

Addictions and Behaviours in Performance

Hayrettin Gumusdag

Yozgat Bozok University, Sport Sciences Faculty, Yozgat, Turkey

ABSTRACT

The study aims to provide information on addiction and behaviours. Addiction refers to the state of continuing to take a substance despite the fact that it causes mental, physical or social problems in the person, the inability to quit despite the desire to quit, and the inability to control the desire to take the substance. For many years, substance addiction was perceived as a moral problem, lack of willpower or personality weakness, but scientific advances show that addiction reflects a different reality. Today, addiction is recognised as a chronic brain disease and, like other chronic diseases with recovery and relapses, can be treated but not completely cured. Addiction can affect anyone. In other words, 'anyone can be addicted'. Addiction is a disease of the brain and our brain may crave the substance from time to time, even if we do not want it. Depending on the type of substance used, the degree of purity, the duration of use and personal characteristics, addiction can develop in different ways. Therefore, we cannot predict when a person will become susceptible to addiction.

*Corresponding author

Hayrettin Gumusdag, Yozgat Bozok University, Sport Sciences Faculty, Yozgat, Turkey.

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is reduced or stopped, withdrawal symptoms such as restlessness, insomnia and anger are observed.

Introduction

Addiction is a picture formed by the combination of many factors. From the moment a person is born, they start to learn and become open to the effects of the outside world. In this whole process, he/she has to develop a coping method in order to protect himself/herself against the situations he/she is exposed to. The environment, parental attitudes and sociocultural environment closely affect whether this coping method is healthy or unhealthy. Unhealthy attitudes of parents towards their children, a history of addiction in any of the family members, dangerous choices of friends, an unsuccessful educational life and the perspective of the society in which they live towards addiction are among the factors that may pose a risk.

For this reason, when talking about the formation process of addiction, the individual should be examined from childhood and even infancy; taking into account the characteristics of family, society and culture, the process should be evaluated with a holistic approach [1].

'Addiction is the loss of control over a substance, alcohol, object or behaviour (action) that a person uses. Every substance used uncontrollably or every behaviour performed carries the risk of causing addiction. People can be addicted to many things in life. Examples: substance, alcohol, smoking, gambling, technology, any item or behaviour' [2].

According to the Turkish Training Programme on Combating Addiction (TBM), addiction is the loss of control over an object or an action that a person uses. When the frequency of use/behaviour

In the eleventh revision of the World Health Organization's International Manual of Classification of Diseases, disorders related to substance use and addictive behaviours are defined as mental and behavioural disorders that develop predominantly as a result of the use of psychoactive substances or certain repetitive rewarding and reinforcing behaviours. Disorders related to addictive behaviours develop as a result of repetitive rewarding and reinforcing behaviours other than the use of addictive substances. These disorders can manifest as online and offline behaviours [2].

The Addiction Criteria in the DSM 5 Diagnostic Criteria Reference Manual (2013) are as Follows

Longer-term use than intended Unsuccessful quit attempts in the past Spending most of the time to find and use substances Continued use despite negative effects and harm Desire to use substances Tolerance (gradually increasing the amount of substance used because the amount of substance used is not enough) Abstinence [3]. According to the American Psychiatric Association, people develop chemical or behavioural addictions because of the desire to feel good and perform better. Chemical addictions usually start when the person decides to use the substance voluntarily. The individual does not start using the substance with the desire to become addicted; however, as he/she uses the substance repeatedly, he/she loses control over substance use. Although the person realises that it disrupts his/her daily life functions, he/she cannot stop himself/herself from using the substance. Thus, substance use evolves from voluntary use to compulsory use.

