Cell Phone Dependence — a new diagnostic entity

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Mobile or cell phone addiction appears to be a recent common disorder that merits inclusion in new classificatory systems – ICD –XI and DSM-V. It fulfills the diagnostic components: Excessive use – often associated with a loss of sense of time or a neglect of basic drives, Withdrawal, including feelings of anger, tension and/or depression when the phone or network is inaccessible. Also symptoms of Nomophobia or Ringxiety. Tolerance, including the need for new better cell instrument, more software or more hours of use and Negative repercussions, including lying (communifaking), arguments, poor achievement, social isolation and fatigue.

The most interesting research published on cell phone dependence stresses the need for this diagnostic entity. Dependence on space, time, social relations is replaced by dependence on the mobile phones. Roughly 60% of American teenagers own a cell phone and spend an average of an hour a day talking on them – about the same amount of time the average teenager spends doing home work.

The reasons given for increasing cell phone uses being convenience, safety, increased status symbol, entertainment etc. The health risks associated with its use are – addictive, problematic use of cell phones (increased chances of low self-esteem, anxiety or depression), bullying, eye strain and ‘digital or mobile phone thumb’, motor vehicle accidents, nosocomial infections, lack of sleep, brain tumors and low sperm counts, headache, hearing loss, expense, dishonesty (Cyber/Communifaking) i.e. Communifaking is the act of pretending to be on your phone (calling, texting, surfing the web) when in actual fact, you are just a phone call making/taxing impostor who is not communicating with anyone at all (the reasons given for this behavior are – doing it to avoid conversation with strange men, to steer clear from looking and feeling like Billy no mates or you just simply want to show off and dependence (37% of teens felt that they would not be able to live without cell phone once they had it).

Along with cell phone dependence, there may be psychiatric co morbidity (anxiety, ringxiety, depression, nomophobia, insommia, headache, dizziness, decline in quality of life) or physical sequelae (hearing loss, eye strain, digital thumb, allergic contact dermatitis etc) or behavioral co morbidity (internet addiction, sex addiction, pathological gambling, playing with different identities, and projections and dissociation without consequences in real life, hyperpersonal communication in the form of chats and online games etc.).

Like any other addictive substance, cell phone usage has been discouraged among pregnant ladies and children and also in patients on pacemakers and in hospitals where other electronic gazettes are in use (e.g. in operation theaters). They are also not allowed in planes and petrol stations.

The exact incidence or prevalence of cell phone dependence is unknown but it is prevalent in all cultures and societies and is rapidly rising. Cell phone addiction is resistant to treatment, entails
significant risks and has high relapse rates. Moreover, it also makes co morbid disorders less responsive to therapy. Cell phone addiction will constitute a challenge to mental health profession because it is a socially - tolerated behavioral addiction.

References
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