

## اعتیادهای رفتاری

معیارها، شواهد و درمان

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## به نام خداوند جان و خرد

از زمانی که مقابله با پدیده اعتیاد در دستور کار متولیان امر قرار گرفته این سؤال مطرح بوده است که آیا مبارزه با اعتیاد با نگاه جرم‌انگارانه باشد و یا به فرد معتاد به‌عنوان یک بیمار نگاه شود. دیدگاه اول مدت‌ها در اولویت راهبردی بسیاری از کشورها بوده است. متولیان این رویکرد بهترین و مؤثرترین راه برای ریشه‌کنی معضل اعتیاد را در مجازات عاملین اعتیاد جست‌وجو می‌کرده‌اند. این مجازات‌ها شامل برخورد قهری و شدید با مصرف‌کنندگان و مجازات زندان و در مواردی حتی اعدام برای تهیه و توزیع‌کنندگان می‌شده است. در رویکرد دوم سیاست‌گذاران با نگاه بیمارانگارانه به اعتیاد، تلفیقی از مبارزه قهری با شبکه تهیه و توزیع مواد درکنار تلاش برای نجات معتاد به‌عنوان قربانی قهری فرآیند تولید مواد را در دستور کار خود قرار می‌هند. نکته مهم و اساسی در ارزیابی هر دو نگاه این است که علی‌رغم همه تلاش‌ها از میزان اعتیاد کاسته نشده بلکه صرفاً روند مصرف مواد تغییر پیدا کرده است. در مواجهه با واقعیت فوق سؤال مهم‌تری نیز قابل طرح است و آن اینکه اصولاً ابتدا افراد مواد مصرف می‌کنند و بعد معتاد می‌شوند و یا اینکه آن‌ها زمینه اعتیاد را در خود دارند و در ادامه به اجبار به سمت مصرف مواد سوق پیدا می‌کنند.

قابل فهم‌ترین پاسخ به این پرسش را مفهوم اعتیادهای رفتاری ارائه می‌کند. در مطالعات وسیع در حوزه عصب‌شناسی و بررسی آسیب‌های عصبی طی دوران رشد، ثابت شده است که افراد معتاد در طول دوران رشد خود دچار صدمات و آسیب‌هایی می‌شوند که آن‌ها را مستعد اعتیاد می‌نماید و این واقعیت در بسیاری از بیماری‌های مزمن جسمی و روانی نیز قابل اثبات می‌باشد.

در این کتاب با عنوان *اعتیادهای رفتاری: معیارها، شواهد و درمان* به اعتیادهای رفتاری پرداخته می‌شود و به‌خوبی نشان می‌دهد که اعتیاد منحصر در مصرف مواد مخدر نیست؛ بلکه می‌تواند با داشتن همه معیارهای اصلی وابستگی به مصرف مواد به‌صورت یک رفتار خاص خودش را نشان بدهد. در این کتاب با استناد به مطالعات متعدد تا حدود زیادی این اجماع کارشناسی ایجاد شده است که انواع اعتیادها در علل ایجاد، شرایط تداوم و حتی انتخاب نوع درمان دارای اشتراکات زیادی هستند.

با توجه به مفاد این کتاب روی این فرضیه تأکید می‌شود که افرادی زمینه اعتیاد را دارند و شرایط محیطی عوامل شعله‌ورکننده این بیماری زمینه‌ای هستند. به‌عبارتی فرد مستعد به اعتیاد برای کاهش اثرات و به‌ویژه استرس‌های خود، تمایل اجبارگونه به انجام یک رفتاری به شیوه‌ای اعتیادی پیدا می‌کند. شایع‌ترین و شناخته‌شده‌ترین این رفتار جست‌وجو و اقدام اجباری برای تهیه و مصرف موادی است که ما آن‌ها را زیر عنوان مواد مخدر و یا وابسته‌زا می‌شناسیم. اعتیادهای رفتاری همچنان‌که در این کتاب مستند و مفصل بحث شده است می‌تواند شامل استفاده اجباری و بیش از حد از اینترنت، ورزش، رفتارهای جنسی، قماربازی، عشق ورزیدن، اعتیاد غذایی، خرید اعتیادگونه و موارد مشابه باشد.

با توضیحات فوق، انگیزه ترجمه این کتاب فراهم شد. زمانی که دو دانشجوی علاقه‌مند به این زمینه، آقای آرش جواهری، دانشجوی دکترای مطالعات اعتیاد و آقای شیرزاد بابایی دانشجوی دکترای روانشناسی بالینی که هر دو در دانشکده علوم رفتاری و سلامت روان - انستیتو روان پزشکی تهران - وابسته به دانشگاه علوم پزشکی ایران مشغول به تحصیل هستند، موضوع کتاب و ترجمه آن را مطرح کردند. هر چند در ابتدا کار سخت می‌نمود ولی انگیزه قابل تحسین این دو بزرگوار مشوقی بود تا بتوانیم کار را به انجام برسانیم.

زحمت اولیه برگردان ابتدایی متن به فارسی در فرآیند تقسیم کار و طبق جدول زمانی مشخص بر عهده این عزیزان قرار گرفت. ترجمه اولیه فصل‌های یک تا شش و همچنین فصل‌های چهارده و پانزده با آرش جواهری و ترجمه فصل‌های هفتم تا سیزدهم کتاب با شیرزاد بابایی بود. در این میان بدیهی است که لازم بود متن برگردان شده، مجدداً با متن اصلی مطابقت و از نظر علمی و ادبی ویراستاری شود. مسئولیت این بخش بر عهده اینجانب بود.

سعی ما بر این بوده است تا ضمن وفادار ماندن به محتوای متن اصلی، از محدود شدن در ترجمه لغت به لغت و به اصطلاح تحت‌اللفظی به شدت اجتناب گردد. موضوعی که فهمیدن برخی از ترجمه‌های موجود را برای خوانندگان سخت کرده است.

بعد از اینکه با بازخوانی مکرر و انطباق آن با متن اصلی، متن ویراستاری شده تهیه شد، طی چندین جلسه حضوری متن دوباره بازخوانی شد. بخش زمان‌بر و پرچالش کار این بود که باید با رعایت اصول آیین نگارش فارسی به متن اصلی نیز وفادار بمانیم و تلاش کنیم که متن ترجمه شده روان و قابل فهم باشد.

بدیهی است علی‌رغم همه این تلاش‌ها و دقت نظرها نمی‌توانیم منکر برخی کاستی‌ها و نارسایی‌ها در ترجمه باشیم. لازم می‌دانم از حساسیت و دقت نظر همکاران معزز در انتشارات ارجمند نیز تشکر نمایم. حساسیت درست آن‌ها بر فارسی‌نویسی صحیح و راهنمایی‌ها و توصیه‌های کارشناسی ایشان بی‌تردید در این امر مهم بسیار راه‌گشا بود.

امید است این اثر مورد توجه و استفاده کارشناسان، بالینگران، روان‌شناسان و روان‌پزشکانی که در حوزه اعتیاد مشغول فعالیت هستند و یا به این حوزه علاقه‌مند می‌باشند، قرار گیرد. با این حال کاستی‌های احتمالی ترجمه بر عهده ما است و بدون شک اظهارنظرهای اساتید گران‌قدر و دانشجویان گرامی می‌تواند راهگشای ما باشد.

