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## **ALCOHOL ADDICTION IN THE VIEW OF PSYCHODYNAMIC THEORIES.**

### **PART II. REVIEW OF CONTEMPORARY THEORIES**

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#### **Summary**

The article reviews contemporary psychodynamic conceptions of alcohol addiction. The concepts of E. J. Khantzian, J. McDougall, J. Levin, L. Dodes, P. J. Flores and B. Reading are presented. Contemporary psychodynamic theories very often describe alcohol addiction using the assumptions of attachment theory and self-psychology. According to them, addiction is treated as a response to failure in building a relationship with another person, as well as a response to self-injury. It seems that the use of psychodynamic understanding in therapeutic work with an alcohol-dependent patient may be a useful complement to the cognitive-behavioural approach, which dominates in the treatment of addiction. In addition, the psychodynamic concepts seem to be useful due to the fact that alcohol addiction coexists with other mental disorders, in particular with personality disorders. Researchers underline that there is evidence of significant links between alcohol use and addiction and personality disorders; the latter are believed to be common among people with alcohol addiction.

**alcohol addiction, psychodynamic theory**

#### **Introduction**

The present article is the second part of the overview of psychodynamic theories concerning the addiction to alcohol. The first part was focused on classical theories, whereas in this part contemporary concepts can be found. In order to conceptualize the addiction to alcohol, the most frequently used contemporary psychodynamic theories are the attachment theory and the psychology of the self. In these theories, the addiction is seen as a response to failures in establishing attachment with another person and also as a reaction to harm to the self.

#### **Alcohol addiction in the light of contemporary psychodynamic theories**

**E. J. Khantzian** is one of the most significant theoreticians, researchers, and practitioners, who has been developing the conception of addiction from the psychodynamic point of view for a few dozen years. He has created a model of addiction to psychoactive substances based on the assumption that addicted people exhibit some specific deficits in the area of the self and ego, which leads to using the substances as a way of developing self-medication hypothesis [1–3]. Addiction, including alcohol addiction, is rooted in psychological pain that can be escaped by using substances

providing a short-lasting, but otherwise unattainable, feeling of relief and comfort [4, 5]. Khantzian emphasized the importance of the process of replacing uncontrolled suffering and unclear pain that an addicted person cannot understand, as they come from some early developmental stages, for controlled suffering that is understood as it results from the addiction [2, 4, 6]. Structural and functional deficits that are central in the context of substance addiction vulnerability and due to which addicted people suffer, concern self-controlling in four areas:

- 1) inability to recognize and control feelings;
- 2) inability to maintain a cohesive and satisfying concept of oneself and self-esteem;
- 3) inability to maintain adequate, comforting and satisfying relations with other people;
- 4) inability to adequate control of behaviour, especially as regards self-care.

Problems in these four areas not only influence each other but are also dependent on genetic and environmental factors [4, 7]. Being addicted to psychoactive substances is conceptualized as an attempt of self-curing, deficit compensation, repair of weakened self concept and filling gaps in controlling functions performed by the self [2, 3, 7]. It is also realized by the unconscious choice of some group of substances, the psychological and pharmacological effect of which will compensate in the most efficient way the original psychopathology hidden by the addiction [1, 4, 8, 9]. As regards the choice of psychoactive substances, Khantzian [1] indicated that the choice of alcohol may be connected with a deep defence against experiencing fear and discomfort concerning human closeness, dependency, and intimacy.

Khantzian emphasized the importance of proper care and protection at an early stage of a child's development and believed that the origin of deficits in controlling the self may be influenced by a traumatizing environment of the child, parental rejection, abuse or deprivation in the area of providing a safe, stable, careful care over the child, which has devastating consequences for the development of sound skills [1, 4]. Failures in providing care on the part of parental characters influence the developmental impairment and faults the internalization of such functions as self-care or self-esteem [1, 3].

Moreover, Khantzian, together with his coworkers, created and developed a conception and method of treating people addicted to psychoactive substances - the so-called Modified Dynamic Group Therapy (MDGT). This psychotherapeutic attitude utilizes psychodynamic rules in the understanding and treating of people addicted to substances and is directed towards deficit areas in the functioning of such people [10]. The main concept emphasized by Khantzian is the assumption that the treatment of character disturbances is the way to recover from the addiction [5, 10].

