Cover Page

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MIRROR, SELFIE, SOCIETY: AGE AND GENDER INFLUENCES ON SELFITIS BEHAVIOUR

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Abstract:

Selfitis, described as the obsessive and compulsive need to take and share selfies is often linked to low self-esteem, where individuals seek external validation to compensate for feelings of inadequacy. Young adults are particularly vulnerable to this phenomenon due to their heightened social media engagement, identity exploration, and peer influence. The study was conducted by administering a google form on selfitis behavior among 150 students aged 18–25 years, including both male and female participants pursuing undergraduate and postgraduate education. Data were collected using the *Selfitis Behavior Scale (SBS)* developed by Balakrishnan and Griffiths (2018), which assesses six domains: environmental enhancement, social competition, attention seeking, mood modification, self-confidence, and social conformity. ANOVA was used to determine if there was any statistical significance in age and gender. The results indicated that there were no statistically significant effects of selfitis on gender and age. That shows how the condition in this study was not necessarily confined to females. Slight variations were observed based on the responses of both male and female participants, but they were not significant. Females typically exhibit a higher incidence and frequency of selfitis compared to males. They often score higher in terms of selfie addiction and experience greater appearance anxiety related to their selfie behaviour. Although some studies report no gender differences or even a higher prevalence among males in certain samples, these findings are less common.

Keywords: Selfitis, Selfies, Gender Differences, Age, And Digital Behavior

Background:

In a world filled with influencers and an overwhelming amount of social media content, taking a selfie has evolved into a complex phenomenon that reflects a wide range of human emotions and psychological states. What was once a simple self-portrait now serves as a narrative of confidence and self-expression, allowing individuals to celebrate their identities and connect with like-minded communities. However, for some, the relentless pursuit of the "perfect" selfie can become an exhausting and anxiety-inducing endeavor, driven by a need for external validation and social comparison. In its most problematic form, this behavior can develop into a deeper psychological issue, causing individuals to rely on selfies to cope with low self-esteem, poor body image, or a craving for constant attention. This shift transforms a seemingly harmless trend into a source of psychological distress.

The term "selfitis" refers to an obsessive-compulsive desire to take and share selfies on social media. This behavior often stems from low self-esteem or a need for intimacy (Oppong et al., 2022; Vijayan et al., 2024). Although selfitis is not currently recognised as a mental disorder in major diagnostic manuals like the DSM-5, it has significant psychological implications and is the focus of considerable research. This has led to the development of the Selfitis Behavior Scale (SBS), which measures this behavior (Balakrishnan & Griffiths, 2017). Empirical studies confirm that selfitis is significantly predicted by narcissistic traits and low self-esteem (Shajan et al., 2023; Lal, Singh & Sekhri, 2023) (Lal et al., 2023). For

Cover Page

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example, Shajan et al. (2023) found that young people often use selfies as a coping mechanism for low self-esteem, seeking social attention and validation. This behavior can reinforce their self-image through external reactions, reflecting patterns commonly seen in digital addiction frameworks.

Additionally, selfitis is strongly linked to other factors. Lal, Singh, and Sekhri (2023) confirmed significant correlations between selfitis and narcissism, self-esteem, personality, and body image among female youth. Similarly, Hegde et al. (2024) identified a weak but significant connection between appearance anxiety and selfitis, suggesting that concerns about one's looks may encourage excessive selfie posting in pursuit of approval.

Selfitis functions as an important mediating factor, linking problematic social media use and smartphone use with poor body self-image, ultimately leading to psychological distress such as depression, anxiety, and stress (Oppong et al., 2022). However, Oppong et al. (2022) concluded that selfitis does not mediate the relationship between self-esteem and psychological distress. The motivations for taking selfies are diverse, including a desire for social inclusion, creating memories, receiving feedback, and boosting self-confidence (Vijayan et al., 2024). The impact of taking selfies is mixed: positive feedback can lead to feelings of happiness, while negative feedback or a lack of attention can result in insecurity and distress (Vijayan et al., 2024).

Interestingly, Hegde et al. (2024) found no significant correlation between narcissistic personality traits and selfitis, despite previous research linking the two. This suggests a more complex, socially reinforced pathway for attention-seeking through concerns about one's appearance. Beyond the psychological impact, this behavior poses serious physical risks. Flaherty and Choi (2016) noted that reduced awareness of surroundings while taking selfies has led to serious injuries and fatalities among travelers, including falls, attacks by wild animals, and traffic accidents. In this modern context, selfies tell a nuanced story of both empowerment and vulnerability, reflecting the diverse ways people navigate their digital and emotional lives.

