Chapter 7

Self-Medication, Psychoanalytic, and Psychodynamic Theories

INTRODUCTION

During the 1970s and 1980s, Dr. Ed Khantzian did much to humanize addiction. His 1999 classic, *Treating Addiction as a Human Process*, gave the field its heart, and this chapter is the heart of this book.

He and others debunked the popular and prevailing notions that addiction resulted from hedonism, sociopathy, or self-destruction. Instead, Khantzian suggested that alcoholics and addicts suffer more intensely and with greater difficulty than most. He proposed, in his classic paper on the self-medication theory in 1985, that they use alcohol and other drugs (AOD) to self-medicate for these disturbing emotional states, as well as for a range of psychiatric problems. In many cases, this has led them to discover that the short-term effects of their drug of choice help them cope. Continued use gets them in a lot of trouble. Psychological treatment can be helpful here (Khantzian, 1999, 2011; Khantzian and Albanese, 2008).

Since the mid-1980s, psychiatrists, psychologists, and social workers have been moved to understand and explain addiction from the point of view of psychological suffering. They have drawn on psychoanalytic theory; examined vulnerability, dependency, attachment, and self-soothing capacities; and have also looked at self-disturbances and emotional dysregulation. They have tried to understand the relationship between widespread contemporary addiction and psychological distress. They all suggest, and in different ways, that people self-medicate with drugs and alcohol because they are unable to self-care (Khantzian, 1999, pp. 335–356).

This chapter presents material that has been respected and valued by students and further developed over 20 years of teaching. The following theories are from a self-selected group of addiction and psychoanalytic writers who value connecting psychological and emotional vulnerabilities with the development of substance dependence and abuse problems. I have also included several renowned psychoanalytic thinkers and specific aspects of their work. Their contributions deepen and further our understanding of the psychological suffering driving the need to self-medicate.

The work of each contributor has been reviewed and studied. I have attempted a clear and straightforward synopsis of selected aspects of their work. I have used discipline, imagination, and creativity in my interpretations of their contributions to the field. These theorized essentials are followed by discussion ideas, brief clinical vignettes, and suggestions for their use in recovery treatment. The length of each theoretical presentation varies, dependent very much on my capacity to succinctly apply its applicability to the world of addiction and recovery. Each theory stands alone, yet together they provide a rich understanding of the relationship between emotional pain and the need for relief through AOD. Many of these theorists have made classic contributions in their fields of study. While references may be dated, their contributions continue to provide a deep understanding of the psychological suffering behind addictive symptoms.

Class discussions are strongly encouraged, and students are urged to further their study with additional research and reading.

SELF-MEDICATION THEORISTS

Lance Dodes

Lance Dodes (2002) is a psychiatrist from Harvard University. He has worked in the field of addiction for over 20 years. He proposes that true addiction, or the "heart of addiction," is fundamentally psychological in nature. Addiction exists when there is a psychological need to perform the addictive behavior (p. 74). Dodes straightforwardly highlights the transient nature of physical addiction, and urges us not to confuse its consequences and complications with the problem of addiction in general. He sharply suggests that "physical addiction is surprisingly incidental to the real nature of addiction" (p. 76). These symptoms are largely a medical problem attended to during the early hours of withdrawal. Most people can be safely detoxed in a matter of days or weeks. His emphasis is on addiction's psychological nature, not its physical complications (pp. 3–9).

Content of addiction: People often feel trapped in a problem or dilemma. This results in feelings of helplessness and powerlessness.

Drive behind addiction: Being and feeling trapped creates rage. The rage at feelings of helplessness is the irresistible force that drives addiction.

Purpose of addiction: To reverse feelings of helplessness and powerlessness. Addiction provides a false sense of empowerment, seducing the addict into believing that he is in control of his emotional experience, as well as his life.

Addiction as a substitute action: All addiction is a substitute action because another, more direct response to one's helplessness does not seem possible or permissible.

People may feel hopeless, helpless, and thus trapped in many areas of their lives. These include:

- Relationships and marriages
- A gender
- Raising children
- Illnesses
- Emotional inability
- A body
- Caretaking
- Depression
- Work
- Expectations
- Financial pressures
- A mood or an anxiety

Feeling trapped often results from living with a rigid or anxious perspective about any of these issues. Nicky, a patient who is actively using, tells me she has had a rough 24 hours with a recurring relationship problem. "My partner Lisa, once again, doesn't get it. She'll never get it. How many times do I have to tell her? I'm furious and all alone in raising our children." Nicky felt trapped in this perceived dilemma of over-responsibility, pain, and isolation. She felt hurt by her partner's abandonment and righteous about Lisa's perceived parental delinquency. Nicky was drawn into recalling the details of her sorrow and anger in repetitive and distressing ways. These surrounded her mind and soon immobilized her body. Nothing seemed helpful; no action seemed comforting. She felt stuck on a wish, caught in an emotional standstill. She was breathless; no air seemed available. Agitation and frustration set in. She found a Vicodin and ingested it without thinking.