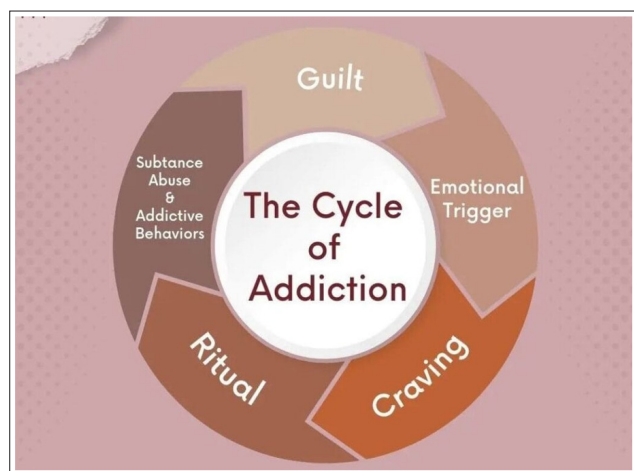
As stated by the American Psychiatric Association, some changes occur in the structure and functions of the brain in case of addiction. Depending on these changes, the person's emotional state, thoughts and behaviours deteriorate. Brain imaging studies show that there are problems in areas of the brain related to judgement, decision-making, learning, memory and behavioural control due to addiction.

How Does Addiction Occur?

When the factors that cause addiction are analysed, it is difficult to mention a single factor as the cause of addiction. There may be many factors for addiction. Psychological and biological factors affect the addiction process. The person may first want to try the use with a sense of curiosity and fear. With curiosity, the use is realised with the thought that nothing will happen from one time. Addiction affects the neurotransmitter called dopamine in the brain. Dopamine is involved in many basic functional processes such as thought, feeling, motivation, movement, attention and decision-making. Depending on the substance used, the frequency of use, the duration of use, the type of substance used varies depending on the type of substance used, but as a result of the damage of the dopamine hormone due to the process of use, the brain cannot function properly and addiction occurs. Therefore, we can consider addiction as a brain disease.

It should not be overlooked that addiction has psychological and behavioural aspects. For example, these aspects can occur under the influence of alcohol or when the effect of alcohol wears off. With the psychological intervention planned according to the patient's addiction criteria, coping skills, anger control, family counselling, motivational studies and therapy methods appropriate to the person's process are applied.

The Cycle of Addiction



Understanding the Cycle

Enabling: Enabling is a well-intentioned but ultimately harmful behaviour in which family members, driven by love and concern, unintentionally perpetuate the addiction. This can involve providing financial support, covering up the addict's actions, or making excuses for their behaviour. Enabling often stems from a desire to protect the addict from the consequences of their actions, but it can unconsciously prolong their addiction [4].

Provoking: On the flip side, provoking behaviours occur when frustration, anger, and resentment build up within the family due to the addict's actions. This can lead to confrontations, arguments, and emotional outbursts. While provoking is a natural response

to the pain caused by addiction, it often exacerbates the situation, driving the addict further into substance abuse.

The Enabling and Provoking Cycle can Manifest in Various Ways

Financial Drain: Family members may continually provide financial assistance to the addict, depleting their resources and contributing to the addict's dependence.

Emotional Turmoil: Constant tension and emotional distress within the family can erode relationships, leading to strained bonds and isolation.

Health Decline: Family members may experience physical and mental health issues as they struggle to cope with the stress and uncertainty that addiction brings.

Isolation: Friends and extended family may distance themselves from the family, leaving them feeling isolated and ashamed.

Legal Troubles: Enabling can sometimes involve covering up illegal activities, which may result in legal consequences for both the addict and those who enable them.

Breaking free from the Enabling and Provoking Cycle is Challenging but not Impossible Here are Steps that Families can Take

Education: Understanding addiction is a disease is the first step. Seek information about the nature of addiction, available treatments, and support resources.

Setting Boundaries: Establish clear and consistent boundaries with the addict. This may involve tough love, such as refusing to provide financial support for destructive behaviours.

Seeking Support: Families should not face addiction alone. Joining support groups like the Hermitage Family Club can provide guidance and a sense of community with others facing similar challenges.

Professional Help: Consider seeking professional guidance through therapy or counselling to help family members cope with their emotions and develop healthier strategies for dealing with addiction.

Intervention: In some cases, a structured intervention led by a professional can be a catalyst for change, encouraging the addict to seek help.

Self-Care: Family members must prioritize their well-being. This includes seeking therapy for themselves, maintaining their social connections, and practising self-compassion.

