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Two Myths of Addiction: The Addictive Personality and the Issue of Free Choice

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This short review paper examines two aspects of addiction controversies: whether there is such an entity as an addictive personality, and the question of whether free choice is involved in substance use. The former is part of an argument with a long history, with the case for the existence of an addictive personality being put more often, particularly in the USA. The latter is a more recent development in the debate that raises important issues in the research on substance use and addition. It is concluded that there is no evidence for the existence of a personality type that is prone to addiction, and that free choice can be seen to be a part of substance use, i.e. the compulsion element is lacking.

KEY WORDS—addiction; addictive personality; alcohol; nicotine; smoking

INTRODUCTION

This paper looks at two aspects of the addiction debate: the existence or otherwise of a personality type which tends to become addicted (the 'addictive personality'); and the issue of free will and compulsion in substance use. The former is part of an argument with a long history, with the case for the existence of an addictive personality being put more often, particularly in the USA. The latter is a more recent development in the debate that raises important issues in the research on substance use and addiction.

THE ADDICTIVE PERSONALITY

> 'The best evidence is that no single underlying trait or unique constellation of personality features can be identified as predisposing to drug misuse'. The Royal College of Psychiatrists (1987, p. 43).

The term 'addictive personality' has been used mainly in two ways: (1) First to imply that there is a particular personality type, or structure of traits which causes an individual to become 'addicted'*. In the strong version of the argument there are claimed to be personality types that are predisposed to become addicted to specific types of thing, and even in some cases particular chemicals. (2) Second, to imply that certain personality configurations or traits are present only in addicted individuals or that they are present in a stronger or modified way compared to other people†.

A review of the literature leads, as Carroll (1978, p. 62) pointed out to the firm conclusion that there is '*no consistent support* for either meaning of the concept of an addictive personality' (his emphasis). This is not surprising. The same conclusion was arrived at some 50 years ago by Landis (1945). He found that there was no typical personality configuration associated with alcoholism. Heavy drinkers, he discovered, merely behaved differently to others.

Similarly Miller (1976, p. 657), in his extensive review of the personality of alcoholics, states (with

* The terms addict, addiction, addictive etc. are used here because they are the words employed in the literature. In fact there have been no useful scientific definitions of these words. Madden (1984, p. viii) in his preface to the first edition of *A Guide to Alcohol and Drug Dependence* notes that the foundation of Confucius' (K'ung Fu-Tze) philosophy was to 'rectify words'—'the proliferation of ideas, investigations and publications about alcohol and drug use has led to some confusion in the employment of words and concepts'. Indeed, this is so bad that as early as 1964, the World Health Organisation proposed that the term 'addiction' be abolished. Similarly there is substantial disagreement on what constitutes a person's personality and the theoretical structure behind the concepts of different viewpoints: witness the 'irreconcilable differences' between psychoanalysis and behaviourism.

† There is also the common implication of the term 'addictive personality' promulgated in popular works, mainly in the USA, on lifestyles and popular psychology, and referring, for example to people who are 'addicted to love' or women who are 'addicted' to abusive partners.

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tongue firmly in cheek), 'One could conclude from this research that the average alcoholic is a passive, overactive, inhibited, acting-out, withdrawn, gregarious psychopath with a conscience, defending against poor defences as a result of excessive and insufficient mothering'.

In a case of life imitating, a review of the literature shows the following to be personality features or types of drug and alcohol abusers: low self-esteem; marked sensitivity to expressions of approval or disapproval; high anxiety; low frustration tolerance; hedonism; helplessness; ineptitude; lack of friends; gregariousness; being loners; guilt; futility; depressiveness; dependence; demanding attention; immaturity; psychopathy, impulsiveness; shyness; aggression; nonaggression, softspokenness, verbally adept, pleasant, likeable, sociable, with an interest in the arts, especially music... the list continues to encompass, it seems, most of the personality features of the average person, and certainly of anyone with psychiatric difficulties (Sutherland *et al.*, 1950; Knight and Prout, 1951; Wikler and Rasor, 1953; Syme, 1957; Hill, 1962; Hill *et al.*, 1962a, b; Robins *et al.*, 1962; Jones, 1963, 1968; Freedman and Wilson, 1964; Glaser and O'Leary, 1966; Chein, 1967, 1969; Ellinwood, 1967; Lisansky, 1967; Glatt and Hills, 1968; Lisansky-Gomberg, 1968; Tomsovic, 1968; Golstein and Linden, 1969; Rosenberg, 1969a, b; McGrath, 1970; Mogar *et al.*, 1970; Berzins *et al.*, 1971; Boyd *et al.*, 1971; Lawlis and Rubin, 1971; Hobson, 1971; Whitelock *et al.*, 1971; Loper *et al.*, 1973; Skinner *et al.*, 1974, 1976; McLachlan, 1975; Nirvana, 1976; Nathan and Lansky, 1978).

Thornburg (1977) in her review, reached similar conclusions. She found no evidence for the existence of addictive personalities: 'there does not seem to be a personality type or set of characteristics which predictably fit either addicts or alcoholics' (Thornburg, 1977, p. 63). In fact she found considerable variability within the groups of addicts and alcoholics with which she worked, indicating a greater difference among alcoholics and addicts than between the two groups. Mayberg (1975, p. 23) in his review of over 150 studies on alcohol and amphetamine abuse concludes that '... there appears to be no specific personality type that predisposes an individual to abuse alcohol, nor a personality type that predisposes amphetamine use'.

There has been some consistency in some of the results from experiments with certain scales of the MMPI (a personality scale which looks particulary at psychopathology). The problem however is that the results could be caused by the substances being used rather than being an underlying feature of the user. Studies that have tested children's personalities and have then followed them up to see which of them became substance abusers (prospective studies) have not produced consistent findings.

