

## Addiction and Personality

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Submitted: 20 Oct 2023

Accepted: 27 Oct 2023

Published: 03 Nov 2023

**Citation:** Sam Vaknin, *Addiction and Personality*, Review article, *Journal of Neurology and Psychiatry Research* (2023), 1(1)

### Abstract

*A voluminous literature notwithstanding, there is little convincing empirical research about the correlation between personality traits and addictive behaviors. Substance abuse and dependence (alcoholism, drug addiction) is only one form of recurrent and self-defeating pattern of misconduct. People are addicted to all kinds of things: gambling, shopping, the Internet, reckless and life-endangering pursuits. Adrenaline junkies abound.*

### Paper

Addicts are slaves to their addictions? No such thing as an addictive personality in my new theory of addictions and addictive behaviors.

Addictions are the natural state, the baseline. We start off by getting addicted (to mother, her milk) and continue to develop addictions throughout life (habits, love, automatic thoughts, obsessions, compulsions). Addictions are powerful organizing and explanatory principles which endow life with meaning, purpose, and direction. Addictions provide boundaries, rituals, timetables, and order.

Addictions are ways to regulate emotions and modulate interpersonal relationships and communication. Addictions are the exoskeleton and scaffolding of life itself: our brain is programmed to constantly get addicted. A high is the desired permanent outcome. Addictive states must serve some evolutionary purpose and are therefore beneficial adaptations, not maladaptations.

In the process of socialization we internalize inhibitions and introjects ("superego") against certain addictions so as to render us functional and useful in human communities and environments. Other addictions - mediated via institutions such as church and family - are encouraged for the same reasons. Non-conforming and defiant addicts are conditioned to self-destruct and to defeat and loathe themselves.

Addictions are individual, their proscription and inhibition social. No wonder that they are associated in clinical and abnormal psychology with antisocial or even psychopathic and sociopathic traits, behaviors, and personalities.

Addictions, post-traumatic behaviors, and pathological narcissism are strongly correlated: narcissism is a reaction to childhood trauma and abuse and PTSD (Post-traumatic stress disorder) leads to lifelong substance abuse. Indeed, CPTSD (Complex PTSD) is indistinguishable from Cluster B personality disorders with a dominant dimension of narcissism (such as Borderline).

Narcissism is an addiction (to narcissistic supply). All three mental health issues resemble dissociative identity disorder (formerly: Multiple Personality Disorder). In all three cases a personoid (personality-like) mental construct or structure takes over the Self: The Addictive Personality, Post-traumatic Personality, and the False Self (in narcissistic disorders), respectively. When the trauma threshold is crossed - when the person is exposed to a number of triggers simultaneously - all three are expressed and feed on each other.

The usurping personoid construct is dissimilar in some important respects to the person's "normal" personality: it is devoid of inhibitions, lacks empathy, sports little to no impulse control, is unable to delay gratification, engages in dichotomous thinking (splitting or idealization-devaluation), has poor judgment of future consequences (reckless), and is infantile and aggressive.

Traumas can be habit-forming and constitute the core of a

comfort zone. Trauma victims often engage in variations on the same set of self-defeating, self-destructive, and reckless behaviors because they seek to re-traumatize themselves in order to reduce anticipatory anxiety.

Traumas fulfil important psychological functions and may become addictive as the victim gets habituated to intermittent reinforcement, operant conditioning, and abusive misconduct ("trauma bonding" and "Stockholm syndrome"). One of the most critical functions of traumas is to help make sense of the world by perpetuating a victim role. Traumas are powerful organizing and hermeneutic (interpretative,exegetic)principles.

Regrettably, treatment modalities (psychotherapies) for PTSD (Post-traumatic stress disorder) and CPTSD (Complex PTSD) focus on behavior modification and prophylaxis (prevention). They rarely if ever deal with the aetiology of the trauma or with its compulsive and adaptive aspects and dimensions: the trauma's survival value.

Trauma victims are taught how to avoid triggers and to refrain from certain types of decisions, choices, and attendant conduct. But they are rarely forced to confront and exorcise the demons of trauma, the ghost in the machinery of pain, bewilderment, disorientation, and a labile sense of self-worth that give rise to the horrible tragedies that keep unfolding and recurring in these patients' lives. According to my new theory of addiction, addictive behaviors are the normal state, underpinned by vast dedicated structures in the brain. Addictions are positive, advantageous, and self-efficacious evolutionary adaptations whose role is to resolve several types of dissonances.