Dodes suggests that addiction is often the only action that feels available at these moments. Again, it is a substitute action in an effort to reverse the terrorizing feelings of helplessness; it provides an illusion of control in a situation that feels out of control.

The work of recovery involves helping addicts reconsider their substitute response to a problem, and start to consider a healthier, more direct response. This begins by understanding and embracing the patient's sense of helplessness and gently offering a broader perspective. I encourage people to consider *TOES*, that is, to learn to *T*inker *O*n the *E*dge*S* of a problem and to work with the many layers

involved in human emotions, behaviors, and dilemmas. It takes time to learn that a fantasized wish is not the only solution that feels good.

Use of *TOES* released Nicky from her righteous and omnipotent rumination—"My partner doesn't get it. Nothing is going to feel better until she gets it, and she needs to get it right now." Nicky felt trapped by her thinking, lost in its repetition. She withdrew, isolated, and eventually felt worse. She panicked at their increasing distance. She felt stuck and rageful; she had taken herself down with her narrowing perspective.

I reflectively listened and heard her yearning for her partner. I recommended a couples session for the two of them. She angrily responded, seemingly convinced that their busy schedule could not accommodate it, "She has no time for a session; don't you get that?" I didn't respond. We both sat in silence. In a matter of seconds, she replied, "I never even thought of that." I could see and feel the relief in her.

Nicky's expectation for satisfaction was exclusively tied to "My partner has to get it." She was unable to imagine any other relief until a couples session was proposed. The *TOES* suggestion invited her to think on another level, to consider connecting rather than stewing.

I try to help patients feel the value of tinkering around the perimeters of a problem. *TOES* is a tool that shifts perspective and encourages an affective appreciation of these incremental shifts. Actively broadening a perspective opens up an opportunity for reflective and creative thinking, and often allows for healthier choices. Thinking is something you can build a tolerance for, that is, something you want to do more of. Over time, it feels better than taking drugs and alcohol.

Dodes's work reminds us to avoid the trap that "my fantasized solution is the only avenue of true satisfaction." This misguided hope results in a frustration and sense of helplessness that beckon the illusionary soothing capacities of a drug high.

Ed Khantzian

Ed Khantzian (1999, 2011) is the founder of the self-medication theory of addiction. His early theories in the 1970s and 1980s challenged the prevailing notions that addicts were weak-willed, and thus doomed to forever capitulate to hedonistic desires. For decades, he has been moved to look at the psychological suffering of addicts. One of his earliest theories looked at the relationship between an individual's emotional suffering and his choice of drugs (Khantzian, 1999, pp. 69, 117–119).

Motivation to use: Not self-destruction, sociopathy, or euphoria.

Purpose of addiction: To turn uncontrolled or passive suffering into controlled or active suffering.

Addicts: Are sitting on an affective storm of chaotic emotions. People live with the sense that something is wrong but are at a loss as to how to explore this. This is passive suffering.

Choice of drugs is not random: People choose a specific drug because it predictably and reliably works on their internal storm. It quiets or animates the storm. Returning to this relief again and again results in addiction. This is active suffering.

Most addicts did not get a good emotional education. As a result, they live with a limited number of words for feelings. In this condition, emotions feel both big and small, intense or absent, and often collide together. The addict's psychic capacity is compromised; this is a handicap to problem solving. Something feels off and wrong, but one lives with a sense that this discomfort and frustration is just a part of life. This causes a tremendous amount of suffering. Addicts don't know how or whom to ask for help. AOD relieves this passive sense of suffering.

The choice of drugs or alcohol is important here (Khantzian, 1999, p. 59). Random experimentation quickly loses its appeal as soon as the addict discovers that something works, that a specific mind-altering substance changes this feeling of passive suffering. The drug of choice quiets, dulls, deadens, silences, or conversely enlivens, animates, excites one's chaotic emotional storm. The sufferer finally feels a solution to his pain. Returning to this experience again and again becomes a way of life. The result is addiction.