A person who wrote about addictions in a slightly different way was **J. McDougall** who perceived both addiction to psychoactive substances as well as non-substance addiction in the context of psychosomatic disturbances [3]. She treated the psychosomatic mechanism and addictions as an

unconsciously applied method of defending against stress and feelings achieved by their dispersion and externalization, so-called discharge-in-action [3]. She believed that the suffering of addicted people is realized not through their inability to feel but through feeling an excess of primitive, overwhelming emotions and fears, against which – due to failure in the development of internal, symbolic ways of coping with them – such people must defend by their exclusion from consciousness [3, 11]. McDougall claimed that unconscious fear of addicted people is more closely related to psychotic than neurotic fear, and concerns deep uncertainty as regards their right to exist, to have their own identity, losing their sense of identity and to control their own actions. In such a case, addiction provides a solution in the form of the development of a false self, as a chaotic lifestyle of the addicted allows to create a mask defending against inner lifelessness and absence of real identity. In such a way, McDougall showed the function of addiction as a strong defence that makes it possible to avoid fundamental fears concerning identity and existence [3].

McDougall saw the reasons for addiction in disturbed relations between mother and child, which resulted in the distortion of the development of symbolical coping with feelings and internal conflicts [3]. The lack of mother representation as caring introjects leads to the dependency on external means as a way of alleviating pain and achieving a state of calm [3, 11]. She also claimed that addicted people might have been receiving messages since their earliest years from their mothers and/or families of not being accepted as independent beings and having their own feelings and desires. The refused permission of individuality may have led to deep fear related to their identity [3]. McDougall wrote also that: “The paradox presented by the addictive object is that, in spite of its sometimes death-dealing potential, it is always invested as a good object by some part of the mind. Whatever the object may be, it is inevitably endowed with the supreme quality of enabling the addicted person to rapidly dispel mental conflict and psychic pain, even if only briefly. [...] [This characterizes people who] lack an internal representation of the mother as a caretaking introject with whom to identify in states of tension or conflict. The internal fragility is further weakened by the equally important lack of a strong paternal introject.” [12, p. 97].

It is important here to emphasize that also for this reason – the lack of caretaking introjects – the psychoactive substance is sometimes described, using W. Bion's terminology, as a container, while taking such substances is understood as seeking for a reliable way to contain and process painful and intolerable emotional states [13–15]. The container function of alcohol probably replaces the faulty ability on the part of a mother to contain her child's experiences in its early childhood and expresses a developmental failure as regards taking over by the child the alpha function from the mother [13]. Treating alcohol (and not a parent) in a symbolical way as a self-object seems to reflect some further negative aspects of the parents' representation as disappointing, rejecting, non-emphatic

and not accepting the subject, as well as of someone who did not inspire self-confidence and power in their children [16–18].

Issues on alcohol which symbolically plays the role of a self-object, as well as on building a relationship with it that may compensate for former relational failures, are frequently analysed by contemporary theorists and researchers dealing with addictions by the approach described in this article.

**J. Levin**, drawing from the concepts put forward by H. Kohut, widely expanded the conception of alcohol addiction from the perspective of self psychology [19]. He treated alcohol addiction, taking also into account the influence of other than psychological factors, as caused by fixation at the level of pathological narcissism [19, 20]. Levin claimed that people addicted to alcohol suffer because of four types of self pathology: they are self-destructive, they lack certain self components that are significant for self-care ability and maintaining self-esteem, they are overconcentrated on themselves and their existence, their self conceptions and representations are fragile and endangered [20]. He considered abusive alcohol drinking and negating such addiction as a defence against narcissistic decompensation in the form of self fragmentation that may mean psychological annihilation [20]. Referring to Kohut's assumptions, he believed that taking psychoactive substances is "a futile attempt to supply externally what is missing internally" [20, p. 194] and what is constituted by ones' psychic structure. This process constitutes the essence of being vulnerable to alcohol addiction. In his opinion, the main factor contributing to the development of addiction is intolerance of one's own self, which gives rise to the need of introducing a change. Psychoactive substances seem to be a perfect solution to that aim as they can change mood and perception of oneself, provide some illusion of liveliness, hope, self-esteem, strength, the feeling of having magical control over reality, and feeling relief in psychological pain. In Levin's conception, the substance may possess many symbolical meanings but its main function is always the one connected with becoming for its user a self-object that provides at least an illusion of control, power, and comfort. Turning to the substance as self-object is caused by the fact that in the childhood of the person concerned, people important to them did not fulfill their ascribed functions [20]. Levin expanded also the understanding of the idea of overcoming alcohol addiction through emphasizing the role of a therapist as self-object in an efficient addiction treatment [19]. He suggested that the psychological aim of curing the addiction is the replacement of alcohol addiction by a relation with another person and using that emotional attachment to integrate and inspire the growth of the addicted person [20].

The relation between narcissism and addiction was also emphasized by **R. B. Ulman and H. Paul** [21], who indicated that it is also of etymological character. The words 'narcissism' and 'addiction' ('narcotic' and 'narcosis' as synonyms of that word) derive from the same Greek root:

*narke* that may be translated as 'stupefying', 'making stupefied', 'depriving of sensing', which is understood by the authors as the fact that both types of psychopathology are aimed to alleviate impressions or blunt feelings [21]. An archaic form of narcissism, megalomania, is an unconscious reason for becoming addicted to psychoactive substances. It originates as a result of some developmental inhibition caused by a non-empathic environment. In the case of addiction, megalomania is expressed through – most of all – the narcissistic need of having a megalomaniacal self that is equipped with some ability to have magical control over the surrounding environment, including the psychoactive substance itself. In such a way, the psychoactive substance replaces the self-object that was faulty in the childhood [21].

