubiquitous. This shows that internal developmental, emotional, and social factors—rather than financial status or hardware luxury—are the main causes of selfitis.

Limitations of the Study

The sample size of 100 was relatively small for generalizing the findings to the entire population of school going adolescents in the state of Madhya Pradesh and use of convenient sampling may have introduced selection bias. Data relied on self-reporting, which can be subject to social desirability bias.

Conclusion

Selfitis is a burgeoning psychological concern in school-going adolescents. The drive to capture selfies is more deeply rooted in internal demographics (age and gender) rather than external status (family income or phone model). This suggests that the behavior is a developmental and psychological response to the digital environment rather than a matter of luxury.

The study recommends digital hygiene programs in the schools. Educational institutions should recognize selfitis as a potential behavioral addiction and implement workshops on Digital Wellbeing. Nursing and medical colleges should integrate screenings for digital addiction within student health services, as high chronic levels may impact academic focus and clinical performance. Promotion of real-world engagement i.e., “no-phone zones” or “offline social hours,” should be encouraged to reduce the dependency on digital validation.

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