**دکتر محمد باقر صابری زفرقندی**

مدیرگروه اعتیاد دانشگاه علوم پزشکی ایران

اول شهریور سال ۱۳۹۹ - مصادف با روز پزشک

برای اولین بار انجمن روان‌پزشکی آمریکا در نسخه پنجم راهنمای تشخیصی و آماری اختلالات روانی (DSM-5) اعتیادهای غیر مرتبط با مواد را به گروه اختلالات اعتیادی اضافه کرد. ابتدا در ماه می سال ۲۰۱۳، اختلال قماربازی در بخش «اختلالات مصرف مواد» قرار گرفت. اختلال قماربازی در نسخه‌های قبلی DSM به نام «قماربازی بیمارگون» در بخش اختلالات کنترل تکانه گروه‌بندی شده بود. بنابراین، تغییر عمده در بازبینی سال ۲۰۱۳، تغییر نام و گروه‌بندی این اختلال بود. در بازبینی فوق، معیارهای تشخیصی این اختلال به حداقل ۴ علامت تغییر یافت.

تحقیقات اخیر نشان داده است که روند بالینی قماربازی مشابه روندی است که در اعتیادها اتفاق می‌افتد. همچنین یافته‌های اخیر در تصویربرداری مغز نشان داده است که قماربازی، ساختار پاداش مغزی مشابه در مواد مخدر را فعال می‌کند. کمیته علمی DSM-5 دریافت که اعتیاد یک بیماری است که نظام پاداش مغزی را فعال می‌کند، همچنین قماربازی نیز با فعال کردن ساختار پاداش مغز موجب تقویت «رفتارهای اجباری» در قماربازی می‌شود. بنابراین هر رفتاری که بتواند نظام پاداش مغزی را فعال کند اثرات مشابه مواد مخدر را خواهد داشت.

کارگروه بازبینی DSM به این نکته توجه کرد که سایر رفتارهای مشابه نیز به‌طور بالقوه می‌توانند مشمول معیارهای DSM شوند ولی از آنجایی که مستندات و مرور منابع چنین یافته‌ای را نشان نداد، این موضوع در معیارهای تشخیصی قرار نگرفت. نمونه دیگری از اختلالات رفتاری «بازی اینترنتی افراطی» است که به‌صورت جدی مورد توجه قرار گرفته است. دلیل آن وجود بیش از ۲۰۰ مقاله منتشر شده در مورد «اعتیاد به اینترنت» است. با این حال، مقالات منتشر شده، فاقد معیارهای تشخیصی برای این اختلال هستند. بیشتر این نمونه‌ها از جمعیت آسیایی نظیر چین، کره جنوبی و ژاپن گزارش شده‌اند. در نهایت این کارگروه تصمیم گرفت تا «اختلال بازی اینترنتی» را در ضمیمه بخش ۳ اضافه کند با این توضیح که در آینده به مطالعات بیشتری برای اضافه کردن این اختلال در گروه‌های اصلی نیاز است. امید می‌رود که اضافه کردن «اختلال بازی اینترنتی» به ضمیمه DSM-5 موجب تشویق بیشتر محققان شود تا شاید بتوانند در بازبینی نسخه‌های بعدی، این اختلال را در شمول تقسیم‌بندی اصلی قرار دهند.

اختلالات رفتاری دیگر نیز مورد توجه قرار گرفته‌اند که شامل «اعتیاد به رابطه جنسی»، «اعتیاد به غذا»، «اعتیاد به ورزش» و «اعتیاد به خرید» هستند. علی‌رغم اینکه کتاب **اعتیادهای رفتاری: معیارها، شواهد و درمان** با جزئیات زیادی به این اختلالات پرداخته است ولی گروه نویسندگان به سیاست‌های DSM متعهد ماند، این سیاست‌ها اذعان دارد که برای شمول این اختلالات در گروه‌های

اصلی به مطالعات متعدد و منابع غنی نیاز است.

بنابراین، این حجم از اعتیادهای رفتاری فرصت مناسبی است تا در محققان انگیزه کافی برای تحقیقات بیشتر را ایجاد کند. به عنوان مثال، جمع‌آوری اطلاعات در مورد شیوع این اختلالات در جمعیت‌های مختلف مفید خواهد بود. پژوهش‌ها می‌تواند در راستای پاسخ به این سؤالات باشد: آیا جنسیت در این اختلالات نقش دارد؟ نسبت زن به مرد چگونه است؟ آیا مستنداتی دال بر نقش وراثت وجود دارد؟ دامنه سنی و اوج سن شیوع چقدر است؟ نتایج درمان چگونه است؟ چه افرادی مستعد ابتلا به این اختلالات هستند؟

امیدوارم درمانگران بالینی با مطالعه این کتاب که توسط روزنبرگ و فدر نوشته شده است اطلاعات کافی در مورد مفهوم اعتیادهای رفتاری کسب کنند، همچنین بتوانند در چارچوب اصول رفتاری نسبت به ارزیابی و درمان این بیماران اقدام کنند.

**دکتر چارلز پی. اُ براین**

استاد دانشگاه، انجمن روان‌پزشکی آمریکا راهنمای

تشخیصی و آماری اختلالات روانی،

گروه ویژه اختلالات سوء مصرف مواد

**پروفسور کنث اپل**

گروه روان‌پزشکی

دانشگاه پنسیلوانیا

در درمان اعتیاد و بهداشت روان بیشتر از متخصصان پزشکی و ارائه‌دهندگان خدمات سلامت روان، توصیه‌ی اطرافیان و خود بیماران نقش بازی کرده است. این مردان و زنان در مکان‌هایی دور از چشم دیگران دورهم جمع می‌شدند و در جلسات دوازده قدم می‌پذیرفتند که رفتارهای آن‌ها یک بیماری طبی است و نیاز به درمان دارند. در دهه‌ی ۱۹۳۰ پیشگامان این حرکت، الکلی‌های گم‌نام (AA) بودند. در نیمه‌ی دوم قرن بیستم، دوگروهی که به نام‌های معتادان به مواد و «قماربازان بیمارگون» شناخته می‌شدند نیز دریافتند که از طریق گروه‌های همتای خود به درجاتی از حمایت، آرامش و بهبودی دست می‌یابند. بنابراین دو گروه نارکوئیک‌های گم‌نام (NA) و قماربازان گم‌نام (GA) پایه‌ریزی شدند. اخیراً معتادان به رفتار جنسی (سکس)، عشق، غذا، خرید و اینترنت و طرفداران آن‌ها نیز با هم جمع شده‌اند و گروه‌های گم‌نام مشابهی را تشکیل داده‌اند که این گروه‌ها شامل پرخورهای گم‌نام (OA)، معتادان جنسی گم‌نام (SA)، معتادان عشقی گم‌نام (LA) و بدهکاران گم‌نام (DA) را تأسیس کرده‌اند. بیشتر مطالبی که در این کتاب آورده شده، متأثر از اجماع نظر جمعیت‌های مذکور است که به صورت پیشرفته ارائه می‌شود. این کتاب، اولین کتاب اساسی در جمع‌آوری، ترسیم و ثبت اعتیادهای رفتاری مبتنی بر توصیه‌های این گروه‌ها است. هدف ما این است که ایده‌ها و تجربیات موجود را در کنار هم قرار داده و بر اساس پیشینه‌ی پژوهش‌های انجام‌شده به سمت پژوهش روی موضوعات اصلی آن حرکت کنیم.

