

# PERSONALITY TYPOLOGY IN ALCOHOL DEPENDENCY

Zehra ARIKAN, M.D., Aslı ÇEPİK, M.D., Erdal IŞIK, M.D., Hümevra PINAR\*, M.D.

Gazi University, Faculty of Medicine, Department of Psychiatry and  
Psychic Health Dispensary\*, Ankara, Turkey  
Gazi Medical Journal 4 : 191-195, 1993

**SUMMARY :** *We studied 50 consecutive patients, diagnosed as having alcohol dependence according to DSM-III-R diagnostic criteria admitted to the Alcohol Clinic of the Psychiatry Department of Gazi University Faculty of Medicine. Between eighth and tenth days of their admission, after the withdrawal symptoms subsided, the patients were given a research form made up of 22 questions corresponding to Cloninger typology. The outcome of our questionnaire was in agreement with Cloninger hypothesis regarding personality traits and family history but disagreed in certain aspects such as spontaneous alcohol seeking behavior and fighting and arrest when drunk. We conclude that neither type I nor type II alcoholism are absolutely diagnostic clinical subtypes, instead they represent the opposite ends of the alcoholism spectrum.*

**Key Words :** *Alcoholism, Subtyping, Personality Traits.*

## INTRODUCTION

The complexity of etiological factors, clinical course and therapeutic approach in alcoholism has led to a number of studies in this area. Some of these studies provide a better understanding of the pathophysiological basis of alcoholism (2, 3, 4, 10, 12, 13). Taking personality profiles, age of onset, genetic vulnerability and alcohol related problems in to consideration, Cloninger and colleagues have proposed a model with two different types of alcoholism (3).

Type I alcoholism is characterized by late onset passive-dependent personality traits (PDPT), more frequent psychological dependence and guilt about dependency, but less genetic vulnerability. On the other hand, type II alcoholism is characterized by early onset antisocial personality traits (ASPT), less psychological dependence and guilt, but more

genetic vulnerability (3).

This theory has additionally been tested by Schuckit and Irwin. They concluded that Cloninger's theory is partly adaptable and that type II alcoholism is also heterogeneous and a subtype of type II alcoholism shows antisocial personality traits (12). Some other researchers say that a comorbidity between axis II disorders and substance abuse exists (9). In this study we looked for Cloninger typology in a group of alcoholics treated in our clinic.

## MATERIALS AND METHODS

The study was performed on 50 consecutive patients admitted to the Alcohol inpatient unit of the Psychiatry Department of Gazi University Faculty of Medicine. On admission, patients were examined separately by two psychiatrists and the ones with additional psychiatric disorders were exclu-

ded. Eight to ten days following their admission, after the withdrawal period, the patients were given a research form made up of 22 questions based on Cloninger typology (Table 1).

## RESULTS

Demographic features of the patients are given in table 2. 76 % of the patients were between 25-45 years of age, 70 % of the patients were married. In our sample, the distribution in regard to professions was almost homogenous, the least proportion being the unemployed group (14 %). 96 % of the patients are religious. This group includes both the ones who believe and practices and who believe but does not practice at all.

88 % of the patients gave a history of daytime drinking and 84 % of patients consumed at least 35 cl of alcohol a day. In 26 % of the patients, we obtained a history of fighting and arrest when drunk. Respectively, 42 % and 12 % of the cases gave a his-

tory of alcoholism in first and second degree relatives (Table 3).

The patients with no genetic vulnerability showed more spontaneous alcohol-seeking behavior or fight and arrest when drunk compared to patients with high genetic vulnerability (Table 4). 75 % of the patients with antisocial personality traits had a genetic loading, whereas in patients with passive-dependent personality traits (PDPT) this ratio was 47 % (Table 5). In the early onset group, the patients with PDPT outnumber ASPT cases (Table 6). Similarly in the same group, the presence of spontaneous alcohol seeking behavior was almost equal to the absence. The percentage of the patients with a history of fighting and arrest when drinking in the early onset group (% 29) was less than the ones without this history (% 71) (Table 6).

## DISCUSSION

Cloninger and colleagues have proposed a the-

	Type I	Type II
Alcohol Related Problems		
Age of Onset	After 25	Before 25
Spontaneous Alcohol Seeking (Inability to Abstain)	Infrequent	Frequent
Fighting and Arrest when Drunk	Infrequent	Frequent
Psychological Dependence (Loss of Control)	Frequent	Infrequent
Guilt and Fear about Dependence	Frequent	Infrequent
Personality Traits		
Novelty Seeking	Low	High
Harm Avoidance	High	Low
Reward Dependence	High	Low

Table 1 : Cloninger personality typology.

Age	15-25 1 (2)*	25-35 13 (26)	35-45 25 (50)	45 and Older 11 (22)
Marital Status	Unmarried 7 (14)	Married 35 (70)	Widowed 8 (16)	Living Separately
Education	Illiterate 3 (6)	Primary 11 (22)	Secondary 15 (30)	High School 11 (22) University 10 (20)
Profession	Workman 14 (28)	Government Employee 19 (38)	Independent 10 (20)	Unemployed 7 (14)
Residence	City 47 (94)	Country 3 (6)		
Religious Opinion	Believer Practices 8 (16)	Believer, does not Practice 40 (80)		Non - Believer 2 (4)

\* Numbers in parentheses represent percentages.

Table 2 : Demographic features.

