

THE ADDICTIVE PERSONALTY: SAYS WHO?

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There are numerous theories of personality (John, Robins. & Purvin, 2008). Disorders based on addiction are no longer part of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association. 2013) though the idea is still found in disorders based on excessive consumption of certain substances and excessive indulgence in a few behaviors. However the American Psychological Association's (APA) Encyclopedia of Psychology has an entry under Addictive Personality (Shaffer, 2000).

Shaffer's (2000) article about the Addictive Personality discusses a number of characteristics that are common among addicts. The article's definition of addiction includes pathological gambling, intermittent excessive shopping, and over eating in addition to psychoactive drugs. Relapse is the key feature that defines addiction. Those with an addictive personality who abstain from the addictive behavior are prone to relapse.

The article (Shaffer, 2000) goes on to cite a number of studies that show similar emotions and behaviors in studied populations. According to the article, addicts tend to be angry and impulsive. They are often in poor physical health and slovenly dressed. They live in a continuing state of crisis. Their social relationships are consistently marked by conflict. Generally they are separated and/or estranged from their families. They are self-centered while having a poor self-image. Typically they feel they are victims. Last, they resist change.

Based on the research, the article (Shaffer, 2000) concludes by proposing that these characteristics cause the addictive behavior and therefore are the essential features of an addictive personality. I question this. Despite the lack of one theory of personality that is generally accepted, there are certain features of personality that have broad support (John,

Robins, & Purvin, 2008). Shaffer does not relate the characteristics he observed to any of these features. Next, we are all taught in the first weeks of statistics that correlation does not imply causality. Last, the research studies Shaffer cites look only at individuals using heroin and alcohol. Both are depressants (Carlson, 2013). There are no stimulants or hallucinogens included in the studies. Further, behaviors such as pathological gambling and compulsive shopping are not included. Possibly the characteristics identified in Shaffer's article generalize to other forms of addiction, but he makes no attempt to suggest they do. There have been studies that found personality differences in individuals who abuse psychoactive substances. This paper first looks at two studies that indicate that while there are some personality similarities among addicts there is no uniform set of characteristics. As the studies are presented to refute the idea of an 'addictive personality,' the rule of falsifiability applies and two suffice. The paper will go on to suggest and support an hypothesis that the characteristics found by Shaffer not only are not causes leading to the behavior but may be consequences and finally that Shaffer's key feature, relapse, is something accounted for by a generally accepted theory of learned behavior.

Before looking at the results of individual studies I note two caveats. I have already mentioned there is no causality inferred in a correlation. Almost all of the studies are correlational. Another, rarely mentioned, a limitation of studies involving psychoactive substances is that many individuals indulge in more than one. In all of these studies, when a specific drug is mentioned it must be presumed that for the individual it is the 'drug of choice.' This means that when many different drugs are readily to hand, it is the drug the individual will choose. Presumably those with no preferences are excluded from the studies. Still it is imperative to always keep in mind an ancient adage about psychoactive substances, "Any time there is more than one, all bets are off."

The term hallucinogen generally is used to denote one of a group of substances with similar effects. The list generally includes, but is not limited to, lysergic acid diethylamide (LSD), peyote, psilocybin, phencyclidine (PCP), ketamine, dimethyltryptamine (DMT), and methylenedioxyamphetamine (MDMA). These are the common ones though a number of other substances also qualify as hallucinogens. Despite the fact that MDMA and PCP are reasonably available as street drugs and frequently used, studies tend to group hallucinogens as if they were one substance. This may account for a lack of common personality characteristics among those whose substance of choice is hallucinogenic.

I begin by looking at a study that Crose, Lurusso, Noal, and Vercellana (2012) presented about the relationship between dependency on cocaine (n=17), alcohol (n=10), and heroin (n=21). All subjects had been diagnosed with personality disorders. They were being treated for both a personality disorder and substance abuse. The study took place over three years. Those whose preferred substance was alcohol tended to have a diagnosis of avoidant personality disorder. Narcissistic personality disorders were the primary problem among cocaine users while heroin was closely related to anti-social personality disorder. A sample of only 48 subjects total is not sufficient to really draw conclusions. But even so small a sample shows significantly different enough results to raise questions about the validity of Shaffer's (2000) position.

