

# Understanding **BEHAVIORAL ADDICTIONS**

- “I have only recently admitted to myself that I’m addicted to shopping. Every time I pass by a store, I have to go in, and it’s like I completely lose control of myself.”
- “I spend hours on Facebook, mostly doing nothing, getting stuck in stupid discussions.”
- “I’m in my late teens and struggling. I am obsessed with sex to the point that it’s interfering with my day-to-day life. I feel aroused much of the time, or if I’m not currently aroused, the most ridiculously tiny triggers will set it off, like certain words in normal conversation.”
- “I spend many hours a day playing computer games, and when I am not playing, I am thinking about the next time I will be playing.”
- “I finally acknowledged my food addiction when I admitted to myself that for much of my life, but increasingly during the past few years, I have hidden food, planned access to the hidden food, and have been eating in secret. Everyone else I know loves food as much as I do, but they don’t cave in to the slightest pang of hunger and run to the refrigerator.”

**T**he messages above provide a small sample of real statements taken randomly from behavioral-addictions forums on the Internet. While the posters likely differ in age, culture, and gender, all of the messages share a common theme: the surrender of personal choice to satisfy a need. Addiction threatens individual freedom and represents a clear barrier to well-being. Teachers, administrators, and school personnel must inform

themselves about this topic in order to better prepare to take action on behalf of the young people under their care.

### **Addiction Redefined**

Historically, *addiction* has been associated with substance abuse. The only official exception made since the 1980s has been pathological gambling.<sup>1</sup> The American Psychiatric Association’s current manual, the *Diagnostic and Statistical Manual of Mental Health* [DSM-5],<sup>2</sup> labels the pathology as

*Gambling Disorder*, which it combines with the substance-related disorders, but giving it a distinctive code [312.31]. This disorder has been extensively investigated, and inclusion in the category of “addiction” is widely accepted by the psychiatric community. The only other behavioral addiction included in the manual is *Gaming Disorder*, but it is not currently coded or officially classified. However, the DSM-5 includes gaming disorder in

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a small chapter called “Conditions for Further Study,” indicating that this syndrome is likely to be included in the main section once sufficient data have accumulated. Defining *addiction* is, of course, further complicated by the different definitions and types of addiction in locations outside the Euro-American context.

If a behavior as problematic as Internet gaming addiction only appears on the DSM-5’s waitlist, how long will it be until other emerging problematic behaviors are fully recognized? Types of behavioral addictions are expanding, as evidenced by the overview of potential addictions presented by Ascher and Levounis.<sup>3</sup> For this particular issue of the JOURNAL, we have chosen addictions that seem to be most commonly found among K-12 and college-age students: gaming, pornography, the Internet, food, and exercise. Others have also received a great deal of attention,<sup>4</sup> such as texting, kleptomania, sex, love, shopping, tanning, and work, but are not addressed in this issue.

### The Definition and Scope of Behavioral Addictions

Behavioral addiction is defined as persistent and recurring problematic consequences that occur due to the practice of the particular addictive behavior. Most of the criteria utilized by the DSM-5 for substance-use disorders also apply to these types of behavior: excessive practice, time absorption, craving, social impairment, health/mind/legal complications, interference with normal daily activities, and withdrawal symptoms.

Although public opinion is not the criterion for defining addictions, chemical and behavioral addictions are perceived differently by most people. For example, in a study conducted in Canada with a sample of 4,000 participants, Konkoly Thege et al.<sup>5</sup> found that addiction liability and character flaws were the two most important features differentiating substance-related from behavioral addictions. That is, alcohol, tobacco, marijuana, and cocaine were judged to have the potential for greater legal consequences and physiological damage than non-chemical addictions, while problematic behavior related to gambling, eating, shopping, viewing pornography, video gaming, and work was associated with character flaws.

It is important to bear in mind that this perception may cause educators to judge students with behavioral addictions more

harshly than those with chemical addictions because the first group is perceived as more morally deficient than the second group. In reality, both types of addictions occur because of an interaction of psychobiological processes, which are ultimately governed by individual choice.

In fact, certain individuals appear to be more prone to lack of impulse control than others, regardless of the type of addiction, whether chemical or non-chemical. One confirmation of this comes from research conducted in Italy by Di Nicola and associates<sup>6</sup> on a clinical sample of 95 outpatient subjects ages 18 to 65, which found a significant rate of co-occurrence between alcohol-use disorder (also referred to in the literature as alcoholism or alcohol dependence) and behavioral disorders relating to gambling, shopping, sex, exercise, and Internet addiction. This finding indicates a growing trend in the understanding of addictions, which appear to constitute a single underlying disorder with multiple expressions.

