



The Addictive Personality

This Factsheet aims to give an overview of the theory of addictive personality. It will firstly explain the three parts of personality as identified by Eysenck, including their biological basis. This theory of personality will then be applied to the explanation of **addictive behaviour**. Finally, the theory will be evaluated. Words in bold are defined in the glossary and the worksheet allows the opportunity to practice what you have learned. The examiner expects you to:



What causes addiction?

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- Describe Eysenck's theory of personality.
- Apply this theory to explain the cause of **addiction**.
- Provide research evidence that both supports and contradicts this theory.
- Evaluate the theory as an explanation of addictive behaviour.

Exam Hint: Make sure to check the specification of the exam board you are studying to know exactly what you are required to know. For WJEC/Eduqas, the addictive personality is a suggested individual differences theory in the addiction topic. AQA requires that you learn about the risk factors for addiction, including personality. For the Health Psychology topic on the Edexcel specification, a biological theory of addictive behaviour is required (Eysenck's theory of personality is partly biological in nature).

A. Introduction

Addiction is a term that is used commonly in everyday conversation. People may say that they are "addicted" to a TV show, or state that they have a "coffee addiction". However, the clinical definition of addiction as a diagnosable condition requires a number of criteria to be met. In general terms, an addiction is when an individual feels compelled to consume a substance (e.g. alcohol, heroin, cannabis), or engage in an activity (e.g. gambling, video gaming), often involving a lack of self-control over the behaviour. The **DSM-5** has a number of criteria that must be met for a diagnosis of addiction to be given, including: taking the substance in larger and larger amounts, craving the substance, **withdrawal symptoms**, and **tolerance**.



Addictions can be substance based (e.g. alcohol) or behavioural (e.g. gambling)

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But what causes addiction? Many theories of addiction have been proposed; some of these theories place the blame on the environment, such as peer influences or upbringing. Other theories state that biological causes are to blame, such as genes or the neurotransmitter **dopamine**.

One theory of addiction (and one that has popular appeal outside of psychology) is that of the **addictive personality**. This theory states that some people have a personality type that predisposes them towards addictive behaviour. This personality is caused by differences in the biological make up of individuals. It has been argued that people with this personality type are prone towards addictive behaviour, and are more likely than people with other personality types to become addicted to a substance or behaviour.

Exam Hint: While it is worth being able to describe the key diagnostic criteria for addiction, you need to ensure that you read the exam question carefully. Do not waste your time describing the characteristics of addiction if the question is asking for an explanation of addiction instead.

B. Eysenck's theory of personality

Hans Eysenck (1964) proposed an influential theory of personality. This theory has been applied to explain a wide variety of behaviour, including addiction. Eysenck argues that personality is made up of three aspects; these are **extraversion**, **neuroticism** and **psychoticism**. Each of these aspects of personality can be seen as a scale, where an individual may score high or low.

Extraversion: People who score high in extraversion are outgoing, social and enjoy the company of others. People who score low in extraversion are **introverts** and are quieter, shyer and find socialising to be difficult or stressful.

Neuroticism: This refers to how emotionally unstable a person is. High scores in neuroticism are associated with excessive worrying, anxiety and depression. People who score low in neuroticism have emotional **stability**, meaning that they are able to better cope with stress and anxiety.

Psychoticism: People high in psychoticism are willing to break rules, and are less conforming to social norms. They can also be hostile, inconsiderate, reckless, impulsive and lack empathy. People low in psychoticism show **normality**, meaning that they are empathetic and more likely to follow social norms.



Eysenck argued that personality is made up of three parts

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Eysenck argues that our personality has its roots in biology, with the different aspects of personality being affected by the nervous system that we inherit:

- **Extraversion/introversion:** While introverts have inherited an over aroused nervous system that is highly sensitive to noise and stimulation, the nervous system of an extravert is under aroused, leading the individual to be sensation seeking.
- **Neuroticism/stability:** This is determined by the reactivity of the **sympathetic nervous system** (SNS). A highly reactive SNS will overreact to stimuli and cause the person to be quick to anger or fear, causing neuroticism. Stable people have a less reactive SNS.
- **Psychoticism/normality:** High levels of the hormone **testosterone** are related to high levels of psychoticism, with low levels related to stability.



People high in neuroticism tend to be more prone to stress and anxiety

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Personality is assessed through the use of the Eysenck Personality Questionnaire (EPQ). This is a list of 100 yes/no questions, each of which assesses one of the three aspects of personality. For example, the question “Are you a talkative person?” is assessing extraversion, while “Do you suffer from nerves?” is measuring neuroticism.

