© Psychiatr Psychol Klin 2023, 23 (4), p. 237–244
DOI: 10.15557/PiPK.2023.0030

Received: 29.10.2023
Accepted: 30.11.2023
Published: 29.12.2023

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Personality organisation, traumatic childhood experiences, and alcohol use in a non-clinical group

Organizacja osobowości, doświadczenia urazowe z dzieciństwa a używanie alkoholu w grupie nieklinicznej

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Abstract

Introduction and objective: Psychodynamic concepts assume that early experiences in relationships with close family members influence mental health. Kernberg's model of personality organisation also assumes that the structure of personality depends on object relations, and the adaptability of individual dimensions of personality organisation will depend on, among others, quality of care in early childhood. In recent years, the self-medication hypothesis has become increasingly popular, arguing that alcohol use is secondary to personality difficulties. The research presented in the article aimed to assess the relationships between dimensions of personality organisation, traumatic childhood experiences, and alcohol use. **Materials and methods:** The sample consisted of 148 Polish adults, including 85 women and 63 men. The mean age was $M = 32.61$ (standard deviation, $SD = 9.29$). The Inventory of Personality Organization, the Childhood Experience Questionnaire (CEQ-58), and the Alcohol Use Disorder Identification Test (AUDIT) were used. **Results:** The results indicate positive low to moderate correlations between all personality dimensions and the severity of various adverse experiences. Alcohol use also increases with greater disturbances across all dimensions of personality organisation. Moreover, as traumatic experiences such as physical abuse, physical and emotional neglect, and environmental instability increase, the tendency to use alcohol also increases. Three clusters of individuals with different configurations of the investigated variables were also identified. **Conclusions:** The research has confirmed the relationships between personality organisation, traumatic childhood experiences, and alcohol use reported in the literature, thus prompting reflection on the use of alcohol as a form of self-medication.

Keywords: personality organisation, relational trauma, alcohol use

Streszczenie

Wprowadzenie i cel: W koncepcjach psychodynamicznych zakłada się, że wczesne doświadczenia w relacji z bliskimi osobami mają wpływ na zdrowie psychiczne. Również model organizacji osobowości Ottona F. Kernberga zakłada, że struktura osobowości jest zależna od relacji z obiektami, a adaptacyjność poszczególnych wymiarów organizacji osobowości będzie zależeć m.in. od jakości opieki we wczesnym dzieciństwie. W ostatnich latach coraz większą popularność zyskuje hipoteza samoleczenia, zgodnie z którą używanie alkoholu ma charakter wtórny wobec trudności osobowościowych. Celem badań prezentowanych w artykule było sprawdzenie wzajemnych związków między wymiarami organizacji osobowości, doświadczeniami urazowymi z dzieciństwa i używaniem alkoholu. **Materiał i metody:** W badaniu udział wzięło 148 osób, w tym 85 kobiet i 63 mężczyzn. Średnia wieku wyniosła $M = 32{,}61$ roku (odchylenie standardowe, *standard deviation*, $SD = 9{,}29$). Zastosowano następujące narzędzia badawcze: Inwentarz Organizacji Osobowości (Inventory of Personality Organization, IPO) Clarkina i wsp. w adaptacji Agnieszki Izdebskiej i Beaty Pastwy-Wojciechowskiej, Kwestionariusz Doświadczeń z Dzieciństwa (KDD-58) autorstwa Rafała Styły i Oksany Makoveychuk oraz Test Rozpoznawania Problemów Alkoholowych (AUDIT) opublikowany przez Państwową Agencję Rozwiązywania Problemów Alkoholowych. **Wyniki:** Wyniki wskazują na dodatnie niskie lub umiarkowane korelacje między wszystkimi wymiarami osobowości a nasileniem różnorodnych niekorzystnych doświadczeń. Większe nieprawidłowości w zakresie wszystkich wymiarów organizacji osobowości wiążą się zaś ze zwiększonym używaniem alkoholu. Ponadto wraz z nasileniem się takich doświadczeń urazowych, jak znęcanie się fizyczne, zaniedbanie fizyczne

i emocjonalne oraz niestabilność otoczenia, wzrasta również tendencja do używania alkoholu. Wyodrębniono trzy skupienia osób cechujące się różną konfiguracją badanych zmiennych. **Wnioski:** Badania potwierdzają wskazywane w literaturze powiązania między organizacją osobowości, doświadczeniami urazowymi z dzieciństwa a używaniem alkoholu, skłaniając w ten sposób do refleksji nad używaniem alkoholu jako formą samoleczenia.