This feeling of passive suffering is replaced by the active suffering of the addictive process. One hasn't always known or understood one's emotions or feelings; but one now knows what it is to be an addict. It brings unwanted attention from family and friends, but it feels better than living with a chaotic and confusing emotional storm inside one's psyche. Actively suffering with addiction and its consequences feels better than passively suffering with an unknowable internal world (Khantzian, 1999, pp. 117–119). True addicts don't use to escape life; rather, they use to find a place in life (Zoja, 2000, p. 15). The rituals of addiction give the passive sufferer's life a purpose. "I can do life, while addicted." Sadly, many, many people live in this compromised solution.

The recovery work here includes expanding one's emotional vocabulary, helping people locate the place and name of feelings in their body, heart, and spirit. A user who is "upset" feels frustrated inside and frustrates those around him. Global feelings need deeper exploration. The process of working through upsetting emotional states is a painstaking task. It takes time, patience, endurance, and tenacity. Recovering addicts can develop the capacity to explore emotions at greater depths. This ultimately turns passive and active suffering into active thinking, problem solving, soothing, and living. This is a good deal.

A woman in her 50s is going through a divorce and has also just begun a very exciting and satisfying relationship. She was emotionally and physically abused by her father. Her pattern has been to abandon herself and her feelings in the face of male demands. Her drug of choice was alcohol. She's in her first year of sobriety.

Her soon-to-be ex-husband is demanding and threatening. She also doesn't want to disappoint her new boyfriend. Her extended family sees her as a troublemaker, and her children are withdrawn. Pressure is mounting, and life is heating up. She walks into my office, short of breath, holding back tears, and, I quickly see, feeling numb. She confirms the passive sense of suffering that accompanies being numb. She is willing to do some work, and we pull out a feeling chart. She circles 32 words in her chaotic, undifferentiated emotional storm and is shocked that "all that was going on." She agrees to redesign her day, make room for some journaling, and calls later in a much more comfortable spot. "I now know what I feel certain about, and I now know what I am not sure of." Alcohol would have quieted and dulled her emotionally anxious storm. She might have temporarily relaxed, but drinking would have prevented her from learning from this experience. She would not have gained an understanding of her distress.

Ed Khantzian With John Mack

A hallmark contribution of Ed Khantzian with John Mack (Khantzian, 1999, pp. 335–56) is the discovery that addicts self-medicate because they are unable to self-care. Self-care functions are ego functions developed through the process of internalization. Responding to a child's needs and fostering healthy dependency over time build his ego capacities and skills. These are necessary to live well. Self-care ego functions serve to warn, guide, and protect individuals from hazardous or dangerous involvements and behaviors, including drug addiction and alcoholism, unhealthy and violent relationships, impulsive choices, and destructive situations. Khantzian looks at self-care deficiencies as a way to explain a range of troubled human behaviors (Khantzian, 1999, pp. 335–355).

Addiction is about two things: Problems of control and psychological suffering in four areas.

Problems of control: Addictions are troubled and destructive behaviors. People have lost choice and lost control. Addicts are unable and thus unwilling to make healthier choices.

Psychological suffering in four areas:

1. A chaotic affect from the experience of qualities and quantities of feelings that are either too intense or too vague, nameless, or confusing

2. A pained sense of self with little or no confidence
3. A wish to make contact and have relationships with others, but it is a wish filled with a sense of hazard and impossibility
4. An inability to desire self-care for oneself

Self-care functions: Early and responsive caregiving results in self-care functions that produce:

- An energized sense of one's value and worth. A feeling that one is worthy of care and protection either from self or others.
- An ability to listen to anxiety that says some kind of trouble is approaching, with the desire and ability to anticipate, as well as attend to, the danger.
- An ability to control impulses and renounce pleasures whose consequences are harmful.
- An enjoyment of appropriate levels of risk, in which dangers are realistically measured.
- An accurate and real knowledge about the outside world and oneself sufficient for survival.
- The ability to be self-assertive or aggressive in order to care for and protect oneself.
- Important relationship skills, especially the ability to choose friends and loved ones who ideally enhance one's sense of value and worth and encourage one's self-care and protection. The ability to rebuff and avoid people who interfere with and jeopardize one's sense of value, self-care, and protection.

Human nurturing comes with limitations, and thus none of us got enough of these ego functions. We all can make poor choices without them. Not all of us choose AOD to compensate for their absence. Addicts do, as a result of marked deficiencies in their nurturing experience. They lack a sense of value and feel unworthy of protection. They are unable to say no to everyday dangers. They self-medicate with drugs and alcohol without these ego functions of protection and care.

The good news is that these deficiencies can be repaired. When people call me and ask me if I charge for the first session, I think of this theory and respond in my mind, "Hell yes." As soon as a patient sits down in my office, I vest him with my libidinal or life force energy of interest, curiosity, and wonder of his life. My clinical intention and hope is that my energy of interest will be taken in by him and, over time, will transform into his own vitalized sense of self-interest, worth, and value. All good caretaking is about the transfer of this investment energy, as any clinician, teacher, or parent knows. An energized interest in self is a key ingredient for living a full life. Drugs and alcohol feel necessary without this sense of vitality.

