

**Indiana University Bloomington  
IUScholarWorks**

**Citation for this item**

Citation format and information for this document is found at:

<http://hdl.handle.net/2022/17620>

**This paper is from:**

**Dr. Ruth C(lifford) Engs - Presentations, Publications & Research Data Collection.**

This collection is found at IUScholarWorks: <http://hdl.handle.net/2022/16829>

**When in the collection and within a category, click on “title” to see all items in alphabetical order.**

**The Collection**

This document is part of a collection that serves two purposes. First, it is a digital archive for a sampling of unpublished documents, presentations, questionnaires and limited publications resulting from over forty years of research. Second, it is a public archive for data on college student drinking patterns on the national and international level collected for over 20 years. Research topics by Dr. Engs have included the exploration of hypotheses concerning the determinants of behaviors such as student drinking patterns; models that have examine the etiology of cycles of prohibition and temperance movements, origins of western European drinking cultures (attitudes and behaviors concerning alcohol) from antiquity, eugenics, Progressive Era, and other social reform movements with moral overtones-Clean Living Movements; biographies of health and social reformers including Upton Sinclair; and oral histories of elderly monks.

**Indiana University Archives**

Paper manuscripts and material for Dr. Engs can be found in the IUArchives

[http://webapp1.dlib.indiana.edu/findingaids/view?doc.view=entire\\_text&docId=InU-Ar-VAC0859](http://webapp1.dlib.indiana.edu/findingaids/view?doc.view=entire_text&docId=InU-Ar-VAC0859)

# WHAT ARE ADDICTIVE BEHAVIORS?<sup>1</sup>

Ruth C. Engs, RN, EdD  
Professor, School of Public Health  
Indiana University  
Bloomington, IN 47405  
© 1996, 2014

Retrieved from IUScholarWorks Repository: <http://hdl.handle.net/2022/17620>

## Addictive Behaviors and the Addictive Process

*Any activity, substance, object, or behavior* that has become the major focus of a person's life to the exclusion of other activities, or that has begun to harm the individual or others physically, mentally, or socially is considered an addictive behavior. A person can become addicted, dependent, or compulsively obsessed with anything. Some researchers imply that there are similarities between *physical addiction* to various chemicals, such as alcohol and heroin, and *psychological dependence* to activities such as compulsive gambling, sex, work, running, shopping, or eating disorders. It is thought that these behavior activities may produce beta-endorphins in the brain, which makes the person feel "high." Some experts suggest that if a person continues to engage in the activity to achieve this feeling of well-being and euphoria, he/she may get into an addictive cycle. In so doing, he/she becomes physically addicted to his/her own brain chemicals, thus leading to continuation of the behavior even though it may have negative health or social consequences. Others feel that these are just bad habits.

Most physical addictions to substances such as alcohol, heroin, or barbiturates also have a psychological component. For example, an alcoholic who has not used alcohol for years may still crave a drink. Thus some researchers feel that we need to look at both physical and psychological dependencies upon a variety of substances, activities, and behaviors as an addictive process and as addictive behaviors. They suggest that all of these behaviors have a host of commonalities that make them more similar to than different from each other and that they should not be divided into separate diseases, categories, or problems.

## Common Characteristics Among Addictive Behaviors

There are many common characteristics among the various addictive behaviors:

---

<sup>1</sup> Some of this material used in: Engs, R.C. *Alcohol and Other Drugs: Self Responsibility*, Tichenor Publishing Company, Bloomington, IN, 1987. (c) Copyright Ruth C. Engs, Bloomington, IN, 1996, 2014.

1. The person becomes *obsessed* (constantly thinks of) the object, activity, or substance.
2. They will seek it out, or *engage in the behavior even though it is causing harm* (physical problems, poor work or study performance, problems with friends, family, fellow workers).
3. The person will *compulsively engage* in the activity, that is, do the activity over and over even if he/she does not want to and find it difficult to stop.
4. Upon cessation of the activity, *withdrawal* symptoms often occur. These can include irritability, craving, restlessness or depression.
5. The person does not appear to have control as to when, how long, or how much he or she will continue the behavior (*loss of control*). (They drink 6 beers when they only wanted one, buy 8 pairs of shoes when they only needed a belt, ate the whole box of cookies, etc).
6. He/she often *denies problems* resulting from his/her engagement in the behavior, even though others can see the negative effects.
7. Person *hides the behavior* after family or close friends have mentioned their concern. (hides food under beds, alcohol bottles in closets, doesn't show spouse credit card bills, etc).
8. Many individuals with addictive behaviors report a *blackout* for the time they were engaging in the behavior (don't remember how much or what they bought, how much the lost gambling, how many miles they ran on a sore foot, what they did at the party when drinking)
9. *Depression* is common in individuals with addictive behaviors. That is why it is important to make an appointment with a physician to find out what is going on.
10. Individuals with addictive behaviors often have *low self esteem*, feel anxious if the *do not have control over their environment*, and come from *psychologically or physically abusive families*.

### **What Causes Addictive Behaviors**

*There is no consensus as to the etiology (cause), prevention, and treatment of addictive disorders.* A United States government publication, "Theories on Drug Abuse: Selected Contemporary Perspectives," came up with no less than forty-three theories of chemical addiction and at least fifteen methods of treatment!

As an example of this confusion, many people consider addictive behaviors such as gambling and alcoholism as "diseases," but others consider them to be behaviors learned in response to the complex interplay between heredity and environmental factors. Still others argue for a genetic cause. Some researchers point out that, unlike most common diseases such as tuberculosis, which has a definite cause (a microbe) and a definite treatment model to which everyone agrees, there is no conclusive cause or definite treatment method to which everyone agrees for most of the addictive behaviors.

This lack of agreement among experts causes problems with prevention and treatment approaches for many addictive behaviors. Professionals debate whether total abstinence or controlled and moderate use of a substance (such as alcohol) or activity (such as gambling) is effective. Others debate whether or not a medication is a desirable treatment method. In the area of addiction to food or exercise, of course, few advocate total abstinence as a solution.

Though the theories for the causes of addictive behaviors and their treatment are numerous, various types of therapy can help a person who has an addictive behavior.

If you think you, or a family member, might be addicted to a substance, activity, object, or behavior, please talk to your family physician, clergy person, counselor, or seek out a support group for the problem. Do it today!