Behavioral Addictions: A New Solution for Very Old Problems

Stephen R. Merriman, Ph.D.

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Behavioral Addictions: Course Outline

Introduction and Opening questionnaire—

1) Behavioral Addictions: Early Intimations (Someone 'Noticed')
2) Operative Definitions: The Five Diagnostic Criteria—Making the Connection between Alcohol- and Substance-based Addictions and Behavioral Addictions
3) The BIG NEWS!
4) Addiction Energy: What Is It? Traditional & Non-Traditional Qualities and Characteristics
5) Specific Behavioral Addictions and Their Manifestations.
6) A First Approach to the Question of Healing
7) The Sequencing of Behavioral & Substance-based Addictions
8) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself and Others
9) Reframing Recovery: A Different Kind of 'Vision for You': Promises of Recovery vs. Adventures in Discovery
10) Concerning One's 'Ultimate' Relationship with Addiction Energy: How Healed Is It Possible to Become?

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Behavioral Addictions—
If you "hang in there" with this course you will:

- 1) expand your conceptions about what Addiction is and how it operates (often manifesting across many domains).
- 2) come to realize that the field of Behavioral Addictions is in its infancy, and if you choose to become involved with it you will be helping to pioneer the field.

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Behavioral Addictions—
If you "hang in there" with this course you will:

- 3) discover that, notwithstanding the field's being in its infancy, there are clinical circumstances in which making a diagnosis of Behavioral Addiction is possible, necessary and very defensible, even in a skeptical professional environment.

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Behavioral Addictions—
Behavior Addictions questionnaire

- 1) If you could design the "perfect" combination of addictions—whether alcohol/substance-based, behavioral or both—in a quest for the best addiction-related "high" you could ever experience, what would this combination consist of for you?

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Behavioral Addictions—
Behavior Addictions questionnaire

- 2) Would the primary effect, or payoff you would be seeking be:
  - a) arousal/adrenaline?
  - b) calming/sedation?
  - c) analgesic/pain-killing/numbing?
  - d) escapist/mind-altering?
  - e) transcendence (spiritual connection)?
  - f) all of the above?
  - g) other _____________?

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Behavioral Addictions—
Behavior Addictions questionnaire

3) Would it make a difference to you whether you got access to your special payoff by using activities rather than molecular compounds (substances)?

4) Do you think that behavioral addictions are easier or harder to recognize and diagnose (in oneself and others) than substance-based addictions? Why easier? Why harder?

5) Do you have any repetitive behavioral problems that are upsetting to you? If so, would you categorize them as addictions?

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Behavioral Addictions—
Behavior Addictions questionnaire

6) How does the culture/society in which you live view these behaviors that are upsetting to you? Does the culture/society view them negatively? . . . or desirable? . . or is the culture indifferent to them?

7) Have you successfully mastered (gotten sober/clean, abstinent) in terms of a behavioral addiction?

8) If so, did your view of the culture/society in which you live change in any way?

9) What do you think is the greatest challenge in confronting—coming to terms with—a behavioral addiction in yourself?

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Behavioral Addictions—
Behavior Addictions questionnaire

10) What do you think is the greatest challenge—coming to terms with—in confronting a behavioral addiction in others (clients, friends, family members, co-workers)?

11) At this point in your personal and professional development, do you feel that Behavioral Addictions:

- a) are just as potent a destructive force as substance-based ones?
- b) are more potent as a destructive force than substance-based ones
- c) are less potent as a destructive force than substance-based ones?
- d) . . . are a fiction! Behavioral Addictions don't really exist!

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Behavioral Addictions—
Behavior Addictions questionnaire

- 12) How would you rate the state of awareness of the relevance ("co-morbidity") of Behavioral Addictions within the alcohol/substance abuse treatment field?
  - a) There is little to no awareness about Behavioral Addictions within the alcohol/substance abuse treatment field.
  - b) There is some awareness of these addictions within the alcohol/substance abuse treatment field.
  - c) There is considerable awareness of these addictions within the alcohol/substance abuse treatment field.
  - d) Everyone knows they exist, but no one knows what to do about it, so they are almost never mentioned or included in treatment planning.
  - e) There is enough awareness about the relevance of Behavioral Addictions that treatment planning for alcohol/substance abuse clients takes them into account.

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Behavioral Addictions—
Behavior Addictions questionnaire

- 13) Are there any particular areas that you would like this course on Behavioral Addictions to address?

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Behavioral Addictions:
1) Early Intimations (Someone 'Noticed')

- It a truism in that the addictions treatment field, as it pertains to alcoholism and drug addiction, owes its existence to self-help pioneers who found a way to get sober/clean in AA and NA from the mid-1930s to the mid-1970s.
- It is from the realm of similar grassroots sober/clean "pioneers" that the first Behavioral Addictions were noticed.
- First recognitions of behavioral addictions—occurring (as they most always do) among the ranks of non-professional "self-diagnosers"—and a handful of milestones on the "professional" side from the 1970s and 80s.