The similarity between chemical and behavioral addictions is remarkable. Ascher and Levounis<sup>7</sup> refer to four core symptoms that are common to all addictions, whether to substances like cocaine or to behaviors like playing online games:

1. *Tolerance.* Users need increasingly higher doses or additional time spent performing the behavior in order to obtain comparable effects.
2. *Withdrawal.* Users experience highly uncomfortable symptoms when they discontinue the substance or stop the behavior.
3. *Obsession.* Whether the person is addicted to texting, smoking, or other behaviors, he or she devotes excessive focus, attention, and preoccupation planning, searching for the items needed, and carrying out the behavior. Also, the activity consumes excessive amounts of time.
4. *Consequences.* The addiction causes significant impairment to at least one area of human functioning: health, relationships, spirituality, work, school, and/or finances. Additionally, certain related behaviors, like stealing money for gambling, may have legal consequences.

In addition to these generalizable common features, others frequently occur in both forms of addiction: (a) seeking the behavior even

though it is known to cause harm; (b) compulsion or excessive repetition of the behavior associated with diminished self-control; (c) unsuccessful attempts to stop the behavior; (d) excessive expenditure of resources, especially time and money; (e) lying/other forms of deceit in order to hide the behavior or to obtain additional resources; (f) denial of the problem to family or close friends once they suspect or discover its existence; and (g) depressive symptoms such as lack of pleasure in otherwise likable activities, low motivation, insomnia, feelings of worthlessness, inability to concentrate, and even suicidal thoughts.<sup>8</sup>

Gender differences have been found in the prevalence of behavioral addictions. In a five-year longitudinal study, a team of researchers from the University of Calgary, Alberta, discovered that addiction to food and to shopping was more than three times as common in females as in males. And excessive sexual behavior (defined as preoccupation and over-involvement with sex—inclusive of pornography—that has caused significant financial loss and social or relationship problems within the past 12 months) was almost four times higher in males than in females.<sup>9</sup>

### The Costs of Behavioral Addictions

The adverse consequences of behavioral addictions may become as severe as those of substance addictions. First, young people who are addicted to Internet (or computer) games, pornography, exercise, texting, and the like, experience diminished control over the behavior. The loss of empowerment puts them in particular danger, since it may cause them to feel driven by the addictive behavior and deprived of the necessary will and motivation to govern their lives.

Another area of imminent risk is relationships. Family and friends will perceive a deterioration of rapport with the addict, whose isolation, lies, excuses, mood changes, and personality alterations interfere with social interactions. Those in positions of authority (e.g., parents and teachers) will place pressure upon the youth to produce results (e.g., improve grades, rebuild broken relationships with family or peers, etc.). Those without authority (e.g., friends and classmates) are likely to withdraw and leave the individual isolated.

Addictions almost always have financial implications. The first steps are usually free, but the need for more advanced experiences

leads to online orders, purchase of additional items, subscriptions, etc. And even when the addiction does not require substantial financial transactions, the excessive time consumption translates into some form of economic loss.

Any type of behavioral addiction, even in its early stages, will cause mental-health problems. Young people engaged in the cycles of addictive behavior tend to experience mood changes, guilt, remorse, frustration at their inability to change, and the realization that their patterns of behavior have changed from before the behavior started. Most likely, altered sleep patterns will settle in, personal care will be abandoned, and lack of exercise (unless the addiction is to exercise) will ensue, often causing physical and emotional problems.

Certain types of addiction, like gambling, shopping, kleptomania, or pornography, may lead to legal consequences of a civil or criminal nature, particularly if the addiction is severe. Over time, the addiction can develop such power that it drives the person to commit illegal acts such as stealing, lying, or using physical force to satisfy the craving.

Lastly, there are also losses in terms of the addicted person's spiritual experience. The time and effort devoted to the addiction will diminish the motivation for spiritual/religious practices and affect the person's relationship with God.

We need to remember that God's power is available to enable anyone to overcome the power of addiction and to work through the influence of professionals and other individuals. Psalm 124:7 and 8 (NIV)<sup>10</sup> uses a figure of speech that could be applied to addictions: "We have escaped like a bird from the fowler's snare; the snare has been broken, and we have escaped. Our help is in the name of the Lord, the Maker of heaven and earth."

### Why Is It So Difficult to Free Oneself From an Addiction?

In old Roman society, when a citizen incurred high debt and was unable to amortize it, he or she became *addictus*—enslaved by the imprudent behavior. Typically, the person was condemned to slavery for years or for life, depending on the size of the debt. The creditor(s) would take the debtor (*addictus*) to the public market, where his or her name would be announced, along with the amount of the



debt. This practice provided an opportunity for friends or family to offer the necessary assets to free the debtor. If after 60 days, no one could cancel the debt, the creditor(s) acquired the right to sell the *addictus* as a slave or to keep him or her for their own services.

