

Is There An Alcoholic (Addictive) Personality?: A Survey of the Research by Kevin J. Drab



Prior to the 1980s the concept of an Alcoholic or Addictive Personality was attractive to professionals and the public for explaining the development and maintenance of addiction. The theory argued for the existence of a cohesive constellation of traits and characteristics which were associated exclusively with addicted individuals. Individuals with an addictive personality would inevitably become dependent on drugs or something else because of these personality faults. Unless the addict obtained a healthy recovery which addressed these traits and characteristics, they could return to their original addictions, or develop new ones. Despite considerable evidence to the contrary, this theory remains popular among some professionals and the public.

SIDE NOTE: If you are interested in the general subject of personality definitely check out the mega-resource web site The Personality Project at

<http://www.personality-project.org/personality.html>

Although the idea that personality may be the primary or contributing cause of addiction is centuries old (with roots in the Moral Model), the formal concept of an Alcoholic Personality found its origins in psychoanalytic explanations for addiction which considered personality inadequacies as the cause of these problems (Leeds & Morgenstern, 1996). The addictive personality was described as escapist, impulsive, dependent, devious, manipulative, and self-centered. This model assumed the underlying personality pathology was due to developmental problems, and could possibly be corrected by psychotherapy -- ergo, alcoholism was not a disease but the symptom of an underlying problem. For example, Knight (1937) wrote: "Alcohol addiction is a symptom rather than a disease . . . There is always an underlying personality disorder evidenced by obvious maladjustments, neurotic character traits, emotional immaturity or infantilism" (p. 234). The original idea has been the source of numerous scholarly and popularized theories about the personality make-up of addicts.

One very influential example of an attempt to characterize alcoholics can be found in the pamphlet "King Baby" by Tom Cunningham (1986), still being sold by Hazelden, which has been used extensively in treatment programs up until the present. Cunningham based his pamphlet in Dr. Harry Tiebout's writings on the role an immature personality has in contributing to the development of alcoholism, and how Alcoholics Anonymous could address this problem through surrender and ego-reduction (see some of his key papers at <http://www.thejaywalker.com/pages/tiebout/> and a more critical paper from Agent Orange at <http://www.geocities.com/ageorange/orange-Tiebout.html>). Tiebout characterized alcoholics as egocentric, rebellious against restrictions, preoccupied with a search for pleasure, feeling entitled, feelings of omnipotence, inability to accept frustration, displaying a faulty logic and being markedly irresponsible and immature (Tiebout, 1942). He tended to see these characteristics as less the cause of addiction, and more as adaptations to the developing disease of alcoholism. Additionally, his approach, like AA's, was less concerned with etiology, than with common experiences and metaphors which would help an individual recover. Nonetheless, his conception of the alcoholic's personality had a profound influence on early treatment providers and how many people thought of and dealt with the stereotypical alcoholic.

Another, equally well-known and frequently espoused approach is that of Craig Naken's (1996) "The Addictive Personality," which offers one of the more elaborately descriptive variations on the idea of an addictive personality. Drawing on his and others' addictive experiences, object relations theory, learning theory, etc., he argues: "It needs to be made clear that the addictive personality I speak of gets created from the illness of addiction and represents a change resulting from the

addictive process that takes place within a person. This personality does not exist prior to the illness of addiction, nor does it represent a predisposition to addiction; rather, it emerges from the addictive process. In the same way that cancer or other long-term illnesses can alter one's personality, the illness of addiction can also affect an individual's life and personality." There is a certain intuitive appeal in his descriptions, particularly on the dynamics of an addict's relationship with an object or event to alter their mood, rituals, and the idea of "trance." If nothing else, his speculative model provides some useful metaphors and insights.

The possible existence of a distinct alcoholic personality attracted many investigators, and psychological tests were used extensively as it was believed such instruments had the capacity to simultaneously measure a broad range of personality structures and dynamics (Neuringer, 1982). Some researchers have continued to explore the possible relationship of personality traits to alcoholism (McGue, Slutske, Taylor, & Iacono, 1997); while others focus on the theory that the genetic diathesis for alcoholism is partially mediated by temperament or personality (e.g., Cloninger, 1987; Slutske, Heath, Madden, et al., 2002). Most of the studies assessing the personality characteristics of alcoholics were unable to identify a set of personality attributes unique to this population (Cox, 1985; Gaines & Connors, 1982). The few studies of other forms of drug abuse seem to have arrived at a similar conclusion (Johnson, Tobin, & Cellucci, 1992). Nathan's (1988) review of the literature on personality and addiction concluded that the only personality trait with any degree of predictive utility for the misuse of alcohol was a history of antisocial behavior. More than fifty years of research (Hester & Miller, 1995; Graham & Strenger, 1988; Vaillant, 1995) has failed to reveal a consistent "alcoholic personality." Miller (1995) observed: "Attempts to derive a set of alcoholic psychometric personality subtypes have yielded profiles similar to those found when sub typing a general population (e.g., Loberg & Miller, 1986). That is, alcoholics appear to be as variable in personality as are nonalcoholics" (p.90).