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Behavioral Addictions: 1) Early Intimations (Someone 'Noticed')-cont'd

- *On the 'self-help' side:*
- Gamblers Anonymous (GA)—1957
- Overeaters Anonymous (OA)—1960
- Debtors Anonymous (DA)—1976
- Sex & Love Addicts Anonymous (SLAA)—1976

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Behavioral Addictions: 1) Early Intimations (Someone 'Noticed')-cont'd

[**Note:** In this era when so much is made of establishing "evidence-based" criteria to justify various diagnosis and treatment approaches in the realm of addiction, the very evidence for validating the reality of Behavioral Addictions *is the very fact that self-help groups DID come into being.* These groups are all based on the successful model pioneered by Alcoholics Anonymous. They draw on discriminating diagnostic criteria arrived a by early AA pioneers, some of whom were the founders of these subsequent self-help groups. *These pioneers discovered that the basic dynamics of addiction that pertain to alcoholism and drug addiction show up in non-substance-based areas, thus proving the reality of Behavioral Addictions as a valid category of addiction.*]

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Behavioral Addictions: 1) Early Intimations (Someone 'Noticed')-cont'd

- On the 'professional' side:
- *Love and Addiction* (Peele and Brodsky, 1975)
- *How to Break Your Addiction to a Person* (Halpern, 1982)
- "The Mind of the Marathoner" article in *Psychology Today* (April, 1978)
- "Marching to Euphoria" article in *Sports Illustrated* (July 14th, 1980 Issue)

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Behavioral Addictions:

2) Operative Definitions:
Making the Connection between Alcohol/Substance-based Addictions and Behavioral Addictions

- The Five Diagnostic Criteria for Addiction—*All* Addictions (derived directly from the world of alcoholism and drug addiction).
  - (five components):

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Behavioral Addictions:
2) Alcohol-& Substance-based Addictions & Behavioral Addictions: Making the Connection (cont'd)

- The Five Diagnostic Criteria for Addiction:
  - 1) Use of a substance or an activity for the purpose of enhancing pleasure (physical or psychological or both), decreasing pain (physical or psychological or both), "energizing" or "sedating," OR maintaining the ability to function (tolerance affect).

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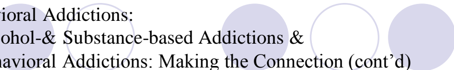

Behavioral Addictions:
2) Alcohol-& Substance-based Addictions & Behavioral Addictions: Making the Connection (cont'd)

- The Five Diagnostic Criteria for Addiction (cont'd):
  - 2) Over time, increasing amount of consumption or indulgence is required to achieve an acceptabl level of return (the desired effect)—the developing of "TOLERANCE."

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Behavioral Addictions:
2) Alcohol-& Substance-based Addictions &
Behavioral Addictions: Making the Connection (cont'd)

- The Five Diagnostic Criteria for Addiction (cont'd):
  - 3) Loss of control over rate, frequency and/or duration of use/ consumption/indulgence.
    - **Rate** = how "much" (quantity) I'm doing when I indulge/act out
    - **Frequency** = how often I'm acting out/indulging
    - **Duration** = how long (temporally) an indulgence/acting out episode lasts

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Behavioral Addictions:
2) Alcohol-& Substance-based Addictions &
Behavioral Addictions: Making the Connection (cont'd)

- The Five Diagnostic Criteria for Addiction (cont'd):
  - 4) Symptoms of Withdrawal (either physical, psychological or both) are encountered if use/consumption/indulgence is abruptly curtailed
  - —another tolerance-related effect.

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Behavioral Addictions:
2) Alcohol-& Substance-based Addictions &
Behavioral Addictions: Making the Connection (cont'd)

- The Five Diagnostic Criteria for Addiction (cont'd):
  - 5) Increasingly negative consequences accruing over time as a direct or indirect result of loss of control—Life Unmanageability.

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Behavioral Addictions:
2) Alcohol-& Substance-based Addictions &
Behavioral Addictions: Making the Connection (cont'd)

- **Note:** Regarding diagnosing Addiction:
  - All of the five criteria must be present for an addiction to be correctly diagnosed.
  - If even one of the criteria is absent, it's not addiction! (— at least in terms of what can be conclusively diagnosed and defended).

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Behavioral Addictions:
2) Alcohol-& Substance-based Addictions &
Behavioral Addictions: Making the Connection (cont')

Definition of Addiction (in sentence form):

- —*Objective* definition of Addiction:
  Addiction as observed—
  (what it looks like from the "outside")

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Behavioral Addictions:
2) Alcohol-& Substance-based Addictions &
Behavioral Addictions: Making the Connection

—Objective Definition of Addiction—

Addiction is the use of a substance or activity for the purpose of enhancing pleasure, decreasing pain, 'energizing' or 'sedating,' OR to maintain a level of functioning; by a person who needs, over time, more 'quantity' of the substance or activity to achieve the desired effect; who loses, as time goes on, control over the rate, frequency and duration of indulgence experiences; who encounters symptoms of physical and/or psychological withdrawal if cut off from his/her source of supply; and whose life becomes progressively unmanageable as the pattern of usage continues.

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Behavioral Addictions:
2) Alcohol-& Substance-based Addictions &
Behavioral Addictions: Making the Connection (cont'd)

Definition of Addiction (in sentence form):

- —*Subjective* definition of Addiction: Addiction as experienced—
  - *(what it feels like on the "inside")*

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Behavioral Addictions:
2) Alcohol-& Substance-based Addictions &
Behavioral Addictions: Making the Connection

—Subjective definition of Addiction—

Addiction is the exploitation of me by a substance or an activity, for the purpose or intention of enslaving me through pleasure enhancement, pain elimination, 'energizing' or 'sedating,' OR providing me the ability to maintain a level of functioning; in which the substance or activity forces itself upon me at an increasing rate, frequency and duration that I am unable to resist; causes me to experience symptoms of psychological and physical withdrawal if I try to turn my attention (allegiance) away from the substance or activity; resulting in the cost, to me, of the progressive deterioration of my life.