Like every other healthy mental process, things can go awry, though. When carried to extreme, addictive routines become self-destructive and self-defeating. They coalesce and interact with other maladaptive traits and behaviors, such as grandiosity, defiance, rage, depression, delusions, and anxiety.

The way we treat addiction is all wrong. No wonder that the rates of relapse and recidivism are sky high and that recovery is thus rendered a lifelong endeavor. One addiction often replaces another.

The correct way to treat addiction is to encourage the addict to adopt a healthy, disciplined, goal-focused, self-nurturing variant of his or her addiction. There is no point in trying to eradicate the addiction: it fulfills too many important psychodynamic roles too well. Instead, the addict should learn how to control, manage, and regulate his behavioral patterns and his dependency.

An alcoholic, for example, should be taught and trained how to drink responsibly - not how to abstain and go sober altogether. A narcissist should be coached to extract narcissistic supply from his sources without harming and traumatizing them. Shopaholics and gamblers should institute reinforcements and reward themselves for perspicacious money management. Workaholics should merge life and work seamlessly.

There is no shred of evidence that any addiction is a chronic disease. Natural selection would have long eliminated addictions if they did not play a positive role in the survival of the species. Time to begin to accept addictions as powerful therapeutic tools - not as demonic entities to be vitiated.

The addict seeks to alter his perception of reality. Addictions are both intersubjective theories of mind and of the world. Many addictions come replete with or in the context of ideologies. Addictions spawn subcultures and provide social milieus.

A voluminous literature notwithstanding, there is little convincing empirical research about the correlation between personality traits and addictive behaviors. Substance abuse and dependence (alcoholism, drug addiction) is only one form of recurrent and self-defeating pattern of misconduct. People are addicted to all kinds of things: gambling, shopping, the Internet, reckless and life-endangering pursuits. Adrenaline junkies abound.

The connection between chronic anxiety, pathological narcissism, depression, obsessive-compulsive traits and alcoholism and drug abuse is well established and common in clinical practice. But not all narcissists, compulsives, depressives, and anxious people turn to the bottle or the needle. Frequent claims of finding a gene complex responsible for alcoholism have been consistently cast in doubt.

In 1993, Berman and Noble suggested that addictive and reckless behaviors are mere emergent phenomena and may be linked to other, more fundamental traits, such as novelty seeking or risk taking. Psychopaths (patients with antisocial personality disorder) have both qualities in ample quantities. We would expect them, therefore, to heavily abuse alcohol and drugs. Indeed, as Lewis and Bucholz convincingly demonstrated in 1991, they do. Still, only a negligible minority of alcoholics and drug addicts are psychopaths.

### **Substance Abuse and Narcissism**

Pathological narcissism is an addiction to Narcissistic Supply, the narcissist's drug of choice. It is, therefore, not surprising

that other addictive and reckless behaviours – workaholism, alcoholism, drug abuse, pathological gambling, compulsory shopping, or reckless driving – piggyback on this primary dependence.

The narcissist – like other types of addicts – derives pleasure from these exploits. But they also sustain and enhance his grandiose fantasies as "unique", "superior", "entitled", and "chosen". They place him above the laws and pressures of the mundane and away from the humiliating and sobering demands of reality. They render him the centre of attention – but also place him in "splendid isolation" from the madding and inferior crowd.

Such compulsory and wild pursuits provide a psychological exoskeleton. They are a substitute to quotidian existence. They afford the narcissist with an agenda, with timetables, goals, and faux achievements. The narcissist – the adrenaline junkie – feels that he is in control, alert, excited, and vital. He does not regard his condition as dependence. The narcissist firmly believes that he is in charge of his addiction, that he can quit at will and on short notice.

The narcissist denies his cravings for fear of "losing face" and subverting the flawless, perfect, immaculate, and omnipotent image he projects. When caught red handed, the narcissist underestimates, rationalises, or intellectualises his addictive and reckless behaviours – converting them into an integral part of his grandiose and fantastic False Self.

Thus, a drug abusing narcissist may claim to be conducting first hand research for the benefit of humanity – or that his substance abuse results in enhanced creativity and productivity. The dependence of some narcissists becomes a way of life: busy corporate executives, race car drivers, or professional gamblers come to mind.

