A Pathological Survey of Behavioral addiction vs. substance addiction

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Abstract

In the last two decades, following the sudden changes that occur in all areas of life, spread forms of addiction, not caused by use of substances but of man behaviors repeated exceeded beyond the normal range in the sense of frequency of happening and level of interest. The resulting dependence negatively interfere with the nervous system, biochemical and with the personal life of the person and disrupt his/her life. This type of repetitive behaviors, called as behavioral addiction happens in common activities such as love, gambling, food, sex, work, shopping, computer games, sports, the use of the Internet and mobile phones. It is a form of addiction that involves a compulsion to engage in a rewarding non-drug-related behavior – sometimes called a natural reward. In short, the behavioral addiction is a kind of disease in which the infected person shares characteristics to something or someone else rather than a substance (Rosenberg, 2014). People suffering from this kind of addiction are trapped in a vicious circle from which they can’t go out and, while experiencing feelings of failure, shame and discomfort, can’t find a solution. So, it is fundamental, for who attend to education, care and health of the person, know the risk factors, preventive measures over to manage problems among the most complexes and indicatives of our era.

Keywords: substance addiction, behavioral addiction, psychological disorders, pathology.
Introduction

Although many behavioral scientists believe that the word *addiction* should only stand for abusing behaviors, but recently, researchers have identified some behaviors that potentially could be addictive and overlap moods resulting from the use of substances or psychiatric disorders (Aghabakhsi, 2009). In fact, addiction is a behavior and habit which is hard to be removed because it is strictly related to the search of pleasure through a process often aimed at reducing a deep malaise which can be attributed to certain psychopathological entities marked out by an outstanding weakness associated with relationship problems when the definition of self is required. When such behaviors are repeated over time, they turn to be more and more obsessive-compulsive negatively interfering with personal way of life (Pravettoni, Beria & Guberti, 2004: 58-64).

In recent years, unfortunately, addiction has been gradually increasing in our society. In fact, the situation is moving in a direction that depending on drug abuses reached to the very young ages (15 years old), (Jaam-e-Jam online, 26/10/1393). The matter has also became more complex because of the raising of new vulnerable behaviors defined by experts “New Addictions” which contemplate new pathological conditions not determined by any toxic substances (Talli, 1998:4-11). International public opinion was shocked, for instance, when a 28 years old man died from a heart attack after playing a well-known computer game of strategy – *StarCraft* – for 50 hours without any properly breaks (South Korea, 2005). In the same way, a 30 years old man dies in the southern of China (2007) after playing an on line game for three days without a break (D’Elia, 2005).

In short, New Addictions peculiarity appears to be what determines the pathology: it is not a toxic substance but a behavioral manner repeated in an obsessive way. Behaviors as such may be very common and general, like working, doing shopping, having sex and sentimental relationships, using pornography, betting. They may concern the use of internet, mobile phones, TV, games, and personal computers as well(Rosso et. Al, 2005:117-122). Although such behaviors are mostly considered as life habits, they may turn to be some real obsessions for certain people with the ability to mess up their life activating behavioral alterations which result in the obsessive-compulsive needing of having a particular behavior (Cantelmi, 2007: 5-9).

Scientific Hypothesis

Through the present research we are going to find out answers to the following questions: fist, are scientifically drug addictions and behavioral addictions two distinctly different categories and is it possible for a person to be addicted without using any drugs? And then to find the answer to this question: based on pathological studies, what stage can be concluded that the individual is experiencing behavioral addiction?

Phenomenological frame work

Research method

This is a descriptive study and to test the hypothesis I've referred to various sources including libraries, books, scientific papers, scientific and media sites and newspapers widely circulated study and after taking notes, relying on scientific findings of other researchers. Our eclectic group of authors may hail from a range of disciplines and from around the globe, but all share an appreciation of the biopsychosocial addiction model.

At the current state of the art, regardless with scientific hypothesis, the phenomenological frame work according to case/control studies-seems to be similar to the one that belongs to
drug and alcohol addictions even if the consumption of chemical substances is not present. The phenomenological frame work is marked out by certain process:

**Abuse**: A generic word used to describe the use or the treatment of something (a person, an animal, a thing, a concept,...) that is likely to cause some damages or is somehow illegal. Abuse can be direct and evident or indirect and disguised (Rosenberg, 20014).

**Addiction**: is a medical condition that is characterized by compulsive engagement in rewarding stimuli, despite adverse consequences (Nestler, 2009). It can be thought of as a disease or biological process leading to such behaviors. The two properties that characterize all addictive stimuli are that they are reinforcing (i.e., they increase the likelihood that a person will seek repeated exposure to them) and intrinsically rewarding (i.e., something perceived as being positive or desirable) (Nestler, 2009).