Exam Hint: You can find a full copy of the EPQ easily online. Have a go at completing it yourself. As you do so, evaluate how valid the test is. Did you have any issues answering the questions? Were any of the questions ambiguous? These issues could be used to evaluate the EPQ, and therefore Eysenck’s entire theory.

C. Eysenck’s theory of personality applied to addiction

Eysenck (1997) proposed that some people were more vulnerable to addiction due to their personality. He argued that people who have a particular type of personality seek out addiction as a way of coping with a need that is driven by their personality. This “addictive personality” is characterised by high levels of psychoticism and neuroticism.

1. Psychoticism and impulsivity

One of the key characteristics of high levels of psychoticism is **impulsivity**. Impulsive people may act before thinking, and tend not to think about the long-term consequences of their actions. This means that such people may engage in risky behaviour (such as drug taking), without taking into account the negative effects that such behaviour may have. This link between psychoticism and addiction is backed up by research. De Wit (2009) found that impulsiveness was a cause of addiction. However, it was also an effect of addiction. If impulsivity causes addiction, and then addiction makes an addict more impulsive, this will create a feedback loop, worsening the addiction. Stevens et al (2014) found that high levels of impulsivity tend to lower the success rate for addicts receiving treatment. Those who are impulsive were more likely to drop out of rehab, and less likely to stay abstinent.

2. Neuroticism and self-medication

High levels of neuroticism are linked to moodiness, depression and high anxiety. Eysenck argued that people high in neuroticism would therefore engage in addictive behaviours as a way of escaping their problems. Research from Mehroof and Griffiths (2010) for example found that online gaming addicts scored significantly higher on neuroticism. It could be argued that gaming, much like substance addictions (alcohol or drugs), are being used to help the individual escape the problems caused by their neuroticism. Sinha (2001) found that stress (another trait associated with neuroticism) not only played a role in the initiation of an addiction, but also made relapse more likely.



Those high in psychoticism may be impulsive and act without thinking of the consequences

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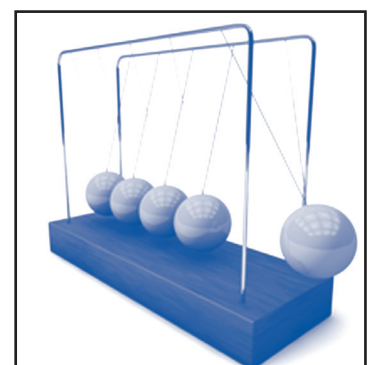
Other studies have supported the link between high levels of neuroticism and psychoticism and addiction. Francis (1996) found high levels of psychoticism and neuroticism in people addicted to nicotine, alcohol, heroin and benzodiazepines. Sahasi (1990) similarly found high levels of psychoticism and neuroticism in a sample of Indian heroin addicts.

Exam Hint: It is not enough just to state that high neuroticism and high psychoticism are linked with addiction. You need to be able to explain how these personality traits lead a person to engage in addictive behaviour.

It is worth noting that Eysenck argued that extraversion has little impact on the likelihood of addiction, and was therefore not important to the theory of the “addictive personality”. This is supported by research suggesting that there is no significant relationship between scores of extraversion and addictive behaviour (Francis, 1996).

D. Evaluation

A large problem with this theory is that it is almost impossible to assign a causal relationship. Much of the research has been **correlational**, meaning that while we might find that personality types are related to addiction, we cannot be certain what has caused what. Perhaps, as Eysenck suggests, it is the personality that has led to the addiction. However, it is plausible that becoming addicted to a substance or behaviour may result in changes to personality, leading an individual to become more impulsive or neurotic. There may also be an underlying cause for both addiction and personality. Perhaps a traumatic event may lead to a neurotic personality, and the same traumatic event may lead to addiction later in life.



Assigning a causal relationship is always difficult when the research is correlational.

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One study that may be able to shed some light on the issue of cause and effect is Cuomo (2009). He conducted **semi-structured interviews** on prisoners both with and without substance abuse problems. As suggested by Eysenck, those with substance abuse problems were more likely to have high levels of psychoticism and neuroticism. However, they were also more likely to have suffered childhood trauma. This suggests that the argument that personality alone leads to addiction is most likely an over simplification.