Another author interlinking addiction with narcissistic issues – **L. Dodes** – supported the assumption that the understanding of addiction, including the understanding of the object of addiction, should not be separated from the rest of the psychopathology of an individual and his/her life history [22–24]. The author held that addiction to psychoactive substances is preceded by constantly overwhelming feelings of helplessness and lack of ideas that inevitably lead to narcissistic fury because of losing the ability to control one's life [22, 23]. These depressing emotional states preceding addictions originate as a result of early developmental deprivations, containing failures in developing emotional attachment, conflicts connected with control and competition, experiencing feelings of humiliation and being narcissistically hurt [23]. The taking of psychoactive substances becomes a compulsive reply to the intensive feeling of fury due to helplessness and allows to regain the sense of control [19, 22, 23, 25]. If experiencing helplessness is replaced and removed by abusive alcohol drinking, alcohol addiction becomes a fact [22, 23].

The postulates of the psychology of the self as well as – primarily – the attachment theory, constitute a foundation for the perspective developed by **P. J. Flores**, where an addiction is considered to be a direct result of attachment disturbance and a reaction to being hurt/damaging one's self. Flores assumed that damaging experiences in interpersonal relations from childhood influence the central nervous system and are reflected in adult life by wrong and compulsive behaviour such as addiction. From that point of view, people with unsafe patterns of attachment develop sensitivity to psychoactive substance as a substitute for human closeness. Psychoactive substances constitute a way of filling the emptiness created by the absence of a stabilizing relationship, at the same time upkeeping the suffering of an addicted individual as they negate the need of a close tie with another human and lead to seeking of satisfaction in themselves. They allow achieving gratification beyond the area of interpersonal relationships [18]. Flores [18] believed that addiction becomes, like narcissism, a retreat to a falsified self – a personality organization where the need of having close attachments is cancelled. He also emphasized that the inclination to the substance of an addicted person is so strong mostly because that relation is more reliable and easier to control than uncertain and unpredictable human

contacts [18, 26]. According to statistical research and reports from therapeutic experiences, it seems that relationships of a considerable amount of addicted people have been dominated since their childhood days by contradiction, inconsistency, jealousy, lack of trust, disappointment and numerous other problems. Such experiences, according to the attachment theory, undoubtedly influence the deficit of establishing close attachment. The internalized representations of painful and hurting relations with others render the self fragile and weak, and thus make most of the addicted people with unsafe patterns of attachment unable to turn to others in order to get what they need. The deprivation of the object's needs and desires leaves them lonely. Consequently, alcohol and other psychoactive substances are applied to alleviate and decrease the feelings of loneliness, pain and suffering as well as to (illusively) repair the hurt, weakened self. Taking such substances as a method of conducting repair enhances, in turn, the dysfunctional styles of attachment, as substance dependency increases the deterioration of their psychological and personality structure conditions [18, 26].

Flores [18, 26] presented also a conception of treating addicted people, according to which a strong therapeutic relation would help them to develop a mature ability to establish mutual attachment. This, as a result, should break the cycle of alienation and isolation resulting from the addiction (and leading to it at the same time) as well as the attitude of counter-dependency of such people. In Flores' opinion, the controlling force of a mature dependency or a safe attachment seems to be absolutely necessary, if addicted people are to resign from their misconceived "trust" to substances for the sake of establishing trust to another human [18]. According to the therapy based on attachment, repairing and reconstructing of the self may be obtained only by means of a healing and healthy therapeutic relationship. An addicted patient needs a constant, feeding, reflective and supportive surrounding which may accommodate and manage this person's negative and destructive impulses, giving her/him room to identify and create internal representations of safe objects. By means of such a relationship, one long-term aim is fulfilled, i.e. helping the addicted person in developing his or her abilities to mutuality and attachment, which may result in breaking the above-mentioned addictive cycle of alienation and isolation [18].

Flores [18, 26] mentioned three levels of treatment. At the first level, it is necessary to begin the abstinence, understood as a separation from the attachment object. It is required in order to enable a person to start attaching to a group or therapeutic support. The second phase of an early treatment requires an understanding of symptoms of addiction and an adaptation to certain techniques of coping with it. At this stage, the most crucial element is giving gratification, support, and sustainment because these strategies support the attachment abilities to the fullest. Flores emphasized the fact that the early stages of treatment involve a stronger gratification than the latter ones. In the third, subsequent stage, when the abstinence and attachment to the treatment process are relatively stabilised, work on the modification of self-deficits and character pathology is started. The

assumption of this part of treatment is connected with the development of the patient's abilities to solve conflicts in a constructive manner, to develop a mature mutuality and interactions with other people which can be defined by a healthy interdependence and intimacy.

