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ORIGINAL ARTICLE

The Addictive Personality

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The term *addictive personality* needs to be retired permanently from use by the alcohol and drug (AOD) treatment field. The term engenders confusion and misunderstanding and undermines our ability to help individuals with AOD problems. This essay will: (1) identify assumptions in the literature regarding the *addictive personality*, (2) offer assertions that challenge these assumptions, (3) examine each assumption individually and illustrate why the assertive challenge is justified, and (4) discuss the potentially negative consequences of continued use of the term and the conditions that may have enabled this situation to develop.

The term *addictive personality* has been variously defined and interpreted over the years, leading to the following assumptions:

- Individuals who develop an addiction have an *addictive personality* that precedes and propels the development of the addiction, and this *addictive personality* is characterized by, among other things, difficulty in delaying gratification, a tendency toward sensation seeking, an antisocial personality, and a valuing of nonconformity.
- Individuals with an *addictive personality* have predictable thought processes and behavior patterns such as preoccupation with drugs, compulsive drug use, use despite negative consequences, and choosing drug use over other important activities.
- Individuals with an *addictive personality* can be expected to turn to other drugs or compulsive behavior during and/or after treatment as a result of their personality dynamics.

These assumptions have a negative impact at three levels: they enable and reinforce the pathologizing, stigmatizing, marginalization, and "homogenizing" of individuals diagnosed with AOD problems who represent a heterogeneous, not a homogeneous, population; they result in poor clinical practice among medical, mental health, and social service providers by positing and using a pseudodiagnostic judgment which is not empirically informed; and they contribute to reduced self-efficacy among addicted people themselves who are already separated from other people with health problems by virtue of having to receive treatment in specialized addiction centers.

The following assertions challenge these assumptions:

- There is no sound generalizable research evidence for an *addictive personality;*
- Personality characteristics ascribed to the *addictive personality can and do result from* the addiction; they do not predict it;
- Addicted individuals who choose to use other drugs, in various manners or patterns, or manifest compulsive behaviors during and/or after treatment, do so because of inappropriate or incomplete treatment or a partially resolved addiction, not an *addictive personality*.

Let us examine each assumption to understand its origin and examine its accuracy.

(1) Individuals who develop an addiction have an addictive personality (characterized by, for example, difficulty in delaying gratification, a tendency toward sensation seeking, antisocial personality, and a valuing of nonconformity) that precedes and propels the development of the addiction.

Accessed in November 2014, Wikipedia defines an *addictive personality* as a "particular set of personality traits that makes an individual predisposed to addictions" (Lang, 1983). Citing a range of sources including experts in the field, a New York Times feature story, and an undergraduate student term paper, Wikipedia goes on to say that:

- Addictive behaviors are defined by repetitive pleasurable activities that help people cope with unmanageable internal feelings and external pressures.
- Common elements can be seen among people with a variety of addictions associated with personality traits.
- People with addictive personalities are greatly at risk of becoming addicted to gambling, food, pornography, exercise, work, and codependency.

However, even the author of a study of the *addictive personality* for the National Academy of Sciences, Alan Lang (1983), talks about this concept as if it remains

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elusive. He says, "If we can better identify the personality factors, they can help us devise better treatment and can open up new strategies to intervene and break the patterns of addiction." Lang's study concludes that there is no single set of psychological characteristics that embrace all addictions, but several "significant personality factors" that *can contribute to an addiction* including:

- Impulsive behavior, difficulty in delaying gratification, an antisocial personality and a disposition toward sensation seeking;
- A high value on nonconformity combined with a weak commitment to the goals for achievement valued by the society;
- A sense of social alienation and a general tolerance for deviance; and
- A sense of heightened stress.

In contrast to Wikipedia, which refers to this concept as if it exists, the American Society of Addiction Medicine (ASAM), a leadership group of about 3,000 physicians and associated professionals, writes in its 2011 Public Policy Statement on the definition of addiction: "Genetic factors account for about half of the likelihood that an individual will develop addiction. Environmental factors interact with the person's biology and affect the extent to which genetic factors exert their influence. Resiliencies the individual acquires (through parenting or later life experiences) can affect the extent to which genetic predispositions lead to the behavioral and other manifestations of addiction. Culture also plays a role in how addiction becomes actualized in persons with biological vulnerabilities to the development of addiction." The statement goes on to list eight other factors that have been found to contribute to the emergence of an addiction. None of these include personality type.