However, when addicted personalities are asked to face a problem they show some recurring characteristics as: the denial (I don’t have problems); accusation (It’s not my fault. It’s someone else’s fault); reduced ability to face. Stress; (negative and positive ones), (Del Miglio, Matteo, 2005: 139-156). Subjects at this stage may not be aware of the gravity of the problem or deny it wholly. They might be aware of situation but demoralized, unable or unwilling to change their behaviors. On the contrary, when a subject says that he or she is willing to change in a not so distant future it means that the benefits of a change are perceived but the real turning point is not in the offing because predictable efforts are still not pondered properly; when the future is near, on the other hand, the subject is making real plans. In this phase, known as “window”, it is easier giving some help to make a valid and long/lasting change. It is well known that addicted personalities hardly are able to give it up alone. Once diagnosed the pathology or other psychopathologies correlated, they need behavioral re-oriented treatments or combined psychotherapeutic interventions cognitive or behavioral oriented (Rosenberg, 20014).

**Use and Abuse**: differences

In the light of what has been said before, the difference between a social habit – a pleasing diversion – and the pathology clearly appears when a person goes beyond the limit that exceeds normality and slavery (Shapira, Lessig, Goldsmith, 2003: 207-216). It can be used “addiction” when cognitive distortions, obsessive-compulsive behaviors, personality disorder, social and emotional disabilities, social and escaping isolation models are identified. A pathological behavior can be highlighted by recognizable and visible symptoms and factors. Visible factors might be, for instance, the frequency, the duration, and the intensity of behavior. On the other hand, recognizable symptoms might be the insatiable desire, particular behaviors aimed to feel better, the negative effects on body, psychologic and social behavioral domains (Albano, Gulimanoska, 2006:11-12).

**Dysfunction**: how to spot it

New action-oriented addictions prove the hypothesis that it is possible to develop addictions without chemical dependence (Guerreschi, 2005: 22). The abuse of certain behaviors can actually produce some chemical reactions able to create the same effect of a stimulating substance including not only behavioral aspects but neurobiological, psychic, social and cultural ones as well. According to Bateson (1972) can't, human behaviors do not follow a mono-reason linear structure. What happens after an event affects its own causes renovating the past and the self-perception. This is why behaviors are not determined by their own causes, but by their consequences because, creating particular meanings, they determine or not behaviors reiterations (Bateson, 1972: 177-139). Starting from the systemic prerequisites
of Bateson, Dr. Rigliano formulates a meaningful definition of addiction: “Addiction is what results from crossing the potential power of a substance or behavior and the actual power that the subject is willing to give to the substance or object”. Here is the particular reason why particular behaviors are able to give specious answers to human needs; they can also turn into the object of addiction without being a toxic substance. The abuse of such behaviors can lead to the loss of control weakening therefore the genuine connection with reality (Rigliano, 2004: 59).

A different point of view can be deduced by the interpretation of R.Pani and R. Biolcati (2006: 143), they are convinced that addiction is not created as much by the behavior itself, but rather by emotional reactions that are originated from. A thesis as such seems to find proofs in new researches that have actually shown that an emotional experience is able to provoke chemical reactions in people’s body and such chemical substances will likely lead to addiction because of their power on the cerebral circuit for reward (the striate nucleus is one of the structures involved in the reward process).

Once having broadly dealt with new addiction habits, a question arises: how to identify the pathology? Behavioral psychopathologies caused by addiction are easily recognizable because of some particular clues and signs, the main of them are the loss of control. Indeed, the DSM III R (1987) defines addiction as the loss of control of substance consumption. With New Addictions, the subject feels the need to intensify the relationship with the object to obtain the wanted results. Thus technological addictions share with substance dependence some essential features: salience -the activity, or the substance, overcomes subject’s thoughts and behaviors getting the greatest value among all of his or her interests; mood disorder-mood swings at the beginning of the activity or with the consumption of substances. The subject may reveal a rising of excitement or a greater relaxation when he or she comes into contact with the object of addiction; the endurance-the need to increase gradually the drug dose or the activity to get the wanted effects; withdrawal symptoms-physical and/or psychic discomfort when the consumption of substance or the activity is interrupted or reduced; conflicts-conflicts between the subject and those closest to him or her and inner conflicts caused by his or her addictive behavior; relapse- the inclination to resume the activity or the consumption of a substance after having interrupted it (Goldberg 1995: 6-7).

**Behavioral addictions**
In mental health and addiction treatment, the true pioneers have not been the medical experts or the providers, but the advocates and patients themselves (Rosenberg, 20014). In the 1930s, the pioneering movement was Alcoholics Anonymous. In the latter part of the 20th century, drug addicts and “pathological gamblers” (as they were then called) found a similar degree of solace, support, and healing from their peers, and founded groups such as Narcotics Anonymous and Gamblers Anonymous. Most recently, sex, love, shopping, food, and Internet “addicts” and advocates have also banded together and founded groups such as Overeaters Anonymous, Sex and Love Addicts Anonymous, and Debtors Anonymous. Much of the work here had been developed and inspired by these advocates in the community, and this paper draws on and crystallizes their work in the first major text on the collective topic of behavioral addiction.