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Behavioral Addictions:
3) Big News!!

- Once we "cross the divide," recognizing the existence of the *dynamics* of addiction (the Five Diagnostic Criteria) in both substance- and non-substance-based areas, we can no longer consider addiction as something reducible to merely having an "addiction" to "this substance," or "that behavior." We are, rather, obliged to acknowledge that addiction is, first and foremost, an . . .

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Behavioral Addictions:
3) The Big News!! (cont'd)

- . . . *ENERGY!!!*

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Behavioral Addictions:
4) ADDICTION ENERGY!!!—What is it?

- Addiction Energy—the *Energy!!*—has a number of qualities, or characteristics.
- We will consider a number of these qualities. To begin, let's first consider one of the hallmark traits, or characteristics, of this ENERGY!!!
  - This characteristic is called: **DISPLACEMENT**

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Behavioral Addictions:
4) ADDICTION ENERGY!!!—What is it? (cont'd)

- A) **Displacement** is the ability of Addiction Energy—*the ENERGY!!*—to manifest in many different ways, including the use of substances (drugs & alcohol), along with a potentially unlimited number of behavioral activities.
- Addiction Energy can seek, and use, *any* channel of manifestation in the outer world, whether substance-based or non-substance-based. For "Addiction Energy," any channel will do.

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Behavioral Addictions:
4) ADDICTION ENERGY!!!—What is it? (cont'd)

- B) **Physical Compulsion**—an inner itch, body centered, gravitational attraction—craving (triggering).
- C) **Mental Obsession**—the narrowing of mental focus to a simple, if insistent, strident quest or aim (and all the delusional linkages and distended thought and perceptual processes (as in space and time) that go with it).
- D) **Possession Energy**—a quality that is alive, and autonomous, taking on a life of its own, with a different agenda from ego-consciousness.

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Behavioral Addictions:
4) ADDICTION ENERGY!!!—What is it? (cont'd)

- E) **Attachment Energy**—the original "hunger" to exist at all—scanning for opportunities to attach.
- F) **"Rousable"/Triggerable**—the ability of Addiction Energy to trigger or rouse—to show up anywhere and in any instant—seizing upon any plane of human endeavor.
- G) **Dis-ease**—the holistic notion that psychological/emotional/spiritual factors that are out of balance with each other lead to sickness at any level.

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Behavioral Addictions:
4) ADDICTION ENERGY!!!—What is it? (cont'd)

- **H) Mania/Maniacal**—pressing urgency: self-justifying"/self-rationalization/justification run amok.
- I) **Desperation**—panicky, reactive (as in stranglehold), lurching, bolting, stampeding.
- J) **Seduction/Seductive**—the quality of being lulled and lured into "trying something"—an indulgence of some sort.

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Behavioral Addictions:
4) ADDICTION ENERGY!!!—What is it? (cont'd)

- **K) Opportunistic/Opportunism**—constant scanning for weakness and vulnerability (whatever is exploitable).
- L) **Self-Loathing/Self-Hatred**—felt about oneself, but often projected onto the outer world.
- M) **The Negative Rush**—getting high on destructiveness.

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Behavioral Addictions:
4) ADDICTION ENERGY!!!—What is it? (cont'd)

- **N) Metastasis**—the all-consuming, all expressing collective manifestations of Addiction Energy—*the Energy!!*—which has been "spreading" (metastasizing), undiagnosed and untreated, for a considerable length of time.
- O) **Vitality/"Elan Vital"**—the motive force behind all manifestation.

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Behavioral Addictions:
5) Specific Behavioral Addictions and Their Manifestations

1) gambling
2) overeating
3) internet
4) cell phone
5) video games & gaming
6) sex

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Behavioral Addictions:
5) Specific Behavioral Addictions and The
Manifestations (cont'd)

7) "love" (attachment hunger)
8) exercise
9) physical fitness
10) pet
11) hobbies (of all stripes)
12) creativity/talent/"genius"

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Behavioral Addictions:
5) Specific Behavioral Addictions and Their
Manifestations (cont'd)

13) work
14) indebtedness/spending
15) conspicuous consumption
16) thrill-seeking/arousal-seeking, et al
17) shoplifting
18) dare-devil behavior

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Behavioral Addictions:
5) Specific Behavioral Addictions and Their
Manifestations (cont'd)

19) transcendence-seeking
20) therapy/healing modalities/regimens
21) anger and rage
22) power and influence seeking
23) self-hatred/self destructiveness
24) security/seeking

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Behavioral Addictions:
5) Specific Behavioral Addictions and Their Manifestations (cont'd)

25) attention-seeking
26) isolation
27) self-mutilation, self-disfigurement
28) fetishism
29) fantasy
30) hoarding, packratting/clutter

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Behavioral Addictions:
5) Specific Behavioral Addictions and Their Manifestations (cont'd)

- 31) connectivity
- 32) virtual reality(ies)
- 33) being a "healer"

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing

- A) *Displacement*—There is *no known "cure"* that would seem to pertain to this quality of Addiction Energy. Shunting, or trying to squelch, expression of this Energy—Addiction *Energy!!*—from discharging through any particular channel only results in its subsequent expression through some other channel, no matter how far removed or unrelated to a previous channel of manifestation that subsequent channel of expression may appear to be.

