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## New Addictions

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### Abstract

In contemporary society, following the sudden changes that occur in all areas of life, spread forms of addiction, not caused by use of substances but of man behaviours repeated so manic and enslaving that, in an increasingly obsessive/compulsive disorder, negatively interfere with the nervous system, biochemical and with the personal life of the subject. These actions are related to common activities such as work, shopping, games, sport, the use of the Internet and mobile phones. In short, the New Addictions are diseases that share characteristics with substance addiction substantial, so, people suffering from addiction are trapped in a vicious circle from which they can't go out and, while experimenting 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.

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### 1 Introduction

Addictions generally pertain to the overuse of alcohol, drugs and tobacco. In other words they pertain to behaviours caused by a substance. In fact, addiction is a behaviour, an 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 behaviours 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).

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In recent years, addictions have been recorded a greater and greater diffusion in our society. Indeed, they are actually creating a situation of social emergency also to the fact that first-time users are younger and younger (about 14 years old). The matter has also become more complex because of the raising of new vulnerable behaviours 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)<sup>1</sup>. In short, New Addictions peculiarity appears to be what determines the pathology: it is not a toxic substance but a behavioural manner repeated in an obsessive way. Behaviours 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 behaviours 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 behavioural alterations which result in the obsessive-compulsive needing of having a particular behaviour (Cantelmi, 2007: 5-9).

## 2. 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 behaviours, personality disorder, social and emotional disabilities, social and escaping isolation models are identified. A pathological behaviour can be highlighted by recognizable and visible symptoms and factors. Visible factors might be, for instance, the frequency, the duration, and the intensity of behaviour. On the other hand, recognizable symptoms might be the insatiable desire, particular behaviours aimed to feel better, the negative effects on body, psychologic and social behavioural domains (Albano, Gulimanoska, 2006:11-12). At this point, a clarification seems to be required. Without meaning to introduce new diagnostic categories, experts have chosen a particular expression “New Addictions” (ND) with the aim to indicate physical addiction as a particular condition where the body needs specific behaviours to operate (Oliviero Ferraris A., Malavasi G., 2001:30-37). Reason why such behaviours seem to be gathered with the diagnostic category DSM-IV (Substance Related Disorder 1994: 815-828). Other specialists, on the other hand, consider inappropriate gathering ND and SRD because they believe that what is abused dose not concern with chemical substances at all (Avram, Richard, Frances, 2003:125-146). Despite of scientific debates, borderline cases are increasing and the need to classify new occurrences through a common language – recognized and recognizable – is clearly shown by the ongoing research. A similar need will allow to identify hazardous behaviours to oneself and others. It will also be a good method to prevent, diagnose and attend new psychopathologies able to modify a person’s personality until totally destroyed (Cantelmi, 2004:13-28).

## 3. Scientific Hypothesis

New action-oriented addictions prove the hypothesis that it is possible to develop addictions without chemical dependence (Guerreschi, 2005: 22). The abuse of certain behaviours can actually produce some chemical reactions able to create the same effect of a stimulating substance including not only behavioural aspects but neurobiological, psychic, social and cultural ones as well. Indeed, it is not just chance that English language makes an essential distinction between Dependence and Addiction - words translated into Italian with the same expression even if they do have a different meaning.

- Dependence: it shows the chemical and physical dependence – a condition where the body needs a specific substance to operate, reason why it is required.

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<sup>1</sup> D’Elia D. (2005). Videogiochi come la droga? Available: <http://punto-informatico.it/1307144/PI/News/ aspx>

- Addiction: it describes a general condition where the mental addiction drives to the search of particular object without which the existence appears to be senseless.
- Addiction and Dependence may not be necessarily combined.