Patients in ongoing psychotherapy gradually internalize these ego functions of self-care. The recovering addict starts to feel consistently more valuable and worthy, and thinks in terms of his own care and protection. He asserts and risks, and he chooses friends that encourage more of the same. Self-care vitality starts to expand his sense of possibilities. His world starts to feel more pleasurable, and also more rewarding, than AOD ever did.

Ego functions of self-care are valuable for everyday psychological management. Students and patients like working with these functions. Addicts really like it. All their lives they have been called selfish. To learn that valuing and protecting oneself is not selfish, but rather an act of self-care, is a most exciting notion and a welcome relief for those suffering with addictions. I often warn that we will never execute these capacities perfectly. We will, however, catch a failure or deficiency in these needed guidelines for healthy living much sooner.

Donald Rinsley

Donald Rinsley, a psychiatrist who wrote in the 1970s, focused on what is missing in the psychological structure of people with a borderline personality disorder. He was struck by their inability to self-soothe. Addicts lack the same capacity (Rinsley, 1988).

Soothing introject: An element of psychological structure that allows one to identify, monitor, and modulate the emotional shifts that occur throughout a day. It is missing in addicts. They are unable to soothe feelings of frustration and helplessness.

Reason addicts use drugs: To self-medicate as a coping mechanism for this deficit in psychological structure.

Infants and children are dependent on caregivers for food and care, as well as the development of emotional capacity. Rinsley focuses on one's ability to self-soothe. His work suggests that addicts are unable to internally soothe themselves, and thus they look externally for this function in AOD (Rinsley, 1988, p. 3).

One internalizes a soothing introject in several ways. Some opportunities can occur during the preverbal periods in a child's life. Often, he is carried around by a caretaker or parent who is doing double duty. She (or he) is both attending to the child and also attempting to identify, figure out, and calm her own upset about other life events. The parent patiently works through nameless emotional states in an effort to calm her distress.

The child in her arms takes in and learns from her effort to self-soothe. Hopefully, he internalizes her success. He learns that mom can feel bad, clammy, and cold when anxious. He learns that soothing takes time, and that eventually

we are able to quiet ourselves. He senses that frustration can be modified, either through emotionally clear thinking or support from other people. The mom's ability to self-soothe is taken in and becomes a part of the child's psychic structure. During this introjective process, he is developing a capacity to eventually soothe himself.

Another opportunity for internalizing a soothing introjection occurs when a child expresses concern or fear to the caretaker, for example, about going to the dentist. The child is soothed if the mom stops what she is doing, listens to his concerns, and engages in a conversation addressing his worries. The child takes in her skills.

In both of these healthy examples, the external function performed by the caregiver is likely to become an internal function of the child's. Repeated external soothing develops internal calming capacities. The adolescent, and then later the adult, will then be poised to draw on himself in times of stress or discomfort, rather than reach outside for soothing in the form of AOD or other compulsive behaviors. Self-soothing capacities take time to develop and more time to trust. Eventually, they become the instinctive go-to tool. These skills greatly enhance self-confidence. Repeatedly using these capacities is gratifying, eventually much more so than taking drugs or alcohol.

Therapists and Alcoholics Anonymous (AA) sponsors do a lot of soothing during the very early days of sobriety. These needed functions are then internalized. They are essential for long-term recovery.

Karen Walant

Karen Walant (1995) is a social worker from Katonah, New York. For decades, she has been interested in attachment and addiction. Walant suggests that a denial and devaluation of merger moments throughout the life cycle has increased the likelihood of addiction. She proposes that premature autonomy and independence have been encouraged at the expense of attachment needs. She applied this interest to her own version of the theory of self-medication and addiction (p. 2).

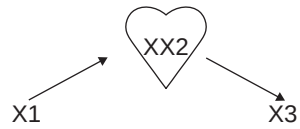
Merger moments: Transformative experiences between a parent and dependent child that result in the child developing a cohesive sense of self.

Normative abuse: When parents and caretakers do not honor a child's healthy dependency needs, but instead honor the cultural norm of independence and separation.

Normative abuse results in: A child, adolescent, and then later adult who is disconnected from his needs and desires, and thus lacks a cohesive sense of self.

At the heart of addiction: A detached, alienated person looking for pseudo-merger with AOD.

