ALCOHOLISM IN A SHOT GLASS

A THEORETICAL MODEL AND CASE STUDY

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A Theoretical Model and Case Study

This chapter presents my own (Levin, 1987) model of the psychodynamic correlative of alcoholism, and of addiction in general, as a regression or fixation to *pathological narcissism* in a special sense. Drawing on the work of Heinz Kohut (1971, 1977a, 1977b) on the development of the self and its pathological vicissitudes, I define pathological narcissism as regression or fixation to Kohut's stage of the archaic nuclear self. The model may at first seem overly abstract and remote from the concerns of the counselor, but when you have given it a little thought, it will make a lot of sense to connect the internal psychological and emotional consequences of developmental difficulties with adult vulnerability to addiction. You will also see the model as quite practical when I spell out its clinical implications following the case example. So don't let Kohut's often forbidding terminology throw you. Kohut's ideas are also discussed in Chapter 7 and you may find it worthwhile to review that section before proceeding in this one.

Since the model speaks of regression or fixation it is not necessarily etiological; rather, it is descriptive of the alcoholic's inner world. For those alcoholics who are fixated at (have never grown beyond) the stage of the archaic self, their pathological narcissism is one of the causes of their alcohol addition; for them the model is etiological. For those who have regressed in

the course of their drinking to the stage of the archaic self, their pathological narcissism is a consequence of their addition. In either case the alcoholism counselor has to deal with clients who lack a healthy, mature self. Since this presentation combines theory with a case and with treatment recommendations, it could just as well have gone in the treatment chapter, but since it is a psychoanalytic conceptualization, I decided to place it here.

Kohut sees narcissistic disturbance as central to the psychopathology of the addict. The core difficult of narcissistic personalities is the absence of internal structure; that is, there are deficits in the self s capacities for tension regulation, self-soothing, and self-esteem regulation. The alcoholic's pathological drinking is an attempt to make up for this missing structure; that is, the drinking serves to reduce tension and regulate self-esteem in the absence of adequate intrapsychic resources to achieve such regulation. Thus, in early sobriety these deficits in the structure of the self, with their concomitant psychological dysfunctions, will continue to disable the alcoholic until psychic structure can be built.

THE SELF

Kohut defines the self as a unit cohesive in space and enduring in time, a center of initiative and a recipient of impressions. It can be regarded either as a mental structure superordinate to the agencies of the mind (the id, ego, and

superego) or as a content of those agencies. Although Kohut believed that these two conceptualizations were complementary rather than mutually exclusive, in his later work he emphasized the self as a central or superordinate principle. It is, so to speak, the organized and organizing center of human experience and is itself experienced as cohesive and enduring. How does this sense of a self that coheres in space and endures in time develop? According to Kohut, the infant develops a primitive (fragmented) sense of self very early. That is, each body part, each sensation, each mental content is experienced as belonging to a self, to me, as mine; however, there is no synthesis of these experiences as yet. There are selves, but no unitary self. Nor are there clear boundaries between self and world. Kohut designates this the stage of the *fragmented* self, it is the developmental stage at which psychotic persons are fixated or to which they regress. Although there are important differences, Kohut's stage of the fragmented self corresponds to Freud's stage of autoeroticism; it is another way of understanding the stage of human development that precedes the integration of the infant's experienced world.

At the next stage of development, an *archaic nuclear self* arises from the infant's experience of being related to as a self, rather than as a collection of parts and sensations, by empathic caretakers. This self is cohesive and enduring, but it is not yet securely established. Hence, it is prone to *regressive* fragmentation. It is nuclear in the sense of having a center, or nucleus, and it

is archaic in the sense of being a primitive (that is, grandiose and undifferentiated) precursor of the mature self. The archaic nuclear self is bipolar in that it comprises two structures: the *grandiose self* and the *idealized self-object*. The grandiose self is a differentiated self that is experienced as omnipotent, but there are no truly differentiated objects. Objects are still experienced as extensions of the self, as selfobjects. At this stage, the child's grandiose self attempts to exercise omnipotent control of his self-objects, including the people who care for him. In healthy maturity, all loved objects have a self-object aspect. However, in maturity the experience of the object as a self-object is a reversible regression in the service of the ego that lacks the rigidity that characterizes the experience of objects as self-objects in pathological narcissism.