Słowa kluczowe: organizacja osobowości, trauma relacyjna, używanie alkoholu

INTRODUCTION

Child abuse, neglect or maltreatment, and the associated trauma are a recognised global problem and, despite the difficulties in accurately estimating their magnitude, they are known to occur across all countries, regardless of income level (Draczyńska, 2023). In the United States alone, of more than 3 million reported cases of child maltreatment (accounting for more than 4% of the American population), 76.1% of victims are neglected, 6.5% are physically abused and 9.4% are sexually abused (U.S. Department of Health & Human Services et al., 2022). Research conducted in Poland (Włodarczyk et al., 2018), on the other hand, indicates that 41% of young people were exposed to violence from relatives, of which 33% and 20% experienced physical and mental abuse, respectively. Among adolescents aged 11–17 years, 72% have experienced at least one of the following forms of abuse in their lives: violence from close adults, physical neglect, peer violence, sexual abuse, abusive sexual experiences or witnessing domestic violence (Włodarczyk et al., 2018).

It is nowadays believed that interpersonal trauma in childhood may play a more important role in psychopathology than genetic or social factors (Schore, 2009). Childhood exposure to relational trauma has a major negative impact on psychosocial and personality development, including personality organisation (Caligor and Clarkin, 2010; Martin-Gagnon et al., 2023). Experiencing psychological, physical and sexual abuse, abandonment and other adverse events has detrimental effects on behavioural, emotional, cognitive and physiological regulatory systems across the lifespan (Hicks et al., 2009; Oshri et al., 2013). Malfunctioning regulatory systems, in turn, pose a serious threat to the development of adaptive (organisation) personality (Oshri et al., 2013).

Personality organisation, one of the most influential constructs in contemporary psychodynamic theories (Fuchshuber et al., 2018), developed by Otto F. Kernberg (2018; Caligor et al., 2007), is defined as a relatively stable pattern of functioning that ensures the maintenance of internal balance and relationships with others (Caligor and Clarkin, 2010). There are three levels of personality organisation: neurotic, higher and lower borderline, which are classified based on the properties of key higher-order structures and mental processes: (i) identity, (ii) object relations, (iii) defence mechanisms, (iv) reality testing, and (v) moral functioning. Borderline personality organisation is seen as a risk factor for e.g. alcohol use disorder (AUD) and other types of substance dependence (Di Pierro et al., 2014; Hiebler-Ragger et al., 2016; Unterrainer et al., 2016). Identity diffusion, characteristic of borderline personality organisation, and the inability to establish and maintain stable intimate relationships can be observed in individuals with AUD (Wojtynkiewicz, 2018). These individuals may also have impaired reality testing (Hiebler-Ragger et al., 2016) and they typically use defence mechanisms based on splitting (Raketic et al., 2009; Ribadier et al., 2016). Consequently, AUD is understood as an attempt to compensate for personality deficits and regulate emotions, which is in line with the widely described self-medication hypothesis (Fuchshuber et al., 2018; Khantzian, 2018).