Figure 7.1 The Flow of a Merger Moment



Walant suggests that merger moments are necessary experiences for the child. This is best understood by a diagram (see Figure 7.1). A fearful child with a healthy dependency need is represented by X1. Let's say the child is concerned about going to a birthday party with children he doesn't know. He approaches his caretaker, and if she is responsive, they merge together in an intimate relationship characterized by healthy dependency, talking, and problem solving, represented by XX2. When this moment is over, the child is transformed (Walant, 1995, p. 112). His anxiety is now soothed. This is represented by X3.

The child figured out his response to the birthday party dilemma. Healthy dependency and merger increased his confidence. The child learned three things from this experience of transformation. He learned that dependency is good, that it's okay to ask for what you need, and that it is possible the universe might provide it. He senses there is a solution to his fears. This feels good, and life feels doable (Walant, 1995).

Walant also postulates that, particularly in America, there is a tendency to deny or become fatigued with a young child's repeated dependency needs. When this happens, we often urge him to be a big boy and remind him that "Johnny down the street doesn't have a problem with birthday parties."

Walant suggests that the loss of these merger moments produces a child who is detached and alienated from himself and his needs, and thus at a loss as to how to respond to them. He is in a dilemma when problems arise. The child is then poised to look for pseudotransformation in unhealthy merger experiences with his thumb, his navel, his twirling hair, his bottle, fetishes, or other secret solutions. The child, adolescent, and then later adult continues this pseudomerger with drugs and alcohol. He then becomes dependent on these ungratifying compromises to soothe life's distresses. They create a temporary sense of feeling better, but provide little or no opportunity to learn from experience. Nonetheless, they become a way to deal with life.

In very early recovery, the sensation of merger with another person or therapist is often a new and profound experience. If repeated often enough, there develops a growing expectancy that merging with people is safe and desired, that healthy dependency needs should not be ignored and dismissed, and that drowning them in AOD is undesirable and unsatisfying. Addicts start to feel more connected to who

they are and what they need, and look for healthy ways for the universe to respond to them—relationships, hobbies, teaching, and writing. A sense of self-cohesion and self-order is reborn.

Heinz Kohut in Jerome Levin

Jerome Levin (2001) is a major contributor to the field of addiction theory and treatment. His work, *Therapeutic Strategies for Treating Addiction*, includes Heinz Kohut's psychoanalytic theory of self psychology. Kohut sees narcissistic, or self-disturbances, as central to the psychopathology of the addict. Internally, the addict feels empty, fragmented, and unorganized. Alcoholic drinking is the pathological compromise that attempts to make up for this depleted sense of self.

Therapeutic relationships that foster a sense of self-cohesion are essential in recovery. Addiction doesn't inhabit individuals with a sense of self-cohesion and life purpose (Kohut, cited in Levin, 2001, pp. 71–97).

Selfobjects: Important others in the life of a child who are experienced as part of the self or in the service of the self.

Selfobject needs: Specific, empathic responses that the child needs in the areas of grandiosity, idealization, and likeness.

Selfobject experiences: Occur when parents provide needed responses to the child. These parental responses assist in the building of his self-structure. We seek similar experiences throughout our lifetime.

Transmuting internalization: Occurs when needed aspects of important selfobjects are internalized. Functions of the parents are taken in and transmuted into the child's sense of self and self-worth.

The experience of the addict: An inner emptiness is felt as a result of an absence of an internal self-structure. This is experienced as a void that addicts try to fill with AOD. It cannot be done. This effort is "futilitarian."

Motivation to use: All human beings strive toward health no matter how disturbing their behavior. Use of AOD is an attempt to preserve and protect a fragile and fragmented sense of self.

The need during recovery: A relationship with a person or persons that can build and replace deficient and missing selfobject capacities in the areas of tension regulation, self-soothing, and self-esteem regulation.

Kohut (in Levin, 2001, pp. 71–97) sees the self as present at birth. Hopefully, parents feel it and respond to an infant's initiations, assertions, and joys. These empathic responses provide early selfobject experiences for the infant.

According to self psychological theory, the self of the child has needs that must be responded to in certain ways for healthy self-development. These responses

provide necessary functions for the child. Self-structure is then internalized from these selfobject experiences.

Kohut identifies three sets of needs or three poles of self-structure. The first set of needs pertains to the grandiose sector of the self-structure. The child needs to receive confirming and mirroring responses from others regarding his greatness, specialness, and importance. If all goes well, this sense of greatness translates into healthy ambitions and goals.

The second set of needs pertains to the idealizing sector of the self-structure. The child needs to extensively idealize selfobjects in his world. This idealized merger allows for vicarious participation in the perceived strength and calmness of the other during anxious or fearful times. A child eventually translates this borrowed capacity into his own; he can self-soothe.

