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## Covariation in addictive behaviours: A study of addictive orientations using the Shorter PROMIS Questionnaire

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### Abstract

Previous research has suggested that different addictive behaviours are linked, such that decreases in one may lead to compensatory increases in another, or even that one addiction may lead to another. Such views on “cross addiction” are encouraged by the prevailing tendency amongst researchers from very different theoretical backgrounds to view different addictions as serving a common function, such as mood alteration, or the “management of hedonic tone.” Previous studies have suggested that different addictions may usefully be grouped according to how they covary. The present study, using factor and cluster analyses, confirms the importance of a division between “hedonistic” and “nurturant” addictions, but with the need for further subdivisions within those categories. Hedonism comprises a “drug use” factor and an “interpersonal dominance” factor. Nurturance comprises both “self-regarding” and “other-regarding” factors. Theoretically, the results suggest that different addictions illustrate contrasting techniques of interpersonal manipulation. Clinically, the results indicate the drawbacks of addressing addictive behaviours singly, and the potential importance of addictive orientations in treatment, and relapse prevention.

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### 1. Introduction

Addictions do not always, or even normally, strike singly. Gossop (2001), for example, has referred recently to the “web of addiction.” This phrase accommodates clinical observations

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that addictions co-occur in the same individual, that there tends to be systematic progression from using one drug to use of another, and that addictive dynamics held in common may cause one addictive behaviour to substitute for another (cf. Marks, 1990; Miller, 1980). There is a need to understand more fully the circumstances in which such “cross addictive” processes occur, in the interests of developing effective, and, indeed, cost-effective treatments.

Factor analysis of the 16 scale scores of more than 500 patients admitted to an addictions treatment centre found two main factors (Stephenson, Maggi, Lefever, & Morojele, 1995). The first factor, labelled hedonism, indicated that recreational drug use, prescription drug use, alcohol use, sex exploitation, relationship exploitation (dominant and submissive), gambling and nicotine use all covaried. The second factor, nurturance, indicated that food bingeing, food starving, caffeine, shopping/spending, compulsive helping (dominant and submissive), exercise, and work were interdependent.

Christo et al. (2003) describe the development and validation of the Shorter PROMIS Questionnaire (SPQ). The SPQ incorporates the 16 scales used in the factor analysis (Stephenson et al., 1995), but with the items rewritten and reduced in number by two thirds, on the basis of item and factor analyses. The present paper reports a replication and extension, using cluster analysis, of the first factor analysis (Stephenson et al., 1995), but employing the improved scales of the SPQ.

## **2. Rationale, aims, and expectations**

Orford (2001) observes that appetitive behaviours, “have in common the propensity either to alter mood in various complex ways or at least to offer the expectation that their consumption or use will alter mood” (Orford, 2001, p. 168). Nevertheless, different appetites are fuelled by different needs and circumstances. Examining patterns of covariation helps clarify the limits on the extent to which different behaviours may likely substitute one for another.

There are in addition a number of sound clinical reasons for wishing to identify patterns of covariation in addictive behaviours. Treatment plans may be made more coherent, and guidance may be offered on potential problems of relapse to alternative addictive behaviours (Donovan, 1988; Miller, 1979, 1980). Conventionally, studies of cross addiction focus on just one clinical group, for example alcohol problems (Kessler et al., 1997), or eating disorders (Davis & Claridge, 1998), but noting that a proportion has other addictive tendencies e.g., towards drug taking. Such ad hoc descriptive studies, however, do not necessarily indicate that there is an intrinsic connection between the problem behaviours. More extensive study of addictive covariation in a large population of clients representing a broad range of addictive disorders, will highlight those examples of “co-occurrence” that are best understood in terms of their systematic clustering, and which may therefore require a thematic understanding and coordinated approach in treatment.

The study of covariation in addictive behaviours will also contribute to prevention. For example, commonly used drugs, like alcohol and tobacco, are sometimes deemed to be “gateway” drugs, and their use in adolescence presumed to facilitate transition to later use of

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