Researchers also point to strong correlations between different childhood trauma experiences and alcohol (ab)use in adulthood (Holl et al., 2017; Wardell et al., 2016), highlighting that they often precede the development of AUD (Cross et al., 2015; Schindler, 2019). Research findings have found a link between a childhood history of sexual, physical and emotional abuse and early alcohol initiation, increased alcohol use, heavy drinking episodes and AUD in adulthood (Dutcher et al., 2017; Eames et al., 2014; Lotzin et al., 2016). It has also been observed among adult therapy seekers that childhood abuse and neglect are strong predictors of AUD severity (Potthast et al., 2014) and are associated with more harmful alcohol use and poorer AUD treatment outcomes (Greenfield et al., 2002; Lotzin et al., 2016; MacMillan et al., 2001). A considerable amount of research also utilises the self-medication model in an attempt to conceptualise the high rates of co-occurrence of childhood trauma and AUD (Berenz et al., 2017; Dutcher et al., 2017; Ertl et al., 2016). Victims of childhood abuse who lack adaptive ways of regulating emotions due to the high likelihood of attachment and mentalisation difficulties resulting from abuse, neglect and greater abnormalities in personality structure, may reach for alcohol to avoid or reduce strong negative states (Khantzian, 1997; Wolff et al., 2016).

The aim of the study was to verify the assumptions on the interrelationships between the dimensions of personality organisation, various types of adverse childhood events and alcohol (ab)use. Additionally, an attempt was made to identify clusters characterised by a particular configuration of variables among the participants.

MATERIALS AND METHODS

A total of 148 participants took part in the study, including 85 women and 63 men. The mean age was $M = 32.61$ years

DOI: 10.15557/PiPK.2023.0030

Variable	Females (*n* = 85)	Males (*n* = 63)	Total (*N* = 148)
	n (%)	*n* (%)	*n* (%)
Age [years] – *M* (*SD*)	29.96 (8.43)	36.17 (9.33)	32.61 (9.32)
Marital status – *n* (%)			
Single	21 (24.71)	20 (31.75)	41 (27.70)
Informal relationship	38 (44.70)	21 (33.33)	59 (39.86)
Married	17 (20.00)	21 (33.33)	38 (25.67)
Divorced	9 (10.59)	1 (1.59)	10 (6.77)
Education – *n* (%)			
Primary	4 (4.70)	2 (3.17)	6 (4.05)
Basic vocational	1 (1.18)	3 (4.76)	4 (2.70)
Secondary	32 (37.65)	26 (41.27)	58 (39.19)
Higher	46 (54.12)	29 (46.04)	75 (50.68)
Missing data	2 (2.35)	3 (4.76)	5 (3.38)
Place of residence – *n* (%)			
Rural	4 (4.71)	4 (6.35)	8 (5.40)
Small urban (<20,000)	20 (23.53)	17 (26.98)	37 (25.00)
Medium urban (20,000–100,000)	18 (21.18)	11 (17.46)	29 (19.60)
Large urban (>100,000)	43 (50.58)	31 (49.21)	74 (50.00)
Family history of mental disorder – *n* (%)			
Yes	32 (37.65)	13 (20.64)	45 (30.41)
No	53 (62.35)	50 (79.36)	103 (69.59)
Self-therapy – *n* (%)			
Yes	32 (37.65)	9 (14.29)	41 (27.70)
No	53 (62.35)	54 (85.71)	107 (72.30)

M – mean, ***SD*** – standard deviation.

Tab. 1. Descriptive statistics and parameters in the study group

(standard deviation, *SD* = 9.29). The study was approved by the University Ethics Committee. Individuals who voluntarily expressed their willingness to participate were included. Tab. 1 shows data on the respondents' age, marital status and education by gender, as well as data on family history of mental disorders and self-therapy.

The following research tools were used in the study:

