Behavioural Addictions

Mark Griffiths

For many people the concept of addiction involves the taking of drugs. There is a growing belief among psychologists that behaviours, too, may become addictive. In this article Mark Griffiths looks at the nature of these 'behavioural' addictions and assesses their positive and negative consequences.

All of you reading this article will have your own idea of what it is to be 'addicted' to something. The very word 'addiction' can be emotionally negative but in certain contexts it can be used in an almost positive manner. How many of you have described a particular book as 'addictive reading' or a computer game as 'annoyingly addictive'? How many of you have watched *Telly Addicts*? The point I am trying to make is that the word 'addiction' means different things to different people. Most official definitions of addiction still concentrate on drug taking. This is highlighted by the following definitions:

> Addiction is the compulsive, uncontrolled use of habit-forming drugs.
>
> (Webster's New International Dictionary, 3rd edn.)

> An addict is a person addicted to a habit, especially one dependent on a (specified) drug.
>
> (Concise Oxford Dictionary)

> An addict is one who habitually uses and has an uncontrollable craving for an addictive drug.
>
> (Webster's New International Dictionary, 3rd edn.)

> Addiction is a state of periodic or chronic intoxication produced by repeated consumption of a drug, natural or synthetic.
>
> (World Health Organisation)

Despite such definitions, there is now a growing movement that views a number of behaviours, including many that do not involve the taking of a drug, as potentially addictive. These include behaviours as diverse as gambling, overeating, sex, exercise, computer game playing, pair bonding, wealth acquisition and even the Rubik cube! Such diversity has led to new, all encompassing definitions of what constitutes addictive behaviour. One such definition is that of Marlatt, et al. (1988) who define addictive behaviour as:

> ... a repetitive habit pattern that increases the risk of disease and/or associated personal and social problems. Addictive behaviours are often experienced subjectively as 'loss of control' — the behaviour contrives to occur despite volitional attempts to abstain or moderate use. These habit patterns are typically characterised by immediate gratification (short-term reward), often coupled with delayed deleterious effects (long-term costs). Attempts to change an addictive behaviour (via treatment or self-initiation) are typically marked with high relapse rates.

As I stated earlier, most people have their own idea or some common-sense intuitive component about what 'addiction' constitutes, but actually trying to define it becomes difficult. In essence, the whole is easier to recognise than the parts.

The way of determining whether nonchemical (i.e. behavioural) addictions are addictive in a non-metaphorical sense is to compare them against clinical criteria for other established drug-based addictions. Some authors, such as Carnes (1991) and Brown (1993), have postulated that addictions consist of a number of common components. Carnes (1991) outlines what he calls the 'signs of addiction' (see Box 1). These signs are, to a large extent,

Dogs that drink from the toilet bowl — after this.

Box 1 Ten signs of addiction

(1) A pattern of out-of-control behaviour.
(2) Severe consequences due to behaviour.
(3) Inability to stop behaviour, despite adverse consequences.
(4) Persistent pursuit of self-destructive or high-risk behaviour.
(5) Ongoing desire or effort to limit behaviour.
(6) Using behaviour as a coping strategy.
(7) Increased amounts of behaviour because the current level of activity is no longer sufficient.
(8) Severe mood changes around behaviour.
(9) Inordinate amounts of time spent trying to engage in behaviour and recovering from it.
(10) Important social, occupational and recreational activities are sacrificed or reduced because of behaviour.

(Adapted from Carnes, 1991.)

subsumed within the components outlined by Brown (1993). Brown's addiction components are salience, euphoria, tolerance, withdrawal, conflict and relapse (outlined below).

Salience This is when the particular activity becomes the most important activity in the person's life and dominates their thinking (preoccupations and cognitive distortions), feelings (cravings) and behaviour (deterioration of socialised behaviour). For instance, even if the person is not actually engaged in the behaviour they will be thinking about the next time they will be.

Euphoria This is the subjective experience that people report as a consequence of engaging in the particular activity (i.e. they experience a 'buzz' or a 'high'). It is perhaps more accurate to call this category 'mood modification' as there are many addictive behaviours that produce tranquillising mood changes as well as arousing ones.

Tolerance This is a process whereby increasing amounts of the particular activity are required to achieve the former effects. For instance, a gambler may have to gradually increase the size of the bet to experience a euphoric effect that was initially obtained by a much smaller bet.

Withdrawal symptoms These are unpleasant feeling states and/or physical effects which occur when the particular activity is discontinued or suddenly reduced, for example the shakes, moodiness, irritability etc..

Conflict This refers to conflicts between the addict and those around them (interpersonal conflicts) or from within the individual (intrapsychic conflicts) which are concerned with the particular activity. Continual choosing of short-term pleasure and relief leads to disregard of adverse consequences and long-term damage, which in turn increases the apparent need for the addictive activity as a coping strategy.