There are considerable methodological flaws in this type of research. Prospective studies also do not take into account what happened in the children's lives after they were tested and before they became abusers. Importantly, of course, the MMPI contains items relating directly to substance use (particularly alcohol, e.g. item 215 'I have used alcohol excessively'). Because of this MacAndrew (1965) produced a modified scale (the AMac), but this did not solve the problem as the AMac scale includes items on hand shakiness, being in trouble with the police, vomiting blood and blackouts.

One of the more complete empirical studies, Rozin and Stoess (1993) posed the question: Is there a general tendency to become addicted? They studied 573 subjects, mainly college students and their parents. The researchers defined four major features as indicating addiction: craving, tolerance, withdrawal and loss (or lack) of control in relation to use of the substance. The subjects were asked to rate the extent to which each of these aspects were part of their behaviour in relation to 10 different items (substances and activities: hot chillies in food, tobacco, alcohol, cola drinks, tea, coffee, gambling, video games, chocolate and non-chocolate sweets). For each substance or activity a score was calculated by adding the scores of the four features. Rozin and Stoess then calculated correlations between the scores for each of the substances/activities. The results showed small positive correlations between most of the items (range 0–0·30) (correlations between the addiction scores for chocolate and non-chocolate sweets were higher, as might be expected). From these data the authors conclude that there is, at best a weak tendency for people to become addicted, and that there is little basis for the assumption of a general tendency to become addicted, thus casting doubt on the derivative notion of an addictive personality (Rozin and Stoess, 1993, p. 81).

If personality does not cause repeated use of a substance, what then does? The answer, as with so many of the questions about human behaviour is multiplex. The list of causative features probably does include personality e.g. emotional problems stemming from genetic and childhood influences,

but the difficulty in the useful elaboration of this concept lies in the determination of which of the emotional anomalies found in drug users preceded, and which were produced by the substance they used. It is also a strongly argued point whether personality can change over time, either due to genetic 'programming' or experience, or even on a day-to-day basis (the 'state–trait' argument). Most of the addictive personality arguments also rely on an outdated and unsophisticated view of personality that ignores more recent concepts such as locus-of-control, risk-taking and sensation-seeking.

Other factors which loom large in the aetiology of substance use include the following.

Environmental

(1) Value, real or supposed as medicament.
(2) Nutrition (alcohol, almost exclusively).
(3) Social*/ritual/religious.
(4) 'Utilitarian'—the production of pleasurable effects on the mind.

Constitutional

(1) Genetic make-up, heredity†.
(2) 'Personality' (see above).

Learning

(1) For example that nicotine, alcohol or something else can temporarily relieve stress, reduce fear, improve performance, provide pleasure, etc.
(2) Operant conditioning.
(3) Classical conditioning.

In conclusion, a careful reading of the literature indicates that the concept of an addictive personality cannot be supported.

FREE CHOICE IN SUBSTANCE USE: COMPULSION OR PLEASURE?

West (1995) argues that the central feature of addiction is compulsion or the inability to exercise free will or free choice. He states that addiction is characterized by: 'continuation of the behaviour despite a sincere desire to stop' and 'a significant deviation from the bounded rationality that underpins human decision making'. West claims that both of these apply to smoking and therefore that smoking is not an activity which results from free choice and so is addictive. The evidence for people continuing to smoke while professing a desire to stop is compelling, but the argument is flawed. Population surveys in the UK, as West correctly points out, consistently show that the majority of smokers say that they would like to quit, although they continue to smoke. For example, the 1992 General Household Survey in the UK reported that 67 per cent of those who smoked said that they would like to stop altogether.

It can be concluded from these data that people continue to smoke *while telling interviewers* (or completing questionnaires) that they would like to stop. It cannot be concluded that people continue to smoke *while actually wanting to stop*. This is because people often say to interviewers what they think they should say rather than what they really feel. Apart from the problem of respondents giving the 'expected' answer, surveys can mislead because what interviewees mean by their responses and what the interviewers think they mean are not always the same. Thus the simple statement 'it's cold in here' can mean 'it's cold in here' or 'please close the window' or 'you should have paid the heating bill'. Similarly a smoking interviewee may say 'I'd like to quit' but may mean 'I don't really want to stop, but I've seen all the anti-smoking advertisements and I know you think I should stop and I don't want to offend you'. This argument is more fully detailed by Davies (1992, and this volume).

West's second argument is that smoking deviates from the 'bounded rationality that characterizes free choice behaviour'. This is related to his first argument in that in essence it states that smokers continue to smoke while being aware that smoking is dangerous and that the risks outweigh the benefits. This argument relies on the assumption that human beings make rational choices in everything they do. This assumption is incorrect. People do not make careful considerations of the risks and benefits of everyday actions. Faced with a choice of going to the pub or staying home and watching television, they do not mentally list all the pros and cons of each alternative: they just think 'I'll go to the pub' or 'I'll watch TV'.

* In Bynner's (1969) study of over 5000 subjects, the most important variable in multivariate analysis of young smokers, was whether their friends smoked.
† But note that the change in Japanese alcohol consumption habits in the 20th century shows the overriding importance of societal factors.

Furthermore, if deviation from bounded rationality is a characteristic of addiction, then all dangerous activities in which human beings participate must be addictions: rock climbing, sky-diving, rugby, for example, and perhaps one of the most dangerous—driving on the road. On the bases of these flawed arguments, it cannot be concluded that smoking involves a failure to exercise free choice, and is therefore addictive. The same surely applies to other so-called addictions.

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