Addiction psychiatrists, Khantzian and Albanese (2008), challenge the *addictive personality* on the same grounds, saying:

"We do not subscribe to the notion of an addictive personality. . . .. Environments in which hardship, societal disruptions, and community violence occur are a major breeding ground for . . .Substance Use Disorders. . . .The distress of poverty and environmental hardships heightens addictive vulnerability; the comforts of wealth and privilege do not protect against it" (p. 33).

In their 2011 text, addiction researchers, Miller, Forcehimes, and Zweben, provide a brief history of the theory of the *addictive personality*, tracing it back to mid-20th century when people labeled with AOD problems were seen as having high levels of immature defenses that needed to be broken down in order to treat the addiction. The authors state that "decades of research have revealed few commonalities in the personality of people with addiction problems" (p. 19). They conclude that such individuals do not differ from other people in terms of defense mechanisms, and no characteristic abnormal personality has been found.

Addiction psychologist Harold Doweiko (2012) reviews this topic of "personality predisposition theories of substance use disorders" (p. 347). He asks how it can be that this myth has been propagated in the face of so little supporting evidence. He suggests various hypotheses. For example, the many clinicians who say their addicted clients have an *alcoholic personality* may have been trained to expect this and then proceeded to see their clients through this lens; clients who do not fit the profile are forgotten, and those that do become the focus of attention. Another possibility is that clinicians and researchers became confused by the high rate of comorbidity between males diagnosed with a Substance Use Disorder and those with Antisocial Personality Disorder. Although these are separate disorders, many of the traits attributed to individuals with an *addictive personality* are traits of individuals with Antisocial Personality Disorder. The impact of psychoanalysis in the early 20th century may provide yet another explanation. Doweiko believes that this school of thought may have encouraged clinicians to look for psychological trauma as a precipitant, whether it displayed itself or not–-perhaps another example of a self-fulfilling prophesy in which clinicians who believed they would find predisposing personality traits, found them.

In summary, there is no generalizable research evidence to support the assumption that the heterogeneous group of individuals who develop an addiction have an *addictive personality* that precedes, propels and sustains the development of addiction.

(2) Individuals with an addictive personality have predictable thought processes and behavior patterns such as preoccupation, compulsive drug use, use despite negative consequences, and choosing drug use over other important activities.

Many researchers have examined the traits of addicts and alcoholics in treatment (Doweiko, 2012), drawing conclusions about what their personality profiles were like *prior to the addiction*, but doing so *after* these individuals had become addicted to psychoactive drugs. Doweiko cites Pihl (1999) who reminds us that more than 90% of early research studies that tried to find an *addictive personality* were conducted on individuals in treatment. Pihl suggests that researchers may have found a *treatment personality* rather than an *addictive personality,* and that individuals with this *treatment personality* may differ from other addicted individuals in significant ways. Although these researchers contend that the personality profile *preceded* the addiction, it is more likely that the personality profile developed as *a consequence of* the addiction. They are describing *the effects of powerfully seductive psychoactive drugs on the brain*, resulting in psychological preoccupation and drug-seeking, traits that commonly develop as the addiction develops.

An example of the confusion of cause and effect can be seen below. Even in the book title, the author has conflated the *addictive personality* with the *addictive process* and the resulting effect of heavy ingestion of psychoactive drugs: *compulsive behavior*.

In his book, *The addictive personality: Understanding the addictive process and compulsive behavior,* published by Hazelden in 1988 and 1996, with over 200,000 copies sold, author Craig Nakken (Nakken, 1988) explains why, even after an addict has given up the bottle or the weed, she will never be done with recovery:

"Addiction is a process of buying into false and empty promises: the false promise of relief, the false promise of emotional security, the false sense of fulfillment, and the false sense of intimacy with the world. . ..Like any other major illness, addiction is an experience that changes people in permanent ways. . . ..the addictive logic remains deep inside of them and looks for an opportunity to reassert itself . . .."

