One day I received a phone call from a client who I had seen for several years for depressive symptoms and what appeared to be communication and sexual problems within the couple. This time, he was in crisis and stated bluntly that he had had an affair and was a “sex addict.” The client continued to explain his sexual acting-out behavior, which had a history of 15 years and caused the divorce from his first wife. Although I had been an advanced practice nurse in private practice, an academic, and someone who had published on Internet addiction, this case caught me off guard. Sex addiction had never been on my professional radar screen. I suspect that it is not within many other psychiatric nurses’ level of awareness either. This notion was validated when I attended a psychiatric–mental health nursing conference and was with a group of more than 100 nurses who work in addiction treatment centers. After individual groups gave reports, I was the sole individual to bring up behavioral addictions as a clinical issue.

Sex addiction is only one type of behavioral or process addiction that is becoming more known to other mental health professionals. Others such as Internet addiction, addiction to social media, gambling, spending, exercise, work, and food addiction, are in the literature. For better patient care, I began to read voraciously about sex addiction and started the long process of becoming a Certified Sex Addiction Therapist (CSAT) through the International Institute of Trauma and Addiction Professionals (IITAP). This process requires four on-site, 4.5-day continuing education seminars on sex addiction, in addition to reading materials and 30 hours of clinical supervision. Over 1 year of attending these four seminars, I met one psychiatrist but no psychiatric–mental health nurses, only social workers, substance abuse counselors, sex therapists, psychologists, and licensed professional counselors. It is time for nurses to become aware of behavioral addictions and the assessment and treatment of these disorders.

BEHAVIORAL/PROCESS ADDICTION

What is a behavioral or process addiction? How is it similar, yet different, from chemical addiction? The concept of addiction itself was discussed in the preparation of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013). In the DSM-5 work group, the phrase “addictions and related disorders” was deemed more appropriate versus the old terminology of substance abuse and dependence. Not all individuals who are dependent on substances, such as hospice cancer patients who are treated with high-dose opiate drugs, are addicted. Addiction is more than physiological dependence (O’Brien, Volkow, & Li, 2006). A new entry in the DSM-5 is gambling disorder. This condition is listed in the non-substance–related disorder category. In the DSM IV-TR (APA, 2000),...
Behavioral or process addictions can result from repetitive activity, which is impulsive and compulsive in nature.

Dopamine is the neurotransmitter that creates pleasure. Repeated behaviors overload the nervous system with dopamine. Neurological circuits flooded with dopamine are reinforced over time—like a rut in a dirt road—with each acting-out behavior. The automatic return to pleasurable activity changes the brain. When the urge to act out occurs, the individual compulsively and automatically complies. The prefrontal cortex is hijacked by this process (Baik, 2013; Rosenberg & Feder, 2014). To stop the addictive process, abstinence is needed so the brain can heal. Complete abstinence is difficult because some behaviors cannot be avoided in life, such as eating, sex, and use of the Internet. In such cases, bottom line behaviors and alteration of the environment are needed to modify the addictive pattern.

CRITERIA FOR BEHAVIORAL/PROCESS ADDICTION

What criteria define behavioral/process addiction? Griffiths (2005) defines six core components of behavioral addictions: (a) salience, (b) mood modification, (c) tolerance, (d) withdrawal symptoms, (e) conflict, and (f) relapse. Salience describes the need for the behavior as the most important activity in the individual’s life. Mood modification is the effect the behavior has on the individual’s emotional experience and often is described as an arousing rush. It becomes a coping strategy in response to negative emotions. Tolerance describes the need for increasing amounts of the behavior to achieve the same effect. Longer periods of time are spent engaging in the behavior. More intensity is required in the acting-out behavior to achieve satisfaction. An escalation of new stimulation is sought. For example, escalating behaviors may start with online pornography and masturbation, progress to participation in live online sex chat rooms and masturbation, and conclude with illicit sex with prostitutes. Conflict is described as discord with others over the behaviors. For example, overuse of the Internet may distract an individual from completing responsibilities with children, household chores, or his/her job. Intra-psychic conflict experienced by an individual occurs when the uncontrollable addictive behavior excessively competes with other hobbies or interests. An example would be someone who spends endless hours playing video games. Withdrawal symptoms are physical and psychological effects (e.g., shaking, moodiness, irritability) that occur when the behavior is stopped. Relapse is the recurrence of the behavior after a period of control (sobriety). This relapse is called “a slip” into previously used problematic behaviors. For example, a client with sex addiction may use his/her smartphone to access pornography and masturbate after feeling anxious, despite this activity being a bottom line behavior.

BEHAVIORAL/PROCESS ADDICTION AND THE DIGITAL AGE

Weiss and Schneider (2015) discuss how behavioral addictions are part of the digital age where everyone is always “turned on.” Behavioral addictions will continue to increase as technology makes access to addictive behaviors easy, affordable, and anonymous. Smartphones and tablets are computers with Internet access to be used anywhere and anytime. Not everyone who has access to technology will have a behavioral addiction; however, those who are genetically vulnerable will have more difficulty avoiding the technology that may lead to excessive use, loss of control, and addiction. Gambling addiction has been historically known as a behavioral addiction, but others are perceived as “new.” Lay people and some health professionals might view some behaviors as “normal,” such as using a smartphone for social media or playing video games. However, if the behavior leads to problems in life, such as addiction to online sex chat or gambling, it is considered a behavioral addiction.
professionals may be skeptical that behavioral addictions even exist. Assessment, diagnosis, and specialized treatment can lead to recovery, including individual therapy, group therapy, and 12-step fellowships, such as Sex Addicts Anonymous®.

**IMPLICATIONS AND RECOMMENDATIONS**

The pain of behavioral addictions is real for many individuals and their families. Undergraduate and graduate psychiatric–mental health nursing curricula should require content on behavioral addictions. Nursing and other organizations, such as IITAP, can provide education and certification. Nurses should take advantage of these opportunities. Published articles and nursing research findings on the topic of behavioral addictions will contribute to the overall science and perhaps changes in diagnostic categories in future editions of the DSM—all in an effort to serve clients more effectively and compassionately. Behavioral addiction diagnoses in the DSM would allow reimbursement for services by insurance companies, increase public awareness of the disorders, and improve access to much needed evidence-based clinical treatments.

This special issue of the *Journal of Psychosocial Nursing and Mental Health Services* includes other forms of behavioral addictions being discussed in the literature: problematic Internet use, gambling disorder, and work addiction. As part of a vital mental health workforce, psychiatric–mental health nurses should be eager to learn about behavioral addictions and ready to respond to these disorders across all care settings.

**REFERENCES**


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