1. **Inventory of Personality Organization (IPO)** by Clarkin et al. (2001) in the Polish adaptation by Agnieszka Izdebska and Beata Pastwa-Wojciechowska (2013), consisting of 83 items rated on a 5-point Likert scale (1 – never, 5 – always). The tool contains three main clinical scales for assessing dimensions of personality organisation such as identity diffusion, primitive defences and reality testing. Two additional scales are used to assess aggression and moral values. In our study, the Cronbach's α value was 0.96 for the entire questionnaire, and 0.82–0.91 for the individual scales.
2. **Childhood Experience Questionnaire (CEQ-58)** by Rafal Styła and Oksana Makoveychuk (2018) is a tool containing 58 items rated on a five-point Likert scale (1 – never, 5 – almost always). The questionnaire includes seven subscales relating to seven different types of trauma: (i) physical abuse, (ii) mental abuse, (iii) physical neglect, (iv) emotional neglect, (v) sexual abuse, (vi) environmental instability and (vii) and negative experiences with one's peers. The Cronbach's α coefficients in our study were 0.64–0.91 for the subscales and 0.93 for the overall questionnaire.
3. **Alcohol Use Disorder Identification Test (AUDIT)**, published by the Polish Agency for the Identification of Alcohol-Related Problems (n.d.). It is a 10-item self-report tool assessing the symptoms of alcohol dependence based on ICD-10. The use of AUDIT as a screening tool is recommended by the World Health Organization (WHO). A score > 8 is an indicator of hazardous drinking, >16 indicates harmful drinking, and >20 suggests alcohol dependence. In our study, Cronbach's α was 0.82.

RESULTS

The study was conducted using the Statistica 13.3 package. Pearson's or Spearman's correlation analysis (for most variables due to the lack of normal distributions) was used to assess the relationships between personality dimensions, childhood trauma and alcohol use. A *k*-means cluster analysis was utilised to verify whether the subjects with a particular configuration of characteristics grouped into clusters.

Tab. 2 shows the results of correlation analysis. All dimensions of personality organisation correlated positively and mostly moderately with different types of adverse childhood events, indicating that greater abnormalities

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Variable	*M* (*SD*)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		r/*R*	*r*/*R*	*r*/*R*	*r*/*R*	*r*/*R*	*r*/*R*	*R*	*R*	*R*	*R*	*R*	*R*	*R*	*R*	*R*
1. ID	49.64 (14.82)	–	0.78***	0.63***	0.63***	0.66***	0.89***	0.05	0.37***	0.27**	0.27***	0.19*	0.06	0.40***	0.36***	0.26**
2. PD	36.53 (9.04)	0.78***	–	0.62***	0.52***	0.67***	0.84***	0.07	0.34***	0.25**	0.22**	0.15	0.12	0.33***	0.33***	0.25**
3. RT	35.93 (12.18)	0.63***	0.62***	–	0.68***	0.63***	0.85***	0.08	0.38***	0.33***	0.17*	0.25**	0.26**	0.34***	0.37***	0.32***
4. A	28.70 (9.35)	0.63***	0.52***	0.68***	–	0.69***	0.81***	0.21**	0.43***	0.37***	0.27***	0.26**	0.25**	0.42***	0.45***	0.30***
5. MV	24.52 (7.24)	0.66***	0.67***	0.63***	0.69***	–	0.83***	0.14	0.29***	0.32***	0.17*	0.26**	0.09	0.26**	0.28***	0.37***
6. IPO	175.31 (44.33)	0.89***	0.84***	0.85***	0.81***	0.83***	–	0.14	0.42***	0.34***	0.24**	0.26**	0.18*	0.42***	0.41***	0.34***
7. PAb	12.93 (4.71)	0.05	0.07	0.08	0.21**	0.14	0.14	–	0.36***	0.33***	0.20*	0.12	0.21**	0.17*	0.44***	0.22**
8. MAb	13.63 (6.02)	0.37***	0.34***	0.38***	0.43***	0.29***	0.42***	0.36***	–	0.58***	0.67***	0.27***	0.39***	0.48***	0.83***	0.12
9. PNeg	14.48 (5.00)	0.27**	0.25**	0.33***	0.37***	0.32***	0.34***	0.33***	0.58***	–	0.62***	0.40***	0.41***	0.45***	0.79***	0.23**
10. ENeg	20.88 (7.82)	0.27***	0.22**	0.17*	0.27***	0.17*	0.24**	0.20*	0.67***	0.62***	–	0.12	0.35***	0.47***	0.82***	0.18*
11. SA	9.95 (2.60)	0.19*	0.15	0.25**	0.26**	0.26**	0.26**	0.12	0.27***	0.40***	0.12	–	0.27***	0.21**	0.35***	0.14
12. EI	15.48 (5.34)	0.06	0.12	0.26**	0.25**	0.09	0.18*	0.21**	0.39***	0.41***	0,35***	0.27***	–	0.13	0.58***	0.17*
13. NEP	18.20 (6.16)	0.40***	0.33***	0.34***	0.42***	0.26**	0.42***	0.17*	0.48***	0.45***	0.47***	0.21**	0.13	–	0.67***	0.04
14. CEQ	105.56 (26.30)	0.36***	0.33***	0.37***	0.45***	0.28***	0.41***	0.44***	0.83***	0.79***	0.82***	0.35***	0.58***	0.67***	–	0.19*
15. AUD	5.48 (4.94)	0.26**	0.25**	0.32***	0.30***	0.37***	0.34***	0.22**	0.12	0.23**	0.18*	0.14	0.17*	0.04	0.19*	–