Dr. Rigliano – a specialist in Psychiatry and Psychotherapy – affirms that “the addiction is activated when a subject establishes a contact with a particular object obtaining a new experience. This experience is evaluated as a more natural and functional self renovation and it is also perceived by the subject as the fundamental and only answer to his or her main needs” (Rigliano, 2004: 26). In short, when the subject – with all of his or her range of needs and characteristics – gets in contact with the object of the addiction – a substance, a behaviour, a relation – he or she begins to have an exclusive relationship with the object – the only complete answer to his or her 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)<sup>2</sup>. It is definitely reductive trying to understand addictions analyzing the substance taken or pointing out personality traits which might justify in some way the tendency to develop the addiction because, as D.R. Shaffer says, “the core of addiction is the subjective experience – a very complex phenomenon concerning particular aspects and the whole of a subject. It may include a large variety of aspects related to behaviours, the past, the psychological meanings and results derived from the experience”. It will be more opportune and effective focusing the attention on the relationships between the subject and the object, a unique and meaningful process. 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). To this end, Bateson puts forward a particular theory which helps to explain the complexity of human systems. According to Bateson, human behaviours 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 behaviours are not determined by their own causes, but by their consequences because, creating particular meanings, they determine or not behaviours 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 particular substance or behaviour and the actual power that the subject is willing to give to the substance or object”. Here is the reason why particular behaviours 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 behaviours 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 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 (the striate nucleus is one of the structures involved in the reward process). As is known, brain’s inner workings are active – especially in adulthood – and able to reward surviving behaviour like eat when hungry or get a rest when tired through a positive reaction.

#### 4. Dysfunction: how to spot it

Once having broadly dealt with new addiction habits, a question arises: how to identify the pathology? Behavioural 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 behaviours 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 in contact with the object of addiction; *the endurance*-the need to increase gradually the drug dose or the

<sup>2</sup> Zanon I, et al.. (2002). Trance Dissociativa e internet dipendenza: studio su un campione di utenti della rete. *Giornale di psicopatologia* Available <http://journals.psychiatryonline.org/article.aspx>

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 behaviour; *relapse*- the inclination to resume the activity or the consumption of a substance after having interrupted it (Goldberg 1995: 6-7).

## 5. Phenomenological frame work

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:

1. 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.
2. Addiction. It is a wide-spreading word able to cover a wide range of behaviours and impulse-control problems.
3. Withdrawal. The word can pertain, less formally, to the symptoms appearing after irregular consumption of drugs or other substance which at a previous time had caused psychic dependence. It can also have a common meaning concerning the symptoms that appear in a drug addict when the physical effect of a substance ends and taking the substance again appears to be the only thing to do in order to cancel the symptoms.

According to DSM IV(1994: 815-828)<sup>3</sup>, the process described above represent a valid set of parameters to diagnose addictions. Actually, among all the process described, the withdrawal phase reveals to be the most useful to see if a subject is afflicted by addiction. It is characterized by:

- withdrawal symptoms with particular features depending on the type of substance or behaviour.
- a persistent will or failing attempts to end or dominate the consumption of substance or behaviours.
- a large amount of time used to get the wanted effects from the substance or activity.
- the interruption or reduction of social and working activities.
- the consumption of substance or the repetition of behaviours despite the awareness of physical or psychic correlated problems.
- the need to take the substance or to intensify the behaviours to manage own mood.
- a life planned around the substance or the behaviour.

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 behaviours. 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 behavioural re-oriented treatments or combined psychotherapeutic interventions cognitive or behavioural oriented. They are also in need of domestic, social and legal support

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<sup>3</sup> *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (1994: 815-828), is a manual published by the American Psychiatric Association that classifies the various psychopathologies based on five dimensions or axes.

## 6 Conclusions

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). Such interventions are meant to reassess, make aware and support the role of family. Moreover, implementing decentralized and functional services, the centrality of human beings, the role of society and human relationship are more likely to be recovered. Precisely because the matter of addiction is highly complicated and involves different and various aspects – behavioural, pedagogical, psychic, social, cultural, neurobiological – it would be expedient to raise people’s awareness making them feel responsible to make personal choices aimed to preserve and promote the well being through healthy ways of living. In particular, all the institutions involved with education, training and relationship should focus the attention on addictions. Moreover, preventative and helping methods require a real change to find their proper role in educational and working areas pointing out expectations, methods, and actions, essential preconditions for community care concept (Capitanucci, 2006: 7-12).

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