Palmer and Daiss (2005) studied 60 adolescents in an inpatient substance abuse treatment facility. The substances were methamphetamine, hallucinogens, and cannabis. There were 20 subjects for each substance. All were evaluated using the Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A). Those subjects who were treated for the abuse of hallucinogens used several different substances. On some scales in the MMPI-A there were significant differences between the hallucinogen group and the cannabis group. The

measurements for the methamphetamine group did not converge and in some ways correlated with both other groups. The authors note the sample sizes were small. Despite the small sample size the result seems surprising as the neurological effect of methamphetamines is substantially different than cannabis or the common hallucinogens (Carlson, 2013). Last, in their discussion Palmer and Daiss mention a number of other studies that indicate there is no relationship between cannabis use and the results of the MMPI-A.

There is an hypothesis, the Self-Medication Hypothesis (SMH) originally suggested as early as 1975 (Shaffer, 2000). Edward Khantzian formulated it. He recently co-authored a book summarizing decades of research about the SMH (Khantzian & Albanese, 2008). The hypothesis suggests that addiction is the result of an attempt by an individual to deal with some kind of psychological problem whether it be thinking, emotional, or behavioral. The individual finds a substance that temporarily relieves the condition. The problems the SMH addresses include all types of mood disorder, and trauma. Any psychological disorder that is distressful to the individual may lead to the use of substances to relieve the distress. The SMH fits the idea of ‘drug of choice.’ Different drugs neurologically affect the mind in very different ways (Carlson, 2013). An individual suffering from some form of depression is likely to seek stimulants. Hallucinogens might be chosen by individuals suffering from overwhelmingly traumatic experiences to temporarily escape the memories. There are many possibilities. Suh, Ruffins, Robbins, Albanese, and Khantzian (2008) used the SMH to do a meta-analysis a group of adolescent clients in a vocational program in New York City who had been treated for substance abuse and a group with no history of substance abuse problems. The substances involved were alcohol, heroin, and cocaine. The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) was the test instrument. All subjects who had been treated for substance abuse had been abstinent for

at least ninety days. The results showed distinct personality differences between those with a history of substance abuse and the general population. Each substance showed individual common characteristics in the subjects. Those who had abused different substances did not share a significant number of personality traits. They also found that all three groups of adolescents with a history of substance abuse were defective in self-regulation relative to the group with no substance abuse history. They concluded the results support the SMH hypothesis. They also acknowledged the conclusion was tentative as the study was built on correlation.

The SMH is a well-known hypothesis within the field of addiction. It offers a plausible explanation for different ‘substances of choice.’ The idea of a single ‘addictive personality’ does not address this. Therefore the SMH appears to offer a better explanation than the concept of a single ‘addictive personality.’ However all the studies measure individuals after they have become addicted. If anything they suggest that different personalities might lead to the ‘substance of choice.’ There is at least one more explanation of addictive personality that may yield insight into the nature of the addict prior to becoming addicted.

Volume 1 of *The Duquesne Studies in Phenomenological Psychology* (1971) included a chapter, originally published in 1965, by Adrian van Kaam titled *The Addictive Personality*. He describes three phases in the process of addiction. First there is a personality that is prone to addiction. Second, when that personality is exposed to some addictive substance or behavior the individual enters a stage where he becomes addicted and is satiated. Van Kaam clearly states that addiction is not limited to substances. According to van Kaam the term addiction has its root in the Latin *ad dicere*. It means to give oneself over or to surrender. The individual who is prone to addiction finds a substance or behavior that satiates an unfilled need. He surrenders to the behavior or substance. The behavior or substance becomes the central focus of the addict’s

life. Last, the compulsion and behavior continues but no longer satiates. The addict engages in more of the behavior or consumes more of the substance in a useless effort to be satiated. This does not work and the addict descends into a state of utter hopelessness and despair as the addict's central focus in life, his savior, fails him.