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.
A – aggression; **AUD** – alcohol use disorder; **CEQ** – overall score in Childhood Experience Questionnaire; **EI** – environmental instability; **ENeg** – emotional neglect; **ID** – identity diffusion; **IPO** – Inventory of Personality Organization; ***M*** – mean; **MAb** – mental abuse; **MV** – moral values; **NEP** – negative experiences with one's peers; **PAb** – physical abuse; **PD** – primitive defences; **PNeg** – physical neglect; ***r*** – Pearson correlation coefficient; ***R*** – Spearman's correlation coefficient; **RT** – reality testing; **SA** – sexual abuse; ***SD*** – standard deviation.

Tab. 2. Correlation analysis between the studied variables

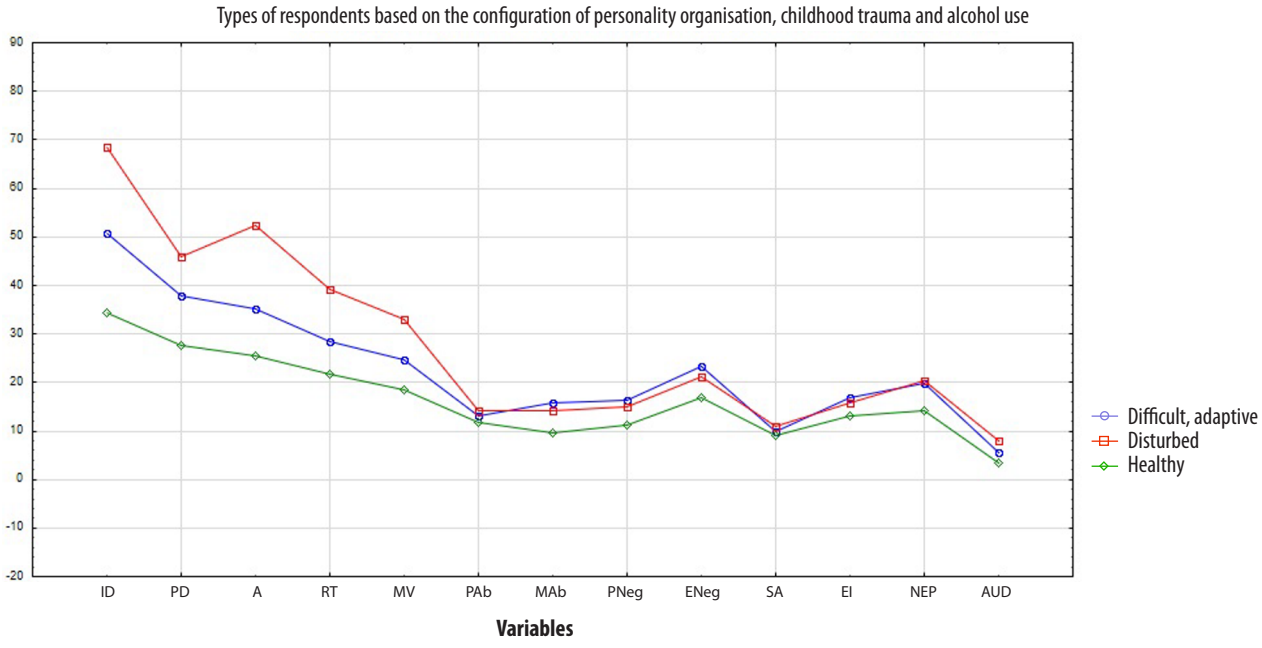
in personality organisation are accompanied by experiencing greater intensity of traumatic experiences in childhood. Physical abuse, which correlated positively and weakly only with aggression, and environmental instability, which also correlated positively and weakly only with aggression and reality testing, were exceptions. Additionally, all dimensions of personality organisation showed a positive low-to-moderate correlation with the level of alcohol use, indicating its increase with increasing severity of personality difficulties. As for childhood trauma, a low correlation was found, indicating that the greater the severity of physical abuse, physical and emotional neglect and environmental instability, the greater the level of alcohol use.