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing

- B) *Physical Compulsion*—body-centered cures—calming the body down, physical sedation, draining off energy through exercise, acupuncture, massage therapy, diet, tending to blood sugar swings/hypoglycemia, staying away from caffeine, etc.

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- C) *Mental Obsession*—mind-centered cures—developing other "conscious focuses," mental habits, or preoccupations (work, career, family, self-improvement), development of insight, integration of unconscious split-off components of mental functioning/childhood traumas and abuse (via counseling/psychotherapy), etc.

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- D) *Possession*—exorcism (either religious, as in the "casting out of devils," or secular, as in "character defect removal"). Either way, becoming, de facto, an unsuitable "host" to possession energy through establishing & maintaining behavioral consistency. Finding a spiritual experience to offset the "demonic presence."

Note: Behavioral integrity leads to release from possession— IF *it can be sustained long enough.*

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- E) *Attachment*—Love and compassion lead to release from suffering (Buddhist notion); active cessation from painful attachment—*elective withdrawal,* "letting go" (addiction treatment concept).

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- F) *"Rousable"/Triggerable*—(even though the Energy may be latent or dormant, it is "ever rousable")—*implied "cures" are:*

  1) Exorcism (cure by "getting rid of" the Energy),

  2) Integration (cure by taming & incorporating the Energy), or

  3) Co-existence with the Energy (not exactly a "cure," but an "outcome"): finding a way to accommodate, or coexist with, the Energy, *without being* destroyed by it, and living to good purpose, regardless.

  4) The "Self-Pact"—a new approach which has shown some effectiveness with *Anger and Rage Addiction, and which may be more generally effective with other addictions.*

  Note: The Self-Pact is an integrative approach.

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- G) *Dis-ease*—restoration of balance of those factors that are in disarray which, when accomplished, leads to "ease." Dis-ease, in whatever form it takes, is a symptom that, with intention, tries to draw attention to the existing imbalances that are in need of attention, along with possible remediative or curative factors.

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- H) *Mania/Maniacal Energy* (Pressing Urgency, "Self-Justifying" Energy, Obsession on steroids)—
- breaking the denial, deflation of the ego at depth, de-activating (rather than activating), surrendering, breaking the trance—the spell—shattering the illusion/delusion, "waking up and smelling the coffee" (unless, of course, you're addicted to caffeine!) :-)

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- I) *Desperation Energy*—Implied cures have to do with getting in touch with the emotions and feelings present at the time that this desperation-based substrate/foundation of character was being set in place, and "digesting," or assimilating them in some fashion.
  - *Note: Integration (after a fashion) of desperation energy is, to some extent, possible, though it is may take the work of a lifetime to achieve.*

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- J) *Seduction/Seductive*—Short-term: Developing 'sales resistance.' Developing 'street smarts.' Coming to recognize the symptoms of "being lulled," or tested. Learning to feel this range of attraction (energy) as one state—one specific arrangement or configuration—of one's own neurology.
- Longer-term: Observing—becoming a student of—one's own areas of susceptibility—of areas in which one can be seduced.
- Learning to observe the rising and falling of one's own cycles of desire; ***feeling the feelings without acting (out) on them.***

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- K) *Opportunistic/Opportunism*—Developing a keen, sustained mindfulness of one's personal vulnerability that is a part of life, day in and day out, no matter how "cured" a person may feel. The distinction between living in remission or reprieve, and being "cured," is held, at all times, as a focus of awareness. ("Constant vigilance")
- Note: Reprieve/remission, when it has gone on for a long time, may come to feel like cure—but IT NEVER IS.)

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- L) *Self-Loathing/Self-Hatred*—The implied cure is to develop the capacity—the "inner muscle"—to stand still under the assault of this kind of energy, and to learn *to ride it inwards.* In so doing one is put in touch with its origins—the "original causes and conditions" that have led to self-condemnation, and self-destructive expression. Getting in touch with primary causes and conditions helps to neutralize the negative expression of this energy, freeing it up to be drawn upon in more constructive ways.

- *Note: This outcome is an objective of the "Self-Pact" technique.*

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- M) *The Negative Rush*—The implied cure is *the re-introduction (or rediscovery) of personal conscience,* of finding something in the outer world—or within oneself—that "truly matters." Leaving a legacy of rage, destructiveness, self-hatred, bloodlust, sadism, cruelty tragedy and loss, all at-the-ready to infect the next unsuspecting generation, becomes felt as pathetic and undesirable. A path which can offset the past cascading juggernaut of toxic out-workings and their consequence(s) becomes keenly felt and desired, cost was it may.

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- N) *Metastasis*—The implied avenue for healing is a massive assault on the entire symptomatology—all the outflow channels through which Addiction Energy is discharging. Only a "full frontal assault" in a contained environment on all the interlocking, negatively synergistic spillways—both substance-based and non-substance-based—has any chance of providing the necessary impact.

