Media diseases of the never-sleeping brain: Was George Orwell right?

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Abstract

Introduction
Modern media are instruments of a cross-linked social system. Because everyone is involved, media-associated psychological effects have arisen. Due to the bizarre effects of media-caused behaviour, authors have discussed the question of the entity of possible new- and media-associated symptoms and devised a practical way to approach this question. In summary, the question that arises is whether George Orwell’s literally-formulated hypotheses could clarify the phenomenon of media-associated diseases.

Hypothesis
Owing to the increasing use of new media tools, such as smartphones and handhelds, and social media networks, bizarre reports of media-associated aggressive or self-aggressive behaviour have arisen. These reports are perhaps not only a result of a permanent multitasking-use of the new media tools but also a new entity of media-associated diseases caused by the media tools themselves.

Conclusion
To check these implications, we propose a stepwise clinical pathway to clarify the question if the phenomenon of media-associated diseases is genuine or only an end result of the increased use of media tools.

Introduction
Modern media, such as the Internet and mobile phones, are leading irreplaceable instruments of a cross-linked global system. The Internet, which allows people in different parts of the world to exchange information, is accessible everywhere at all times by modern mobile smartphones, which support a wide range of services such as text and multimedia messaging, email, short-range wireless communications (infrared, Bluetooth), business applications, gaming and photography. The use of social networking, including Facebook, Twitter and others, and new media as communication tools has rapidly risen. Nearly everyone in all parts of business and social life are involved in the use of social networking, especially younger clients and peer groups. Additionally, medical consultation, diagnosis and even treatment are performed with the help of tools such as web-based or network-associated instruments.

Additionally, disease-specific and self-regulating media communities have arisen within communities that deal with other social or private content. The new media usage results to its negative side effects; dramatic and sometimes bizarre reports, including suicides addressed via media platforms, suicidal or aggressive behaviour or misuse of the communication tools have been reported.

The incredible and uncoun ted possibilities of these new steadily growing technical innovations may reflect an apparent unlimited progress of human interactions; however, the principles of individuality are increasingly affected by the obligation of permanent accessibility and an overflow of exogenous impulses. The multitasking subject therefore is permanently forced to interact between endogenous and exogenous information. This interaction itself does not represent a ‘quiet process’, as individual and exogenous impulses are in a steadily open (public) interaction, in which the talkativeness of both sides seems to be a never-ending story in a ‘Twitter/Facebook’ society. The alluring freedom of perfect human interactions may be much more invasive for further human development than actually imaginable.

The question that arises is whether new diseases are genuinely caused by media-associated phenomena and the appropriate way to diagnose these diseases.

In 1984, George Orwell described the model of the so-called ‘Thought Police’ (thinkpol in Newspeak), a secret police of Oceania that uncovered and punished thought-crime and thought-criminals by omnipresent surveillance (such as telescreens) to monitor, search and arrest members of society who could potentially challenge the authority and status quo, even if only by thought.

Hypothesis
This model of institutional thought could be interpreted as a kind of psychosis-like persecution by the victim and a transcendental ability by an offender. However, the hypothesis of an increasing loss of individuality and self-control by global communication systems must also be discussed in the context of the effects on the mind and on mankind’s overall evolution.

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Evaluation of the hypothesis
The multitasking, permanently accessible subject increasingly loses his abilities for self-protection, which finally results in the abandonment of the so-called ‘me frontiers,’ which are permanently attacked by exogenous impulses. Thus, the ‘personal firewalls’ are fractured by the exogenous overflow of impulses. The expectation of the social environment on the individual is to be accessible everywhere at all times, which finally may discharge into complete bareness of one’s personal identity. The permanently arriving exogenous impulses overflow the brain with information by additive and visual signals and therefore force the brain to experience a permanent signal attendance.

Long-lasting effects of this apparently voluntary ‘signal overflow’ next to the increasing mission of self-control (the loss of personal firewalls) may be a change in cortical processing from being serial analytic (‘step-by-step processing’) towards a multitasking-adapted, parallel way of thinking, which forces both hemispheres to process information simultaneously in order to utilize all cortical cavities with respect to the enormous amount of incoming information. This processing would be impossible without a bi-hemispheric integration of information processing, which have already been increasingly described in the female gender. Therefore, the new media may induce an evolutionary process towards feminisation of the society.

Discussion
The main question that arises is whether pathological behaviour in social media networks is a symptom, a syndrome, or a genuinely new psychiatric disease, or is it the modern way of impressing a client’s own psychopathological phenomenon. With the topical instruments, this question seems to remain unanswered.

For this reason, we propose the following points to approach this phenomenon:

Firstly, collecting information and data of more cases at the doctor’s office by sensitizing common practitioners could help recognise the epidemiology behind media-associated pathological behaviour.

Screening what the media really does: blinded, randomized and controlled studies with clearly defined protocols and patient groups should be undertaken.

Testing the media’s responsibility: Specific psychological instruments for media-associated (or media-caused) diseases and psychopathological phenomena must be validated.

Specialising the phenomenon: The acceptance of the aforementioned points could possibly lead to a new kind of specialist in the field of new media diseases; this may improve the knowledge and therapeutic options.

Conclusion
Acceptance of the aforementioned points could perhaps lead to a new type of specialist in the field of new media diseases. This may improve the knowledge and therapeutic options.

References