The internalization of psychic structure (albeit in rudimentary form) is codeterminous with the formation of the nuclear self. As Kohut (1977a) put it, "The rudiments of the nuclear self are laid down by simultaneously or consecutively occurring processes of selective inclusion and exclusion of psychological structure" (p. 183). Failure to adequately internalize functions originally performed for the child by self-objects results in deficits in the self. Addiction is a futile attempt to compensate for this failure in internalization.

To paraphrase Kohut: it is the inner emptiness, the missing parts of the self experienced as a void, that addicts try to fill with food, with alcohol, with

drugs, or with compulsive sexuality. It cannot be done. Whatever is compulsively taken in goes right through and no psychic structure is built; that can only be done by internalization of relationships. It is abysmally low self-esteem, doubts about being real or of existing at all, and terror of fragmentation that addicts, including alcohol addicts, try to remediate by their addictions. They always fail.

PATHOLOGICAL NARCISSISM

Pathological narcissism is the regression or fixation to the stage of the archaic self. It is characterized by the presence of a cohesive, but insecure, self that is threatened by regressive fragmentation; grandiosity of less than psychotic proportions, which manifests itself in the form of arrogance, isolation, and unrealistic goals; feelings of entitlement; the need for omnipotent control; poor differentiation of self and object; and deficits in the self-regulating capacities of the ego. Further, affect tolerance is poor. The tenuousness of the cohesion of the self makes the narcissistically regressed individual subject to massive anxiety, which is in reality fear of annihilation (that is, fear of fragmentation of the self). Narcissistic personality disorders are also subject to *empty depression*, which reflects the relative emptiness of the self, or the paucity of psychic structure and good internal objects. In the condition of pathological narcissism, these manifestations of the grandiose self or the idealized self-object or both may be either blatantly apparent or

deeply repressed or denied, with a resulting facade of *pseudo-self-sufficiency*, but they are never smoothly integrated into a mature self, as they are in healthy narcissism.

In Kohut's formulation, the overtly grandiose self is the result of merger with (or lack of differentiation from) a mother who used the child to gratify her own narcissistic needs. It is a *false* self in the terminology of Winnicott (1960). Kohut envisions this false self as insulated by a vertical split in the personality. The reality ego is in turn impoverished as a result of the repression of the unfulfilled archaic narcissistic demands by a horizontal split (repression barrier) in the personality (see Figure 10.1). For our purposes, the salient point to be derived from Kohut's and Winnicott's theories is an understanding of the overt grandiosity of the alcoholic as a manifestation of a "false self," which is isolated, both affectively and cognitively, from the more mature reality ego, which is itself enfeebled by its inability to integrate the archaic self. Hence, some sense can be made of the coexistence of haughty arrogance and near-zero self-esteem so frequently seen in alcoholics.