این کتاب قصد دارد مباحث مربوط به اعتیادهای رفتاری را با واژگان علمی پزشکی و روان‌شناسی بیان کند. این نگرش علمی و نظریه‌هایی که از آن حمایت می‌کنند باعث می‌شود تا بیماران به‌طور جدی مورد توجه قرار گرفته و کمتر دچار انگ شوند. بیماران مبتلا به اعتیادهای رفتاری به عیب‌های منشی، ضعف‌های شخصیتی، بی‌ارادگی و بی‌تصمیمی و انگ‌های دیگر منتسب می‌شوند. کمک و حمایت واقعی به این افراد، برآورده کردن نیاز آن‌ها در قالب درمان مبتنی بر شواهد است. این کتاب همچنین پایه‌ای برای محققان و متخصصان فراهم می‌کند تا بتوانند مباحث این حوزه را بر پایه‌ی دانش و اطلاعات پیش ببرند.

در تدوین این کتاب در کنار استفاده از روان‌پزشک متخصص اعتیاد و روان‌شناس بالینی (که قبلاً در مرکز *Upper East Health* که یک مرکز چند رشته‌ای درمان اعتیاد در منهتن است همکاری داشتند) از راهنمایی و مشورت مرکز دیگری که در رابطه با درمان‌های ادغام یافته‌ی چند رشته‌ای نظریه‌پردازی و تحقیق می‌کند استفاده شد. در تدوین این کتاب تلاش شده است تا متخصصان در زمینه‌ها و رشته‌های مختلف در کنار هم جمع شده و روی اعتیاد رفتاری با تمرکز بر درمان آن فعالیت کنند.

این کتاب حاصل کار نویسندگانی است که در حرفه خودشان، متخصصان شناخته شده و متفکران پیشگامی هستند. به جز تعداد معدودی، سابقه تحصیل و تحقیق بیشتر مؤلفین این کتاب، علوم پایه بوده است. یکی از نویسندگان، انسان‌شناس و یکی دیگر وکیل آموزش دیده در قانون بهداشت روان است. یکی دیگر از مؤلفان، از رهبران معنوی هندی با ده‌ها میلیون پیرو، در تدوین یکی از بخش‌های این کتاب به مؤلفین کمک کرده است.

امیدواریم خوانندگان این کتاب که شامل متخصصان (از جمله روان‌پزشکان، روان‌شناسان، مددکاران اجتماعی و مشاوران بهداشت روان) و همچنین پرستاران، دستیاران پزشکی، پزشکان، روحانیون و سایر متخصصان مختلفی که به منظور کمک و بهبودی افراد مبتلا به اعتیادهای رفتاری کار می‌کنند، از آن استفاده ببرند. ما همچنین پیش‌بینی می‌کنیم که برخی بیماران و اعضای خانواده‌شان این کتاب را مطالعه خواهند کرد. برخی وکلا و همچنین آن‌هایی که در جامعه‌شناسی و انسان‌شناسی مطالعه کرده‌اند، ممکن است برخی از اطلاعات این کتاب را قابل استفاده و سودمند ببینند.

هر فصلی از این کتاب بر اساس اطلاعات و تحقیقات موجود به صورت اختصاصی روی اعتیاد رفتاری خاص تمرکز کرده است. تعریف و مفهوم اختلال، شامل معیارهای بالینی، شیوع شناسی، همبودی‌های رایج، تشخیص‌های افتراقی و توصیه‌های درمانی در قالب مثال‌های بالینی و مستند است. این کتاب با معرفی اعتیادهای رفتاری در واژه‌نامه روان‌پزشکی در DSM-5 آغاز می‌شود. بعد از آن، دیدگاه خودمان را در مورد ماهیت، پدیده‌شناسی و علت‌های بالقوه اعتیادهای رفتاری ارائه خواهیم کرد. با توجه به اینکه برخی از اعتیادهای رفتاری، در ابتدا به عنوان اختلالات تکانه‌ای یا نوعی اختلال وسواسی - اجباری طبقه‌بندی شده‌اند، فصل بعدی کتاب به بررسی تمایز و ارتباط بین اختلالات تکانه‌ای، اجباری و اعتیادی می‌پردازد. اختلال قماربازی، به عنوان اعتیاد رفتاری مورد پذیرش همگانی است و اولین اختلالی است که معیارهای تشخیصی آن در این کتاب ارائه می‌شود و در فصل‌های بعد اعتیادهای رفتاری خاص بر اساس میزان شناخته شده بودنشان، ارائه می‌شوند. برخی از اعتیادهای رفتاری بیشتر از یک فصل را به خود اختصاص داده‌اند. استفاده نابه‌جا از اینترنت در سه فصل مجزا آمده است: یکی با عنوان اختلال اعتیاد اینترنتی، دوم اختلال بازی اینترنتی و سوم اعتیاد به شبکه‌های اجتماعی. اعتیاد به غذا در ۲ فصل آمده است: فصل اول به‌طور کلی به موضوع در قالب ارائه نمونه با تمرکز بر روان‌درمانی می‌پردازد و فصل بعدی به ارائه نمونه در مورد انتخاب داروها و توسعه دارودرمانی برای کاهش وزن و اعتیاد به غذا می‌پردازد. اعتیاد به رابطه جنسی نیز در ۲ فصل آمده است: یک فصل در مورد کلیات اختلال است و دومی در مورد نحوه برخورد همسر و نزدیکان زمانی



که یک فرد در فامیل مبتلا به این اختلال شناسایی می‌شود. بیشتر تشخیص‌های بحث‌برانگیز مثل اعتیاد به خریدکردن، ورزش کردن و اعتیاد به عشق در بخش‌های دیگر آورده شده است. در بخش‌های پایانی کتاب به فنون شناخته‌شده شرقی در درمان اعتیاد پرداخته می‌شود. این فنون شامل مراقبه، ذهن آگاهی، معنویت و یوگا است. در فصل آخر کتاب، یک وکیل حوزه بهداشت روان در این مورد بحث می‌کند که چگونه ممکن است این بیماری‌ها در دادگاه به عنوان مستند پزشکی مورد استفاده یا سوءاستفاده قرار بگیرند. تمرکز ما در این کتاب روی اعتیادهایی است که در حال حاضر مستندات پژوهشی از آن‌ها بیشتر حمایت می‌کند. بنابراین ممکن است ما رفتارهایی مثل «اعتیاد به کار»، جراحی‌های زیبایی بیش‌ازحد و غیرضروری را که برخی از افراد آن‌ها را به عنوان اعتیاد تلقی می‌کنند در ویراست‌های بعدی مورد توجه قراردهیم. همچنین ما فصل‌های مجزایی به اختلالاتی مثل اختلال موکنی و اختلال انفجاری متناوب<sup>۱</sup> که در گروه اختلالات وسواسی-اجباری و رفتارهای تکانه‌ای قرار می‌گیرند، تدوین نکردیم ولی مؤلفان به هم‌پوشانی‌های بین اختلالات وسواسی، تکانه‌ای و اختلالات اعتیادی در فصل ۲ و جاهای دیگر اشاره کرده‌اند.