Dimensions of the Selfitis Behavior Scale (SBS)

The scale includes six main dimensions, each representing a different aspect of selfitis behavior:

1. Environmental Enhancement: This dimension captures the tendency to take selfies to improve or enjoy the environment, seeking positive feelings or memories related to the activity.

2. Social Competition: This relates to using selfies as a way of social comparison or competition, aiming to boost one's social status or use creative tactics to attract attention.

3. Attention Seeking: Reflects the desire for recognition and validation from others, often through posting selfies on social media.

4. Mood Modification: Covers the use of selfies to change or elevate one's mood, reduce stress, and increase happiness.

5. Self-Confidence: Measures how much taking selfies enhances an individual's self-esteem and positive self-image.

6. Subjective Conformity: Represents the feeling of needing to follow social norms and gain acceptance within peer groups by sharing selfies.

Although this behavior has been empirically studied, the academic literature takes a critical stance, arguing that using medical terminology like "selfitis" may simply reflect the "irresistible appeal of medical jargon" when describing problematic behaviors in the digital age (Starcevic et al., 2018). Research focusing on different populations shows that female gender is often significantly linked to the severity of selfie addiction behavior, as demonstrated in a 2024 study of college students. Additionally, analyses of specific groups, such as nursing students, indicate a high prevalence of selfitis, with most showing either Borderline (73.5%) or Acute (20.5%) levels of the behavior (Singh & Yadav, 2018).

In young females, the motivation for selfitis is closely linked to the desire for validation and the management of internal psychological conflicts. Research has shown a significant positive correlation between selfitis behavior and narcissism in

Cover Page

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female youth, suggesting that this compulsion is driven by exhibitionist tendencies and a need for constant admiration (Lal et al., 2023; Puthiyakath et al., 2024). Notably, this behavior is also associated with lower indicators of mental well-being, demonstrating a significant negative correlation with self-esteem and body image satisfaction (Lal et al., 2023). This compensatory drive is further highlighted by findings that connect selfitis to increased body image dissatisfaction among young adults (Olabisi et al., 2024).

Methods

Participants and Ethical Considerations

This study aimed to find a statistical significance between males and females using demographic factors such as age and gender. The study was expected to show an increase in selfitis behaviour in females than in males based on the responses.

A convenience sample of 150 students was selected for this study, comprising both undergraduate (UG) and postgraduate (PG) students from the affiliated university. This selection aimed to include young adults engaged in tertiary education, as they are particularly vulnerable to selfitis due to their increased social media usage, ongoing identity development, and strong peer influence. It is important to note that all participants provided informed consent before completing the questionnaire, ensuring ethical standards were met throughout the data collection process.

Measures

The primary variable of interest, Selfitis, was measured using the established Selfitis Behavior Scale (SBS). Developed by Balakrishnan and Griffiths in 2018, the SBS is a validated tool designed to assess the frequency and intensity of self-injurious behavior related to selfies (Balakrishnan & Griffiths, 2018). This scale specifically evaluates selfitis across six distinct behavioral domains:

1. Environmental Enhancement: Taking selfies to feel better about one's surroundings.
2. Social Competition: Competing with others concerning the quality and quantity of selfies posted.
3. Attention Seeking: Using selfies to gain attention and validation from peers.
4. Mood Modification: Taking selfies to alter or improve one’s emotional state.
5. Self-Confidence: Taking selfies to boost one’s sense of self-worth.
6. Social Conformity: Taking selfies due to peer pressure or to fit in with a social group.

The data collection instrument, an online questionnaire, was circulated to the target population via a **Google Form**. This method was chosen for its efficiency in reaching a large number of students and for standardizing the administration of the SBS.

Procedure and Data Analysis

The research employed a quantitative, correlational design to collect data online, ensuring consistency and ease of administration. We calculated the selfitis scores for each participant using their responses to the Selfie Behavior Scale (SBS) and subsequently conducted a thorough statistical analysis.