The third set of needs pertains to the twinship sector of the self-structure. The young child needs selfobject relationships with others that create a sense of essential sameness. These experiences provide a sense of "My needs are okay, and I am like other people." This translates into a sense of belonging and self-confidence.

The child internalizes early empathic responses to these three sets of needs. They become a part of the child's sense of self. A cohesive self-structure is formed that is filled with a sense of vitality, tension regulation capacities, self-control, and self-confidence.

Gross empathic failures to these three sets of needs result in deficits in the child's self-structure. These result in a sense of self that lacks vitality and cohesiveness, that feels fragmented, empty, and enfeebled. This failure of internalization, with its feelings of being lost, can lead to addiction.

Kohut sees this disturbance of self as central to addiction. Addicts' core difficulty is the absence of internal structure. Again, this results in deficits in the self's capacity for tension regulation, self-soothing, and self-esteem regulation. These missing parts of the self are experienced as a void. It's an inner emptiness that addicts try to fill with drugs and alcohol, food, or other compulsive behaviors. Addiction is a desperate attempt to compensate for missing parts of the self. It cannot be done. Whatever is compulsively taken in goes right through, like pouring water into a sieve. It is a "futilitarian" effort. What is missing can only come from other people, from a certain kind of relationship that can be internalized.

For many recovering addicts, a therapeutic relationship is a very good start. The work of recovery and repair takes time and involves the use of transferences to reverse lifelong empathic failures in relationship experiences. Therapeutic skill is required to reawaken the addict's desire for people, long replaced by drugs and alcohol. This first flourishes in the form of a selfobject transference to the therapist. The therapist's essential skill here is not to interfere with the development of this need. Beware, as this is often bungled through lack of awareness or training, as

well as anxiety. Once the selfobject transference is in sway, the patient, by psychic necessity, will ask the therapist to function as part or parts of the patient's missing self-structures (Baker and Baker, 1987).

The functions the recovering addict looks to the therapist to provide through this transference experience will most likely be related to one or more of the three major selfobject states from Kohut's theory of self-development:

- The grandiose self—the recovering addict needs to experience his essence as interesting, valuable, and worthy of others' attention.
- The idealized parent imago—the recovering addict needs to merge with the calm, strength, wisdom, and greatness of the therapist in order to join in his perceived strength and calmness.
- The alter-ego twinship—the recovering addict needs to feel that he is like another, to develop a comforting sense of his essential sameness and belonging.

An important task of the therapist is to discern which type of selfobject response the patient needs at which point in treatment. When the right selfobject transferences have formed, the patient is ready to resume the development of the self, fueled by what Kohut calls the Zeigarnik phenomenon (Kohut, cited in Chessick, 1992, p. 152). This is the wonderful, delightful human tendency to complete interrupted tasks of development if given a chance to do so.

Over time and by transmuting internalization, psychic structure is built. The therapist serves as a selfobject that provides needed functions. These then become internalized and self-structure is rehabilitated to new levels of health, strength, and maturity. The recovering addict is then able to seek out important selfobject experiences and relationships with other people in his own life. He begins to learn that drugs and alcohol actually interfere with the richness of these experiences.

Wilfred Bion

Dr. Wilfred Bion, a British psychoanalyst who wrote in the 1950s, made a major contribution to our understanding of how we as a people learn how to think.

Bion (1967) considers tolerance of frustration an innate factor of our personality (pp. 110–119). In other words, we can face frustration if our mother (caretaker) helps us. When she accepts, contains, and modifies these overwhelming and upsetting feelings, she turns them into what Bion calls our apparatus for thinking thoughts. She acts as a soothing container for difficult emotions. We learn, from her, how to face life's upsets. We learn the pleasures of thinking and, thus, don't need the gratuitous satisfaction that comes from AOD (Fetting, 2009, p. 7).

Deficiency in the addict: The apparatus of thinking thoughts.

Causes of deficiency: Lack of reverie from his childhood caretaker. Reverie is maternal containment of a child's frustrations. It often results in repeated experiences of transforming painful sensations into tolerable states of being, via the mother's thinking and soothing functions.

Motivation to use: To avoid dealing with frustration. Frustration is repeatedly felt as an overwhelming emotion that needs to be evacuated at all costs. This frustration and upset is discharged during repetitive addictive behaviors. It brings temporary satisfaction.

Addict's need: A relationship with someone who has the capacity for reverie. The recovering addict can then internalize this person's capacity to think through and soothe frustrations. He is then less likely to act them out in addictions.