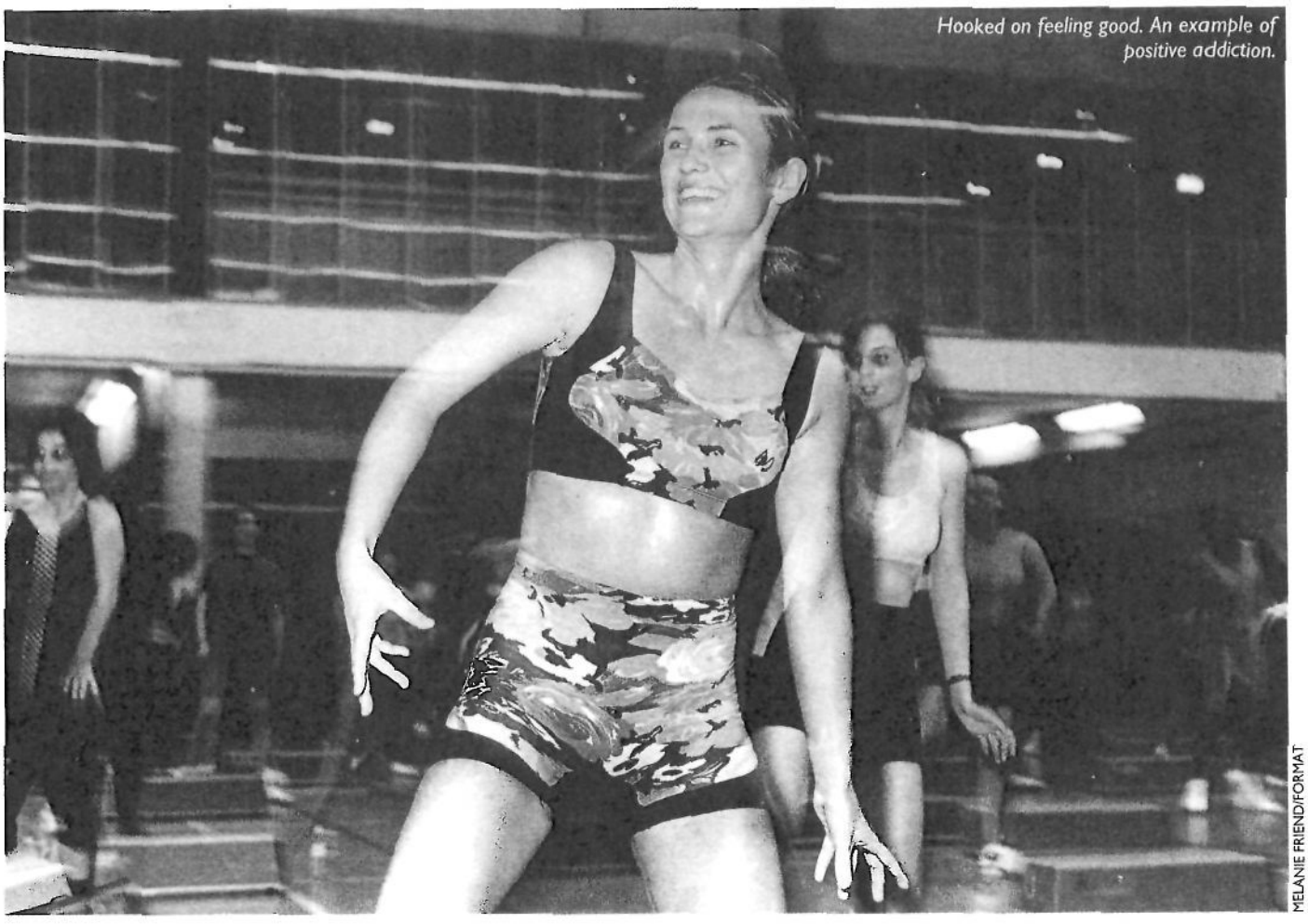
Relapse and reinstatement This is the tendency for repeated reversions to earlier patterns of the particular activity to occur and for even the most extreme patterns typical of the height of the addiction to be quickly restored after many years of abstinence or control.

Positive addictions?

Much of this article so far suggests that addictions are purely negative, yet it could be argued that for some people there are many benefits of their addictions. If we were to write a list of possible addiction benefits, it may include:

PAULA SOLLOWAY/FORMAT

The more you play the better you get. The better you get the better it gets.



Hooked on feeling good. An example of positive addiction.

