

Ewa Wojtynkiewicz

ALCOHOL ADDICTION IN THE VIEW OF PSYCHODYNAMIC THEORIES.

PART I. REVIEW OF CLASSICAL THEORIES

Institute of Psychology, Kazimierz Wielki University, Bydgoszcz, Poland

Summary

For a long time, psychodynamic treatment of alcohol addiction has been seen as ineffective, unnecessary, or ignoring the patient's behaviour related to alcohol drinking. This resistance seems to be gradually weakening; in the psychotherapeutic community there is a growing number of opinions about the need for a psychodynamic treatment of alcohol addiction. The article reviews classical psychodynamic conceptions of alcohol addiction, its genesis and clinical image of an addicted person. The concepts of Z. Freud, H. Krystal, H. Rosenfeld, L. Wurmser and H. Kohut are presented. Issues of fundamental significance for psychodynamic perception concentrate on the individual as well as perceive the abuse of psychoactive substances as a factor that is inseparable from the personality of the individual. From the point of view of these conceptions, it is considered that addiction is rooted in psychological pain which is alleviated through taking psychoactive substances. This, consequently, results in the fact that addiction becomes a means of repairing, controlling, adapting or treatment. It seems that psychodynamic concepts may constitute a useful addition to the cognitive-behavioural approaches or to those based on motivation reinforcement, which are methods of choice in addiction treatment in Poland.

alcohol addiction, psychodynamic theory

Introduction

For a long time, psychoanalytic and psychodynamic treatment of alcohol addiction has been perceived (and still often is) as ineffective, destructive or unnecessary, as well as ignoring the current behaviour of a patient related to abusive alcohol drinking [1, 2]. However, it seems that gradually – also in the Polish reality – this resistance is starting to grow weaker; in the community of psychotherapists, there appear voices supporting the need of taking up the idea of psychotherapeutic treatment of addictions¹. It is considered that most behavioural and cognitive approaches or those based on strengthening motivation towards addiction treatment formulate some general

¹ A conclusion made by Piotr Dworczyk, the Chairman of the Polish Society of Psychoanalytic Psychotherapy, presented during the 2nd Psychoterapy Conference *Reparation in a therapeutic process. The application of psychoanalytic psychotherapy in addiction treatment*. Organiser: Day-and-Night Neurosis and Personality Disorders Treatment Ward, Independent Public Hospital for Neurotics and Mentally Ill in Międzyrzecz. Międzyrzecz, November 10th 2012.

recommendations for a wide range of patients without emphasizing their individuality, concentrating only on stopping their behaviour connected with substance abuse [3, 4]. It is of fundamental significance for psychodynamic understanding to pay attention to a person and to perceive the abuse of psychoactive substances as a factor that is inseparable from the personality of the human who is involved in it [5].

The aim of both parts of the article is to present classical and contemporary² psychodynamic theories connected with addiction to alcohol, its genesis, the clinical image of the addicted person as well as main assumptions concerning psychotherapy of addictions. There is a lack of such overview in the Polish literature. The article was divided into two parts: an overview of classical theories can be found in the first article, whereas contemporary theories in the second one.

Alcohol addiction in the light of traditional psychodynamic theories

Even though **S. Freud** has made an assumption that psychoanalytic treatment of addictions is impossible due to the difficulty in separation of the addicted person from the object of addiction [6], he found relations between substance addiction and some aspects of human functioning. Firstly, he claimed that masturbation was the original addiction, whereas substance addiction was a substitute and reconstruction of the addiction to masturbation [7–9]. As R. Loose [10] pointed out in his comprehensive elaboration on Freud's works in the context of his contribution to understanding addictions, Freud recognized that addiction – similarly to masturbation – is a way of seeking pleasure without the necessity to "meet another person", as such an encounter always possesses an element of risk, and unpredictability and generates fear. Another relation, as indicated by Freud, concerns the understanding of addiction as a result of fixation on the oral stage of psychosexual development or regression to such a stage. It is also a state "in which there is no human object" [7]; alcohol seems to be the apparent object of love but actually, it is one's self [7]. Moreover, Freud also dealt with the issue of weakening of homosexual fantasies inhibition by psychoactive substances, especially alcohol, in alcohol-addicted people, by decreasing their potential to cope with such fantasies with the use of the mechanism of sublimation [8].