The author is discussing the *process of addiction* and provides no evidence of a *personality* that predates the addiction or persists after the addiction is treated. While the "addictive logic" that the author refers to may "remain deep inside of them," logic can be challenged and changed and frequently is changed through effective interventions such as relapse prevention, CBT, and 12-Step Program participation, to name a few. In fact, the author backs down from the catchy book title, *The Addictive Personality* by choosing a subtitle that describes something entirely different: "understanding the addictive process and compulsive behavior." Yes, both the "addictive process" and "compulsive behavior" characterize the addicted person's behavior on the way to a full-blown Substance Use Disorder. But these processes do not equal a personality type. Many of those who argue for the existence of an addictive personality are describing the *process of addiction* that affects individuals with a broad range of personality types.

It is likely that the addiction process itself may result in the personality distortions commonly observed in addicted individuals. One addiction expert described it this way: "Many clinicians have noted that alcoholics who drink have. . .disturbances in personality function. Their judgment is poor, and they use . . . denial, rationalization, projection, and minimization (underestimating the seriousness of their problem). Psychiatrists, mental health professionals, and many laymen have made the intuitively appealing assumption that the character patterns seen during active alcoholism were present before the drinking began. . .. I suggest that . . . alcoholism itself is a traumatic experience that may cause psychopathology. Some features of the so-called *alcoholic personality*, such as persistent use of denial coupled with impulsive, self-destructive behavior, may in fact be *complications of the traumatic effect of alcoholism*. Those features do not cause the alcoholism, although once they occur, they become entrenched and perpetuate the disease" (Bean-Bayog, 1988, p. 352; 1986).

Washton and Zweben (2008), addiction psychologists, comment that, "Research has consistently failed to support the notion of a predisposing "addictive personality" common to all people who become addicted to alcohol and drugs. To the contrary, contemporary research shows that chronic use of psychoactive substances induces stereotypic distortions in behavior and personality as a result of complex changes in brain activity caused by these substances. . ." (p. 5).

Dr. Alan Leshner, PhD, former director of the National Institute on Drug Abuse, describes addiction as "a brain disease" (Leshner, 1997) in that there are visible alterations in the brains of addicted individuals and these effects are long-lasting within their neurological patterns. Particular drugs, such as crack and heroin cause massive surges in dopamine in the brain, with different sensations ranging from invincibility and strength to euphoric and enlightened states. Use of these substances almost immediately changes particular aspects of the brain's behavior, making most individuals immediately susceptible to future abuse or addiction. The DSM -5 TM (American Psychiatric Association, 2013) echoes this in saying, "All drugs that are taken in excess have in common the direct activation of the brain reward system, which is involved in the reinforcement of behaviors and the production of memories. They produce such an intense activation of the reward system that normal activities may be neglected" (p. 481).

The DSM does go on to say, ". . ..Individuals with lower levels of self-control, which may reflect impairments of brain inhibitory mechanisms, may be particularly predisposed to develop substance use disorders, suggesting that the root of substance use disorders for some persons can be seen in behaviors long before the onset of actual substance use itself" (p. 481). This statement might seem to allude to an *addictive personality*, however, the DSM is careful to stress that this may operate *for some persons* and that lower levels of self-control may reflect brain impairments. There is no mention of a personality type.

Even Shaffer (2000), author of a chapter on the addictive personality in the *Encyclopedia of Psychology,* who states that a cluster of traits comprising an *addictive personality* leads to addiction, acknowledges that this issue is a complex one in that personality traits associated with addictive disorders *can result from* drug seeking and using. Shaffer also says that, although there is some evidence of a single disorder or syndrome that can be seen with a variety of addictions (e.g., gambling) and in personality characteristics associated with them (Shaffer et al., 2004; Zinberg, 1984), there is no evidence to rule out the possibility that these *addictive personality* profiles are the *result* of gambling or substance use. He goes on to say that these influences may be reciprocal, that is, personality may influence addictive behaviors, and addictive behaviors may influence personality. Thus, even experts such as Shaffer who have argued the case for the addictive personality have backed off from it.

Washton and Zweben (2008) also challenge the *addictive personality* by noting: "Unfortunately, therapists lacking positive experiences with substance-abusing patients have not had an opportunity to see that the distortions in personality and behavior so commonly seen during active addiction often disappear or decrease markedly after the substance use stops. . . ...in many individuals these distortions are often secondary to the alcohol and drug use and

not indicative of an underlying personality disorder. . .” (p. 5).