Behavioral addiction refers to frequent behavior that goes beyond the normal frequency and increasingly creates dependence of obsessive mental disorder in person's nervous system, bio-chemical state, and his personal life (Malenka, 2009). This most frequent behavior reveals in activities such as love, gambling, food, sex, work, shopping, computer games, sports, the Internet and mobile phones.
Behavioral addiction can include any of our everyday behaviors. That's why behavioral addictions cannot be limited to specific activities or the people. However, there are some behaviors that their addiction is much more common than others:

**Love and Sex:** Love addiction often means a focus on love and feeling of love, especially when love is not wise. This term is also true about people who feel the need to stay in a relationship or love to someone regardless of the merits of the individual or their expenses or this love. In these cases, the person tries to completely change himself into the formats desired by his lover. This means that the person is even ready to tolerate negative behaviors such as abuse. Another form of this type of behavioral addiction is when a person cannot digest the end of a relationship. This type of love addiction leads to obsess or chase. In sexual addiction, dissociation weakens the affect-regulation ability and fuels the impulsive compulsive need to indulge in addictive behavior as a means of reinstating a sensation of pleasure as well as reduce hyperactive states (Ogden, Minton & Pain, 2006). This precipitates in a feedback loop: the memory of pleasure (ego-syntonic) and the compulsive ritualization aimed at pain annihilation (ego-dystonic) act as a fuel for obsessive thoughts and fantasies of addictive experience reiteration; that is an irrepressible desire which produces the urge to take action again, despite the negative consequences that action may produce on mental and physical health (Caretti & Craparo, 2009). Thus, the impulsive-compulsive spectrum appears as the syndromic base condition of addiction in general, and of sexual addiction in particular, which is characterized by a pleasure-seeking appetite and an uncontainable urge to put something into practice.

**Gambling:** is one of the most ancient aspects of human behavior and each type of gambling opportunity presents its own risks? Cambridge International Dictionary (1996) defines gambling as “to play games of chance for money or other rewards”. All the gamblers have one main goal: to win more than they lose, but in fact, all of them will lose more than they will win. Problems generated by gambling emerge gradually over a period of time and the pathological gamblers are at first in denial, rationalize their behavior and consider their situation as temporary. Soon, they can lose their control, start to spend more money, then they try to recoup their losses and irrational gambling begins. Pathological gambling is classified as an impulse-control disorder, although it has much in common with substance dependence and its treatment is based on treatment of substance abuse (Petry, 2005). This disorder is often accompanied by mood, anxiety, antisocial personality or substance use disorder; about three quarters of problem gamblers suffer severe depression.

**Mobile, Internet and computer games:** along with the wide availability of the Internet, we see a new kind of Internet addiction that is the real certain issue of the information age. As with other forms of addiction, Internet addiction has symptoms such as depression, irritability, loneliness, anxiety, unrest and so on (Azizi, 2002). Addiction to computer games becomes the real issue when playing is no more for the purpose of entertainment and spending leisure time and it becomes more important than work, school, family and friends.

**Conclusion**

Behavioral Addictions is a timely landmark achievement and a must read for anyone interested in addictive and compulsive behavior and its treatment. The term behavioral addiction correctly refers to a compulsion to engage in a natural reward – which is a behavior that is inherently rewarding (i.e., desirable or appealing) – despite adverse consequences (Nestler, 2009). Preclinical evidence has demonstrated that that overexpression of through
repetitive and excessive exposure to a natural reward induces the same behavioral effects and neuroplasticity as occurs in a drug addiction.

In short, when the subject – with all of their range of needs and characteristics – gets in contact with the object of the addiction – a substance, a behavior, a relation – he or she begins to have an exclusive relationship with the object – the only complete answer to their needs – without which the existence will be senseless. Such a positive interpretation of experiences prepares the ground for its repetition activating a circular process hard to be interrupted (Zanon et al. 2002:381-390). It is not the kind of drugs or activity that cause the addiction, but the interaction among subject, object and context (Shaffer, 1996: 461-469). A different point of view can be deduced by the interpretation of R. Pani and R. Biolcati (2006: 143), they are convinced that addiction is not created as much by the behaviour itself, but rather by emotional reactions that are originated from. A thesis as such seems to find proofs in new researches that have actually shown that an emotional experience is able to provoke chemical reactions in people’s body and such chemical substances will likely lead to addiction because of their power on the cerebral circuit for reward.

In essence, it would be expedient that society should be able to put in use preventing actions – through educational interventions – first in families and then in schools of all levels, before the subject is caught in the net of addiction (Ortolani 2007:36-37). Since addiction is a complex issue and involves the various behavioral, educational, psychological, social, cultural, and nervous aspects of the person, it is necessary to increase public awareness in this field so that to feel more responsibilities in defining their goals toward the protection and promotion of welfare by choosing healthy ways of life.
References