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Behavioral Addictions:
6) A preliminary approach to the whole question of healing (cont'd)

- O) *Vitality/"Elan Vital"*—"Cure" is no longer implied here, because the Energy of Vitality which underlies everything that exists (*including* Addiction Energy) is not "sick." The challenge, however, is, to whatever extent possible, "come into proper alignment with," tame and shape this Energy so that it may become a reservoir of energy that one can draw on to be "energized!"—to animate one's life—to deploy this energy for *living.*
- *Note: "Energy for living" means having the resources available to encounter, ever more richly, the reality that is before me (or you), thereby increasing my (and your) capacity for a wider sampling of emotional, mental, physical and spiritual life.*

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Behavioral Addictions—
7) The Sequencing of Behavioral and Substance-based Addictions

- Behavioral Addictions may precede, coincide with, or develop subsequent to substance-based addictions.
- Here are three clinical examples of how substance-based addictions and Behavioral Addictions can interweave.
- The *first* case vignette involves a man who develops Behavioral Addictions prior to substance-based ones. The *second* vignette is about a man who develops Behavioral Addictions alongside his substance-based ones, and the *third* vignette is about a women who develops Behavioral Addictions in the course of being in recovery from substance-based additions.

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Behavioral Addictions—
8) The Role of Culture as a Provider of Camouflage in the Development of Behavioral Addictions

A) The culture in which we live and come of age is constantly inundating us with messages which shape, often subliminally, our list of desires.

[**Note:** Here is one example: A quick look at one cultural milieu: what it was like to be a "child of the '60s" (meaning: a child who came of age in the 1960s and early 1970s)]

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Behavioral Addictions—
8) The Role of Culture as a Provider of Camouflage in the Development of Behavioral Addictions

The 1960's timeframe could also be called:

The **"Non-lethal STDs/Birth Control Pill/ Vietnam War/ Psychedelics/Civil Rights/Assassination Era."**

- Here were some of it's characteristics:
  - a) era of non-lethal STD's
  - b) birth control: unwanted pregnant thing of the past
  - c) sexual contact could (therefore) be fully indulged in without "risk."

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Behavioral Addictions—
8) The Role of Culture as a Provider of Camouflage in the Development of Behavioral Addictions

- More characteristics of the 1960s in the US:
- d) psychedelic culture: "Turn On; Tune In; Drop Out" (Timothy Leary)
- e) the quest to re-engineer human—to create a society based solely on "LOVE!" (psychedelic, DA-GLO lettering)
- f) Vietnam War — US government's lying to its own citizens exposed.
- g) Civil Rights inequalities stirs protests: March on Washington, D.C. ('63), 16th St. Baptist Church in Birmingham, AL ('63), Selma to Montgomery March ('63) (All coinciding with Vietnam War build-up.
- h) Assassinations during this era: JFK (11/63), MLK (4/68), RFK (6/68), Kent State University massacre (5/70).
- (Schlitz beer ad from this era: "You only go 'round once in life; you've got to grab for all the 'gusto' you can.")
- "Guilty conscience" is a societal infection, an artifact of a sick society.

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Behavioral Addictions—
8) The Role of Culture as a Provider of Camouflage in the Development of Behavioral Addictions

- **Consequence:** All of the above (and more) produced an extremely powerful, pervasive and seductive sub-culture—an environment in which Behavioral Addictions (along with alcoholism and substance-based addictions), flourished and proliferated, under the camouflage of "This is my birthright; I'm entitled to this," "I should want this," "There's something wrong with me if I don't want this," "I must keep up with those who do want this," "If I fail to want this I'll fall prisoner to a conventional, 'neutered' existence," "I am a pioneer of new adventures into what being a human being really is, and means." It was against this coming-of-age climate-of-his-generation that the newly sober/abstinent alcoholic/drug addict had to struggle in order to find a new life and identity—and values—in recovery.]

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Behavioral Addictions—
8) The Role of Culture as a Provider of Camouflage in the Development of Behavioral Addictions

Final Note on this topic: It is likely that each generation, notwithstanding geographical, demographic and cultural differences, has its own seductive, culturally reinforced worldview—its own "new normal"—replete with internally consistent, self-reinforcing logic, in which a new crop of addiction manifestations/behaviors, including Behavioral Addictions, can develop and flourish, well hidden in and amongst ready-made, cultural camouflage.

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Behavioral Addictions—
9) Obsessive/Compulsive Disorder (OCD) and Addictions—similarities and differences

A) Similarities:

1) Obsession operative in both

2) Compulsion operative in both-- therefore:

Repetitive behaviors and mental operations (trains of thought) occur in both disorders. . . . . BUT . . . .

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Behavioral Addictions—
9) Obsessive/Compulsive Disorder (OCD) and Addictions—similarities and differences

B) The differences:

1) The behaviors engaged in for someone with OCD are not experienced as in any way pleasurable. These behaviors are performed in response to an obsession, in accordance with rules that must be rigidly observed. There is no "high" connected with these behaviors. They are used solely to ward of anxiety, panic or dread.

2) With addiction disorders, behaviors are engaged in, at least initially, for experiences of pleasure enhancement/pain avoidance/ transcendence, etc. While the behaviors are indeed compulsive, there is, at least the outset, a compelling "payoff" for engaging in them.

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Behavioral Addictions—
10) 2nd questionnaire/group activity

—Behavioral Addictions: Second Questionnaire—

1) Do you think that Behavioral Addictions are easier or harder to recognize and diagnose (in oneself and others) than substance-based addictions? Why easier? Why harder?

2) Do you have any repetitive behavioral problems that are upsetting to you? If so, would you categorize them as addictions?

3) How does the culture/society in which you live view these behaviors that are upsetting to you? Does the culture/society view them negatively? . . . or desirable? . . . or is the culture indifferent to them?

4) Have you successfully mastered (gotten "sober," "clean," "abstinent" in terms of a behavioral addiction?

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Behavioral Addictions—
10) 2nd questionnaire/group activity

5) If so, did your view of the culture/society in which you live change in any way?