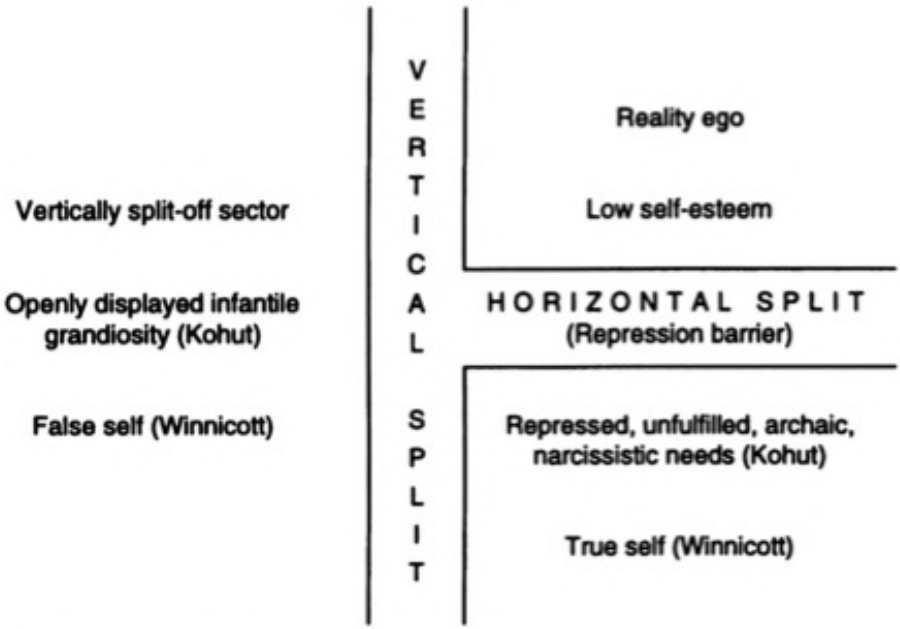

Figure 10.1 Self structure in pathological narcissism.

Regression or fixation to the stage of the archaic nuclear self makes sense of and gives a coherent account of the empirically determined psychological correlatives of alcoholism discussed in chapter 6 (elevated Pd, field dependency, ego weakness, and stimulus augmentation). It also integrates such competing psychodynamic theories as the dependency conflict model, the need-for-power model, and the epistemological error model (see chapters 7 and 8), all of which can be reformulated in terms of

characteristics of the archaic nuclear self. The theory has the additional virtue of applying, as few other theories do, to both male and female alcoholism.

It is of some interest to note that the AA literature sees the attitudinal component of alcoholism ("Alcoholism is a disease of the attitudes") as pathological narcissism. Bill Wilson quotes Freud's phrase "His [or her] Majesty the Baby" from Freud's essay *On Narcissism* (1914), which Wilson learned from his psychiatrist Henry Tiebout. AA addresses this issue in a cognitive, didactic way in its slogans, "Alcoholism is self-will run wild"; "Get out of the driver's seat"; and "Let go and let God." It is also noteworthy that both narcissism and narcotic have the same Greek root, *narke*, which means to *deaden*, so pathological narcissism deadens, while healthy narcissism vivifies.

Alcoholics as a group have received exceedingly bad press and I do not wish to add to the popular notion of alcoholics as self-centered SOBs, although active addiction is necessarily self-centered. The DSM-III-R definition of narcissistic personality disorder stresses emotional shallowness, exploitiveness, and feelings of entitlement. Kernberg (1975) sees pathological narcissism similarly (see chapter 7). Although these traits frequently characterize the clinical alcoholic personality, they are at least partly consequences of the alcoholism. To suggest that the majority of alcoholics are DSM-III-R narcissistic personality disorders is contrary to fact, and

narcissistic conflicts and difficulties are intrinsic to the human condition; nevertheless, it is my observation, which has much research support, that alcoholics suffer particularly acute forms of narcissistic difficulties and narcissistic deficits. My application of Kohut's formulation seems to account for the research and clinical data (see chapter 6).

THE THEORY AND THE "FACTS"

Elevation in the *Psychopathic deviate* (Pd) scale of the Minnesota Multiphasic Personality Inventory (MMPI) in both active and recovering alcoholics is the most consistent finding in the literature on the alcoholic personality and can be understood as a manifestation of the overtly grandiose self, with its arrogance, isolation, and lack of realistic goals. The elevation of the Depression (D) scale on the MMPI, which is also a consistent finding in advanced active alcoholism and early recovery, reflects both the psychopharmacological consequences of active alcoholism (depletion of available catecholamines) and the impoverishment of the self, riddled with structural deficits and impaired in its capacity for self-esteem regulation, that is found in pathological narcissism.