The results of cluster analysis are presented in the form of a plot with means in Fig. 1. Tab. 3 presents the means and standard deviations of the variables, the results of the analysis of variance with effect strength and the analysis of intergroup effects for the individual clusters, while Tab. 4 presents the numbers of selected sociodemographic characteristics for the individual clusters.

Cluster analysis showed that three groups could be distinguished among the subjects, with distinct differences in the dimensions of personality organisation and level of alcohol consumption:

- The "healthy" cluster included individuals who scored significantly lower on the dimensions of personality organisation and childhood trauma compared to individuals in the other two clusters, implying no/the least personality dysfunction and the lowest intensity of childhood trauma. Also, alcohol consumption in this cluster was the lowest compared to the other groups, remaining at a safe level.
- The "disturbed" cluster included individuals with the highest scores on personality organisation, indicating difficulties in identity integration, reality testing, moral values, aggression and use of primitive defences. In terms of traumatic experiences, this group differed significantly from the "healthy" cluster, with scores indicating greater intensity of adverse childhood experiences; it did not differ, however, from the cluster described below. Hazardous alcohol use distinguished the "disturbed" cluster from the other two groups (Tab. 3).
- The "difficult, adaptive" cluster included individuals who scored significantly higher than the "healthy" type and lower than the "disturbed" type on dimensions of personality organisation, which indicates that they may present some personality abnormalities. In terms of adverse childhood experiences, they present a higher intensity than the "healthy" type, but do not differ from the "disturbed" type. In terms of alcohol use, they score significantly higher than the "healthy" type and lower than the "disturbed" type, but do not show signs of hazardous drinking. Importantly, this cluster includes those who most often reported a family history of mental disorders (53.33% vs. 28.89% in the "disturbed" cluster and 17.79% in the "healthy" cluster; Tab. 4) and who have most often

DOI: 10.15557/PiPK.2023.0030



Variables: **ID** – identity diffusion; **PD** – primitive defences; **A** – aggression; **RT** – reality testing; **MV** – moral values; **PAb** – physical abuse; **MAb** – mental abuse; **PNeg** – physical neglect; **ENeg** – emotional neglect; **SA** – sexual abuse; **EI** – environmental instability; **NEP** – negative experiences with one's peers; **AUD** – alcohol use disorder.

Fig. 1. Means for the thee clusters in the study group

used or were using psychotherapy at the time of the study (53.66% vs. 26.83% in the "disturbed" cluster and 19.51% in the "healthy" cluster; Tab. 4).

DISCUSSION

The research has shown, in line with the theoretical assumptions and the predicted direction of the relationship, that increasing abnormalities in personality organisation and a higher frequency of most adverse childhood experiences were associated with increased alcohol use. The results also indicated that greater abnormalities in personality organisation are associated with a higher frequency of adverse childhood events. Additionally, the results made it possible to distinguish between individuals with apparently mature personality organisation ("healthy"), which in their psychological profile was associated with the lowest incidence of childhood trauma and safe alcohol consumption, and those whose personality organisation appeared impaired ("disturbed"), which in turn was associated with a higher incidence of childhood trauma and hazardous alcohol use.