6) What do you think is the greatest challenge in confronting a behavioral addiction in yourself?

7) What do you think is the greatest challenge in confronting a behavioral addiction in others (clients, friends, family members)?

Thanks for filling out this questionnaire**!**

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Behavioral Addictions—
11) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others

Perspectives on self-diagnosing and self-treating—

"The most important diagnosis is a self-diagnosis."

The importance of self-diagnosis/self-description: from "character defects" and "index of maladjustments," to "seven deadly sins," "overwhelming compulsions and desires" and "devastating handicaps": finding the terms that feel right, the "shoes that fit."

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Behavioral Addictions—
11) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Self-diagnosing and self-treating (cont'd)
- The hardest part is getting to the point of recognition. No one likes undergoing "what it takes" to be ready to "see it," let alone "do something about it." But the good news is, once the Five Diagnostic Criteria of addiction are recognized (assuming they are all there), the path ahead becomes, if not exactly easier, at least more recognizable and doable—*because you (or your client) have been there before, with alcoholism and/or drug addiction*.

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Behavioral Addictions—
11) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Self-diagnosing and self-treating (cont'd)
- Attending self-help/mutual aid groups:
  - If there are groups already established that address the specific behavioral addiction that is afflicting you, you're ahead of the game.
  - If not, you can "hitch-hike" on other Twelve-Step-oriented groups (although this can prove challenging).

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Behavioral Addictions—
11) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Re: Attending Twelve-Step-oriented groups with a different "primary purpose":
  - If you choose to disclose your form of addiction at such meetings, prepare to encounter a range of reactions—*from graciously welcoming, to overtly hostile.*
  - This risk is worth taking, because it's the only way you will meet others who are in recovery from their own initial addiction, and who are "in trouble"—*starting to experience consequences—with behaviors similar to what you are talking about.*

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Behavioral Addictions—
11) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Self-diagnosing and self-treating (cont'd)
- If you choose not to disclose your own behavioral addiction at Twelve-Step-oriented meetings address different addictions from yours, that's OK.
- The challenge, then, becomes to listen closely to the sharing/disclosures of others as they talk about their own recoveries re: their primary addiction.

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Behavioral Addictions—
11) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Self-diagnosing and self-treating (cont'd)
- Sooner or later, you will here someone describing a challenge that s/he is facing in their recovery, and the "challenge" will bear a strong resemblance to what you have come to recognize as *your* form of Behavioral Addiction.
- You can then make an approach to this person, sharing your experience thus far, and (likely) meet with enough resonance and understanding that you will have started to develop your own network of support.

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Behavioral Addictions—
11) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Self-diagnosing and self-treating (cont'd)
- With enough serendipitous encounters like this, combined with a degree of courage—*though desperation will do too*—you can start your own meeting.
- Humble beginnings for a new Twelve-Step-oriented fellowship addressing a specific Behavioral Addiction? Yes . . . but ***that is how they all start.***

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Behavioral Addictions—
11A) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Diagnosing and treating Behavioral Addictions in others:
- Diagnosing & Treating Behavioral Addictions in others (in professional settings such as inpatient addiction treatment programs/rehabs, psychiatric units in general hospitals, detox units, outpatient clinics, private practice settings):
  - The overriding question, regardless of setting, is: "To diagnose and treat, or NOT to diagnose and treat?—That is the question."

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Behavioral Addictions—
11A) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Diagnosing and treating Behavioral Addictions in others:
- Typical challenges to diagnosing Behavioral Addictions in various treatment settings:
  - The existence of Behavioral Addictions is not all that recognized in the field of addictions treatment.
  - Such diagnoses don't qualify for third-party reimbursement due to the diagnostic nomenclature of the DSM.
  - There is often a lack of institutional support for such diagnoses.
  - Behaviors are seen to be the province of mental health professional re: diagnosis and treatment.
  - There is no current licensure of a comprehensive nature in effect for Behavioral Addictions.

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Behavioral Addictions—
11A) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Diagnosing and treating Behavioral Addictions in others (cont'd):
- Under any (or all) of these "push-back" circumstances, if you diagnose a Behavioral Addiction, you're likely sticking your neck out.
- It is therefore necessary to proceed with a degree of caution, notwithstanding clinical observations that may be compelling and "obvious" to you as to their diagnosis and prognostic relevance.
- One must accept the informal role of educating one's colleagues regarding diagnosis and treatment of not just Behavioral Addictions, but of substance-based ones as well.
- You will develop clinical credibility as you proceed with your own casework, augmented by your own respectful, constructive comments regarding your colleagues' casework.
- Gaining credibility in this manner is a process that takes two years or so.

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Behavioral Addictions—
11A) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Diagnosing and treating Behavioral Addictions in others (cont'd):

- When diagnosing Behavioral Addictions is ***contraindicated***, despite clear evidence of their presence:
- When a person is newly sober/clean in terms of alcohol and other compounds, and dealing with a behavioral addiction would be "too much to deal with" at that time.
- To push ahead (from the treatment perspective) under such a circumstance could force an identity crisis on the newly clean and sober individual, leading possibly to a psychotic break, or "nervous breakdown" (as it used to be called).

