Division 46 (Media Psychology and Technology) of the American Psychological Association expresses concern regarding the proposal by the World Health Organization to include game-related disorders (i.e., “gaming disorder” and “hazardous gaming”) as disorders in the forthcoming International Classification of Diseases (ICD-11). We are concerned that the current research base is not sufficient for this disorder and that this disorder may be more a product of moral panic than good science. Moral Panic Theory relates to social processes that tend to disparage certain elements of society including new technology, and which can result in pressure on scholars and scientific bodies to confirm preexisting social concerns about new technology (Cohen, 1972; Ben-Yahuda, 2009).

Research on what may loosely be called “video game addiction” has been ongoing for 30 years. Nonetheless, that research has not provided clarity on how to define video game addiction (VGA), what symptoms best diagnose it, how prevalent it is, or whether it truly exists as an independent disorder, or, when it occurs is merely symptomatic of other, underlying mental health diagnoses. Some recent research suggests that the VGA construct lacks clinical utility, with those high in VGA no more likely to experience mental health or physical problems than those low in VGA (Przybylski, Weinstein & Murayama, 2017). Other research has suggested that VGA is unstable, with most of those experiencing high symptoms at one time point seeing them resolved several months later without treatment (Rothmund, Klimmt, & Gollwitzer, in press; Sharkow, Festl & Quandt, 2014.) Still other research has suggested that symptoms of VGA arise from other mental health disorders, not uniquely from gaming (Ferguson & Ceranoglu, 2014) and this is more symptom than disorder. Much of the concern has focused on the related “internet gaming disorder” concept proposed for the American Psychiatric Association’s DSM (e.g., Kuss, Griffiths & Pontes, 2017; Quandt, 2017). Although some scholars may support a VGA diagnosis (e.g., Griffiths, Kuss, Lopez-Fernandez, & Pontes, 2017), a large group of 28 scholars have written a piece specifically critical of the WHO’s proposal, a critique we find compelling (Aarseth et al., in press.) Further, although 30 years of research has been conducted, transparency for this research has been low and we would prefer to see a body of research developed using open science, preregistration and standardized measures prior to the reification of a diagnosis.

We note that, certainly, some individuals may overdo gaming. However, this is true for a wide range for activities, including sex, food, work, exercise, shopping, even dance (Maraz, Urbán, Griffiths, & Demetrovics, 2015). We can discern no clear reason why video games are being singled out for a disorder rather than a general “behavioral addiction” category if the concern were truly regarding clinical access for those with problem behaviors. Thus, an obsessive focus of the WHO on VGA would appear to us to be a response to moral panic (e.g., Cohen, 1972; Ben-Yahuda, 2009), one which in turn is likely to fuel more moral panic, including miscommunications that game playing can be compared to substance abuse.

We also express concern that a problematic diagnosis can cause significant harm by distracting clinicians from real problems and encourage treatments that remove coping mechanisms for
stress without replacing them. Further, a problematic diagnosis may promulgate policy efforts that restrict free speech and minors’ rights, without appreciable positive impacts (Lee, Kim & Hong, in press). Thus, we call on the WHO to consider not implementing diagnoses related to gaming at this time.

References