Another issue is that the theory could be argued to be **reductionist**, as there are other factors that seem to be related to addiction besides personality. Kubička et al (2001) conducted a 24-year study in the Czech Republic and found that while neuroticism did seem to be linked with addiction, other traits had an effect. Lower IQ was a strong predictor for smoking, and gender also had a strong influence on some addictions. Again, it suggests that there is more to addiction than just personality type.

One factor that is overlooked by this theory is mental illness. Addiction is highly **comorbid** with a number of mental illnesses, for example **antisocial personality disorder**. This condition is rare in the general population, yet around 40-50% of substance abusers meet the criteria for a diagnosis. Perhaps the high levels of psychoticism and neuroticism are caused by the underlying mental illness, and it is this illness which causes the addiction.

Methodologically, there are many issues with research into addiction in general, and specifically with studies into personality. Many studies have used animal models and applied their results to humans, for example Dalley et al (2007) found a relationship between cocaine addiction and impulsivity in rats.

Generalising from animals to humans may not be valid; humans are capable of much more complex behaviour and thoughts than animals, and it may not be appropriate to assume that addiction develops in the same way as in animals.

However, studies involving human participants are not without their issues. Many studies rely on **self-report data**, often through interviews or questionnaires. This poses several issues that may lower the validity of the data collected; addiction is a socially unacceptable behaviour, so addicts may not be truthful when answering questions, as they wish to present themselves in a positive light (**social desirability bias**). They may also lack the insight into their own behaviour to answer truthfully; for example, if asked about how many units of alcohol they drink per week, most people tend to underestimate.

Some have argued that Eysenck's entire theory of personality is fundamentally flawed. The personality test (EPQ) that assesses personality could be argued to have a social desirability bias. For example, an individual may want to answer "yes" to the question "Are your feelings easily hurt?" but because this is a socially unacceptable answer, the person answers "no" instead, lowering the validity of

the data. Eysenck's theory may also be flawed as it assumes that personality is stable over time. However, it could be argued that this is not true, and that personality changes throughout our lives. Whether this would be related to changes in addictive behaviour is unclear. Furthermore, it could also be argued that personality changes day to day, and is dependent upon several factors such as mood, what company we find ourselves in, and the events that we experience. If personality is fluctuating and unstable, can it be reliably used as a predictor of addiction?

Another issue with this theory of addiction is that it cannot be applied equally to all individuals. There are many addicts who do not have the characteristics of the addictive personality; how do we explain addiction in these individuals? Likewise, there are people with the characteristics of the addictive personality, who do not develop an addiction. Eysenck's theory struggles to explain this. On the other hand, this theory can explain why not everyone who engages in potentially addictive behaviour, or who takes addictive substances, does not develop an addiction. Some people can smoke, drink and take drugs and can stop whenever they choose, while others develop an addiction. Perhaps the difference between these two groups is due to personality; those who become addicted possess the characteristics of the addictive personality, while those who do not have a different personality type.

Like other theories of addiction, the theory of the addictive personality poses some ethical questions. For example, if it was found that an individual possessed the addictive personality, yet had not developed an addiction, what could be done with this information? On the one hand, this information could be useful in developing measures to prevent addiction in those who possess a vulnerability. On the other hand, if a person knows that they possess an addictive personality, they may feel that they have no free will over their behaviour, and so develop an addiction in a self-fulfilling prophesy.

As personality is something that an individual has little control over, there is the issue of **determinism**. An addict who has been diagnosed with an addictive personality may feel that they have no control over their addiction. On the one hand, this could be beneficial. Addiction would then be seen as a mental disorder that needs treating, rather than as a crime that requires punishment. Addicts may be more likely to seek help for their addiction, and courts more likely to refer addicts to rehab than to prison. However, this view could also be damaging. If an addict believes that their addiction is caused by forces beyond their control (their personality) they may feel powerless, and unable to make the changes necessary to beat their addiction.

A final issue is that this theory has limited scope for treatment. Personality cannot be easily modified in therapy. However, it could be argued that gaining an understanding of the personality type of an addict may give scope for personalising the treatment given; for example, the type of cognitive skills training may be tailored towards an individual who shows high levels of impulsive behaviour.



Self report data, such as interviews, have a number of validity issues

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An addict may feel that they have no control over their behaviour

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Exam Hint: While not a perfect theory, Eysenck's theory of the addictive personality does have some strengths. It is important that if asked to evaluate the theory, you include both strengths and weaknesses. It is easy to fall into the trap of only giving weaknesses, leading to an uneven evaluation.