This issue of associating addiction to psychoactive substances with sexuality was also mentioned by other psychoanalysts. Assuming that not external factors, but an individual factor of sexual nature is crucial in terms of explaining the phenomenon of alcohol addiction, **K. Abraham** postulated that drinking alcohol is an expression of certain forbidden homosexual desires and that addicted people have especially intense conflicts around their illicit homosexuality [7, 10]. Abraham, unlike **S. Ferenczi**, who treated homosexuality as the main reason for alcoholism [8], claimed that it

² The division of theories into classical and contemporary concepts is rather arbitrary. The author used the classification presented by Levin (1991).

is not homosexual identity but rather normal but denied aspects of human relations. In his opinion, alcohol enables the process of desexualization, which allows men to create brotherly relations. Assuming that alcoholism is a symptom of sexual perversion and oral regression, he held that abusing alcohol allows one to express their exhibitionistic and sadomasochistic tendencies as elements of childish desires [10].

By contrast, **S. Rado** was of the opinion that addiction, when replacing sexual activity, allows gaining satisfaction that omits the erogenous sphere. It is not the substance itself that drives addiction, as it can be exchanged for another one, but the very impulse to take it. Rado differentiated two types of substances: the first, aimed at reducing pain, consists of appeasing, hypnotizing substances and drugs; the other, that is to provide the so-called pharmacogenic pleasure-effect, are stimulating and euphorizing substances [10, 11]. Patients reaching for psychoactive substances suffer from psychological pain and discomfort called by Rado "tense depression". The pharmacogenic pleasure-effect allows them to experience relief, and an increase of self-respect and makes them feel euphoric [10, 12]. The ego escapes into alcohol addiction in order to protect against aggressive and masochistic forces. The chemical state of ego euphoria reactivates the narcissistic view of not being susceptible to depression, but for this illusion not to be easily dispersed, it must be supported constantly by taking the substance [10].

E. Glover in turn stated, basing on the theory of desires, that alcoholism is a symptom of oral fury and anal sadism [7, 8]. These parts of childlike desire that are still active or reactivated may be satisfied as a result of addiction, which leads to ambiguous relations with a subject that may be the object of only sexual (oral or anal) or aggressive (destruction of such an object) desires. By being fixed or regressed to the stage of libidinal development, addicted people must cope with their own increasing intolerance for the frustrating world, as well as face intolerance on the part of the world frustrated with them, which results in the fact that the whole world becomes the target of attack of an alcohol addicted person [10]. Glover also believed that the origins of addiction should be traced in pre-oedipal stages of development. He claimed that addiction is a specific transitory psychological stage, situated between psychosis and neurosis and represents a compromise between the processes of projection and introjection [10]. In such a condition, the self is experienced as bad due to the presence of introjected bad objects and as threatened with becoming annihilated by projected bad objects, as well as in risk of becoming merged with the bad world. This kind of experiencing oneself and the world leads to a narcissistic conflict and the weak ego cannot cope with strong affection. Psychoactive substances are, therefore, considered as a form of self-treatment and applied in order to cope with intensive emotions. Addiction, consequently, was understood by Glover as a means of ego defence mechanism [10].

The connection between alcohol addiction and pre-oedipal phases of development, *borderline* issue or narcissistic disorders has been quite broadly stressed in the subsequent psychodynamic theories.