گروه مؤلفان از متخصصان رشته‌های مختلف در سراسر جهان استفاده کردند که همه آن‌ها به الزامات مدل زیستی-روانی-اجتماعی اعتیاد پایبند باشند. از این رو هر فصل توضیح می‌دهد که چگونه عوامل روان‌شناختی، زیستی و اجتماعی فرهنگی بر روند ایجاد اختلال و درمان آن تأثیر می‌گذارند. همچنین بسیاری از فصل‌ها بر عوامل مشترک در رفتارهای اجباری و تکانه‌ای تأکید می‌کنند. برخی از مباحث مطرح شده در بین مؤلفین در مورد اینکه آیا یک مدل متعامد<sup>۲</sup> برای فهم این اختلال مناسب‌تر است یا اینکه باید به صورت یک طیف واحد و انفرادی به آن پرداخته شود، در جریان است.

در حال حاضر با توجه به جایگاه این رشته ما کتابی نوشته‌ایم که در مرز علم و مراقبت‌های بالینی قرار دارد. کتابی که مجموعه‌ای از ایده‌هاست و هدف آن رشد حوزه پژوهش، تشخیص و درمان اعتیادهای رفتاری است. مفاهیم پایه، نظریه‌های علوم اعصاب، شواهد محکم، حساسیت‌های حوزه سلامت و اقدام برای مراقبت‌های بالینی در هر فصل مستند شده است. در حال حاضر کارشناسان این حوزه‌ها به اجماع کامل نرسیده‌اند. ولی نقطه نظرات و دیدگاه‌های متفاوت با یافته‌های جدید به همراه نمونه‌های بالینی که در تمام فصل‌ها ارائه شده است فهم درستی از اعتیادهای رفتاری به‌عنوان موضوعی که امروزه درک می‌شود، فراهم می‌کند.

ما از ناشر خود نیکی لوی در نشریه الزویر به خاطر دریافت ایده‌هایش در جهت ویرایش کتاب و مدیر ارشد طرح ویراستاری باربارا مکینستر به خاطر صبر و اعتمادی که به ما داشت، سپاس‌گزاریم.

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1. rictotillomania and intermittent explosive disorder  
2. orthogonal model

همچنین از تک تک نویسندگان کتاب که به‌طور خستگی‌ناپذیری همکاری کردند تشکر می‌کنیم. از کسانی که مطالب این صفحات را آماده کردند، اما مشارکت نداشتند، در عوض با ارائه آموزش، حمایت و تلاش در جهت اینکه نویسندگان مناسبی برای این فصول معرفی کنند، تشکر می‌کنیم: آپریل بنسون، دونالد بلک، هیلاری کش، رابرت فیلوویچ، آلن فرانسیس، ریچارد فرانسیس، مارتین کافکا، لورین کورا، جین پتروسلی، دیوید پری ون، بروس روزمان، تاد ساکتور و گیل زیتین. علاوه بر این ما از همه محققان و همکارانی که اجازه دادند مقیاس‌های ارزیابی اعتیاد رفتاری خودشان را در پیوست فصل‌های کتاب داشته باشیم، تشکر می‌کنیم. و بیشتر از همه از بیمارانی که با داستان زندگی خود سخاوتمندانه ما را همراهی کردند و شرح حال‌شان در این کتاب گزارش شد و با فداکاری و اراده بهبود در زندگی‌شان، معلم و الهام‌بخش ما بودند، قدردانی می‌کنیم.

**دکتر کنث پاول روزنبرگ**

**دکتر لورا کورتیس فدر**

### نویسندگان همکار کتاب

**دکتر کنث پاول روزنبرگ**، عضو بورد روان‌پزشکی اعتیاد و دانشیار روان‌شناسی در بیمارستان پرسبترین نیویورک، دانشکده پزشکی ویل کرنل است. ایشان مشاور و ویراستار مجله سکس و درمان زوجین، فوق تخصص در انجمن روان‌پزشکی آمریکا، منتخب بهترین پزشکان در اخبار دنیای آمریکا، روان‌پزشک برجسته حوزه اعتیاد مجله نیویورک، پایه‌گذار و مدیر *Upper East Health Behavioral Medicine* در منهن است. یک روان‌پزشک متخصص که درمان‌های فردی و خانوادگی را به بهبودیافتگان اعتیادهای رفتاری و شیمیایی ارائه می‌دهد. ایشان مباحث مربوط به اعتیاد را در شبکه‌های ملی مثل HBO، PBS، ABC، CNN، CNBC، نیویورک تایمز، واشنگتن پست، هافینگتون پست، مجله تایمز و مجله ملت ارائه می‌دهد. تولید فیلم‌های آموزشی در حوزه بهداشت روان و اعتیاد برای شبکه‌های HBO و PBS متعلق به دکتر روزنبرگ است و یکی از دریافت‌کنندگان جایزه جرج فاستر پی بادی است.

**دکتر لورا کورتیس فدر**، روان‌شناس بالینی و مشاور سلامت روان در بخش خصوصی در نیویورک و ماساچوست است. حوزه تخصصی کاری ایشان، درمان اعتیاد و رفتارهای اجباری در کنار برنامه‌های ارزیابی و مشاوره دانشگاهی است. خانم فدر سال‌های زیادی درگیر کارهای پژوهشی و بالینی در حوزه مصرف مواد و اعتیادهای رفتاری بوده است. ایشان همکار علمی پژوهش‌های منتشرشده در مورد ارزشیابی و درمان مصرف مواد بوده است. نویسنده‌ای که در مورد جنبه‌های هیجانی کردن پوست و آکنه در وبلاگ Birchbox به صورت عامه‌پسند مطلب می‌نویسد. همچنین ایشان یکی از نویسندگان ۱۰۰ نکته اساسی راجع به آکنه و راه‌حل‌های آن: راهنمای بالینی برای داشتن پوست تمیز و عالی، است. دکتر فدر دکترای خود را در زمینه روان‌شناسی بالینی در دانشگاه راتگرز - دانشگاه ایالتی نیوجرسی - دریافت کرده است و فلوشیپ فوق دکتری خود را در انستیتو ویلیام آلانسون وایت گذراند که شامل دریافت گواهی درمان اختلالات خوردن، اختلالات اجباری و اعتیاد است. برای دریافت اطلاعات بیشتر در مورد دکتر فدر و پژوهش‌ها، مشاوره و کار بالینی وی به آدرس اینترنتی [www.dr.laurafeder.com](http://www.dr.laurafeder.com) مراجعه کنید.

## پیشگفتار

دکتر چارلز پی. اُ برین، معاون روان‌پزشکی دانشگاه پنسیلوانیا و مدیر مرکزی معتبر برای مطالعات اعتیاد است. دکتر اُ برین به‌عنوان یک پژوهشگر برجسته در زمینه اعتیاد، یافته‌های قابل‌توجهی داشته است. ایشان یکی از ارائه‌دهندگان استانداردهای مراقبت در درمان اعتیاد در جهان در ۳۰ سال گذشته است. این استانداردها شامل درمان‌های طبی برای درمان الکل، مواد افیونی، وابستگی به کوکائین، افزایش فهم جنبه‌های بالینی اعتیاد و عصب‌زیست‌شناسی عود است.