Exam Hint: The diathesis-stress model can be applied to a wide range of psychological behaviours. It is also an excellent way to conclude an essay, as if you have criticised a theory for being reductionist, the diathesis-stress model is able to resolve this issue by bringing together biological and environmental explanations.

E. Conclusion

In conclusion, while it seems likely that the personality traits of psychoticism (in particular impulsiveness) and neuroticism are correlated to addiction, it seems unlikely that personality is the sole cause of addictive behaviour. However, perhaps the truth is a combination of factors. The **diathesis-stress model** argues that mental illness is caused by a biological predisposition towards a disorder (the diathesis) combined with an environmental stressor (the stress). An individual will not develop a disorder unless they have both the predisposition, and the environmental trigger. Therefore, with addiction, the diathesis may be the personality type, and the stress may be a negative life event such as divorce or becoming unemployed. The stress may even be experimenting with an addictive substance. This expansion on the theory may be able to explain why not all people with the traits of the addictive personality develop an addiction (diathesis but not stress) or why people who experience life stressors, or who engage in addictive behaviour do not develop an addiction (stress but no diathesis).



The addictive personality may not be enough to explain addiction – an environmental trigger may also be necessary

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GLOSSARY

Addiction/Addictive behaviour:	Behaviour characterised by the compulsive abuse of substances or by compulsively engaging in a particular behaviour.
Addictive personality:	A personality type including high levels of neuroticism and psychoticism, more likely leading to addictive behaviour.
Antisocial personality disorder:	A disorder in which a person has a long-term pattern of manipulating, exploiting, or violating the rights of others.
Comorbidity:	When two illnesses occur at the same time in a person.
Correlation:	A relationship between two or more variables.
Determinism:	The notion that human behaviour is beyond the control of the individual. The opposite of free will.
Diathesis-stress model:	When a biological predisposition is triggered by an environmental stressor.
Dopamine:	A neurotransmitter (brain chemical). It has a number of functions, including the reward and pleasure centres of the brain.
DSM-5:	The Diagnostic and Statistical Manual of Mental Illness, Version 5. Used by professionals to diagnose mental illness.
Extraversion:	A personality type characterised by sociability and outgoingness.
Impulsivity:	Acting quickly without thinking of the consequences.
Introvert:	A personality type characterised by disliking social situations and shyness.
Neuroticism:	A personality type characterised by high levels of stress and anxiety.
Normality:	A personality type characterised by the ability to feel empathy, and an acceptance of social norms.
Tolerance:	A need to take more of a substance to achieve the same effect (happening over time during an addiction).
Psychoticism:	A personality type characterised by recklessness, impulsivity and a lack of empathy.
Reductionist:	Breaking down complex human behaviour into smaller, easier to understand components.
Self-report data:	Data relying on the participant reporting their thoughts, feelings and opinions (often during interviews and questionnaires).
Semi-structured interview:	A psychological interview where the interviewer may deviate from a set of questions to ask follow-up questions.
Social desirability bias:	When participants give a response to questions in a manner that will be viewed favourably by others, rather than the truth.
Stability:	A personality type characterised by low levels of stress and anxiety.
Sympathetic nervous system:	A part of the nervous system that serves to accelerate the heart rate, constrict blood vessels, and raise blood pressure.
Testosterone:	A naturally occurring hormone that is produced in the testicles, and to a lesser extent in the ovaries and the adrenal cortex.
Withdrawal symptoms:	The unpleasant physical reaction that accompanies the process of ceasing to take an addictive drug.

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Worksheet: The Addictive Personality

Name: _____

1. Describe the three parts of personality identified by Eysenck. For each one, describe its basis in human biology.

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2. What are the key characteristics of the addictive personality? How does Eysenck argue that these personality traits lead to addiction?

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3. Jane has always been a nervous person. She recently was made redundant and now is suffering from a high level of anxiety, as she worries constantly about how to pay her rent. She has few close relationships, as she struggles to hold down friendships due to her lack of empathy for others. She has started drinking more and more each week. Last week, she decided on a whim to try cocaine, a decision she now regrets. From this description of Jane, what characteristics of the addictive personality can you identify?

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4. “A big problem with the theory of the addictive personality is that while the research may have found a relationship between personality and addiction, it tells us nothing about cause and effect.” With reference to research findings, explain why this may be a valid criticism. Explain one ethical issue that the theory of the addictive personality might present.

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