What do 12-Step Programs say about the addictive personality? Schenker, in his 2009 *Clinician's Guide to 12-Step Recovery*, tells us that:

- Alcoholics Anonymous (AA) views alcoholism as a primary disorder, not a symptom or outgrowth of another disorder.
- 12-Step Programs talk about character defects (in Step 6) (e.g., denial, scheming, and other defense mechanisms) which were originally viewed as causes of addiction.
- AA cofounder, Bill Wilson, subscribed to a psychological/psychodynamic model of addiction that was prevalent in his day (1940s and 1950s).
- Current conceptualizations of addiction view these character traits as the result of addiction, rather than its cause.
- These defects are seen as impediments to recovery and can be overcome with modifications in lifestyle, cognitions, behavior, attitudes, and values.

In summary, the existence of an *addictive personality* can be challenged on the following grounds: characteristics ascribed to the construct of an *addictive personality*, *can* result from the addiction, given the necessary conditions; they do not predict it. Excessive use of psychoactive substances “causes” and/or can be associated with changes in behavior, resulting in a profile of the addicted person that complies with criteria for a Substance Use Disorder (e.g., preoccupation with drug use, compulsive drug use, use despite negative consequences, and choosing drug use over other important activities), and those behavior patterns are common across addicted individuals-–who represent heterogeneity and not homogeneity-–because they can be and often are associated with the *consequence of the addiction process.*

(3) Individuals with an addictive personality can be expected to turn to other drugs or compulsive behavior during and/or after treatment as a result of their personality dynamics.

Clients in treatment, their friends and family members, and members of the general public often believe that recovering individuals can use mind altering drugs, other than the drugs to which they became addicted, in safety. The risks of switching from one drug to another are widely misunderstood. Washton and Zweben (2008) discuss the crucial role of psychoeducation to help clients, family members and significant others see that use of these drugs can lead to relapse and can prolong the addiction. Washton and Zweben (2008) recommend total abstinence because using these “secondary” drugs can:

- stimulate clients' desire and craving to use the primary drug to which they became addicted;
- thwart the development of nondrug-coping and problem-solving skills;
- prevent clients from learning ways to have fun without altering their mood with chemicals; and
- interfere with the formation of healthy relationships and connections with people who are committed to abstinence and who can be supportive (pp. 200–201).

Underlying their strong recommendation for psychoeducation is Washton and Zwben's belief that the client's tendency to turn to other drugs or other compulsive behavior such as addictive gambling, compulsive overeating or sexual acting out during or after treatment results from a lack of information about the nature of addiction and the overall effects of mood altering drugs. Rather than resulting from an *addictive personality*, Washton and Zweben see the tendency to switch to “secondary” drugs as a continuation of previous patterns of dealing with difficult emotions and situations, and as very amenable to education about psychoactive substances and addiction. The fact that family members, friends, and the general public often hold the same beliefs, and may encourage or support the addicted individual in using other drugs, is evidence of widespread societal misunderstanding of the nature of addiction, rather than evidence of an *addictive personality.* Since relapse as a consequence of using “secondary” drugs often takes longer than relapse to an individual's primary drug, it is more difficult for clients and significant others to see the connection between “secondary” drug use and relapse.

When clients continue drug use in spite of receiving education about the dangers, and in spite of learning the skills to refuse drugs and avoid or leave charged situations, the client could be seen as having a “partially resolved” addiction or “incomplete treatment.” This may occur because the client has terminated treatment prematurely, or has gone through an early phase of treatment such as medical detoxification without engaging in the real substance of treatment (gaining cognitive and behavioral skills for self-management of the addictive condition), or their treatment has not addressed the co-occurring psychiatric or medical problems which may have fueled the addiction.

In other words, addicted individuals who turn to other drugs or compulsive behaviors during and/or after treatment do so because of incomplete treatment or incomplete recovery, not because of an *addictive personality*.