The narcissist's addictive behaviours take his mind off his inherent limitations, inevitable failures, painful and much-feared rejections, and the Grandiosity Gap – the abyss between the image he projects (the False Self) and the injurious truth. They relieve his anxiety and resolve the tension between his unrealistic expectations and inflated self-image – and his incommensurate achievements, position, status, recognition, intelligence, wealth, and physique.

Thus, there is no point in treating the dependence and recklessness of the narcissist without first treating the underlying personality disorder. The narcissist's addictions serve deeply

ingrained emotional needs. They intermesh seamlessly with the pathological structure of his disorganised personality, with his character faults, and primitive defence mechanisms.

Techniques such as "12 steps" may prove more efficacious in treating the narcissist's grandiosity, rigidity, sense of entitlement, exploitativeness, and lack of empathy. This is because – as opposed to traditional treatment modalities – the emphasis is on tackling the narcissist's psychological makeup, rather than on behaviour modification.

The narcissist's overwhelming need to feel omnipotent and superior can be co-opted in the therapeutic process. Overcoming an addictive behaviour can be – truthfully – presented by the therapist as a rare and impressive feat, worthy of the narcissist's unique mettle.

Narcissists fall for these transparent pitches surprisingly often. But this approach can backfire. Should the narcissist relapse – an almost certain occurrence – he will feel ashamed to admit his fallibility, need for emotional sustenance, and impotence. He is likely to avoid treatment altogether and convince himself that now, having succeeded once to get rid of his addiction, he is self-sufficient and omniscient.

## Addiction and Narcissism as Organizing Principles

In our attempt to decipher the human psyche (in itself a mere construct, not an ontological entity),

### We Have Come Up with Two Answers

- That behaviors, moods, emotions, and cognitions are wholly reducible to biochemical reactions and neural pathways in the brain. This medicalization of what it is to be human is inevitably hotly contested.
- That behaviors, moods, emotions, and cognitions can be explained and predicted by the introduction of "scientific" theories based on primary concepts. Psychoanalysis is an early - and now widely disregarded - example of such an approach to human affairs.

The concepts of "addiction" and "(pathological) narcissism" were introduced to account for oft-recurring amalgams of behaviors, moods, emotions, and cognitions. Both are organizing, exegetic principles with some predictive powers. Both hark back to Calvinist and Puritan strands of Protestantism where excess and compulsion (inner demons) were important topics.

Yet, though clearly umbilically connected, as I have demonstrated

elsewhere, addictive behaviors and narcissistic defenses also differ in critical ways.

When addicts engage in addictive behaviors, they seek to change their perception of their environment. As the alcoholic Inspector Morse says, once he had consumed his single Malts, "the world looks a happier place". Drugs make the things look varicolored, brighter, more hopeful, and fun-filled.

In contrast, the narcissist needs narcissistic supply to regulate his inner universe. Narcissists care little about the world out there, except as an ensemble of potential and actual sources of narcissistic supply. The narcissist's drug of choice - attention - is geared to sustain his grandiose fantasies and senses of omnipotence and omniscience.

Classical addiction - to drugs, alcohol, gambling, or to other compulsive behaviors - provides the addict with an exoskeleton: boundaries, rituals, timetables, and order in an otherwise chaotically disintegrating universe.

### Not So for The Narcissist

Admittedly, like the addict's search for gratification, the narcissist's pursuit of narcissistic supply is frenetic and compulsive and ever-present. Yet, unlike the addict's, it is not structured, rigid, or ritualistic. On the contrary, it is flexible and inventive. Narcissism, in other words, is an adaptive behavior, albeit one that has outlived its usefulness. Addiction is merely self-destructive and has no adaptive value or reason.

Finally, at heart, all addicts are self-destructive, self-defeating, self-loathing, and even suicidal. In other words: addicts are predominantly masochists. Narcissists, in contrast, are sadists and paranoids. They lapse into masochism only when their narcissistic supply runs hopelessly dry.

The narcissist's masochism is aimed at restoring his sense of (moral) superiority (as a self-sacrificial victim) and to prod him into a renewed effort to reassert himself and hunt for new sources of narcissistic supply.

Thus, while the addict's brand of masochism is nihilistic and suicidal - the narcissist's masochism is about self-preservation.

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