The results thus seem to support the findings highlighted in the literature that experiencing interpersonal trauma, primarily physical abuse, physical and emotional neglect and environmental instability in the case of the present study, may be associated with maladaptive emotion regulation in the form of alcohol (ab)use (Dutcher et al., 2017; Khantzian, 1997; Wolff et al., 2016). Additionally, significant correlations between all dimensions of personality organisation and almost all types of adverse childhood events, and all dimensions of personality organisation and alcohol use indicate that identity diffusion, primitive defences, distortions in reality testing, higher levels of aggression and inconsistent moral functioning represent a weaker mental construct, where the development of adaptive or flexible ways of regulating emotions becomes impossible and/or unavailable. At this point, it is also worth referring to the psychological profile of individuals representing the "difficult, adaptive" type, whose personality organisation is more pathological than that of the "healthy" type and less pathological than that of the "disturbed" type. In terms of the frequency of adverse childhood events, however, these individuals did not differ from the "disturbed" type, but, interestingly, their alcohol use remained at a safe level. The highest percentage of individuals undertaking self-therapy was noted in this group, which leads to an assumption that psychotherapy allowed and/or allows for developing adaptive coping strategies to correct possible disturbances in the personality structure in this group and neutralise negative affect caused by the suboptimal upbringing environment.

The goal of psychodynamic therapies designed for individuals with alcohol abuse and/or AUD is to treat deficit areas of their personality functioning, including identity diffusion, attachment insecurity or the inability to recognise and regulate feelings (Flores, 2007; Khantzian, 2012; Khantzian et al., 1990). They also aim to create a space for accommodating negative, aggressive, destructive impulses during treatment process, and the therapy creates an opportunity for a corrective experience of closeness and attachment so that the patient can generate internal representations of secure and caring objects, thereby "repairing" the deficits arising from

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Variable	Configuration of dimensions of personality organisation, childhood experiences, and alcohol use						*F*	η^2	*p*	Analysis of intergroup effects for clusters 1, 2, 3
	Cluster 1 "Difficult, adaptive" *n* = 71		Cluster 2 "Disturbed" *n* = 32		Cluster 3 "Healthy" *n* = 45					
	M	*SD*	*M*	*SD*	*M*	*SD*				
Identity diffusion	50.70	7.82	68.62	10.77	34.47	7.42	154.68	0.68	<0.001	1 < 2; 1 > 3; 2 > 3
Primitive defences	37.96	5.62	45.84	7.94	27.64	5.58	84.72	0.54	<0.001	1 < 2; 1 > 3; 2 > 3
Reality testing	35.20	7.98	52.34	9.62	25.40	4.35	121.34	0.63	<0.001	1 < 2; 1 > 3; 2 > 3
Aggression	28.32	6.80	39.31	10.08	21.73	3.86	59.64	0.45	<0.001	1 < 2; 1 > 3; 2 > 3
Moral values	24.61	5.15	32.94	5.30	18.40	4.82	76.40	0.51	<0.001	1 < 2; 1 > 3; 2 > 3
Physical abuse	13.04	5.05	14.19	5.04	11.87	3.64	2.35	-	0.099	–
Mental abuse	15.82	6.62	14.31	4.96	9.71	3.22	17.68	0.20	<0.001	1 > 3; 2 > 3
Physical neglect	16.34	5.43	14.94	4.56	11.22	2.30	17.98	0.20	<0.001	1 > 3; 2 > 3
Emotional neglect	23.41	7.79	21.09	7.01	16.76	6.71	11.41	0.14	<0.001	1 > 3; 2 > 3
Sexual abuse	10.00	2.76	10.94	3.48	9.18	0.75	4.53	0.06	0.012	2 > 3
Environmental instability	16.89	5.45	15.75	5.72	13.07	3.94	7.76	0.10	0.001	1 > 3; 2 > 3
Negative experiences with one's peers	19.80	5.82	20.41	5.93	14.09	4.80	17.80	0.20	<0.001	1 > 3; 2 > 3
AUD	5.59	4.66	8.94	6.47	3.56	3.04	8.10	0.10	<0.001	1 < 2; 1 > 3; 2 > 3

η^2 – measure of the strength of the effect; **AUD** – alcohol use disorder; ***F*** – analysis of variance; ***M*** – mean; ***p*** – significance level; ***SD*** – standard deviation.