**K. B. Walant** [16], making use of many psychodynamic theories, described addiction to psychoactive substances as originating due to an undeveloped ability to establish attachment. Addiction, in her opinion, is a way of coping with the results of developmental deprivations that originated as consequence of experiencing non-empathic parents and a traumatic process of separation. She believed that, in their childhood, addicted people experienced omnipotence and moments of being united with the object too rarely, or – quite the contrary – a too frequent unification with the object confining the child's individuality. They may have also experienced sexual or physical abuse, which consequently did not allow them to develop consciousness of their strength and sufficient confidence and/or self-confidence. As a result of experiencing a constant state of childlike helplessness, addicted people turn to psychoactive substances that provide the component which was missing in their relation with their parents – inner strength, feeling of omnipotence and control [16].

Similarly, basing mainly on the attachment theory, **B. Reading** [27] dealt with the issue of psychoactive substance addiction, assuming that such a substance may be valued by an addict due to its pharmacological effect and symbolic meaning. Reading considered turning to these substances in an analogical way to a situation when a child at the time of being especially stressed turns to its figure of emotional attachment in order to experience closeness, the feeling of safety and comfort. Psychoactive substances may provide functions that are missing in an individual's ego due to the lack of internalized sufficiently good experiences of being cared for in childhood. It seems that taking such substances is a way of omnipotent replacing those functions and a substitute of other inaccessible functions. Recurring attempts to escape to psychoactive substances establish an inner operational pattern of relation with the substance that is connected with experiencing safety, protection and satisfaction [5, 27].

### Summary

Taking into account the dominance of cognitive and behavioural conceptions in the area of addiction psychology, it seems that psychodynamic theories provide a profound conceptualization of a person addicted to alcohol, at the same time not negating the need, and sometimes the necessity, to apply cognitive and behavioural techniques in order to stop the process of taking psychoactive substances as soon as possible. However, from the point of view of the psychodynamic approach, considering addiction (and its treatment) as an issue separated from an individual's life history is not accepted. It perceives addictions as a symptom of widely understood human psychopathology [3]. As the psychodynamic literature stresses – the object of addiction does not attract in a magnetic way – it

is the human that provides the whole magnetism [1, 3, 24]. The core of addiction is rooted in psychological pain that is alleviated by taking substances, which makes the addiction a repair, control, adaptation or treatment [4]. In such a context, it seems interesting to conduct an etymological analysis and interpretation of the word describing that phenomenon – ‘addiction’. In its origin, the word is related to ‘diction’, meaning – as widely understood - ‘say something’, ‘state something’. According to N. Braunstein, there is a fundamental opposition between ‘diction’ and ‘addiction’ consisting in that “addiction is a-diction” [28]. In such an understanding, getting addicted becomes a symbol of something inexpressible, unconscious, hidden in, probably, the history of a human's life. Pain coming from addiction becomes “better” than the pain of the trauma, which cannot be expressed in words [4].

It seems that following the psychodynamic conception in therapeutic work with a patient addicted to alcohol is legitimate also because of the fact that there is a co-occurrence of alcohol addiction together with other psychological disorders, especially with personality disorders. Researchers emphasize the fact that there are extremely convincing proofs of certain strong links between disorders connected with alcohol abuse. Personality disorders are perceived as common among people suffering from alcohol addiction [29-31]. According to some studies, the incidence rate of personality disorders among the addicted to alcohol reaches 50% [32] and – as is known – the occurrence of personality disorders in the group of the addicted to alcohol is a significant challenge for clinicians and psychotherapists because of, among others, immanent difficulties among patients with personality disorders in forming and maintaining a therapeutic relationship [30, 33]. What is more, the occurrence of personality disorders appears to be a strong predictor of addiction recurrence and breaking the therapeutic relationship [31, 34]. Verheul and van den Brink [35] distinguished three paramount models of co-occurrence of addiction to a psychoactive substance and personality disorders:

- 1) the model of primary occurrence of addiction to a psychoactive substance;
- 2) the model of primary occurrence of personality disorders;
- 3) the model of a common factor which causes the addiction to a psychoactive substance and the personality disorder.

The above-mentioned authors emphasize at the same time that empirical proofs most strongly support the primary occurrence of personality disorders. According to this model, the pathological personality traits contribute to the development of addiction to a psychoactive substance. Taking into consideration the effectiveness of the psychodynamic approach in treating personality disorders [36], it therefore appears that psychodynamic concepts may stand for a very useful tool for understanding someone addicted to alcohol and for the therapeutic work with this person.

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