Advantages of a Continued Belief in the *Addictive Personality*

There are few, if any, advantages of maintaining the idea of an *addictive personality*. While it might help people identify individuals who are struggling with an addiction, it creates confusion by associating those symptoms and behaviors with a nonexistent personality type; pathologizes when this may actually be inappropriate and even interfere with needed intervention planning, and may have far reaching implications and consequences for the targeted person's future. Why has this notion persisted over time in the face of such evidence to the contrary? Predicting addiction by isolating individuals with one psychological profile is a more seductive idea than acknowledging that anyone who uses excessive amounts of psychoactive drugs over time can become addicted. Believing that there is one personality type may reassure clinicians, family members and the general public-–perhaps it suggests that they could identify such individuals early and stop the

progression of addiction. Such a profile may also reassure those who do not fit that personality profile that they will not become addicted. However, the *addictive personality* concept has not helped us stop the progression of addiction, and if people who do not fit the profile feel reassured that they will not become addicted, it is a false assurance indeed.

Disadvantages of a Continued Belief in the *Addictive Personality*

This term is repeatedly conflated with preexisting genetic, social and biological factors that put people at risk for developing an addiction, the behavior change of individuals experiencing an active addiction, and the defensive maneuvers addicts adopt to protect their use of drugs which feels essential to their survival. Failure to make distinctions among these situations creates confusion and misunderstanding.

The notion of the *addictive personality* perpetuates the idea that there is an underlying intractable personality disorder, and if clients become clean and sober from their primary drug/s, they can be expected to pick up another drug (or destructive behavior such as compulsive overeating or compulsive gambling) because their *addictive personality* will lead them there. This flawed conceptualization casts individuals with addictive problems in the role of being, manipulative, unreliable, and unable to be helped. It reinforces the already powerful societal stigma attached to addiction. It is deficit-oriented and fatalistic in viewing addicts as being irreparably flawed. This can undermine the self-confidence and self-image of recovering individuals, causing them to question their psychological health and their ability to ever become fully well.

Further, the term encourages clinicians to seek out and treat a non-existent personality type. The idea of the *addictive personality* can make new clinicians (and seasoned ones) pessimistic about treatment. Mental health and social service providers will view clients as treatment-resistant, with personality traits that defy clinician intervention. In response, clinicians may become suspicious, wary and controlling, or passive and emotionally distancing in addressing AOD problems in their clients. Clinicians may resort to the ineffective aggressive and confrontational methods of the past, focused on breaking down supposedly rigid defenses and exposing the addictive personality.

Addictive Personality: Discredited Until Proven Otherwise

Perhaps the "politics of addiction" (e.g., the need to gain funding for treatment programs, the need to educate the public about this condition; the need to reassure some members of society that they are protected from this disease) require that the word *addiction* be associated with its causes. If this is the case, the causes should not be identified as individual personality profiles. Instead, given the powerful environmental, genetic, and biological influences on the development of addiction, it seems that we should refer to individuals as possibly having an "addictive genetic load," or growing up in an "addictive environment of poverty," or being part of an "addictive intergenerational family," or being absorbed into an "addictive college drinking culture," or an "addictive cocaine-dependent workplace."

The burden of proving there is an *addictive personality* rests in the hands of researchers. If such a phenomenon exists, researchers will need to generate a personality profile that not only predicts addiction in a population of people not yet affected by AOD use, but also persists through all stages of the addiction cycle—prior to the development of an addiction, during active addiction, during treatment, and during recovery. Researchers will need to conduct longitudinal studies with large samples using sophisticated statistical methods to tease out the relationships between personality and addiction manifestations and consequences. Such statistical methods must be capable of recognizing complex causal relationships and reciprocal associations. Such research will need to demonstrate that these traits (a) are rooted in personality, rather than the result of genetics, biology, environment or traumatic life events, (b) are not transient but persist over time, and (c) are uniquely characteristic of the *addictive personality*, and finally, that no other personality types also predict addiction. However, rather than invest resources in this research which must meet a very high if not impossible bar, a more feasible alternative is to drop the term and eradicate the concept altogether.

Declaration of interest

The author reports no conflicts of interest. The author alone is responsible for the content and writing of the article.

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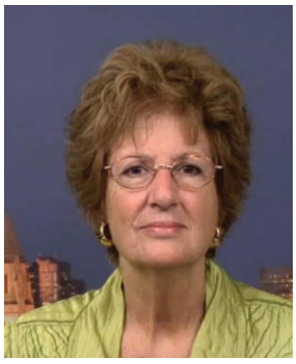

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