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"Eating, Video Games, and Addictions"

What worries you? What, if anything, makes you anxious? Is there anyone who worries you or makes you anxious? Well, almost all of us feel these things. After all, everyone has worries. And, all of us feel anxious sometimes. The question for all of us is simple: How do I manage my worry and anxiety?

In the first place, any time we pretend that we are never worried or anxious, we have already taken an action that may not help us. This brief discussion cannot give you everything you need to know about managing your uncomfortable feelings. Instead of trying to do this, this discussion aims to offer information that you may need and recommend some actions that you may want to take. Also, just to be clear about where this discussion is going, the concern here relates only to substance abuse and behavior addictions. Another article in the BMS Project collection of articles gives attention only to substance abuse.

Help, First

Let's begin with what is most important: HELP. If you struggle with some form of an addiction or, if you believe that you are nearing being addicted, you need to get help! Getting help needs to be your highest priority. The next several paragraphs give you information about where to get help. At the end of the article, you will find additional information about getting help. Whether you are concerned about substance abuse or another kind of addiction, you will likely find some useful information here.

One of the most familiar and substantial sources of help is SAMHSA—or the Substance Abuse and Mental Health Services Administration, an agency of the American federal government. Obviously, SAMHSA focuses on substance abuse, although there are other kinds of addiction. If you need help with substance abuse addictions, beginning with SAMHSA is a good place. This is what SAMHSA says,

SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

SAMHSA's National Helpline, 1-800-662-HELP (4357) (also known as the Treatment Referral Routing Service), or TTY: 1-800-487-4889 is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations.

If you visit SAMHSA's website, you will find an online treatment locator, too. Whether you use the online treatment locator or not, you may speak with an individual who can help you to locate the services you need.

Also, as a source of reliable information, the National Institute on Drug Abuse (NIDA) provides numerous and free books, booklets, posters, videos, and other materials. As an agency within the National Institutes of Health, NIDA's online address is https://nida.nih.gov.

Almost everyone is familiar with substance abuse. In contrast, many of us are not familiar with **behavior addictions**. However, once a list of process addictions is seen, the items on it are almost immediately recognized as addictions. Here is a partial list:

Shopping addictions Food addictions

Sex addictions Gaming/gambling addictions Exercise addictions "Love" or relationship addictions

Internet addictions Work addiction

Porn addiction Video Game addiction

The behavior addictions are sometimes called "process addictions." Regardless of the label, this kind of addiction involves an intractable, enduring and harmful pattern of behavior. For example, with regard to an exercise addiction, an individual may exercise with such intensity and frequency that, in severe cases, death is the result. In moderation and healthy monitoring, such a behavior as exercise promotes health. The same thing is true, with regard to most of the other behaviors listed above, too. Obviously, eating is a good thing. But, when an individual eats excessively most or all of the time or refuses to eat, eating or the lack of eating becomes a problem.

Causes and Patterns

Substance abuse addictions may be more easily understood than behavior addictions. In short, individuals who suffer with substance abuse typically and extremely depend on a substance, such as alcohol, heroin, tobacco, or prescription medications. Also, typically, they experience specific and adverse health outcomes. The number of deaths from drug overdoses during 2021 surged beyond one hundred thousand for the first time.

The beginning of substance addictions takes many forms. They may begin when an adolescent shares cigarettes with a friend. The friend becomes addicted to nicotine. Or, an addiction may begin when a high school student seeks to "calm my nerves" with alcoholic drinks as she confronts the ordinary demands of some of the storms of growing up. She becomes an addict. Or, following a fractured spine from flipping onto a hard gymnasium floor, a normally responsible fourteen-year-old male takes pain medication that leads him to addiction.

In all of these cases, the important thing is that as a result of using a substance, the individual's body and brain—mostly, brain—intensely crave the substance. Sadly, they often come to a readiness to risk anything and anyone to get the substance that they crave. This is not simply a moral issue. While moral issues are involved—such as when an addict steals money from her family to buy drugs—addiction to substances is much more a physical, usually brain based, issue than a moral issue.

Current brain studies hold positive promise for the future of substance abuse treatment. The likelihood is that, as the substance abuse actions in the brain are increasingly, clearly understood, methods of neutralizing addictions will become increasingly clear, too. For now, substance addictions control the brain. To confirm this point, methamphetamines and other addictive chemicals are more powerful than individuals' will power. Due to this control, individuals crave the substance to which they are addicted, lose their ability to manage their use of the substance, and continue to use the substance despite adverse consequences.

Behavior addictions do not control individuals in the same way as substance addictions. Instead, the actions of the individual—shopping, exercise, or playing video games—usually give a needed reward, a special kind of comfort, or an escape from sources of stress. For example, shopping is usually a good thing to do, but when an individual compulsively shops, as if he has no control over his decisions about what to buy or how much to spend, he is an addict. Typically, behavior addictions begin somewhat innocently, when an individual, say, enjoys shopping. Then, he begins to think that his enjoyment of shopping is truly extraordinary, as if little else can give him enjoyment. So, he commits to shop more and, then, more. And, after a while, his shopping is out of control and is bringing him negative consequences, including financial worries. Despite these worries, he seeks enjoyment—or pleasure—while knowing that he will not get it from shopping.

So, What Should You Think?