## فصل ۱: مقدمه‌ای بر اعتیادهای رفتاری

دکتر کنث پاول روزنبرگ (به توضیحات بالا رجوع کنید)

دکتر لورا کورتیس فدر (به توضیحات بالا رجوع کنید)

## فصل ۲: اعتیادهای رفتاری: ارتباط تکانشگری و رفتار اجباری

ناتالی لکی کوزن، عصب‌روان‌شناس و محقق در دانشگاه کیپ‌تاون است. سابقه تحقیق در مورد اعتیاد در جمعیت کودکان و بزرگسالان را دارد. ایشان همچنین روی افراد مبتلا به اختلال وسواسی-اجباری و اختلالات مصرف مواد در انگلستان کار کرده است.

دکتر دان جی. استین، استاد و رئیس گروه روان‌پزشکی دانشگاه کیپ‌تاون و مدیر واحد اختلالات اضطراب و استرس شورای تحقیقات طبی آفریقای جنوبی (MRC) است. ایشان سال‌ها روی اختلالات رفتاری اجباری کار کرده است و رئیس زیرگروه اختلالات وسواسی-اجباری و اختلالات وابسته به آن در DSM-۵ بوده است.

## فصل ۳: تشخیص و درمان اختلال قماربازی بیمارگون

دکتر جان گرنت، استاد روان‌پزشکی و علوم اعصاب رفتاری در دانشگاه شیکاگو است. دکتر گرنت بیش از ۲۰۰ مقاله و کتاب در مورد پدیدارشناسی و مدیریت دارویی اعتیادهای رفتاری و اختلالات کنترل تکانه، به‌ویژه اختلالات قماربازی بیمارگون، جنون دزدی و خودآرایی مرضی نگاشته است.

برایان ادلاگ، کارشناس ارشد بهداشت عمومی، پژوهشگر میدانی در گروه بهداشت عمومی دانشکده علوم پزشکی و بهداشت در دانشگاه کینهاگ دانمارک است. ایشان نویسنده یا نویسنده همکار در بیش از ۱۲۰ مقاله و کتاب در زمینه پدیدارشناسی، درمان و خصوصیات بیماری روانی، با تأکید بر حوزه اعتیاد، اختلالات کنترل تکانه و وسواسی-اجباری است.

## فصل ۴: بازی‌های آنلاین مشکل‌ساز

اورسلیا کیرالی، مدرک کارشناسی ارشد خود را در بازاریابی و جامعه‌شناسی در دانشگاه بیس بولیا شهر کلوج ناپوکا در کشور رومانی گرفت. او در حال حاضر پژوهشگر در بخش دکتری دانشکده روان‌شناسی دانشگاه اتووس لورند شهر بوداپست کشور مجارستان است. تمرکز پژوهشی او در زمینه روان‌شناسی بازی‌های ویدیویی است. ایشان به‌ویژه به پدیدارشناسی بازی‌های مشکل‌ساز (اعتیاد به بازی کردن) و سایر اعتیادهای رفتاری علاقه دارد.

کاتالین ناجیو جیورجی، مدرک کارشناسی ارشد خود را در رشته روان‌شناسی از دانشگاه سگد مجارستان دریافت کرد و در حال حاضر دانشجوی دکتری انستیتو روان‌شناسی دانشگاه اتووس لورند شهر بوداپست کشور مجارستان است. تمرکز پژوهشی او در حیطه روان‌شناسی بازی‌های آنلاین و محیط‌های مجازی، به‌طور عمده با پس‌زمینه انگیزشی روی بازی‌های آنلاین مشکل‌ساز است.

دکتر مارک دی. گریفیتز، متخصص روان‌شناسی و استاد مطالعات قماربازی در دانشگاه ناتینگهام ترنت (انگلستان) است. او به خاطر کارهایش در زمینه اعتیادهای رفتاری و انتشار بیش از ۴۳۰ مقاله تحقیقاتی داوری شده، ۳ کتاب و بیش از ۱۰۰ فصل کتاب و همچنین دریافت ۱۴ جایزه به خاطر پژوهش‌هایش، در سطح بین‌المللی شناخته شده است.

دکتر زولت دیمیتروویچ، روان‌شناس بالینی و انسان‌شناس فرهنگی و دارای مدرک دکترا در علوم اعتیاد است. او استاد روان‌شناسی و مدیر انستیتو روان‌شناسی دانشگاه اتووس لورند در شهر بوداپست کشور مجارستان است. پژوهش‌های عمده وی روی همه‌گیرشناسی و زمینه روان‌شناختی مصرف قانونی و غیرقانونی مواد و اعتیادهای رفتاری تمرکز داشته است.

## فصل پنجم: اختلال اعتیاد به اینترنت: یک

### مرور کلی و بررسی اختلاف دیدگاه‌ها

دکتر آویو وینشتاین، روان‌شناس و مدرس ارشد بخش علوم رفتاری دانشگاه آریل و عضو پژوهشی ارشد گروه پزشکی هسته‌ای در مرکز پزشکی تل‌آویو سوراسکی در اسرائیل است. از جمله پژوهش‌های ایشان، مطالعات تصویربرداری مغز در مورد اثرات داروها و بازی‌های ویدیویی بر مغز و تألیف‌های مرتبط با اعتیادهای رفتاری، به‌ویژه در مورد اعتیاد به اینترنت و بازی‌های ویدیویی است.

دکتر لورا کورتیس فدر (به توضیحات بالا رجوع کنید)

کنث پاول روزنبرگ (به توضیحات بالا رجوع کنید)

**دکتر پینھاس دانون**، روان‌پزشک و رئیس بخش توان‌بخشی روان‌پزشکی در مرکز سلامت روان بیر - یاکو نس زیونا است. ایشان همچنین دانشیار دانشکده پزشکی ساکلر دانشگاه تل‌آویو اسرائیل بوده و متخصص درمان اعتیادهای رفتاری و شیمیایی است. ایشان در حیطه قماربازی، جنون دزدی و سایر اعتیادهای رفتاری تألیف‌های متعددی داشته است.

## **فصل ششم: اعتیاد به شبکه‌های اجتماعی: مروری بر یافته‌های اولیه**

**دکتر مارک دی. گریفیتز** (به توضیحات بالا رجوع کنید)

**دکتر داریا جی. کاس** دکترای پژوهشی دانشگاه ناتینگهام ترنت، است که علاقه‌مند به موضوع فرهنگ استفاده از اینترنت و آسیب‌شناسی روانی مرتبط با آن است. او قصد دارد با پژوهش‌های خود یک تصویر جامع از اعتیاد به اینترنت با برجسته کردن ارتباط بالینی و اجتماعی آن به‌عنوان یک اختلال مجزا و شایع ارائه دهد. او در این زمینه تألیف‌های متعددی را منتشر کرده است.

**دکتر زولت دیمیتروویچ** (به توضیحات بالا رجوع کنید)

## **فصل هفتم: اعتیاد به غذا: شواهد، ارزیابی و درمان**

**یوون اچ.سی یاو**، دارای مدرک کارشناسی ارشد و همکار گروه روان‌پزشکی در دانشکده پزشکی دانشگاه ییل است. او چندین کتاب در مورد چاقی، اختلال پرخوری و اعتیاد غذایی منتشر کرده است.