Tab. 3. Descriptive statistics of the investigated variables and results of the analysis of variance for the configuration of dimensions of personality organisation, childhood experiences and alcohol use

Item	Cluster 1 "Difficult, adaptive" *n* = 71		Cluster 2 "Disturbed" *n* = 32		Cluster 3 "Healthy" *n* = 45	
	n	%	*n*	%	*n*	%
Sex: female	42	59.15	20	62.50	23	51.11
Sex: male	29	40.85	12	37.50	22	48.89
Education: primary	2	33.33	4	66.67	–	–
Education: basic vocational	1	50.00	1	16.67	2	33.33
Education: secondary	23	39.66	20	34.48	15	25.86
Education: higher	41	54.67	6	8.00	28	37.33
Marital status: single	19	46.34	15	36.58	7	17.08
Marital status: married	13	34.21	2	5.26	23	60.53
Marital status: informal relationship	32	54.24	15	25.42	12	20.34
Marital status: divorced	7	70	–	–	3	30
Place of residence: urban	4	50	2	25	2	25
Place of residence: small urban	16	43.24	9	24.33	12	32.43
Place of residence: medium urban	18	62.07	4	13.79	7	24.14
Place of residence: large urban	33	44.58	17	22.97	24	32.45
Family history of mental disorder: no	47	45.63	19	18.45	37	35.92
Family history of mental disorder: yes	24	53.33	13	28.88	8	17.79
Self-therapy: no	49	45.79	21	19.63	37	34.58
Self-therapy: yes	22	53.66	11	26.83	8	19.51

Tab. 4. Numbers of selected socio-demographic characteristics for individual clusters

DOI: 10.15557/PiPK.2023.0030

the lack of a stable and supportive relationship in childhood (Flores, 2004; Reading, 2006) due to (referring to the present research) e.g. physical abuse and neglect, emotional neglect or environmental instability.

In conclusion, it can be said that the Wurmser's model of the cycle of personality structure formation (1977) in substance abusers aptly "collects" the results obtained in the presented research. Wurmser (1977) believes that real traumatic experiences in an individual's life, such as exposure to violence or parental unavailability, cause a fundamental defect in solid psychic structures and boundaries between the individual and the outside world, as well as in defence mechanisms. Denial and splitting become the dominant mechanisms, which contribute to identity fragmentation and promote externalisation (substance use disorder) as the main way to relieve suffering. The use of externalisation in turn exacerbates initial personality pathology, including reality testing. Also other psychodynamic concepts (Kohut, 1977; McDougall, 1989) emphasise the importance of early inadequate parental care and the experience of traumatic events for the formation of deficits in personality organisation and the use of alcohol as a way of coping symbolically safer than contact with another person (Flores, 2004). The presented studies have some limitations, with their cross-sectional nature, which makes it impossible to establish a causal relationship between the investigated variables, being the main one. Other limitations are the small sample size and the lack of gender as a significant variable. It also appears that the declarative nature of the questionnaire responses, especially regarding the pattern of alcohol use and the experience of adverse childhood events, may have contributed to the activation of a defensive response style in order to avoid confronting difficult and/or painful aspects of functioning and life.

CONCLUSIONS

Increased abnormalities in personality organisation and a higher frequency of different types of adverse childhood experiences lead to increased alcohol use. Greater abnormalities in personality organisation are associated with a higher frequency of adverse childhood events.

Conflict of interest

The author reports no financial or personal relationships with other individuals or organisations that could adversely affect the content of the publication and claim ownership of this publication.

Author contributions

Original concept of study; collection, recording and/or compilation of data; Analysis and interpretation of data; writing of manuscript; Critical review of manuscript; Final approval of manuscript: EW.

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