The cycle of enabling and provoking is a painful and destructive pattern that traps families in the throes of addiction. It's essential to recognize that addiction is a disease, and while family members may fortuitously contribute to the problem, they can also play a crucial role in the recovery process. By educating themselves, setting boundaries, seeking support, and prioritizing their well-being, families can break free from this vicious cycle and offer their loved ones a better chance at recovery. Addiction is a formidable adversary, but with love, understanding, and the right approach, healing is possible for both the addict and their family.

If you or your loved one is going through any kind of mental trauma, it cannot be handled by yourself. We need to take professional help. Reach out the best psychologists nearby you in amritsar and get help at the earliest. Early intervention can save you from adverse impacts of any disease. Timely cure will prevent severe damage. Any minor problem diagnosed on time will help you further on. Get psychological services for any kind of mental stress [5].

DSM-IV Diagnostic Criteria for Addiction

According to DSM 4, in order for addiction to be diagnosed, the individual must show at least three or more of the symptoms listed in the last 12 months.

- **Developing Tolerance:** The dose of the substance is increased because the substance does not affect the person as much as before and does not give pleasure. For example, if a person smokes 2 cigarettes a day, he/she can tolerate this and increases the number of cigarettes used in order to get the same pleasure and effect.
- **Withdrawal Symptoms (Withdrawal):** If the person reduces or stops using the substance, some negative physiological and psychological symptoms occur with the withdrawal of the substance from the body. The person continues to use the substance to get away from these symptoms. For example, when a person quits the substance, symptoms such as nausea, vomiting, dizziness, weakness, nervousness may occur.
- Substance use for a longer time and at higher doses than thought.
- Thoughts about quitting the substance and the failure of these attempts.
- Spending a long time to obtain and use the substance.
- Decreased or complete abandonment of social, cultural and personal activities due to substance use.
- Continuing to use despite substance use causing physical, psychological or social problems

Risk Factors

Factors such as age, gender, familial factors, environment, genetics, behavioural disorders, personality traits, economic problems, unemployment and divorced families are risk factors for a person to become addicted to a substance or object.

Especially the personality structure in adolescence, the oppressive or negligent structure of the family is directly proportional to the rebelliousness of the child, and if there are people who use substances in the circle of friends, the young person who emulates substance use may become addicted even after a one-time use. Likewise, unemployment, economic problems, the presence of substance abusers in the family, psychological problems or the presence of substance abusers in the environment are factors that push people to use drugs, alcohol or other addictive substances.

Cycle of Addiction

- The addiction cycle can be repeated as follows
- Print or use request
- Curiosity
- The idea that 'once is good enough

- Never want to use it again
- 'I can control myself, I am not dependent
- 'I can quit if I want to
- Inability to stop the substance/behaviour/process
- 'I have to quit'
- 'I'm going to quit now'
- 'I quit, I'll never start

Behavioural Addiction

Addiction to a behaviour can be defined as the loss of balance in the individual's physical, psychological and social structure and functions, disruption of order and inability to adapt to the environment as a result of exhibiting a certain behaviour with abnormal order and frequency [6].

Griffiths (2009) Uses Diagnostic Criteria Similar to Substance Addiction in Defining Behavioural Addictions and Lists these Diagnostic Criteria as Follows

- Clarity
- Status Change
- Tolerance Development
- Withdrawal
- Conflict
- Relapse [7].

Exercise Addiction

It is also possible that exercise is performed by many people by going beyond routines and sometimes causing harm in the form of a compulsive action. For this situation, which was previously defined with concepts such as 'running addiction', 'morbid exercise', 'running anorexics', the concept of exercise addiction has been preferred in current studies [8]. Exercise addiction is defined as the loss of control of the exercise routine, continuously increasing the duration, frequency and intensity of exercise in order to achieve the desired effect from exercise, not being able to spare time for family and friends because of the inability to give up exercise, exercising instead of participating in social activities and reorganising one's life within the framework of exercise habits [9,10]. Exercise addiction is considered to be suitable for the phenomenon of addiction with excessive craving for physical activity in free time, inability to control excessive exercise behaviour, tolerance and withdrawal symptoms, and psychological symptoms. However, it differs from psychoactive substance addiction with the absence of specific substance effects [6].