Developmentally, the depression reflects the disappointment that results from inadequate phase-appropriate *mirroring*, or approving confirmation, of the child's grandiose self by self-objects. Additionally, active

alcoholism gives one much to be realistically depressed about. Empirical findings, using adjective checklists and self-reports, of impoverishment of the self can be understood in the same way. The structurally deficient self of pathological narcissism is experienced as an empty depression, and it is reported as lack of interest in people, activities, and goals. Even the self is uninteresting to itself. The regression to pathological narcissism that is concomitant with the alcoholic process progressively strips the already enfeebled ego of its investments in objects and activities, leaving an empty self, an empty world, and an empty bottle.

Another consistent finding in alcoholics is *field dependence* (see discussion in chapter 6). Field dependence entails a relative inability to utilize internal resources, as well as impairments in the differentiations of body image, of figure and ground, and of self and world. By definition, the field-dependent person experiences the environment as a self-object—which is precisely the way in which the person who has fixated or regressed to pathological narcissism experiences the world. My hypothesis accounts well for this datum.

Confused gender identity is a frequent finding in alcoholic populations. This confusion also can be understood in terms of pathological narcissism. (Conflict over sex roles, a related finding, has both sociological and psychological determinants.) Developmentally, the archaic self arises before

the establishment of firm gender identity. Hence, regression or fixation to the stage of the archaic self entails a blurring of gender identity. The failure to adequately internalize (identify with) the ideal self-object of the same sex, which is postulated as etiological in person's vulnerable to pathological narcissism, renders difficult the establishment of a firm gender identity. The early psychoanalytic findings of latent homosexuality in male alcoholics may also reflect failure to internalize ideal self-objects, although these findings are expressed in terms of libido theory and the psychosexual stages.

Ego weakness is a construct that integrates several empirically confirmed characteristics of active and early-sobriety alcoholics: impulsivity, lack of frustration tolerance, lack of affect tolerance, and lack of differentiation of the self-concept. It overlaps many of the findings just discussed: confused gender identity, conflicts over sex roles, psychopathic deviancy, and impoverishment of the self. In terms of pathological narcissism, ego weakness in the alcoholic is understood as encompassing the structural deficits in the self. In other words, the failure to internalize by a process of selective and depersonified identification (which Kohut [1971] calls *transmuting internalization*) the functions of affect regulation once performed from the outside by the mother and other caretakers results in ego weakness. In the case of weak or incomplete internalization, the self is subject to regression to pathological narcissism, with its accompanying ego weakness.

Stimulus augmentation, which has been found to be characteristic of alcoholics and which contributes to their ego weakness, can also be understood in terms of pathological narcissism as a failure to internalize the mother's function as an auxiliary to the innate (biologically given) stimulus barrier. Although constitutional factors certainly play a role in the alcoholic's stimulus augmentation, failures in internalization and structuralization just as certainly play their role.

SALLY: A CASE STUDY

Sally came to me for treatment of a posttraumatic stress reaction. She had been in an automobile accident and was badly shaken. Her face had been scarred and she was deeply depressed. Plastic surgery later restored her face, leaving little evidence of the accident, but when she first came to my office she didn't know that that was going to happen. Sally was young and very appealing. She had been referred by her attorney, who had not mentioned alcohol, so I was surprised when she told me that she was an alcoholic. She said that she had been alcoholic since the age of 12 and had "hit bottom" four years ago. I asked her how old she was. She said, "Twenty-five." My next question was, "How did you get sober?" She replied, "The part about getting sober wouldn't make sense unless I told you about my drinking too: should I do that?" I said, "Sure."

Well, I don't know where to start. I come from an alcoholic family. Both my parents died of alcoholism. Well, I think my father died of alcoholism; he deserted us when I was four. I remember the last time I saw him. We were eating in a diner and I spilled my food. He screamed at me and said I was disgusting. I always felt that he left because I was so disgusting. I feel like a pig; I'm a compulsive overeater, too. I know in my head that he didn't leave because of the way I ate, but I don't know it in my heart. I still believe it.

Things got worse then. My mother drank more and more and we had very little money. Sometimes there was no toilet paper in the house, but there was always beer. Later we moved to my grandfather's. He was rich, but he grabbed my pussy sometimes and I didn't know what to do. I think he was senile, but he drank too, so maybe that was it. After I grew up, my mother told me she knew what he did to me, but she was afraid to do anything about it because he might have thrown us out. She was drunk when she told me that.