The primary analytical tool used was a Two-Way Analysis of Variance (ANOVA). This method was selected to identify significant differences in the continuous selfitis scores related to two independent categorical demographic variables:

1. Gender (with two categories: Male and Female).

2. Age Group (with two categories: 18–21 years and 22–25 years).

Cover Page

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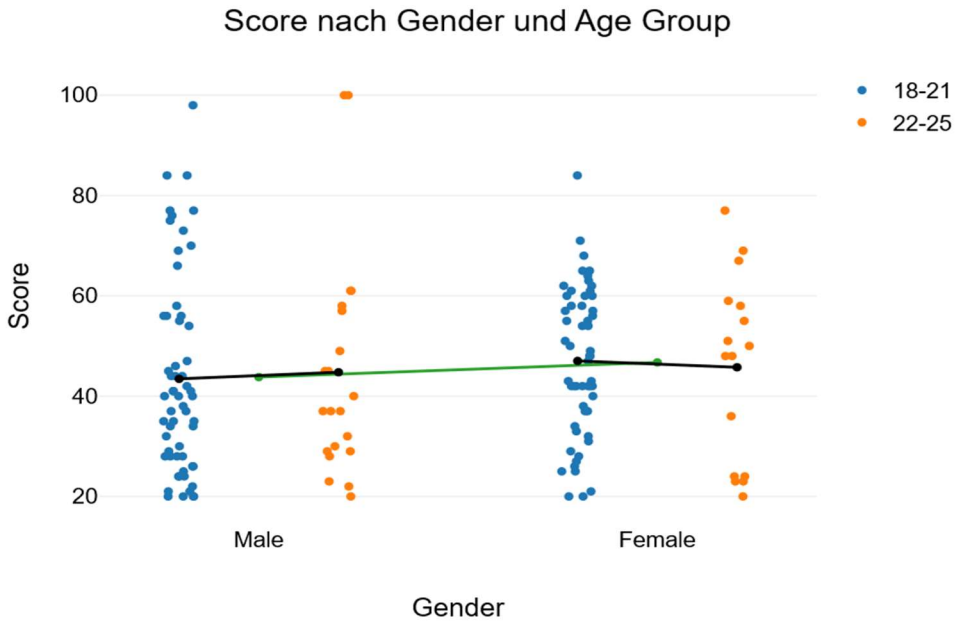
The two-way ANOVA allowed us to evaluate both the main effects of gender and age, as well as the interaction effect between gender and age group on the self-itis scores.

Findings and Interpretations

- The graph showing scores by gender and age group was created to illustrate the distribution of selfitis behavior among different genders in two age groups.
- This distribution aids in understanding the statistical significance attributed to each participant.
- The consistency in responses and the placement of participants reveals a trend of selfitis among the chosen demographic factors, affecting both males and females.



Descriptive Analysis of Mean Scores

The initial descriptive statistics provided valuable insights into the distribution of selfitis scores across different demographic groups. Overall, the mean selfitis scores were higher for females (M = 46.73, SD = 10.95) compared to males (M = 43.80, SD = 11.22). When examining age, the mean scores for the two age categories were quite similar: the 18–21 age group had a mean score of (M = 45.45, SD = 11.23), which was nearly identical to the mean score of the 22–25 age group.

A more detailed analysis, which combined gender and age, revealed that the trend of higher scores for females persisted across both age brackets. Specifically, females aged 18–21 recorded the highest mean score (M = 47.02), while males in the same age group had the lowest mean score (M = 43.45). However, it is important to note that although these descriptive differences suggested a trend, they were not found to be statistically significant.

Cover Page

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Table 1

Source	F	P
Gender	0.96	0.328
Age Group	0.00	0.999
Gender x Age Group	0.14	0.710

f-value and p-value using two-way ANOVA

Inferential Statistical Findings (Two-Way ANOVA)

The two-way ANOVA was performed to assess the reliability of the observed differences. The results indicated a consistent lack of statistically significant findings related to the demographic variables.

Main Effect of Gender

There was no statistically significant main effect of gender on selfitis scores. This conclusion is supported by a low F-ratio and a non-significant p-value: $F(1, 146) = 0.96$, $p = 0.328$. This outcome strongly suggests that the observed numerical difference in mean scores between males and females is not a reliable effect within the larger population; instead, it is likely due to random chance or sampling variability.

Main Effect of Age Group

The analysis revealed no statistically significant main effect for age group. The F-ratio was extremely close to zero, and the p-value approached one: $F(1,146) = 0.00$, $p = 0.999$. This result provides strong evidence that, within the studied range of young adulthood (ages 18–25), there is no significant difference in the level of selfitis behavior between the younger subgroup (ages 18–21) and the older subgroup (ages 22–25).

Interaction Effect

The analysis of the interaction effect between gender and age group was not statistically significant. The results were reported as $F (1,146) = 0.14$, $p = 0.710$. This indicates that there is no significant interaction between gender and selfitis scores across the different age groups. In simpler terms, the tendency for females to score higher than males remained consistent between the 18–21 age group and the 22–25 age group.