R. P. Knight, who is considered to be the pioneer in psychoanalytic treatment of alcohol addicted patients, differentiated two types of addicted people – essential alcoholics and reactive alcoholics [7]. The former comprise people of indefinite identity, financially and emotionally dependent on their families, with a non-continuous history of education and employment, with only minor achievements and an inability to use alcohol properly from the very start. He described such people as patients with oral character and developmental failures as regards the process of separation-individuation. Their level of psychopathology places them between neurosis and psychosis and consequently, he considered them as seriously ill patients with borderline structure of personality. Knight believed that for such patients it is impossible to drink alcohol in a safe way, and the aim of their treatment must be complete alcohol abstinence. Massive developmental inhibitions make their treatment, in turn, extremely difficult [7]. The group of „reactive alcoholics” includes people with a history of often outstanding educational and vocational achievements, economic independence, success in the area of marriage and family. Most of these people had a period of socially accepted alcohol drinking before trespassing the border leading to alcoholism. Their relation with the object is perceived as pretty good although currently disturbed by alcohol abuse. Knight understood their alcohol addiction as a reaction to life stress or losses that triggered off narcissistic pathology of such patients in the form of a fixation or regression to the stage of archaic self. He believed that some of the patients from that group might return to normal or controllable alcohol drinking provided that during the treatment their psychological conflicts are resolved or at least alleviated [7]. Moreover, Knight emphasized depressive aspects of alcoholics' personalities, assuming that frustrating oral needs of a child by its mother leads to suppression of fury, which finally leads to depression [7]. He perceived an alcoholic's mother as a person unable to alleviate her child's fury appearing as a result of not being satisfied, and unable to teach it how to cope with that state. He considered that addiction is caused by blocking a child's separation desires, which results in difficulties to leave the state of fusion and proceed to the process of self-differentiation in the course of individualization [8].

Basing also on the assumption of developmental and relational failures in addicted people's lives, **H. Krystal** thought that people addicted to psychoactive substances suffer because of two reasons. Firstly, because of disturbances within the area of emotional functioning; secondly, due to pathology in their relation with the object [5, 13]. He connected addictions, including alcohol addiction, with serious psychopathology and significant problems in early development, especially in the course of the separation-individuation process [5]. Difficulties in tolerating emotions as well as the inability to recognize, name and verbalize them, which consequently does not allow to use

emotions as signals helpful in understanding oneself, constitute an alexithymic character of people addicted to psychoactive substances [5]. In Krystal and Raskin's opinion, addicted people, driven by developmental deficiencies resulting from their child stage trauma, experience affections in an undifferentiated, global, and most of all, somatic way [11, 14, 15]. Being absorbed by their physical sensations that are accompanied by emotional arousal and fear of being overwhelmed by negative emotions make these people especially vulnerable to compulsive blocking of such states by taking substances [15]. According to Krystal, a disturbed relation with the object leads to the origin of a "basic defect" and "basic dilemma" that result in structure disturbances of one's self in the form of experiencing some parts of oneself as belonging to the object's representation, and not to the self's representation [5, 13, 16]. Addicts, having a strong tendency to experience feelings of ambivalence in interpersonal relations, interchangeably idealize persons important for them, treating them in such cases as the main source of care and support and devalue them and attack when they do not meet their expectations [5, 14]. Additionally, addicted people have a disturbed ability to function autonomically, as functions of self-control, self-discipline and self-care, normally performed by the self, are blocked. In order to take care of oneself and protect oneself against strong emotions, an addicted person is coerced to rely on some external element – another person or a psychoactive substance [5, 9]. The psychoactive substance, not only due to its chemical effect, but also as placebo, allows to cancel internal barriers between the representation of the self and the object [16]. Krystal thought that such a substance is experienced symbolically as if it was a motherly object with which the addicted person wishes to unite as with a perfect object, but at the same time being afraid of it [5, 13].

O. Fenichel also expressly emphasized the importance of the narcissistic attitude as an important factor in the origin of alcohol addiction and believed that alcoholism is a form of regression to the narcissistic stage of development [7, 9]. Moreover, he paid attention to depressions and tensions that underlie the motivation to abuse alcohol, treating the frustration of oral dependency as a reason of chronic depressive disturbances of people addicted to alcohol [7, 14]. He also thought that it is the ill wish to be in a state of euphoria under alcohol influence rather than its mere taking that should be seen as the problematic issue [11]. Fenichel understood alcoholism also as an inadaptable defence mechanism applied to solve neurotic conflicts, especially the conflict of dependency and expression of anger. He claimed that the superego is a part of the mind which is solvable by alcohol, and thus by using alcohol the conflicts of id and superego may be alleviated, whereas prohibited impulses may be satisfied [7].