Why did she have to tell me? I hate her for letting it happen, and I hate her for telling me that she let it happen. How could a mother do that? I have a daughter. I'd cut off his balls, if a man did that to my daughter. How could she? My grandfather got more senile and I don't know exactly what happened after that.

My mother was like two people. When she was sober she was wonderful

—beautiful and interested in me. But very snobby and uptight. Then I didn't think she was a snob, I thought that she was a great lady—perfectly dressed and so elegant. I loved her so much. Then there was Mother when she was drunk. Sloppy and falling down, she'd sit with her legs spread with no panties and you could see everything. She'd curse and then try to play the great lady, "Oh, my dear," and all that shit. I hated her then.

I was around ten when I started having sex play with my cousins and some of the neighborhood kids. Mostly with the boys, but sometimes with the girls too. Do you think I'm a lesbian? I loved sex—it felt so good and it made me feel good about myself. Somebody wanted me. Maybe I felt guilty underneath. Later I hated myself and maybe all that sex play had something to do with it. I was raised a strict Catholic, sort of. Once I was naked—I had just gotten out of the tub and I did an imitation of the Virgin Mary—I was about six—and my mother really whaled my ass with a ruler.

When I was about ten my mother met my stepfather. Eddy was a complete asshole. He drank all the time, too. Can you imagine marrying a fucking drunk like him? Then Mother really dropped me. She was more interested in drinking with Eddy. I started getting in trouble in school—at 11 I got fucked for the first time. And I mean got fucked, not made love to, by some 20-year-old pervert. Can you imagine an 11-year-old getting fucked? I loved it, or thought that I did. I hung out with all the older boys. They had cars

and liquor and pot. I can't tell you how many cocks I had in me. Big ones, small ones, white ones, black ones. And you know I was never sober once. Every one of those guys had something to get high on—beer, pot, hard stuff. I loved pot from the first time I smoked it. It was even better than sex. And I drank a lot. Any boy or man who gave me something to get high on could have me. Sometimes I really liked it, but I liked fooling around with other girls even more. I think I was really turned on by myself when I played with the other girls. My mother and stepfather raised hell when they weren't too drunk to care, and finally my mother had me put away. Can you imagine that? What kind of fucking mother would put a kid in the places she put me? For God's sake, one place had bars and I was locked in. I hate her for doing that. Mental hospitals, homes for delinquent girls, the House of the Good Shepherd, the whole ball of wax. Finally I got out—I wasn't actually in any of those places for very long, it's just the idea: how could you do that to a kid?—and I met Calvin.

What a bastard he was. Oh, I forgot to tell you that when I was 15 I was team banged by a gang who pulled me into an alley and fucked me until my thing was raw and bloody. They beat me real hard too, but not as hard as Calvin did later. Oh yeah, Calvin beat me all the time. I must have been crazy but I loved him. He took me away from my hometown and my mother didn't bother me anymore. He sort of made a prisoner out of me—if I even went to the grocery store without his permission he beat me. He had a big one, the

biggest I ever saw and I had seen plenty, so I thought he was a great lover. He always had beer and weed and other stuff and I stayed high most of the time. He's the father of my child. When I went into labor he was stoned. He slapped me and called me a rotten whore. He wouldn't go to the hospital with me. Do you know what it's like for a 16-year-old kid to have a baby alone? Forget it.

I never cheated on Calvin but he never stopped accusing me of being with other men and hitting me. Sometimes he hit me with a wooden plank. I thought I deserved it—that I needed to be punished for all the things I had done. I needed Calvin to beat me. As long as he supplied drugs and alcohol and beat me, I would have stayed. It was the way he acted around the baby that made me leave. One day when he wasn't home and the baby was about two, I ran away. I couldn't stand his insane jealousy anymore; he was even jealous of the baby. A guy crazy enough to be jealous of his own kid, that's sick. He was real sick; sick in his head. I couldn't stand any more so I ran away and went to a town in the mountains where my older sisters and brother lived. Something in me said *enough*, you've been punished enough. Of course I kept on drinking. There wasn't any more sex, not then, just falling down drunk every day. I went on welfare and sometimes I worked off the books. I was sort of dead— no, not *sort of*, just plain *dead*. That went on for a few years and I hated myself more and more. I tried to be a good mother through it all and I don't think I did too badly, but God, was I depressed!