Appraisal of drinking	denies 12*	guilty 64	indifferent 24
Drinking period	less than 10 years 12	between 10- 20 years 38	more than 20 years 50
Amount	less than 35 cl 8	between 35- 70 cl 20	more than 70 cl 72
Family history	first degree relatives 42	second degree relatives 12	no family history 46
Drinking pattern	at home / alone 48	outside / alone 14	outside / with others 38
Daytime drinking	present 88	absent 12	
Fighting and arrest	present 26	absent 74	

\* Numbers represent percentages

Table 3 : Pattern of alcohol consumption.

Family History	Spontaneous alcohol seeking behavior when drinking		Fighting and arrest	
	(-)	(+)	(-)	(+)
First degree relatives (n=21)	47.61	52.28	38.00	62.00
Second degree relatives (n=6)	66.60	33.30	33.30	66.60
Absent (n= 23)	30.43	69.56	13.04	89.95

Table 4 : The relation between family history, spontaneous alcohol seeking behaviour and fighting and arrest when drinking.

Personality Traits	Family history		SASB		Fighting and arrest	
	(+)	(-)	(+)	(-)	(+)	(-)
ASPT (n=38)	75.0	25.0	83.30	16.60	58.30	41.60
PDPT (n=38)	47.4	52.6	28.94	71.05	15.78	84.21

ASPT - Antisocial personality traits

PDPT - Passive dependent personality traits

SASB - Spontaneous alcohol seeking behaviour

Table 5 : The relation between personality traits, family history, spontaneous alcohol seeking behaviour and fighting and arrest when drinking.

ory that emphasizes the etiological heterogeneity in alcoholism. In their theory, type I / type 2 alcoholism were defined according to age of onset genetic background and personality traits (3). Other studies were performed to retest this theory (10, 11, 12, 13). In the present study, we planned to apply the same theory to a selected Turkish population and assess the validity of this theory in Turkey.

Our study group was composed of mainly young individuals which can be explained by the fact that dependency develops during the first 10-15 years after the onset of alcoholism. The high percenta-

ge of married individuals, in accordance with the other two studies performed in Turkey (1, 5), can be due to sociocultural marriage habits in Turkey, since marriage is frequent in our men over 25 years of age. In our sample, the professional distribution is almost homogeneous, the least proportion being the unemployed group (14 %). This seems contradictory to the well known theory that alcoholism leads to unemployment. However, we studied a biased population, in that our group was composed mainly of individuals with an access to social security, such as government employees or wealthy pe-

		Age of onset	
		less than 25 (n=31)	more than 25 (n=19)
Personality traits	ASPT	35.48*	5.26
	PDPT	64.51	94.70
Family history	first degree relatives	54.83	21.05
	second degree relatives	12.90	10.50
	no family history	32.25	68.42
SASB	present	51.60	26.31
	absent	48.38	73.68
Fight and arrest	present	29.00	21.05
	absent	70.96	78.94

\* Numbers represent percentages

ASPT - Antisocial personality traits

PDPT - Passive dependent personality traits

SASB - Spontaneous alcohol seeking behaviour

Table 6 : The relation between age of onset and personality traits, spontaneous alcohol seeking behaviour and fighting and arrest when drinking.

ople without financial difficulties. The high percentage of devout patients (96 %) shows that being pious does not prevent alcoholism.

The frequency of daylight drinking and consuming at least 35 cl of alcohol per day are 88 % and 84 %, respectively. These high percentages may be explained by the fact that our therapy unit is an in-patient clinic and patients with more serious problems are hospitalized preferentially. What is contradictory here is that with these serious problems, a higher incidence of fighting and arrest is expected according to Cloninger's theory. This contradiction can be due to socio-cultural factors, as well as omission on the part of patients of some minor offenses such as traffic accidents. Other than that, in our culture, the avoidant behavioral pattern towards "drunk" people may cause a decrease in this ratio preventing some troubles becoming manifest.

A family history of alcoholism in the first degree relatives was encountered in 42 % of the cases, while 12 % of the study group had such history in second degree relatives. This result is similar to the other studies (8, 11, 14, 15) that show a high incidence of alcoholism in the relatives of alcoholics.

The percentage of genetical loading in the patients with ASPT is higher than the ones with PDPT (75 % and 47 % respectively). This result is again in resemblance with the results of other studies in the literature and Cloninger's study, who proposed that type II alcoholism shows a high neurogenetic base regardless of the environmental background (3).

Although, the patients with ASPT are supposed to begin drinking earlier than the patients with

PDPT according to Cloninger, in our group, among the individuals with an early onset the number of patients with PDPT exceeds the patients with ASPT. Again this result seems to contradict Cloninger's study but one should note that there is only one patient with ASPT in the late onset group, which suggests that this assumption is more apparent than real, due to the limited sample size of individuals with ASPT personality traits.

We conclude from these findings that age of onset, fights and arrests and genetic loading are not absolutely diagnostic of type I or type II alcoholism. However, all these factors play an important role in clinical subtyping and definition of alcoholism.

Cloninger emphasizes that despite the dissimilarities between type I and type II alcoholism, there is a resemblance between the symptoms and that these two are not completely different clinical entities but rather two opposite end of the spectrum of disorders which cause alcoholism. Accordingly, the risk for alcoholism is proposed to be a quantitative variable.

Finally it may be worthwhile to accept these two subtypes as the opposite extremes of the alcoholism spectrum. This bears a resemblance to Schuckit's idea that type I and II dichotomy may not hold in all circumstances (11). A controlled study with larger sample size and neurochemical analyses seems to be justified.

**Correspondence to :** Dr.Zehra ARIKAN  
Gazi Üniversitesi Tıp Fakültesi  
Psikiyatri Anabilim Dalı  
Beşevler  
06510 ANKARA - TÜRKİYE  
Phone : 312 - 484 03 26 / 23

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