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Behavioral Addictions—
11A) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Diagnosing and treating Behavioral Addictions in others (cont'd)
- The ONE EXCEPTION, the early diagnosis IS warranted is in the circumstance where the client has *a chronic, documented pattern of alcohol/substance abuse relapse, and the pattern of relapse appears linked to the presence of, and acting out on, a Behavioral Addiction.*
- Left unaddressed (as in the client's previous detox/rehab stays), the behavioral addictions will, one again (as they have in the past), torpedo (sabotage) the person's being sober and clean in terms of alcohol and drugs.
- Under such conditions, the only hope for the person to achieve being consistently sober and clean in terms of alcohol and drugs is for the Behavioral Addiction to be forthrightly identified and treated.

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Behavioral Addictions—
11)A Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Diagnosing and treating Behavioral Addictions in others (cont'd)
- Re: "Triaging" cases combining alcoholism/drug addiction with one or more Behavioral Addictions:
- The question to ask yourself (as the person's counselor/clinician) is:
  - In this newly sober/clean or alcohol-/drug-addicted person sitting before me, assuming that what I am "seeing," in terms of the presence of Behavioral Addictions is correct, *what among these still-active addictions will kill, or lead to unmanageability in, this person the quickest?*
  - The guideline is: Address whatever the Behavioral Addiction is that can more immediately sabotage early recovery, and TOLERATE the ones that aren't presently as dire, even if you see trouble brewing with them down the road.

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Behavioral Addictions—
11A) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Diagnosing and treating Behavioral Addictions in others (cont'd)
- The best combination of strategies for treating Behavioral Addictions is (no surprise) active involvement in a Twelve-Step-oriented fellowship, and professional counseling.
- Regarding Twelve-Step fellowships, there are (as previously mentioned) three possibilities—encourage your client to:
  - 1) attending an already existing fellowship for the specific Behavioral Addiction and/or:
  - 2) "hitch-hike" on AA or NA to (at least) be in a Twelve-Step-Oriented, self-help environment and/or:
  - 3) start (dare to!) a Twelve-Step-oriented meeting devoted specifically to his/her behavioral addiction.

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Behavioral Addictions—
11A) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Diagnosing and treating Behavioral Addictions in others (cont'd)
- On detox/rehab units for alcoholism and drug addition:
  - Starting regularly scheduled "special interest" groups on the unit.
  - Groups can be cast broadly, not as "behavioral addictions" groups, but as "money problems group," "shame group," "anger issues group," "relationships group," "video gaming issues group," "online pornography issues group," and so on.
  - These groups, as professionally facilitated, would not have the goal of diagnosing Behavioral Additions per se. They would, however, be very useful in providing a supportive climate in which issues, and resources, that could pertain to the possible presence of Behavioral Addictions in attendees could be more openly discussed in a non-judgmental environment.

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Behavioral Addictions—
11A) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Diagnosing and treating Behavioral Addictions in others (cont'd)
- The "LIFO" (Last In, First Out) concept:
  - The principle here is that Behavioral Addictions (whatever they may be) that *precede* substance-based addictions in the life of an alcoholic or drug addict will tend to surface in recovery in sober alcoholics and clean drug addicts in the *reverse* order—in the opposite order—in which they were acquired.
  - In other words, the "most recent," *latest* acquisitions, prior to a person's becoming "sober and clean" (in terms of alcohol and drugs), will be the *first* to manifest in the life of a recovering alcoholic and drug addict. Longer term—and therefore more deep-seated—Behavioral Addictions will likely come to the surface later (sometimes much later) in recovery.

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Behavioral Addictions—
11A) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Diagnosing and treating Behavioral Addictions in others (cont'd)
- Some thoughts about outpatient treatment of Behavioral Addictions:
  - Dealing withe the "managed care" (aka "denial of access") environment:
    - Advocating for more treatment sessions (often an uphill battle): stipulating "short term" treatment goals (while knowingly doing "short term" counseling that "goes on for a long time").
    - Developing a sliding scale fee option for those clients who wish to continue in counseling for Behavioral Addictions after their "approved" sessions have been used up. This is a morally and ethically justifiable option.

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Behavioral Addictions—
11A) Perspectives on Diagnosing and Treating Behavioral Addictions in Oneself, and in Others (cont'd)

- Diagnosing and treating Behavioral Addictions in others (cont'd)
- Some thoughts about outpatient treatment of Behavioral Addictions:
- Introducing the Second Surrender Process
  - "normalizing" the process of the surfacing, over time, of Behavioral Addictions leading to 2nd . . . 3rd . . . 4th . . . nth surrenders over the course of recovery.
  - In planting the seed that a phenomenon called "Second Surrender" exists in the lives of many recovery people, a sense of "normalizing" these events can start to be factored into the mental, emotional and spiritual calculus of those who are embarking on their odyssey of recovery.

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Behavioral Addictions—
12) Concerning One's 'Ultimate' Relationship with Addiction Energy: How Healed Is It Possible to Become?

- The Questions that, over an extended period of time, arise, are: If Addiction Energy—the *ENERGY!!*—remains in the mix of who we are and what comprises us, where does that ultimately leave us? Indeed, under such circumstances, what does healing even mean?
- Here is *a range of possibilities,* or options, that may shed a bit of light on this whole question:

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Behavioral Addictions—
12) Concerning One's 'Ultimate' Relationship with Addiction Energy: How Healed Is It Possible to Become?

…a range of possible healing developments:

- Be removed from the ENERGY/the ENERGY is removed.
- Be cleared of the ENERGY.
- Be released from being held the bondage by the ENERGY.
- Be restored to sanity regarding the ENERGY.
- Surrender to the ENERGY (if still acting out) and to oneself (for having to live with this ENERGY as a constant presence).
- Surrender to the ENERGY as a "presence"—as constituting an objective and subjective reality independent of human intention.