First, keep in mind that no one begins to use alcohol or shopping with the intention of developing an addiction. And, even when something like cocaine or exercise adds a small dose of pleasure to the lives of addicts, the adverse consequences define the outcomes of addictions, not pleasure. In fact, the longer the addiction lasts, the less pleasure the addict gets from it. This is the insidious nature of addictions. In pursuit of "pleasure," the addicted person uses more and more drugs, with the vain expectation of pleasure, and gets more and more misery and other negative consequences, instead.

Also, keep in mind that your addicted child is important to you and those who care about you because, just like them, you believe that your life matters to you. Being an addict really doesn't matter, once you become free of it. This may appear to be self-evident. If you live your life without your addiction, you love yourself and life, compared with being an addict. This may be what motivates you to want to be free of your addiction and healthy.

Also, no matter what you may have done as an addict, you can overcome it. If you have compromised your health or hurt someone else or taken things that aren't yours, these things can usually be overcome. Living your life well—in and of itself—a foundation for overcoming almost every negative thing that happened to you as an addict.

Your disappointment with yourself as an addict is understandable. This is normal for an addict. The question is "What are you going to do with your disappointment?" From the view of experienced and expert addiction specialists, the path requires understanding—mostly, self-understanding. Here are some of the basic features of this understanding.

Recognize that addiction, especially substance addictions, is a chronic disease. An addiction is not an attempt to hurt others or self, although this is sometimes the outcome. It is not an attempt to violate moral and ethical standards, although this often happens, too.

Usually, addicts do not recognize that they are suffering with a disease. They are much more likely to be aware of being stigmatized as "bad" and of feeling deep shame about their deplorable condition. These conditions are barriers to getting needed help.

Recognize that others are available to assist you with recovery. Others may include your parents, siblings, other family members, counselors and therapists, physicians, treatment facilities, and more. You are not alone in your pursuit of recovery and health. As much as you can, depend on professional health care providers for this.

Your deeply felt concern about yourself is a sufficient basis upon which to seek help for yourself. If you suffer with an addiction, wanting to change is the important thing. Others can help you to figure out how to change. Also, the love and support of others helps, too.

What To Do

Once addicted, recovery comes hard, but it comes. Being addicted is not a permanent condition. The main thing in most cases is that the addict get professional help.

As indicated above, if you visit SAMHSA's website, you will find an online treatment locator, too. Whether you use the online treatment locator or not, you may speak with an individual who can help you to locate the services you need. As you anticipate contact with a treatment program, you may want to be clear about the basic types of treatment programs. From SAMHSA's *Help Guide* (https://www.helpguide.org/articles/addictions/overcoming-drug-addiction.htm), here are descriptions of the types of treatment programs.

Residential treatment—Residential treatment involves living at a facility and getting away from work, school, family, friends, and addiction triggers while undergoing intensive treatment. Residential treatment can last from a few days to several months.

Day treatment/Partial hospitalization—Partial hospitalization is for people who require ongoing medical monitoring but wish to still live at home and have a stable living environment. These treatment programs usually meet at a treatment center for 7 to 8 hours during the day, then you return home at night.

Outpatient treatment—Not a live-in treatment program, these outpatient programs can be scheduled around work or school. You're treated during the day or evening but don't stay overnight. The major focus is relapse prevention.

Sober living communities—Living in a sober house normally follows an intensive treatment program such as residential treatment. You live with other recovering addicts in a safe, supportive, and drug-free environment. Sober living facilities are useful if you have nowhere to go or you're worried that returning home too soon will lead to relapse.

Also, you may wish to add the possibility of seeking help from an individual treatment provider who specializes in substance abuse or behavior addictions. Many private practice mental health professionals provide expert help with these kinds of problems. Except for rural areas and very small towns, these providers are available.

More specifically, just as SAMHSA, a national agency, provides help, all states have help lines, too. For example, here are only two of them:

TENNESSEE: The Tennessee REDLINE is the 24/7/365 resource for substance abuse treatment referrals. Anyone can call or text 800-889-9789 for confidential referrals.

MISSOURI: Locate Treatment & Services. For more information on where to locate treatment and services, click here. You may contact us directly by calling (573) 751-4942 or (800) 575-7480 or you may e-mail us at dbhmail@dmh.mo.gov.

Depending on where you are located, you will very likely be able to find a mental health center, a treatment center that specializes in treating addictions, or individuals whose clinical practice is focused on treating addictions. To begin to get help for your child, call one of these sources.

The contact information listed above for SAMHSA, Tennessee, Missouri, mental health centers, treatment centers, and private practice clinicians illustrate the fact that help is widely available for those who need help with addictions. The information points to ways to begin to get help. The main thing is that you can find resources, including individual therapists, who can help you.

Recognizing that you may be distressed by your child's addiction, please know that numerous other parents have shared your distress. As you seek help for your child, you will likely meet some of them and find immediate understanding and support from them.

- End -

EMERGENCY In a crisis call "911" immediately • If considering self-harm, call "988" **The National Suicide Intervention Lifeline**

SEXUAL MISCONDUCT To speak to a counselor, Call (800) 656-4673 RAINN

BULLYING/HAZING, VIOLENCE, ADDICTIONS & SUBSTANCE ABUSE For helpful resources,

CHILD ABUSE To report suspected child abuse, Call (800) 422-4453 thebmsproject.org/Safety Childhelp National Child Abuse Hotline

It is recommended that incident(s) of serious misconduct be reported to law enforcement. Minors should report incidents of misconduct to their parent(s) or guardian(s).