H. Rosenfeld, by contrast, regarded psychoactive substances as substitutes of the mother's good breast, thinking that, first, the original envy for a mother's breast may lead to its abandonment for one's own thumb, and later for psychoactive substances [8]. He also emphasized the relation of

dependency between addiction to psychoactive substances and manic and depressive disturbances, perceiving addiction as a way of strengthening omnipotent manic defence among people with a fragile ego without well-developed functions of the ego as regards the ability to cope with depressive suffering by self-comforting or seeking comfort in other people [3]. Such a weakness of the ego is conducive to trigger off a manic defence that may lead a person to take substances increasing such a manic state. As a result of activating such a defence as omnipotent control, idealization, or identification with an ideal object, a patient experiences triumph over other people. Rosenfeld was also of the opinion that an important element of alcohol addiction is constituted by false idealization of the narcissistic self, where all omnipotent, destructive parts of the self are idealized. These parts are directed “against both any positive libidinal object relationship and any libidinal part of the self which experiences the need for an object and the desire to depend on it. [...] In fact they have a very powerful effect in preventing dependent object relations and in keeping external objects permanently devalued, which accounts for the apparent indifference of the narcissistic individual towards external objects and the world.” [17, p. 106].

Another psychoanalyst, **L. Wurmser**, who created a broad – in the opposite to the majority of the above-mentioned creators – and noteworthy concept of addiction mechanisms, connected the addiction to psychoactive substances with narcissistic issues. He emphasized that using such substances is a symptom of a pre-existing psychopathology of a patient, which is based on a strong intra-psychological narcissistic conflict caused by a strict, destructive superego [4, 5, 16, 18]. The base for developing substance addiction is constituted by a history of massive, real traumatization, rooted in such real events as exceptionally serious exposition to violence, sexual seduction, being abandoned, fallibility or false character of parents, parental intrusion or inaccessibility. The main reason of superego conflicts, overwhelming affective states and the need to isolate (not experience) huge parts of one's own experience is a “loyalty conflict” experienced by a child in different ways: splitting between explicit and hidden values in the family, the necessity to choose between hostile parents, experiencing a conflict between the family and the external world, devotion to a person versus protecting one's own values [5, 16]. These conflicts are an important element in the cycle of shaping personality structures of people abusing psychoactive substances as described by Wurmser. The process starts from a general lack of sound psychological structures and borders, which results from the above-mentioned real events in an individual's life and leads to a basic defect in the development of protective mechanisms and creating of denial as a global defence mechanism. This, in turn, leads to the establishment of a splitting mechanism. Such splitting enhances the fragmentation of personality and influences the creation and maintenance of externalization (addiction to psychoactive substances) as a main way of escaping from painful affections, but at the same time, it trespasses and blurs borders, which in turn, deepens the original pathology [16, 18]. Externalization