My stepfather was dead by then and my mother was far gone. I think I saw it in her before I saw it in me. My brother was in the Program—AA, that is. I thought he was a jerk, a real ass, an uptight loser. Who else would join those holy rollers? What I couldn't figure out was how such a raving asshole could be happy, and the damn jerk *was* happy. Even I could see that. He did something really smart; he didn't lecture me. In fact, he never even mentioned my drinking. Damn good thing he didn't, because the way I rebelled against everything and everybody I would never have listened. What he did do was tell me what had happened to him—ran his story, as they say in AA. I didn't want to hear that shit and I told him so, but I did hear it in spite of myself. I was getting worse; I was more and more terrified that Calvin would come back and kill me—I guess I thought that he should because of the way I was living, but I didn't know that then, I was just scared. I was getting sicker and sicker from all the drinking and I never had any money; it got to the point where I couldn't stand any more. If it wasn't for my daughter, I would have killed myself. I don't know why, but one day I asked my brother to take me to a meeting. An AA meeting, that is. I think it was the guilt; once I didn't have Calvin to beat me I couldn't stand the guilt. I *knew*, I mean I really knew what it's like to have alcoholic parents. I loved my daughter—she has such a sick fuck for a father, so I wanted her to have at least one parent with her head screwed on straight. So I went to that fucking meeting. I loved it—I mean, I *loved* it—like I never loved anything. For Christ's sake, I even identified with

the coffee cups. When I do something I *do* it—I went all the way, the whole nine yards. I was sick—sick, sick, sick from my crotch to my toes, not to mention my head. I was so scared; I hadn't had a sober day in years, but I've made it one day at a time. I haven't made it any too swiftly. I still can't stand the guilt and the rage; you wouldn't believe how angry I get, and the crying. I cry all the fucking time, but I don't drink, I don't drug, and I don't care if my ass falls off, I'm not going to. At least not today.

I didn't want to be like my mother. I *won't* be like her. She's dead now. I couldn't stand it when she died; she died from her drinking. She had an accident while drunk; it was kind of a suicide. I knew she was dead, but I didn't know it. I couldn't let her go—not the awful way it was. If she was sober and I was sober, I could have let her die, but she wasn't, so I knew but I didn't know she was dead. I never accepted it; she couldn't forgive me dead, nor I her. Then one day I went to the cemetery. I looked at her grave for a long time. I couldn't believe she was dead. I started screaming, "Move the fucking grass, move the fucking grass, Mother." I screamed and screamed but she didn't move the fucking grass and I finally knew she was gone. I went to my home group meeting hysterical. All I said was she couldn't move the fucking grass, and I cried the rest of the meeting. Nobody said a word, they just let me be me; they didn't try to take away my pain, and I didn't want or need anybody to take it away. What I needed was somebody to be with me in that pain, and they were.

I love the fucking program and all the crazy screwed-up people there. They're like me; I'm crazy too, but I'm sober. For God's sake, can you imagine what it would have been like if I was drinking when she died? Thank God I wasn't. I hate her—I love her—I still can't let go of her although I know she's dead. I hate alcohol. I hate drinking; look what it did to her, to my father, to me. How did I get sober? I don't really know. I sort of had two bottoms: a beaten bottom and an alcohol bottom. In that first bottom, I sort of saw myself and saw I couldn't go on exposing my daughter to that stuff; the second was luck or something. No, not exactly luck or not only luck. I had something to do with willingness—I became willing to go to that meeting. Maybe I had just had enough; I didn't want any more pain for me or for the baby; she's not a baby anymore. They say, "Why me?" in the program. When you're drinking, you have the "poor me's," so you're always asking, "Why me?" If you recover, you say it differently. I don't know why me. The way I lived, I should be dead, but I'm not. I don't know if I deserve it or not, but I'll take it.