**دکتر کاری دی. گاتلیب**، روان‌شناس بالینی که در کلینیک خصوصی خود در شهر نیویورک فعالیت دارد. تمرکز او روی درمان اختلالات و اعتیادهای خوردن است. او در حال حاضر در یکی از برنامه‌ها-ی مؤسسه ویلیام آلانسون وایت به نام اعتیادها، اختلالات اجباری و اختلالات خوردن مشارکت دارد.

**لیندسی کراسنا**، کارشناس ارشد، متخصص تغذیه که در حیطه مشاوره بهداشت روان و انواع اعتیادها دوره‌های آموزشی را گذرانده است. وی به‌عنوان مشاور تغذیه در شهر نیویورک فعالیت دارد و تخصص ایشان در زمینه اختلالات خوردن است.

**دکتر مارک ان. پوتنزا**، استاد روان‌پزشکی، مطالعه‌کودک و عصب‌زیست‌شناسی در دانشگاه ییل است. وی مدیر مرکز عالی پژوهش در زمینه قماربازی و پروژه ییل برای پژوهش در زمینه تکانشگری و اختلالات کنترل تکانه است. دکتر پوتنزا کتب و مقالات پژوهشی متعددی در زمینه‌های چاقی، اختلال خوردن و اعتیاد به غذا منتشر کرده است.

## فصل هشتم: توصیه و راهنماهای جدید در درمان دارویی اعتیاد به غذا، خوردن افراطی و چاقی

دکتر املیا دیویس، در بخش روان‌پزشکی دانشگاه فلوریدا، رئیس مرکز بازتوانی اختلالات خوردن بزرگسالان (EDRC) است. دکتر دیویس متخصص ارزیابی و درمان بی‌اشتهایی عصبی، پرخوری عصبی و سایر اختلالات خوردن است.

پاولا جی. اچ، کارشناس، به مدت ۳۷ سال در بخش روان‌پزشکی دانشگاه فلوریدا مشغول به کار است. وی همچنین دستیار دکتر مارک اس. گلد است. از سال ۲۰۰۴ تاکنون، وی در نگارش ۷ مقاله با دکتر گلد و سایر دانشکده‌ها همکاری داشته است.

دکتر مارک اس. گلد، محقق و استاد برجسته مؤسسه دونالد دیزنی و رئیس گروه روان‌پزشکی دانشکده پزشکی و انستیتو مغز مک نایت دانشگاه فلوریدا است. دکتر گلد در سطح ملی و بین‌المللی به‌عنوان متخصص اعتیاد شناخته شده است. مجله *انجمن پزشکی آمریکا* وی را به‌عنوان «پرکارترین و برجسته‌ترین متخصص اعتیاد رفتاری تا به امروز» نامیده است.

## فصل نهم: اعتیاد به رابطه جنسی: یک مرور کلی

دکتر کنث پاول روزنبرگ (به توضیحات بالا رجوع کنید)

سوزان اکانر، کارشناس ارشد، به مدت ۸ سال، معاون پژوهشی و هماهنگ‌کننده پروژه مؤسسه بین‌المللی متخصصان تروما و اعتیاد (IITAP) بود. او در حال حاضر دانشجوی دکتری روان‌شناسی بالینی دانشکده روان‌شناسی حرفه‌ای آریزونا در دانشگاه آرگوسی است و به‌تازگی دوره کارآموزی پیش‌دکتری عصب‌روان‌شناسی را تمام کرده است.

دکتر پاتریک کارنز، به‌طور گسترده در رابطه با موضوع اعتیاد به رابطه جنسی و همچنین سایر موضوعات مرتبط با اعتیاد رفتاری برای مخاطبان متخصص و عوام، نویسندگی کرده است که شروع آن با کتاب *فرا تراز سایه‌ها: درک اعتیاد به رابطه جنسی* در سال ۱۹۹۲ بود. دکتر کارنز همکار سردبیر مجله *درمان و پیشگیری: اعتیاد به رابطه جنسی و اختلال اجباری* است. وی روش درمانی‌اش را بر اساس تحقیق برجسته خود روی ۱۰۰۰ معتاد به رابطه جنسی بهبودیافته توسعه داد و اولین مؤسسه سرپایی درمان اعتیاد به رابطه جنسی را قبل از اینکه به‌عنوان مدیر کلینیک ارائه خدمات برای اختلال جنسی در آریزونا (میداوز، ویکنبرگ) انتخاب شود، افتتاح کرد.

## فصل دهم: حکومت عشق: اعتیاد به عشق - دیدگاه یک انسان‌شناس

دکتر هلن فیشر، انسان‌شناس زیستی دانشگاه راتگرز و پژوهشگر ارشد مؤسسه کینزی در دانشگاه ایندیاناست. زمینه مطالعاتی وی، تکامل، نظام‌های مغز (با استفاده از fMRI) و الگوهای زیستی عشق رمانتیک، انتخاب همسر، ازدواج، خیانت و طلاق است. او نویسنده پنج کتاب بین‌المللی پر فروش دنیاست و مطالب زیادی در مجلات دانشگاهی نوشته است. او در سراسر دنیا در مورد دانش عشق، رابطه جنسی و ازدواج سخنرانی می‌کند از جمله سخنرانی در مجمع جهانی اقتصاد (در داووس)، نشست بین-المللی گروه ۲۰ در سال ۲۰۱۲، آکادمی ملی علوم، سازمان ملل، مجله اقتصاددان، TED، دانشکده پزشکی هاروارد، مؤسسه سالک و مؤسسه اسپن. رزومه کامل او را در سایت [helenfisher.com](http://helenfisher.com) مشاهده کنید.

## فصل یازدهم: جمع‌بندی اطلاعات: کمک به همسران و اعضای خانواده برای مصون ماندن از عواقب اعتیاد به رابطه جنسی

دکتر استفانی کارنز، رئیس مؤسسه بین‌المللی متخصصان اعتیاد و تروما است. تخصص ایشان در زمینه کار با مراجعان و خانواده‌هایی است که با اعتیادهای مختلف از جمله اعتیاد به رابطه جنسی، اختلالات خوردن و وابستگی به مواد مخدر درگیر هستند. دکتر کارنز نویسنده همکار کتاب *مواجهه با دل‌شکستگی: مراحل بهبودی برای همسران افراد معتاد به رابطه جنسی است*.

ماری لی، خانواده درمانگر و زوج درمانگر مجاز، درمانگر تاییدشده اعتیاد به رابطه جنسی و بنیان‌گذار خدمات مشاوره‌ای رشدی در گلندورا، کالیفرنیاست. ماری، درمانگر متخصص اعتیاد به رابطه جنسی و سخنران معروف در زمینه خلاقیت در مشاوره با همسران است. او نویسنده همکار کتاب *مواجهه با دل‌شکستگی: مراحل بهبودی برای همسران افراد معتاد به رابطه جنسی است*. برای آگاهی بیشتر از کارهای ایشان از وبسایت [marileetherapy.com](http://marileetherapy.com) بازدید کنید.