MELANIE FRIEND/FORMAT

- reliable changes of mood and subjective experience (e.g. escape);
- positive experience of pleasure, excitement, relaxation;
- disinhibition of behaviour (e.g. sex, aggression);
- coping strategy for all vulnerabilities (e.g. insults, injuries, social anxiety, fear, tension etc.);
- maintains emotional distance (i.e. prevents people from getting close);
- source of identity and/or meaning of life.

This list suggests that for the addict there are some genuine benefits, at least from their own perception. The idea that there are 'positive addictions' is not new and was first forwarded by Glasser (1976). Glasser argued that activities such as jogging and transcendental meditation are positive addictions and are the kinds of activity that could be deliberately cultivated to wean addicts away from more harmful and sinister preoccupations. According to Glasser, positive addictions must be new rewarding activities such as exercise and relaxation which produce increased feelings of self-efficacy (see Box 2). However, it might be better to call some activities 'mixed blessing addictions' since even positive addictions might have some negative consequences. There is also the question of whether positive addictions are 'addictions' at all. Glasser's (1976) own criteria for positive addictions have little resemblance to the signs or components of addictions as outlined by Carnes (1991) and Brown (1993).

Box 2 Criteria for positive addiction

(1) Must be non-competitive and needing about an hour a day.
(2) Easy, so no mental effort is required.
(3) Easily done alone, not dependent on people.
(4) Believed to be having some value (physical, mental, spiritual).
(5) Believed that, if persisted in, some improvement will result.
(6) Involves no self-criticism.

(Source: Glasser, 1976.)

The question to ask ourselves is 'Do behavioural addictions really exist?'. Many authors have noted that there appear to be psychological, sociological and cultural commonalities among many excessive drug and non-drug behaviours. These will be outlined briefly in turn.

Psychological commonalities Donegan, et al. (1983) note there are many psychological commonalities among drug-based behaviours like drinking alcohol and non-drug-based behaviours like gambling. In brief, these commonalities are:

- the ability of the substance/activity to act as a reinforcer;
- acquired tolerance;
- physical dependence and withdrawal;
- affective contrast (euphoria/dysphoria);
- the capacity of the substance/activity to act as an unconditioned stimulus;
- the capacity of states like arousal, stress and pain to influence use.

As you will have noticed, these commonalities are very similar to the addiction components outlined by Brown (1993).

Sociological commonalities Kandel & Maloff (1983) note there are many sociological commonalities among excessive behaviours, although their commonalities tend to come from drug-based behaviours. These commonalities are:

- association with youth (18–25 years), then a decline in use;
- social meaning (e.g. adulthood, rebellion, testing limits etc.);
- similar social and developmental influences (e.g. parents, peers etc.);
- early introduction more likely to lead to addiction;
- lifestyle/attitudes of addicts tending to be similar (e.g. less conforming, truanting and lower school performance, weaker religious commitment etc.);
- contextual factors being of importance;
- commonalities in spontaneous termination (although there are differences);
- addictions being higher/more problematic amongst certain groups (e.g. single, divorced, unemployed etc.);
- links with crime.

Other commonalities Further to the psychological and sociological commonalities, Walker & Lidz (1983) have noted cultural commonalities such as excessive behaviours (a) being problem-inducing and undesirable, (b) being prohibited at various times (for example, activities such as drinking alcohol and gambling), (c) having 'normative ambiguity' (in that some parts of the behaviour are encouraged but stigma results fromtheir overenactment) and (d) having self-help groups with similar philosophies (e.g. Alcoholics Anonymous, Gamblers Anonymous, Narcotics Anonymous, Over-eaters Anonymous, Sexaholics Anonymous etc.). Miller (1980) has also outlined other commonalities among addictive behaviours, such as (a) the short-term benefits and long-term costs, (b) significant health risks, (c) the lack of a single, simple, scientifically satisfying model of etiology, (d) the lack of a definitive treatment model (alcoholics go to AA, heroin addicts undergo methadone maintenance, overeaters go on crash diets and smokers undergo hypnosis or use nicotine gum) and (e) reciprocity (i.e. pattern changes in addiction, especially in cross-addictions). Further to this there have been reported similarities in neurochemistry (Chelton & Bonney, 1987; Sunderwirth & Milkman, 1991).

Hopefully what this article has demonstrated is that addictions are not just restricted to drug-based behaviours and that evidence is growing that excessive behaviours of all types do seem to have many commonalities. Such commonalities may have implications not only for treatment of such behaviours but also for how the general public perceive these behaviours. Behavioural addictions do exist, and should be treated no differently from more established (chemical) addictions. The educating of people from all walks of life about the potential addictiveness in any activities that provide constant and immediate rewards is something to be actively encouraged. ■

REBECCA PETERS/FORMAT

The National Lottery. What do you get out of it?

Further reading

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Orford, J. (1985) *Excessive Appetites: A Psychological View of the Addictions*, Wiley.

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