An infant is frustrated and cries; mom responds and enters a mental state that Bion calls reverie. Reverie is emotional availability, fueled by fierce maternal instincts. A mother takes in and takes on the baby's frustrations. In the process, she tolerates them and tries to figure them out. Her instincts keep her focused until she determines his relief. After the baby is held and if all goes well, sensations are transformed—frustration is now satisfaction, emptiness is now fullness, pain is now pleasure, isolation is now company, anxiety is now calm, and dread is now hope (Fetting, 2009, p. 7).

The baby starts to sense, via the mother's capacity for reverie, that he can handle these upsetting feelings. He begins to internalize her capacity to think through and soothe his frustrations. It gradually becomes his capacity. His instinct is to face frustration, not avoid it. Thinking feels better than acting it out. It brings better results.

Without these repeated experiences of reverie, a child, adolescent, and then later adult is left unequipped and uninterested in facing life's everyday frustrations in healthy ways. The individual is left with one solution, and that is to avoid them. Addiction becomes a reliable avoidance strategy, and a way to discharge the tensions of frustration. While one feels temporarily relieved, the path of addiction usually results in the degradation of one's life and relationships. Lack of capacity to think through frustration moves one toward addiction, and the lack of capacity to think through the tragic and harmful consequences keeps one in addiction.

A major part of recovery is in the development of the capacity to think, to learn how to take in and take on one's frustrations, worries, and fears and to reflect on them. Reverie is a learned state. Thinking brings its own pleasures. People gain confidence in thinking things through rather than impulsively acting them out.

Christopher Bollas

Christopher Bollas is a British psychoanalyst and writer. He has written on many topics, including free association and unconscious communication. He also has drawn on the classical notions of fate and destiny, as well as on D. W. Winnicott's ideas about the true self and the false self. Together, these notions are very helpful in understanding some of the deeper self-medicative purposes behind addiction (Bollas, 1989, p. 8).

Addict's vulnerability: The addict's object world (parents, caretakers) did not provide the right conditions for the child to evolve and articulate his idiom. This person feels tragically fated and unable to experience life as conducive to the fulfillment of his destiny.

Purpose of addiction: To remove the suffering that comes from living the fated and reactive life of a false self; to self-medicate the suffering that comes from feeling unable to achieve one's true destiny.

The need during recovery: A relationship with a person who hears the faint murmurs of a true self with its desire to express its idiom through its destiny.

Idiom: The unique nucleus or defining essence of each individual.

Sense of fate: A person who feels fated has not experienced reality as conducive to the fulfillment of his inner idiom. Such a person is frustrated at the very core of his being. A false self becomes his guide through life.

Sense of destiny: Refers to the urge within each person to articulate and elaborate his idiom, a form of a life instinct in which the person seeks to come into his own true being through "an experiencing" that releases his potential.

Bollas (1989) helps us comprehend why some people seem destined to live a life of meaning and fulfillment and others seem fated to live a life of endurance and survival. It goes back to those early days.

If all goes well, an infant, child, and later adolescent experiences his mother as reliable. She enables him to come into contact with and experience his true self or his inherited potential. The child establishes his personality and feels real, alive, and capable of fulfilling his inner idiom, or his defining essence. He is then poised to ruthlessly select objects in his school, peer, and cultural world that facilitate the development of his unique destiny. People of destiny are passionate about what they are doing in life and how they relate to others. They feel strong about what they want. They are not selfish or self-centered. They are in touch with their idiomatic desires (Bollas, 1989, pp. 7–47).

If all does not go so well, an infant, child, and then later adolescent lives in a world of commandments. These are experienced as drastic demands dictated by his

caretaker. These commands most often have nothing to do with the child's true self or inner essence. He feels required to adopt a certain way of thinking, choose certain friends, attend certain schools, and dress in certain ways. These declarations feel topsy-turvy to the child's sense of self, but he feels fated to follow them. The child is alienated from the experience of his true self and his idiomatic desires. He is then poised to feel despair and hopelessness about the world. He loses all interest in the search for objects that will help him experience his true self and unique destiny. A sense of emptiness shadows his life. He feels fated to live a life that he is not really connected to. Without this connection, he is unable to steer for himself. A false sense of self serves as his guide. He despairingly moves forward. He knows no other way (Bollas, 1989, p. 45).

Drugs and alcohol provide much comfort for the fated individual. He ruthlessly selects them as a reliable source of soothing and reprieve for these feelings of nameless dread (Bion, 1967, p. 116). AOD seem the perfect complement to a fated life with no imaginable future. "I can live in this rudderless world if I'm protected with Vicodin or alcohol." Henry David Thoreau said that so many individuals in our culture live lives of quiet desperation. They also live with addictions.

