

# HealthQuest

A workplace wellness update... from your EAP



## The New Addictions

It's not just drugs and alcohol anymore

Fall 2004

*Claire, 28, recently divorced and a junior accountant at a large firm, works 85 hours a week, arriving at 7 a.m., and not leaving until 9 or 10 p.m. She works every weekend, and turns down social invitations with the excuse that "all the partners work these hours." Since her divorce, close friends and family have seen the once upbeat Claire become irritable and depressed; and her 'workaholicism' has grown even more extreme. Is Claire building a career, or is she avoiding re-building her life?*

*Matthew, 47, has had countless affairs over the course of his 14-year marriage, including one with a colleague. After the last affair, Matthew had to relocate to a new community because of his reputation for 'womanizing.' His wife agreed to move with him on the condition that he get help for what she terms his 'sexual addiction.'*

*Linda, 41, is a sales manager in an advertising company. At work, she is responsible for a team of 10 employees and a \$12-million sales target; at home, her family includes two teenage children and an aging mother with a serious heart condition. Linda is a classic 'Type-A' personality, dynamic and driven to perfectionism. When the pressure is on, you'll find Linda in the nearby designer stores, 'shopping 'til she drops.' Over the past year, she has spent more than \$20,000 on expensive clothes, which sit at home in the back of her closet, still in their original packaging and unworn - lest her husband find out about her out-of-control spending.*

These real-life case studies, illustrate a growing problem: the 'new' addictions emerging in a world more complex and stressful than ever. From food to shopping to the Internet to sex, more and more people are engaging in activities that, in moderation, are pleasurable, harmless and even life-sustaining, but when taken to extremes can cause personal, work and family problems as severe as any addiction to drugs or alcohol.

There is a good deal of controversy over labeling these behaviours as 'addictions' in the true sense of the term. Only recently has 'pathological gambling' been recognized as a legitimate concern by the American Psychological Association. There is growing evidence that gambling produces the same responses in the brain as cocaine does; and that withdrawal and relapse (returning

to the problematic behaviour) follow the same patterns as drug and alcohol abuse. In other words, the gambling 'habit' is just as strong and just as hard to break as problem drinking, smoking or drug-taking. Stories of problem gamblers who have lost everything - their families, their homes, their jobs and their life savings - are heartbreaking. Gamblers Anonymous (GA) groups, modeled on the Alcoholics Anonymous (AA) concept, are available in most communities throughout North America, as are problem gambling hotlines. Casinos display the toll-free numbers of these resources, as required by law in many areas and also because the casinos themselves recognize how devastating an effect the activity can have on individuals, families and communities.

And therein lies the problem: for most people, engaging in these activities never leads to the kind of problem that could be termed an addiction; yet for a small percentage, it does. How do you know when the desire to shop, work, surf the Internet, exercise or eat chocolate is a relatively harmless, infrequent craving or occasional indulgence, or whether it's more: a compulsion or dependency that may cause havoc in your personal and professional life, or in the life of a loved one?

David Greenfield, Ph.D., author of *Virtual Addiction*, claims that six to ten per cent of online users are 'addicted' to the Web, and about half of them visit porn sites. His figures are similar to those of the Illinois Institute for Addiction Recovery (IIAR), which puts the number of addicted Internet users at five to ten per cent of those online. The IIAR has compiled the findings of various studies on addictions and notes that, of the general population:

- 8% to 10% are addicted to alcohol or chemicals;
- 1.5% to 3% to gambling;
- 1% to 3% to food;
- 5% to sex; and
- 2% to 8% to spending.

Aside from the sheer numbers of people and personal misery these figures represent, there are also trends in terms of who is most likely to experience problematic compulsive behaviours or addictions, and to what. 'Shopaholics,' or compulsive spenders, appear similar demographically to people with eating disorders. Like Linda, about 90 per cent are female, and they are more likely to have anxiety disorders and low self-esteem than so-called 'normal' shoppers. They are also more impulsive than average and tend to be perfectionists. For binge spenders, shopping appears to boost self-esteem and offer an 'anxiety reduction' benefit, like 'comfort food' to a binge eater.

Internet abusers, on the other hand, are a more varied group, like the Internet itself. Those engaged in online sexual pursuits are often introverts with high levels of social anxiety. For them, chat rooms and other forms of Internet sex offer risk-free, rejection-proof encounters that require no real social interaction, accountability or self-disclosure. Technology-fueled addictions can also include video gaming, stock or day trading, and online shopping (including compulsive use of online auction sites like eBay). Once thought to be mostly young men, women are rapidly catching up and now represent about half of Internet abusers. According to Michael G. Conner, Psy.D.:

- Women are now online more than men.
- 50% of people online lie about their age, weight, job, marital status and gender.
- 20% of the people going online will experience clear negative impacts to their life.
- Use of the Internet is a growing problem, and may be a contributing factor in nearly 50% of all family and relationship problems.

Greenfield notes that, of the many consequences of compulsive Internet use, the following are the most prevalent, and these appear to apply to other 'new' addictions as well. As people become more involved in the compulsive behaviour, they often experience:

- a greater sense of isolation;
- diminished social interaction;
- reduced attention to personal hygiene;
- legal and financial difficulties;
- changes in eating and sleeping patterns;
- increased irritability; and
- reluctance to change the compulsive behavior, despite clear negative impacts on their lives and those of their loved ones.

The following quick test can help you assess whether your behaviour is within your control or compulsive:

1. Does the activity make you feel better when you are engaged in it?
2. Are you more likely to engage in the activity when you are under stress, or feeling anxious, sad, depressed or lonely?
3. Is the time you spend on the activity on the rise, or do you need to do it more frequently or for longer periods of time to obtain the same feelings of pleasure or satisfaction?
4. Do you engage in the activity even when you should be doing something else, or are you neglecting your work, family or friends in order to participate in the activity?
5. Have you tried to cut back and either don't or can't; or do you stop for a while only to return to your previous behaviour after a short period of 'abstinence'?
6. Are you hiding the activity, the consequences of it, or your levels of use, from your partner, family members or friends?

If you've answered 'yes' to any of these questions, your habit may be more harmful than helpful. But, you're not alone and there is help.

Recognizing that there is a problem is an important first step. If your family and friends are expressing concern, or if - after honestly answering the self-assessment questions posed above - you think you're at risk, reach out for help. A trained clinician or health professional skilled at assessing and treating these problems, can offer compassionate, confidential and effective care.

If you have any questions about this topic, or if you wish to discuss a personal situation you may be experiencing, we invite you to contact your Employee Assistance Program (EAP). All contact between you and your EAP is completely confidential.

**English Service: 1.800.387.4765**

**French Service: 1.800.361.5676**

*HealthQuest is produced four times a year for employees and their families. Any comments? E-mail us at [info@warrenshepell.com](mailto:info@warrenshepell.com)*

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