## فصل دوازدهم: اختلال خریدکردن اجباری

اما راسین، کارشناس روان‌شناسی، سرپرست پژوهش در برنامه اختلالات اجباری، تکانه‌ای و طیف اُتیسم در کالج پزشکی آلبرت انیشتین و مرکز پزشکی مونتیوری در برانکس نیویورک است. او با درجه عالی از کالج هیملتون فارغ‌التحصیل شده و عضو انجمن افتخارات ملی Phi Beta Kappa است. او قبل از شروع همکاری با دکتر هالندر، دوره کارشناسی روان‌شناسی در دانشگاه کلمبیا را به پایان رساند.

تارا کان، کارشناس روان‌شناسی، از سال ۲۰۱۲ تا ۲۰۱۳ به‌عنوان سرپرست پژوهش در برنامه اختلالات اجباری، تکانه‌ای و طیف اُتیسم در کالج پزشکی آلبرت انیشتین و مرکز پزشکی مونتیوری



در برانکس نیویورک حضور داشت. او همچنین نویسنده همکار دو مقاله دیگر بوده است، یکی در رابطه با اختلال وحشت‌زدگی و اسکیزوفرنی و دیگری در مورد افسردگی و اُتیس‌م. او با درجه عالی از دانشگاه وسلیمان فارغ‌التحصیل شده و در حال حاضر دانشجوی کارشناسی ارشد رشته انسان‌شناسی در دانشگاه کلمبیا است.

**دکتر اریک هالندر**، استاد روان‌پزشکی بالینی و علوم رفتاری و مدیر برنامه اختلالات اجباری، تکانه‌ای و طیف اُتیس‌م در کالج پزشکی آلبرت انیشتین و مرکز پزشکی مونتیوری در برانکس نیویورک است. او همچنین مدیر مؤسسه عصب‌شناسی و درمان اختلالات طیفی در نیویورک است. دکتر هالندر رئیس برنامه پژوهشی برای DSM-5، اختلالات طیفی و سواسی - اجباری، عضو کارگروه DSM-5 برای اختلالات مرتبط با اختلال و سواسی - اجباری و مشاور فصول اعتیادهای رفتاری، اضطراب، اختلال پس از سانحه و اختلال و سواسی - اجباری است.

## فصل سیزدهم: اعتیاد به ورزش

**کریستینا بریک**، دانشجوی دکتری دانشکده روان‌شناسی دانشگاه اوتووس لورند، بوداپست مجارستان است. علاقه پژوهشی اصلی او، اعتیاد به ورزش است. او روان‌شناس بالینی است و در بخش روان‌شناسی بالینی و اعتیاد در مؤسسه روان‌شناسی دانشگاه اوتووس لورند مشغول به کار است.

**دکتر مارک گریفیتز** (به توضیحات بالا رجوع کنید)

**دکتر آتیلا زاو**، دوره دکترایش را در دانشگاه مونترآل کانادا گذراند، سپس نزدیک به ۹ سال به تدریس روان‌شناسی و علوم ورزش در دانشگاه ناتینگهام ترنت انگلستان اشتغال داشت. در حال حاضر، دانشیار و معاون مؤسسه ارتقای سلامت و علوم ورزش در دانشگاه اوتوس لورند است.

**دکتر تاماس کوریمی**، در سال ۱۹۷۹ از دانشگاه سمیلویس بوداپست فارغ‌التحصیل شد. او رئیس بیمارستان سینت جان و بیمارستان‌های یکپارچه شمال بوداپست است. او در دانشگاه‌های سمیلویس و اوتووس لورند تدریس می‌کند. بیش از ۶۰ اثر علمی دارد و نویسنده یا نویسنده همکار بیش از ۲۰ کتاب بوده است. حوزه علاقه‌مندی ایشان شامل نحوه استفاده و اثرگذاری بر نظام‌های زیستی - روانی - اجتماعی، موضوعات مرتبط با ورزش و شبکه‌ها از جمله خانواده‌ها است.

**دکتر رابرت آربان**، دانشیار روان‌شناسی سلامت در مؤسسه روان‌شناسی دانشگاه اوتووس لورند بوداپست است. حوزه‌های پژوهشی اصلی ایشان رفتارهای مرتبط با سلامت با تمرکز ویژه روی سیگار کشیدن، تحلیل روان‌سنجی / توسعه مقیاس‌ها و همه‌گیرشناسی روانی - اجتماعی است.

دکتر زولت دیمتروویچ (به توضیحات بالا رجوع کنید)

## فصل چهاردهم: رویکردهای مبتنی بر مراقبه و معنویت در اعتیاد

شری شری راوی شانکار، بنیان‌گذار مؤسسه هنر زندگی است که در ۱۵۲ کشور برنامه‌های خودارتنمایی مبتنی بر یوگا و مراقبه ارائه می‌دهد. نظرات او در بسیاری از متون یوگای باستان آمده است و در یوگا و مراقبه، بسیار مورد احترام است. او برای بسیاری از انجمن‌های معتبر جهانی از جمله سازمان ملل، مجلس اروپا و انجمن جهانی اقتصاد، سخنرانی کرده است. علاوه بر این، او توسط بسیاری از دولت‌ها مورد تقدیر واقع شده و دکترهای افتخاری بسیاری را از دانشگاه‌های سراسر دنیا دریافت کرده است.

کنث پاول روزنبرگ (به توضیحات بالا رجوع کنید)

دکتر آنجو داوان، روان‌پزشک است و به‌عنوان استاد در مرکز ملی درمان وابستگی به مواد که با همهٔ مؤسسات علوم پزشکی در هند ارتباط دارد، اشتغال دارد. او چندین طرح تحقیقاتی انجام داده و تألیف‌های متعددی در مجلات و کتب دارد. حوزهٔ علاقه‌مندی او شامل نقش یوگا در مدیریت اختلالات مصرف مواد، ارائهٔ خدمات از منظر بهداشت عمومی، درمان جایگزین مواد افیونی و مصرف مواد در نوجوانان است.

دکتر آکار ودامرتاکار، کارشناسی ارشد فیزیولوژی است. کانال دیسکاواری بر اساس پایان‌نامهٔ دکتری او با عنوان «اثرات زیستی روندهای یوگا در طول توان‌بخشی الکل» یک برنامه پخش کرد. او با مؤسسه ملی سلامت روان و علوم اعصاب بنگلور چندین طرح پژوهشی انجام داده است و به بررسی اثرات یوگا (به‌ویژه یوگای نوع سودارشان کریا) بر انواع مختلف گروه‌های کنترل پرداخته است. ایشان تألیف‌های متعددی داشته و کارهایش را به‌صورت گسترده‌ای در اجلاس‌های مختلف ارائه کرده است.

## فصل ۱۵: اعتیاد رفتاری در قوانین آمریکا: آینده و نقش متخصصان

دکتر دنیل اچ. ویلیک، به اجرای قانون سلامت و قانون سلامت روان در لس‌آنجلس می‌پردازد و در دانشکده‌های پزشکی دانشگاه کالیفرنیا و دانشگاه کالیفرنیا جنوبی به تدریس اشتغال دارد. او نمایندهٔ پزشکان و گروه‌های پزشکی، مأمور قضایی کارکنان پزشکی و مشاور حقوقی انجمن روان‌پزشکی کالیفرنیا است. دکتر ویلیک مشاور نظام دانشگاه کالیفرنیا در رابطه با قانون سلامت روان بوده و درگیر پرونده‌های مهم و محرمانهٔ سلامت روان از جمله پروندهٔ قتل برادران مندز، دعوی مدنی علیه اودین سیمپسون و موارد سوءاستفادهٔ روحانیون بوده است.