Discussion and Conclusion

Interpretation of Non-Significant Findings

The key finding from this exploratory research is that there is no statistical evidence linking selfitis behavior to either gender or age among the sampled population of young adults. Although descriptive statistics indicated a trend—suggesting that females exhibit a slightly higher tendency for selfitis—the results of a two-way ANOVA confirmed that these numerical differences were not statistically significant. Therefore, we can conclude with confidence that the variations in scores are likely due to random fluctuations rather than a genuine, predictable effect of demographic variables.


Cover Page

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This outcome is significant because it contradicts some existing research that has identified a relationship between selfitis and specific demographic factors. By demonstrating that neither gender nor age serves as a predictor for selfitis, this study offers a more nuanced understanding of the phenomenon. It suggests that selfitis may not simply be a consequence of age or gender but could instead result from a complex interplay of other, currently unmeasured factors. The following section discusses in detail the selfitis factors.

Environmental Enhancement

Environmental enhancement explores the relationship between individuals and their physical surroundings, including both natural and constructed environments (Piña et al.). The goal is to understand how these settings influence human behavior, thoughts, and emotions. This field examines how environmental factors—such as noise, temperature, pollution, and access to green spaces—affect mood, productivity, stress levels, and overall well-being (Piña et al.).

Social Competition

Social competition is a factor showing how individuals perceive and respond to rivals in social contexts, driven primarily by the tendency to self-evaluate through social comparison (Garcia et al., 2013). Individual differences play a significant role in competitive behavior. People who are more oriented toward social comparison are more likely to become competitive, especially in small groups where they believe they can stand out (Eastern Oregon University, 2020).

Attention Seeking

Mood Modification

Mood modification refers to the subjective experiences that individuals report as a result of engaging in specific activities. These activities are often used as coping strategies to change their emotional states (Griffiths, 2013). This process usually involves either increasing or decreasing tension in order to achieve an escape from or disconnection with their current feelings. Mood modification is commonly associated with sensations such as an "arousing buzz" or a "high," or the calming feelings of "escape" or "numbing" (Sassover et al., 2024).

Self–Confidence

Self-confidence, is defined as the belief in one's own abilities, qualities, and judgment, along with the trust in one's capacity to handle challenges and achieve desired outcomes (Oswal, 2024). It is not a fixed trait but rather a dynamic psychological phenomenon influenced by various factors, including self-esteem, self-efficacy, social interactions, and cognitive processes (World, 2023). Although self-confidence and self-esteem are often used interchangeably, they are distinct concepts. Self-esteem refers to an overall evaluation of one's worth, while self-confidence specifically pertains to trust in one's ability to succeed in particular tasks or situations (Oswal, 2024).

Subject Conformity

When people alter their behaviour to fit in with a group, it's known as conformity. This can be motivated by the desire to fit in and avoid rejection (normative influence) or the conviction that others are better knowledgeable (informational influence). It can take many different forms, such as internalisation (really accepting group beliefs), identification (taking on a role), or compliance (going along on the outside without internal agreement). The potency of social pressure is demonstrated by a number of well-known experiments, including Zimbardo's Stanford Prison Experiment, Asch's line-judgement test, and Sherif's autokinetic research. Conformity has disadvantages, such as promoting unethical behaviour or groupthink, even though it can be beneficial (e.g., learning from others). MSEd, K. C. (2025, September 23)

Cover Page

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Study Limitations

When interpreting the findings, several inherent limitations should be taken into account:

- Unbalanced Sample Size: The most significant limitation was the unequal distribution of participants across age groups. The younger group (ages 18–21) had a significantly higher number of participants compared to the older group (ages 22–25). This disparity likely impacted the statistical power of the analysis, making it more difficult to detect true effects, if they were present.
- Self-Reported Data: The study relied on an online self-reported questionnaire (using Google Forms), which introduces the possibility of social desirability bias. Participants may have overstated or understated their actual selfitis behaviors due to social pressures or personal perceptions.

Directions for Future Research

- `Given the exploratory nature of the research and its identified limitations, future studies are crucial to solidify and expand upon these findings:
- Sample Improvement: Future research should prioritize obtaining a larger and more balanced sample across various age groups to enhance statistical power and validate the current results.
- Alternative Predictors: Researchers should shift their focus beyond just gender and age to explore other variables that may be more relevant to obsessive-compulsive behaviors on social media. Potential factors for investigation include:
- Personality Traits: Such as narcissism, extroversion, neuroticism, and low self-esteem.
- Social Media Usage Patterns: Including the frequency of posting, time spent on platforms, and the type of content consumed.
- Cultural Influences: Examining how different societal norms regarding self-presentation affect expressions of selfitis.

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Cover Page

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