Exercise Addiction has Three Main Components

- Tolerance (increasing the amount of exercise to achieve the desired effect or decreasing the effects as a result of continuing the same amount of exercise),
- The occurrence of withdrawal effects (when the behaviour is inhibited, negative effects are observed - a feeling of withdrawal)
- Compulsive behaviour (repetition of behaviour to avoid stress and anxiety)



The four stages of exercise addiction are recreational exercise, at-risk exercise, problematic exercise, and exercise addiction [11,12].

Recreational Exercise

Recreational exercise is a pleasurable or rewarding activity, according to the book 'Recognizing Destructive Behavior Before It's Too Late' Recreational exercise is the first stage of exercise addiction, in which health and fitness are the main sources of motivation, but in a controlled manner. This stage focuses on improving the quality of life, and the individual can stop the exercise sessions if they want to.

At-Risk Exercise

At-risk exercise is the second stage of exercise addiction, where a person increases the frequency and intensity of workouts for mood-modifying effects. Their motivation is to use exercise to relieve them from stress and hardships and use it as an escape from the challenges of life. Therapist Cynthia Catchings says that exercise releases endorphins and dopamine, which elevates the mood. The constant need for these mood elevations is the culprit for the at-risk exercise stage. However, this phase is not problematic, but one needs to be mindful of going to the next phase.

Problematic Exercise

Problematic exercise is the third stage of exercise addiction. In this stage, individuals plan their daily activities around exercise, continue exercise even with an injury, and show withdrawal symptoms if the exercise routine is disrupted. These individuals have withdrawal symptoms like mood swings and irritability.

Exercise Addiction

The last stage is exercise addiction, where an individual engages in exercise without considering negative life consequences. An individual's life with exercise addiction revolves around exercise, which causes neglect of family and work responsibilities. These individuals manifest signs of withdrawal in the shape of anger and depression. Exercise addiction is classified as primary and secondary exercise addiction.

In primary exercise addiction, there is a mental and physical bond associated with this action behind the fact that the problematic exercise behaviour is performed with passion in a way that leads to loss of function and cannot be stopped.

In secondary exercise addiction, individuals exercise as a means of maintaining or achieving fitness and desired body shape. This is the type of exercise addiction associated with mental disorders such as bulimia, anorexia body dysmorphic disorder.

According to Vardar (2012), secondary exercise addiction is not defined as addiction because it is caused by an eating disorder [6]. Biological and experimental evidence of eating disorders and excessive exercise supports the relationship between these two conditions. There are reports that secondary exercise addiction is more common than primary exercise addiction [13].

In the literature review, it is seen that positive and negative addiction is also mentioned in relation to exercise addiction. According to these evaluations;

Negative Exercise Addiction

when an individual who exercises excessively experiences problems such as anxiety, depression, irritability, insomnia when he/she cannot exercise, Positive exercise addiction is the excessive exercise of the individual to cope with the difficulties encountered in life [14,15].

Veale, who moved from the substance addiction criteria in DSM-IV, developed these criteria for exercise addiction. Within a 12-month period, at least 3 of the following symptoms must be present and must lead to clinical distress and deterioration [16].

- **Tolerance:** Increasing the amount of exercise to achieve the desired effect or decreasing the effects as a result of continuing to do the same amount of exercise.
- **Exercise Withdrawal Effects:** exercise withdrawal symptom characteristics [e.g. anxiety, fatigue] as a result of inability to exercise, or the same amount of exercise [or close to it] to avoid exercise withdrawal symptoms and provide relief.
- **Intention Effect:** exercise is often done in greater amounts or for longer than intended.
- **Loss of Control:** a strong desire to exercise or a failure to control or stop exercising.
- **Time:** spending too much time exercising.
- **Reducing Other Activities:** reducing or abandoning social, work-related or recreational activities in order to exercise.
- **Persistence:** continuing to exercise despite being aware of the presence of an ongoing physical or physiological problem [such as continuing to run despite an injury] [6].

It has been reported that doing sports in some athletes, especially in women, may lead to the development of eating disorders. This condition, which is also defined as the female athlete triad, is seen as a disorder characterised by amenorrhoea and osteoporosis, and efforts to stay thin in order to show superior performance in competitive sporting events.

According to studies, the female athlete triad is found to be 1.3% among athletes, while eating disorders in athletes are seen around 17% [6].

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