constitutes also an inadequate tool of symbolic expression [16]. Wurmser held that addicted people are characterized by the inability to recognize and define feelings, explore their own affective world. Feelings of empathy towards other people and emotions are perceived by them as overwhelming, global and impossible to be expressed in words. He called these difficulties “hyposymbolization” [15, 16]. The narcissistic crisis that underlies addiction is expressed by a breakdown of expectations and evaluation of oneself and others as well as feeling of worthlessness. It is accompanied by the reactivation of pervasive feelings of anger and fury, shame and blame, tiredness and emptiness, loneliness and depression or the vague wish to experience some kind of adventure to feel alive and to feel oneself [18]. This gives rise to the need of defence against overwhelming emotions by triggering off a mechanism of denial and splitting, which, however, are not sufficient in themselves, so they must be pharmacologically enhanced by psychoactive substances – through externalization, exaggerating the feeling of illusive magical narcissistic power. In Wurmser's opinion, power strengthening through externalization requires also the use of archaic forms of aggression in the shape of sadistic and masochistic impulses, which becomes possible only due to annihilation of the superego and stopping its functions: the internal stability of mood and affection, the ideal ego, self-observation, understanding borders of external reality and self-care; and due to the appearance of the superego's function in a primitive, distorted form [5, 18]. In its final and culminative stage, the performance of substances provides relief, euphoria, pleasure and gratification as well as a narcissistic triumph as it allows to suppress some strict internal voice and overthrow the superego, which results in solving the narcissistic conflict [4, 5, 16, 18]. Pleasant feelings of power, force, good mood which are maintained by the use of such substances allow feeling satisfied with oneself – a state that is normally created through actual achievements and interactions with the world. In the case of addicted people, such a state is shaped based on chemical manipulation of feelings, which is similar to fulfilling one's desires and wishes by hallucination or imagination – the earliest forms of such fulfilment [5]. At the same time, a circular shape becomes characteristic for the above psychological processes and behaviours – in order to maintain the effect of suppressing the superego, an individual is trapped into a vicious circle of addiction and finally becomes addicted [18]. It also seems that in addicted people the cycle is enhanced by deeply rooted fear of taking into account emotional factors in their lives, negating the importance of emotional conflicts or “disregard for the importance of introspection of any kind [...]” [5, p. 196]. Wurmser called that phenomenon “psychophobia” and considered it as a way of avoiding primitive and globally experienced affections and impulses [5, 18].

At the end of the overview dedicated to classical psychodynamic theories concerning addiction to alcohol, it is impossible not to mention **H. Kohut**. What is interesting, he himself wrote little about addictions. Nevertheless, his assumptions have been frequently cited in the world literature. Kohut classified addictions, including alcohol addiction, to the group of narcissistic

behaviour disturbances [19]. He treated an addicted person as a person suffering from a central defect in the self, a central weakness in the core of one's personality [16, 20]. The main idea of this psychopathology is the lack of an internal psychological structure, which is a result of an inadequate environment and functioning of a self-object that – in Kohut's opinion – has let the child down in a traumatic way as regards answering and reflecting its needs [9, 16, 20]. Failures in adequate internalization of functions originally performed for the child by the self-object result in deficits in the area of self-esteem, controlling tension and self-soothing ability, as well as – and most of all – in the form of structural emptiness in the self as an effect of the object's failure to confirm the child's own identity and to protect him/her against experiencing fear connected with fragmentation and psychological annihilation [7, 21]. Kohut thought that alcohol addiction is a way of curing the central defect of the self that is, as a matter of fact, futile and ineffective. In a symbolic way, alcohol becomes a substitute reflecting the idealized self-object, due to which one may achieve the feelings of calming down and being accepted, experience being combined with the source, which provides the feeling of having magical force and power, the feeling of one's own value and self-confidence [9, 16, 20, 22]. Therefore, addiction becomes a symbolic form of repairing developmental defects in the self, replacing the missing psychological structure and filling up the structural emptiness [2, 7, 9, 21]. However – as Kohut emphasizes – the tragedy of this solution is that "[...] no psychic structure is built, the defect in the self remains" [20, p. viii].

Summary

The aim of this article was to present classical psychodynamic concepts concerning the addiction to alcohol. As is well known, the psychodynamic approach provides a deepened understanding of the person addicted to alcohol or the mechanisms of addiction, what is featured in the described views. It may constitute a useful addition to the cognitive-behavioural approaches or to those based on motivation reinforcement, which are dominant methods in addiction treatment in Poland. Contemporary psychodynamic theories are presented in the second part of the overview.

References

1. Burton N. Finding the lost girls. Multiplicity and dissociation in the treatment of addictions. *Psychoanal. Dialogues* 2005; 15(4): 587–612.
2. Gabbard GO. *Psychiatria psychodynamiczna w praktyce klinicznej*. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego; 2009.
3. Director L. Encounters with omnipotence in the psychoanalysis of substance users. *Psychoanal. Dialogues* 2005; 15(4): 567–586.
4. Marlo H, Kalinian H. Utilizing psychoanalytic psychotherapy in the treatment of substance abusers. *Clin. Psychol. Psychother.* 2002; 9: 211–223.