During recovery, the work is both directive and psychoanalytic in spirit. Addicts in their early days of sobriety need direction, guidance, and support. They also need attentive listening by important others. Their true self is searching for a connection that hears their essence and their destiny desires. If that listening occurs, a formerly fated addict can soon begin to live an unimaginable life of his future. It requires the fortune of staying drug-free, as well as focused determination, and a long, steady road of very difficult work with some healthy assertion and aggression to get what you need.

Lisa Director

Lisa Director looks at omnipotence in the psychoanalysis of substance users. Living in a state of omnipotence suggests that one desires a sense of complete control or influence over the self, an object, or others in the outside world. Dr. Director (2005) describes elements of omnipotence that are present in drug use. These include a dominant wish, a focused drivenness with an insistence on pleasure (pp. 567–587).

Addict's vulnerability: Addicts live with a pervasive and disturbing sense that one's needs cannot be met by self or others. This sets into play an aggressive and destructive search to meet them through AOD.

Instrument of omnipotence: Drugs, alcohol, and the world of ritualized addiction provide the addict with a sense of omnipotent control. The use of drugs and alcohol promises that needs will always be met.

The need during recovery: A relationship with a person who has the capacity to hold and contain the addict's defensive feelings of omnipotence. The function of this state of mind can then be more easily explored and discussed.

An infant regularly fed and attended to develops a sense of healthy omnipotence. With this comes a sense of trust that the universe and the people in it can satisfy basic needs. D. W. Winnicott calls this a "moment of illusion." This experience provides an infant, child, adolescent, and then later adult with a faith that other people can provide support during overwhelming times (Winnicott, cited in Director, 2005, p. 575).

Addicts seem to live a very pained life without this internalized sense of illusion. Many have been dramatically and repeatedly disappointed in childhood, adolescence, and, later, adulthood. They live in a state of frustrated need without a clear sense of what to do or how to help themselves. Director and others suggest that addicts aggressively and rather exclusively seek out drugs and alcohol to satisfy these frustrations. They discover that they work, and over time, the AOD becomes the central organizing principle in their lives.

They develop a love affair with this omnipotent provider. The sense of ever-present provisions brings with it tremendous feelings of security and safety. While it is akin to the moment of illusion of the early infant when breastfed, it is a miscarriage of reality based on a perverted relationship with a dangerous object. This relationship provides neither a healthy relational back-and-forth nor satiation. Its pleasure lies exclusively in its control (Director, 2005, p. 575).

Director (2005) goes on to highlight the frustrations experienced by persons in the life of the addict. When the addict is ruthlessly devoted to control of the drug experience, he pushes people to the periphery with aggression and hostility. Family members, loved ones, and even therapists know too well the experience of feeling devalued and unimportant to the addict, even hated, particularly if his using feels threatened. Unconsciously, the addict pushes others away as ruthlessly as his needs were pushed away as an infant. The addict's omnipotence belies his terror; feelings of uselessness bring much suffering to his loved ones (pp. 567–587).

Certainly it is critical for a therapist to contain this omnipotence if it should reappear in early recovery. It requires much tact and patience to listen to an addict's overbearing enthusiasm and sense of certainty about his plans in his early days of sobriety. This certainty has a brittle protectiveness to it. Many times, it prevents real contact with therapists or loved ones, and many times relapse occurs. It is not uncommon to feel as irrelevant to a newly sober person as one did during his days of using.

Omnipotence needs to be addressed, and the deeper reasons behind pushing people away understood. This is very delicate; it takes time and patience. Adam

Phillips (1994) says it best for the plight of the recovering omnipotent addict: "Hell is not other people, but one's need for other people" (p. 45). Learning to trust others without the use of omnipotence is a daunting undertaking.

CHAPTER SUMMARY AND REFLECTIONS

Summary

This chapter presented a self-selected collection of addiction and psychoanalytic theories that shed light on the etiology and psychological suffering behind addiction. A concise synopsis of selected aspects of these theories was presented using discipline, imagination, and creativity. These nine unique, yet overlapping theories proposed that untreated human psychological suffering drives some people to self-medicate their pain with alcohol and other drugs. Each theory presented provides the reader with an insightful and useful perspective on what might cause this suffering. These theorized essentials were followed by discussion ideas, brief clinical vignettes, and suggestions for their use in recovery treatment. Class lectures enrich clinical understanding and invite more personal student participation.

Reflections

Before you leave this chapter, make sure you have:

- Studied each theory
- Further studied those of personal and clinical interest
- Recognized the uniqueness of each theory and the overlap among them
- Considered returning to this chapter again and again