Addiction Revision

What is Addiction?

Models of Addictive Behaviour:
- Biological Model
- Cognitive Model
- Learning Model

Factors Affecting Addictive Behaviour (Vulnerability Factors):
- Peers
- Stress
- Age
- Personality
- Media

Reducing Addictive Behaviour (Interventions/Treatments)
- Theory of Planned Behaviour (TPB)
- Drugs
- Aversion Therapy
- Covert Sensitisation
- Contingency Management
- Cognitive Behavioural Therapy
- Public Health Interventions
Models of Addictive Behaviour

Biological Model of Addiction

The biological model sees addiction as a physiologically controlled pattern of behaviour.

1) Genetics – runs in the family
2) Neurobiological – dopamine release which gives us the feeling of pleasure
3) Neuroadaptation – changes in brain chemistry
4) Brain Abnormalities

Genetics

Stefansson (2014):

- Genetic marker makes you continue to smoke and not give up initiation has already taken place.

Evaluation

Self fulfilling prophecy.

Unethical as it gives people an excuse for addiction.

Reductionist – other factors that contribute, e.g. Socio learning theory, family and friends influence.

Practical applications – people with this genetic marker should divert from/avoid smoking in first place since they are more vulnerable.

Scientific evidence from chromosome markers – objective.

Shields (1962):

- Investigated heritability of alcohol dependence in 42 twin pairs who had been reared apart, finding only 9 pairs were disconcordant, meaning addiction could be down to genes.

Evaluation

Still 20% that didn’t concord – can’t apply to all twins otherwise it would have been a 100% concordance rate, must also be other factors.

Twins used – low population validity.

Kendler (1999):

- Found that heritability of nicotine dependence has been estimated at between 60-70%, meaning that nicotine dependence is down to genes.

Evaluation
Successful treatments such as CBT and aversion therapy which indicate a learning component. However, these treatments are only usually short term, suggesting that symptoms are addressed by not underlying cause.

Ethics – often addicts cannot give informed consent (mental health institution) and there may be potential harm to p’s talking about their addiction.

Reductionist as it fails to take biological factors into account such as neurobiology and genetics. This makes it an incomplete model – a more comprehensive model would take into account biological model, cognitive model, and the learning model.
Personality

- Defective personality characteristics precede addiction.
- Neurotic and psychopathic personality types are more vulnerable to addiction, due to the attraction of substance abuse in helping to escape the everyday stressors of life that didn’t bother if psychologically fit.
- Personality predisposes certain individuals to vulnerability, through the concept of a distinct addictive personality type has not been supported.
- Common traits include:
  - Not recognising achievement
  - Desire for immediate gratification
  - High levels of reported stress

Chein et al (1964):
- Found that low self-esteem, learned incompetence, passivity, negative outlook, and a background of dependent relationships characterised ghetto adolescent addicts
- Suggesting that individuals with personalities tending towards a negative outlook on life are more vulnerable to addiction.

Gossop and Eysenck (1980):
- Administered Eysenck Personality Questionnaire to 221 addicts and 310 non-addicts.
- Found that a lot of personality items differed between the 2 groups.
- An addiction scale (A-scale) was constructed from the 22 items on which the groups differed most, most of these being drawn from the neuroticism (N) scale and associated with anxiety and depression.
- This suggests that N is related to vulnerability to addiction, though the neurotic component was found to play a lesser role in differentiating between female addicts and non-addicts.

Eysenck’s Psychological Resource Model:
- Dependencies arise as addictive behaviours fulfil needs related to personality types.
- Individuals with high levels of neuroticism (characterised by moodiness, irritability, anger and increased anxiety), psychoticism (characterised by aggression emotional coldness-impulsivity) are seen as more vulnerable to addiction.

Evaluation

Questionnaires – lies, demand characteristics and subjectivity, unreliable results but large sample so generalizable.

Idea of addictive personality supported by idea that addicts become dependent on other things. E.g. drugs then alcohol. May not be as harmful, e.g. running or religion. Equally strong compulsions.

Cause and effect issues – personality = addiction, or addiction = personality?

Reductionist since EVs aren’t considered such as individual differences and environmental issues such as family and media – more complex than first thought.