5. Morgenstern J, Leeds J. Contemporary psychoanalytic theories of substance abuse: a disorder in search of a paradigm. *Psychother.* 1993; 30(2): 194–206.
6. Freud S. *Psychologia nieświadomości* (translated by R. Reszke). Warszawa: Wydawnictwo KR; 1923/2009.
7. Levin JD. *Treatment of alcoholism and other addictions. A self-psychology approach.* Northvale/New Jersey/London: Jason Aronson Inc; 1991.
8. Ramos SP. What can we learn from psychoanalysis and prospective studies about chemically dependent patients? *Int. J. Psychoanal.* 2004; 85: 467–488.
9. Jones DB. Addiction and pathological accommodation: an intersubjective look at impediments to the utilization of Alcoholics Anonymous. *Int. J. Psychoanal. Self Psychol.* 2009; 4: 212–234.
10. Loose R. *The subject of addiction. Psychoanalysis and the administration of enjoyment.* London: Karnac; 2006.
11. Khantzian EJ, Halliday KS, McAuliffe WE. *Addiction and the vulnerable self. Modified Dynamic Group Therapy for substance abusers.* New York, London: The Guilford Press; 1990.
12. Khantzian EJ, Albanese MJ. *Understanding addiction as self-medication. Finding hope behind the pain.* Lanham: Rowman & Littlefield Publishers; 2008.
13. Krystal H. Self- and Object-representation in alcoholism and other drug-dependence: implications for therapy. W: Blaine JD, Julius DA, red. *Psychodynamics of drug dependence. NIDA Research Monograph 12* Washington, DC: Superintendent of Documents, U.S. Government Printing Office; 1977, s. 88–100.
14. Khantzian EJ, Treece CJ. *Psychodynamics of drug dependence: an overview.* W: Blaine JD, Julius DA, red. *Psychodynamics of drug dependence. NIDA Research Monograph 12* Washington, DC: Superintendent of Documents, U.S. Government Printing Office; 1977, p. 11–25.
15. Söderström K, Skårderud F. Minding the baby. Mentalization-based treatment in families with parental substance use disorder: theoretical framework. *Nord. Psychol.* 2009; 61(3): 47–65.
16. Director L. The value of relational psychoanalysis in the treatment of chronic drug and alcohol use. *Psychoanal. Dialogues* 2002; 12(4): 551–579.
17. Rosenfeld H. *Impasse and Interpretation: Therapeutic and Anti-Therapeutic Factors in the Psychoanalytic Treatment of Psychotic, Borderline and Neurotic Patients.* New York: Taylor & Francis; 2004
18. Wurmser L. Mr. Pecksniff's horse? (Psychodynamics in compulsive drug use). W: Blaine JD, Julius DA, red. *Psychodynamics of drug dependence. NIDA Research Monograph 12* Washington, DC: Superintendent of Documents, U.S. Government Printing Office; 1977, p. 36–72.
19. Gościniak J. Geneza zaburzeń narcystycznych w koncepcji Heinza Kohuta jako przykład wystąpienia specyficznych deficytów w rozwoju self. W: Cierpiatkowska L, Gościniak J, red. *Współczesna psychoanaliza. Modele konfliktu i deficytu.* Poznań: Wydawnictwo Naukowe UAM; 2005, p. 185–202.
20. Kohut H. Preface. W: Blaine JD, Julius DA, red. *Psychodynamics of drug dependence. NIDA Research Monograph 12* Washington, DC: Superintendent of Documents, U.S. Government Printing Office; 1977, p. vii–ix.
21. Kohut H. *The restoration of the self.* Chicago, London: The University of Chicago Press; 1977/2009.
22. Weegmann M. *The vulnerable self: Heinz Kohut and the addictions.* W: Weegmann M, Cohen R, red. *The psychodynamics of addiction.* London and Philadelphia: Whurr Publishers; 2006, p. 31–49.

E-mail address: ewa.wojtynkiewicz@gmail.com