The fundamental feature found in van Kaam's (1971) concept of the individual prone to addiction is an overwhelming fear he will be unable to achieve a sense of wholeness or fulfillment in life. To van Kaam attaining a sense of personal fulfillment or wholeness is a fundamental goal in life. Individuals are fulfilled both by passively accepting fulfilling experiences and by seeking fulfillment through active behavior. A child who plays silently and peacefully may be rewarded by his caregiver. The reward requires no action by the child. The child may do something that involves actively pursuing a caregiver's approval. This may or may not be successful. The essence of the addictive personality is the fear that action will lead to failure. Van Kaam saw ours as an aggressive culture where positive action, aggressive action, is necessary to be seen as successful. Success is necessary for fulfillment. Without success an individual is a failure. Those with an addictive personality are unsuccessful in early attempts to compete in our culture. They become convinced they lack the ability to compete. In more modern terminology it could be said that early failure in competitive ventures leads to a lack of a sense of efficacy and to a loss of agency. Those with an addictive personality feel they have lost the ability to actively achieve fulfillment. Lack of a sense of efficacy and loss of agency leads to a belief that failure is inevitable. This becomes self-fulfilling prophecy. The individual still passively receives some fulfillment. Then the individual finds a source of satiating fulfillment in some behavior or substance. With no competitive action needed, the behavior or substance satiates the individual's need for fulfillment. The individual with an addictive personality is

transformed into a satiated addict. He has found a substance or behavior "...which will grant him an experience of meaning and fulfillment without effort, pain, or labor" (van Kaam, 1971, p. 242).

Ultimately the behavior or substance no longer satiates. Today we have some understanding how this occurs in individuals who are addicted to psychoactive drugs. Different drugs have different characteristics in the permanent neurological changes they cause (Carlson, 2013). Some are highly addictive. Some are not. Further the amount of exposure needed for permanent neurological change by a given drug do not always conform to a Standard Normal Curve. Nomothetic data of this type does not project idiographically. Therefore we cannot say that a particular drug will permanently alter the neurological functioning of the brain of an individual when they have consumed a particular quantity over a stated length of them. The general pattern is that as the individual continues to consume the substance the individual will develop a tolerance to it. More of the drug will be needed to achieve satiation. Ultimately the neurological changes reach a point where the drug no longer consistently works. For reasons we do not understand, there are still times when it does. However the action of the drug becomes unpredictable. There is a similar pattern for those with problems such as pathological gambling. Winning leads to satiation. The addict is satiated when he wins repeatedly. However, winning is unpredictable from the beginning. The result is the same though the period of continuous satiation is typically shorter. For both those addicted to substances and behaviors such as gambling the individual becomes van Kaam's (1971) unsatiated addict. The addict pursues fulfillment with increasing desperation. Even passive behavior now fails to achieve fulfillment. He crashes into a state of despair and exhibits the kinds of behavior described by Shaffer (2000). Attempts to abstain fail. The individual is trapped in his addiction with no means of escape.

The behavioral pattern that van Kaam (1971) describes phenomenologically eerily presages the social psychology theory of Learned Helplessness (LH) (Maier & Seligman, 1976). Learned Helplessness is based on instrumental conditioning (Domjan, 2010). Thornton, et al. (2003) found a substantial number of addicts in treatment had a high level of LH. Highly structured behavioral therapy was more successful with these individuals than other, low-structured therapies. The study included follow up after nine months. The ability to do the study was based on a recently developed 20 item self-report Learned Helplessness Scale (LHS) that was deemed valid and reliable.

Cemalcilar, Canbeyli, and Sunar (2003) did an experimental study of the relationship between LH and personality traits. The subjects were Turkish college students. The initial screening included an assessment of personality traits using the Turkish version of the NEO-Five Factor Inventory (FFI). Using an unsolvable maze as the conditioning instrument LH was induced. One group of students was given therapy to reverse the conditioning. There was no relationship between the results of the FFI on either the susceptibility for LH or the efficacy of treatment. The connection of LH in this study to LH in addiction is tenuous. If LH in addicted individuals generalizes, then this study supports a lack of relationship between the addictive personality and generally accepted concepts of personality traits. Research is needed about a possible relationship between LH and addiction.