## مقدمه‌ای بر اعتیادهای رفتاری

نویسنده: کنت پاول. روزنبرگ<sup>۱</sup>؛ لورا کورتیس. فدر<sup>۲</sup>

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ترجمه: آرش جواهری

## تاریخچه اعتیادهای رفتاری

مفهوم اعتیادهای رفتاری یک مفهوم جدید و انقلابی در روان‌پزشکی آمریکا ایجاد کرده است. تاریخ مملو از داستان‌های مربوط به قماربازی بیمارگون و اعتیاد به رابطه جنسی است. در یونان که انجام مسابقات ورزشی به صورت سازمان‌یافته بخشی از زندگی روزمره مردم بوده است، عادت لذت‌جویانه و غیرمسئولانه امپراتور کومودوس در قماربازی را دلیل احتمالی سقوط امپراتوری روم می‌دانند (هکستر، ۲۰۰۲). بنجامین راش، بنیان‌گذار انجمن روان‌پزشکی آمریکا در اولین ویراست کتاب ناخوشی‌های روانی (۱۸۱۲ میلادی) به ماهیت بالقوه آسیب‌زای میل جنسی افراطی و بیمارگون توجه نمود (راش، ۱۸۱۲). تا اینکه اصطلاح *اعتیادهای رفتاری* در ویرایش پنجم *راهنمای تشخیصی و آماری اختلالات روانی (DSM-5)* در سال ۲۰۱۰ به عنوان یک تشخیص روان‌پزشکی به رسمیت شناخته شد. با این اقدام دوره جدیدی از فهم انواع اعتیادها فراهم شد. کارگروه راهنمای تشخیصی و آماری اختلالات روانی معتقد بود از نظر توصیفی اصطلاح *اعتیادها و اختلالات مرتبط* از اصطلاح قدیمی *سوءمصرف و وابستگی به مواد* مناسب‌تر است. با این استدلال که همه افرادی که وابستگی به مواد دارند، الزاماً معتاد نیستند (به عنوان مثال بیماران سرطانی که مواد مخدر دریافت می‌کنند) و اینکه مفهوم اعتیاد فراتر از وابستگی جسمانی صرف به مواد است. اعضای کارگروه *DSM-5* به درمانگران یادآور شدند که ولع و رفتارهای غیرقانونی به عنوان رفتارهای مغایر با خود (ایگو) که به طور شایعی همراه با اعتیاد هستند از تأکید محض بر تشخیص وابستگی، اهمیت اساسی‌تری دارند. در حقیقت، در *DSM-5* افتراق بین سوءمصرف مواد و وابستگی به مواد به طور واضحی کاهش یافت. در معیارهای جدید، برای افتراق بین مصرف داروهای مخدر قانونی (به عنوان مثال استفاده از داروهای مخدر در بیماری‌های بدخیم) و اختلال مصرف مواد، بر ولع و رفتارهای خارج از کنترل تمرکز شده است (انجمن روان‌پزشکی آمریکا، ۲۰۱۳). از همه مهم‌تر اینکه اعضای کارگروه دریافتند یافته‌های جدید علوم

اعصاب از نظریهٔ یکپارچهٔ زیستی-عصب‌شناختی در مورد اعتیادهای رفتاری و اعتیادهای شیمیایی حمایت می‌کند. این نظریه در مورد اعتیادها اعم از اعتیاد به یک مادهٔ خاص، زیرگروه خاصی از اعتیاد یا یک فعالیت اعتیادی است.

این جریان فکری با قرار دادن اختلال قماربازی در بخش «اختلالات مرتبط با مواد و اختلالات اعتیاد» با عنوان «اختلالات غیر مرتبط با مواد» در DSM-5 (۲۰۱۳) تقویت شد. اختلال قماربازی در (DSM-IV-TR) در گروه «اختلالات کنترل تکانه که به‌گونه‌ای دیگر طبقه‌بندی نشده‌اند (NOS)<sup>۱</sup>» تحت عنوان قماربازی بیمارگون تقسیم‌بندی شده بود (انجمن روان‌پزشکی آمریکا، ۲۰۰۰).

اعتیادهای رفتاری مرتبط با اینترنت نیز از موضوعات قابل توجه در تهیهٔ پیش‌نویس DSM-5 بوده است. یک گروه از اعتیادهای رفتاری که اختلال اعتیاد به اینترنت نامیده شده، بر اساس کار محققانی مانند ران تائو و همکارانش پیشنهاد شد (تائو و همکاران، ۲۰۱۰). پیشنهادهای تشخیصی برای اعتیاد به اینترنت، ویژگی‌های عمدهٔ مشترکی با سوء‌مصرف مواد داشت، از جمله به بارز بودن پردازش شناختی و هیجانی فرد، پیش گرفتن رفتار اعتیادی به‌منظور تعدیل خلق، ایجاد تحمل، تجربهٔ علائم ترک، تعارض آشکار در رفتار، عود بیماری علی‌رغم میل باطنی فرد می‌توان اشاره کرد. بر اساس شواهد به‌دست‌آمدهٔ اخیر، کارگروه DSM در این مورد تصمیم گرفتند که در مورد اعتیاد به اینترنت تحقیق بیشتری موردنیاز است اما اختلال بازی‌های اینترنتی را در ضمیمهٔ کتاب آورده که جزء شرایطی است که نیازمند مطالعهٔ بیشتر است (انجمن روان‌پزشکی آمریکا، ۲۰۱۳). همان‌طور که دکتر چارلز اُبراین در مقدمهٔ خود در این کتاب اشاره کرده است، زیرشاخه‌های دیگر اعتیاد رفتاری، از جمله اعتیاد به روابط جنسی، اعتیاد به ورزش و اعتیاد به خریدکردن، برای بخش اختلالات اعتیادی و وابسته به مواد DSM در نظر گرفته شد اما به خاطر فقدان شواهد کارشناسی شدهٔ فعلی برای ایجاد معیارهای تشخیصی، تحت عنوان اختلالات روانی جدید، طبقه‌بندی نمی‌شوند (انجمن روان‌پزشکی آمریکا، ۲۰۱۳).

این کتاب با بحث در مورد عوامل مشترک بین رفتار تکانه‌ای و رفتار اجباری در اعتیادهای رفتاری همچنان که در جنون دزدی شرح داده شده، آغاز می‌شود. یادآوری می‌شود که «جنون دزدی» در DSM-5 در گروه «اختلال کنترل تکانه» قرار گرفته است، درحالی‌که از نظر بالینی این حالت به‌عنوان یک اعتیاد رفتاری شناخته می‌شود. کتاب با تأکید بر اعتیاد به قماربازی، اعتیاد به اینترنت (به‌عنوان مثال اعتیاد به بازی‌های آنلاین، اعتیاد به پرسه‌زدن در اینترنت و اعتیاد به شبکه‌های اجتماعی)، اعتیاد به غذا، اعتیاد به رابطهٔ جنسی، اعتیاد به عشق و اعتیاد به خرید کردن (مثلاً اختلال خریدکردن اجباری) و اعتیاد به ورزش کردن ادامه خواهد یافت. فصلی نیز به تأثیر رویکردهای معنوی، برنامه‌های دوازده

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