One plausible approach held that dysfunctional character traits develop in addicts as a result of the addiction, rather than the traits being a cause of the addiction. It has been suggested that as an individual's problems with their substance(s) worsen, they begin to develop maladaptive patterns of thought and behavior to cope with their difficulties, and that the further along they progress along the continuum of alcohol/drug-related problems the more they resemble other addicts resorting to similar coping strategies. While this makes intuitive sense, we must allow for the fact that cultural, psychological and circumstantial factors will play a strong role in the ways in which an individual deals with their problem, and thus, while there may be some strategies commonly used by individuals in such a dilemma, it would also seem that there would be too many individual differences to arrive at any coherent statement as to the common characteristics of all addicts (Miller & Rollnick, 1991). In discussing the lack of evidence for any distinctive personality types, Miller comments: "Studies of character defense mechanisms among alcoholics have yielded a similar picture. Denial and other defense mechanisms have been found to be no more or less frequent among alcoholics than among people in general [Chess, Neuringer, & Goldstein, 1971; Donovan, Rohsenow, Schau, & O'Leary, 1977; Skinner & Allen, 1983]" (p. 90). Stanton Peele has an interesting take on this subject in his "Personality and Alcoholism: Establishing the Link" at <http://www.peele.net/lib/personality.html>

Despite research to the contrary, the idea of some form of addictive personality remains popular and is often casually blended with the Disease Model. In fact many professionals and laypeople who are

attracted to some version of the addictive personality concept, are less concerned with the etiological issues involved, and are simply searching for a tool to help understand addictive behavior and identify what aspects of an individual's thinking and behavior needs to change in order to avoid relapse or the development of new addictions. Unfortunately, misconceptions about "addictive personality," "denial," and "surrender," were one of the justifications for using aggressive treatment strategies such as heavy confrontation and coercive interventions in treatment programs as an addict's thinking, perception, and judgment were considered to be seriously impaired (Miller & Rollnick, 1991). Thus far we have not found a scientific basis for a common personality type predisposed to alcoholism. There is also a lack of support for the idea that people with drug and alcohol problems display pathological lying, abnormal levels of self-deception, or high levels of resistance and noncompliance (Miller & Rollnick, 1991).

Even the contributions of drug caused cognitive impairments to "difficult behavior" remains unanswered <http://www.niaaa.nih.gov/publications/aa53.htm> In fact, issues such as avoidance, noncompliance and resistance to professional help are common in many populations (e.g., Butler, Rollnick, & Stott, 1996; Funnell & Anderson, 2000). Much of what has been singled out as examples of addictive traits can be accounted for by normal causes such as coping through avoidance, reacting to confrontation, not accepting the counselor's version of reality, or being in the precontemplation stage of change for any number of reasons (Miller & Rollnick, 2002).

Alcoholics appear to vary in personality as much as the normal population. However, despite all the evidence to the contrary, many front-line treatment workers continue to deal with addicted individuals in rigid, stereotypical ways, misinterpreting ("pathologizing") many normal reactions as proof of addictive traits. Rather than dwelling on outmoded interpretations and expectations about an addictive personality, the clinician would be more productive shifting her/his focus toward the explanatory/therapeutic value of cognitively-based approaches such as Gorski's "Addictive Thinking," (Gorski, 1989); Beck's "Addictive Beliefs," (Beck, Wright, Newman, & Liese, 1993); and Ellis' "Irrational Beliefs," (Ellis, McInerney, DiGiuseppe, & Yeager, 1988) -- all of which can comfortably accommodate AA's ideas on "stinking thinking" and "dry drunk." Additional therapeutic methods such as Motivational Interviewing, Solution-Focused Therapy, and Relapse Prevention Therapy (to name a few) provide effective tools in working with addiction problems, without requiring a broad brush type of personality model, which does more disservice than service to our clients.

Vaillant (1995) observed that many of the theories for the causes of alcoholism, which seem patently clear to any observer, turn out to be illusions when the experimental method critically examines these "obvious" etiologies. He makes the cogent observation: "Trying to specify the etiology of alcoholism is analogous to shooting a fish in the water. Because of the bending of light by water, the fish is never where it appears to be. We can only discover where the fish really is in the water by requiring the fish to remain stationary while we experiment. just as light passing through water confounds our perceptions, the illness of alcoholism profoundly distorts the individual's personality, his social stability, and his own recollection of relevant childhood variables. ... most etiological studies of alcoholism have ignored this distorting effect and not recognized the importance of the prospective design" (p. 46 and 48).

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