Last we need to examine Shaffer's (2000) belief that the central feature, the defining feature of addiction, is relapse. An understanding of the addictive personality based on the work of van Kaam (1971) and LH (Maier & Seligman, 1976) does not account for this. Domjan (2010) provides an answer through the mechanisms of instrumental conditioning. First, it is essentially impossible to 'unlearn' conditioned learning. As a cyclist I truly identify with

Domjan's analogy that it is like 'unlearning' to ride a bicycle. In conditioning 'unlearning' is termed extinction. It is least successful when the reward, our addict's satiation, is received intermittently. In conditioning, at some time after extinction the conditioned behavior returns unexpectedly. The term is spontaneous recovery. The severity of the returned conditioned behavior is fully reactivated more readily as the interval after extinction increases. In test environments, the term used is the Inter Trial Interval (ITI). Presuming the validity of instrumental conditioning as the mechanism that leads the individual prone to addiction into active addiction, then spontaneous recovery accounts for Shafer's belief about relapse. Further, the ITI reasonably explains why those who abstain from their addictive behavior or addicted substance are more severely affected as the time period of abstinence increases.

From this sometimes tedious and often tenuous journey, I suggest the following hypotheses: van Kaam's (1971) model of the addictive prone personality followed by satiated addiction but ending in unsatiated and unsatiated addition is reasonable. The essential characteristics, lack of efficacy and loss of agency, he says define those prone to addiction is also reasonable. Whether or not van Kaam's two characteristics directly relate to standard measures like the FFI is untested. There may be other factors involved. The individuals need to be tested prior to becoming satiated addicts. Studies attempting to show this face a daunting number of problems as well as uncontrolled variables. Van Kaam also does not account for those with these characteristics who do not become addicted. They may have better coping mechanisms and therefore are less prone to try the substances or indulge in the behavior. They also may never find the behavior or substance that satiates them.

I believe the SMH provides a viable rationale for the 'substance of choice.' If the addictive prone individual never finds the substance they will not become addicted. When the

substance is found the individual's response leads to instrumental conditioning. Nowadays conditioning is not terribly fashionable among psychologists. Possibly the profession is envious that B. F. Skinner built a career on the obvious observation that if an individual (or rat) does something and likes the result, they are likely to do it again and continue to do it until satiated (Domjan, 2010). The neurological changes caused by the substance or behavior lead to a need for ever increasing quantities of the substance or behavior to achieve its effect(s) and ultimately to a failure of that substance or behavior to continue in its efficacy (Carlson, 2013). At this point we have an unsatiated addict in van Kaam's model who meets the behavior criteria found in Shaffer (2000). Last, the concepts of spontaneous remission and the ITI in instrumental conditioning explain Shaffer's criterion of relapse.

In psychology I know of no hypothesis that covers every known variation of human behavior. However, as it pertains to addiction and to the addictive personality' I do believe the approach shown in this paper more fully accounts for the condition than any other.

Van Kaam (1971) does not explicitly discuss the reasons individuals with an addictive personality may consider failure unacceptable. I feel our culture has moved in a direction where this is true. I can think of one example in American culture where the craving for success might possibly have led to a significant cultural change. Fifty years ago baseball was truly the American sport. Nowadays football dominates the public's attention. A long time manager of one of the major league teams noted baseball is an unusual sport in that it acknowledges failure. Failure is not respected in football. To succinctly show the difference I ask when last you heard that a team scored an *unearned* touchdown because of a defensive *error*? The addictive prone individual now lives in the world of football. Errors are not admissible. Van Kaam (1971) identified the true Addictive Personality in his description of the addiction prone individual.

Those who, in a fiercely competitive culture that equates fulfillment with success, are overwhelmed by the fear they cannot compete, are prone to addiction. This is the crucial characteristic.

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