Notice that the original meaning of the Latin word *addictio* ("addiction") was not associated with alcohol or other substances, but referred to borrowing and spending without the ability or intent to pay back. In contemporary terminology, people who engage in compulsive spending are suffering from a behavioral addiction. Only centuries later was *addiction* applied to the "compulsive drug-taking condition."<sup>11</sup>

Addictive behaviors are so difficult to overcome because of the neurobiological processes that support them. Areas of reward in the brain, such as the nucleus accumbens and the amygdala, are associated with the acquisition and maintenance of rewarding experiences that appear to be strengthened by (1) using certain substances or (2) participating in certain behaviors [see Austin C. Archer's article on page 8].

### What to Do About Behavioral Addictions

This special issue of the *JOURNAL* includes articles devoted to specific addictions and offers suggestions about preventative and palliative actions for each. In general terms, prevention for any type of addiction should include: psychoeducational programs to inform students about the nature and scope of behavioral addictions; seminars/workshops for education personnel and parents to involve them in prevention and to help them effectively communicate with their children and adolescents; a variety of extracurricular activities (particularly those that involve physical exertion); and school policies that support these programs as well as ensure a reasonable amount of control over risky behaviors. Altruistic behaviors (e.g., community service, volunteering, etc.) are also excellent ways to prevent all types of addictions and sustain the recovery process.

Given the similarities between chemical and behavioral addictions, treatment options can effectively be borrowed from the first and

applied to the second. Epstein, Griffin, and Botvin<sup>12</sup> suggest a number of strategies to prevent alcohol abuse and treat adolescents affected by alcohol. These include decision-making skills, problem-solving strategies, social skills, self-efficacy, and psychological wellness. Similar approaches have been effective in treating behavioral addictions as well.

Twelve-step programs<sup>13</sup> have provided outstanding assistance to those who struggle with addiction to help them abandon problem behaviors and avoid relapses. These programs make ample room for divine intervention and thus can be especially beneficial to believers. Cognitive-behavioral therapy has been found to be highly effective in helping addicts maintain sobriety through the use of self-instruction, stopping destructive thought, goal-setting, activity plans, etc. These are often the core interventions of a professional psychotherapist.

## Conclusion


Christians recognize that divine power is a crucial element in overcoming any kind of addiction. Shaffer, the author of the *Overcoming Addiction* report from Harvard Medical School, has identified 10 facts about addictions. One of them is that “recovering from addiction arises from finding meaning in life.”<sup>14</sup> This language, while not specifically referring to spirituality, makes it clear that a decisive factor in recovery is seeing life as having an ultimate meaning and embracing the presence and influence of a supernatural power [“a Power greater than ourselves,” in the words of the 12-Step Program].<sup>15</sup>

The apostle Paul revealed his own struggle with behavioral choices: “For I do not do the good I want to do, but the evil I do not want to do—this I keep on doing” (Romans 7:19, NIV). Although he appears to have been talking about sin, addictive behaviors seem to follow a similar process.

The principal solution presented by Paul is that of strengthening personal choice: “‘I have the right to do anything,’ you say—but not everything is beneficial. ‘I have the right to do anything’—but I will not be mastered by anything” (1 Corinthians 6:12, NIV). Again, we see an appropriate application of this core principle of good and evil [here referring to sexual immorality] to addictive behaviors in general.

Teachers and administrators can become powerful agents to prevent this difficult problem. They should understand that, to be effective,

professional help should be sought early rather than after the addiction becomes entrenched. Adults in the school environment should help guide young people to the right kind of services. Furthermore, they must seize the multiple opportunities that occur throughout the school day to relate with youth and communicate messages of trust, affection, hope, and acceptance that will aid in prevention and recovery for those lured by addictions.

It remains clear that addiction, whether chemical or behavioral, is the perpetuation of an ongoing, obsessive desire to engage in specific activities that are unwholesome and detrimental to wholistic development. This is where the “Power greater than ourselves” becomes especially necessary and efficacious. Let us remember that Jesus, through the many tools that psychological and behavioral therapy has developed and by His direct intervention upon the individual’s mind, can provide the kind of living water that quenches thirst and removes the craving for addictive behaviors and substances. As He explained to the woman at the well: “Everyone who drinks this water will be thirsty again, but whoever drinks the water I give them will never thirst” (John 4:13, 14, NIV). 

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