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Behavioral Addictions—
12) Concerning One's 'Ultimate' Relationship with Addiction Energy: How Healed Is It Possible to Become?

…a range of possible healing developments (cont'd):

- Become reconciled with the ENERGY, and with oneself for having it.
- Coexist with the ENERGY (as necessary).
- Heal from, and/or *with,* the ENERGY (if possible—whatever this may mean).
- Come to terms with the ENERGY (to good purpose always)
- Come into proper alignment with the ENERGY *("owning" it).*
- Come into proper dis-alignment with the ENERGY *("disowning" it).*

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Behavioral Addictions—
12) Concerning One's 'Ultimate' Relationship with Addiction Energy: How Healed Is It Possible to Become?

…a range of possible healing developments (cont'd):
—and, finally:

- Come into proper resonance with Addiction Energy (become aligned with the underlying energy and vitality of Addiction Energy)
  - The experience of *Resonance,* often arising spontaneously, of recognized, felt connectedness . . . sameness, even . . . maybe even kinship.
  - To feel the resonance and vitality underlying Addiction Energy is to recognize oneself in that Energy—as part and parcel of it, not as someone or something apart from it.

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Behavioral Addictions—
13) Reframing Recovery: A Different Kind of 'Vision for You' for All Those Facing Behavioral Addictions

- "Promises of Recovery" vs "Adventures of Discovery"
  - The challenge is not simply ceasing a pattern of destructive behavior.
  - The deeper challenge is taking a chance on the unknown—*daring to face an unknown Self.*
  - Unlike in "The Promises" (pp. 83-84 in AA's Big Book—written by Bill W. when he was sober only about two and a half years), the process of "facing the unknown Self presents no assured guarantee of "outcomes," and takes great courage to withstand.
  - The courage to do so comes from the sure knowledge of the terror one faces if one submerges back into acting out behavior (active Behavioral Addiction) once again.

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Behavioral Addictions—
13) Reframing Recovery: A Different Kind of 'Vision for You' for All Those Facing Behavioral Addictions

- A few closing thoughts on recovery:
  - Over the course of human history, so filled with folly, greed, corruptibility, violence, tragedy, self-disgust and mayhem, there are no new, nor novel, chapters in suffering, degradation and misery to be lived. They have all been done, countless millions of times. Fini.
  - There are, however, countless, untold adventures waiting to be lived out in the areas of recovery and wellness. They are all unique; they have never even lived before, in exactly the same way, as they transpire in the life of one who embarks on the journey of "meeting the unknown Self," and lives it through to the end. This territory is virginal, trackless, rich in potential, and, thus far, almost completely unexplored.

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Behavioral Addictions—

14) Discussion & Closing comments—the state of the Addictions Treatment field regarding Behavioral Addictions

A) The field of Alcoholism/Drug Addiction Treatment needs to become a true "Addictions Treatment" field, rather than ignore or disregard, or cast a blind eye to, the relevance of Behavioral Addictions.

B) Because of these addictions' ability to create relapse in ETOH/Drug-prone individuals, the field of Addictions Treatment will have to reckon with Behavioral Addictions in an inclusive way if the field is ever to live up to its commitment to help the "sick and suffering" addict and alcoholic.

Note: "Each time an addiction is surrendered, a person has to learn, anew, how to live, and be, in the world."

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Alcoholics Anonymous World Services, Inc. *Alcoholics Anonymous* New York, NY: A.A. World Services, Inc. 1976.

Alcoholics Anonymous World Services, Inc. *Twelve Steps and Twelve Traditions*. New York, NY: A.A. World Services, Inc. 1997.

Augustine Fellowship. *Sex and Love Addicts Anonymous*. Boston: The Augustine Fellowship, Sex and Love Addicts Anonymous, Fellowship-Wide Services, Inc., 1986.

Cameron, Julia & Mark Bryan. *Money Drunk Money Sober*. New York: Ballantine, 1992.

Carnes, Patrick. *The Sexual Addiction*. Minneapolis: CompCare, 1983.

Crabtree, Adam. *Multiple Man: Explorations in Possession & Multiple Personality*. Toronto: Collins Publishers, 1985.

Halpern, Howard. *How to Break Your Addiction to a Person*. New York: McGraw Hill, 1982.

Merriman, Stephen Rich. *Anger and Rage Addiction & the Self-Pact: New Lights on and Old Nemesis*. Amherst, MA: Four Rivers Press, 2013.

Merriman, Stephen Rich. *Behavioral Addictions: A New Solution to Very Old Problems*. Amherst, MA: Four Rivers Press, 2016.

Milkman, Harvey & Stanley Sunderwith. *Craving for Ecstasy: How our Passions Become Addictions and What We Can Do About Them.* San Francisco: Jossey-Bass, 1987.

Peele, Stanton & Archie Brodsky. *Love and Addiction*. New York: Signet, 1975.

Tiebout, HM: *The Act of Surrender in the Therapeutic Process*,
Quar. Jour. Stud. on Alc., Vol. 10, No. 1, 1949. Page 7.

Web:
www.boingboing.net/2003/10/07/uk_clinic_calls_text.html (cites text messaging as a behavioral addiction)
www.divisiononaddictions.org/institute/intra_research.htm
(Harvard site devoted to ambling addiction)
www.spiritofrecovery.com (highlights a range of behavioral addictions)

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