Sally is a very clear example of an attempted self cure of narcissistic deficit and narcissistic injury by substance abuse. All such attempts at self cure are futile, eventually leading to further narcissistic injury. This was true for Sally. Although alcohol and drugs turned out to be the wrong medicine, Sally had found another way to heal herself or start to heal herself before she came for therapy, and I largely stayed out of her way and was nonimpinging as she continued to heal herself. My relative inactivity allowed identification

and transmuting internalization to take place. This led to structure building, firmer self cohesion, and greater ego strength. Most alcoholics and substance abusers do not have Sally's powerful drive for health and they require more active interventions on the part of the counselor.

PRACTICAL IMPLICATIONS OF THE MODEL

Self psychology has a number of powerful interventions to suggest for use in working with alcoholics. In their respective ways these interventions address what theory understands as narcissistic deficit and narcissistic injury and their attempted self-cure through drinking; the attempt to fill inner emptiness due to failures in transmuting internalization; the acting out of and turning against the self of narcissistic rage; *idealizing* and *mirror transferences* to alcohol (that is, experiencing alcohol as an ideal object or as a source of affirmation of one's grandiosity or both); attempts at omnipotent control through substance use and abuse; attempts to boost abysmally low self-esteem through the use of alcohol; and shame experiences that are both antecedents to and consequences of alcohol and drug abuse. The following 11 ways of translating theory into concrete interventions need to be modified so that each particular patient can hear them, but they are models of great utility in working with alcoholics.

Most of these interventions are addressed to "actives," those still

drinking; yet their maximum effectiveness is with the "recovering," particularly those in early sobriety. By varying the tense from "you were" to "you are," they can be used with both groups. As you read, think how you might use them with Sally or with another person with whom you have worked.

1. This intervention addresses the narcissistic wound inflicted by not being able to drink "like other people." The admission that one is powerless over alcohol, as AA puts it, or that one can not drink without the possibility of losing control, as I would put it, is extremely painful. It is experienced as a defect in the self, which is intolerable for those who are as perfectionistic as alcoholics usually are. The self must not be so damaged and deficient. Additionally, to be able to "drink like a man" or"like a lady" may be a central component of the alcoholic's self-concept—his or her identity. This is particularly so for "macho" men, but is by no means restricted to them. The counselor must recognize and articulate the conflict between the client's wish to stop drinking and the client's feeling that to do so entails admitting that he or she is flawed in a fundamental way. The counselor does this by saying, "You don't so much want to drink as not want *not* to be able to drink." This intervention makes the client conscious of the conflict in an empathic way and allows him or her to struggle with this issue, and often opens the way for the patient to achieve a more comfortable stable sobriety.

2. All addictions, including alcoholism, are one long experience of narcissistic injury. Failure usually stalks the alcoholic like a

shadow. As one of my patients put it, "When I drink, everything turns to shit." It sure does: career setbacks, job losses, rejection by loved ones, humiliations of various sorts, ill health, economic decline, accidental injury, and enduring bad luck are the all too frequent concomitants of alcoholism. Each negative experience is a narcissistic wound. Cumulatively they constitute one massive narcissistic wound. Even if outward blows have not yet come, the inner blows—self-hatred and low self-regard—are always there. The alcoholic has all too frequently heard "It's all your fault" in one guise or another. The counselor must empathize with the alcoholic's suffering. "Your disease has cost you so much," "You have lost so much," and "Your self-respect is gone" are some ways the counselor can make contact with the alcoholic's pain and facilitate his experiencing this pain instead of denying, acting out, or anesthetizing it.

3. Alcoholics feel empty. Either they have never had much good stuff inside or they have long ago flushed the good stuff out with alcohol. "You drink so much because you felt empty" makes the connection as well as brings into awareness the horrible experience of an inner void. After sobriety has been achieved, the historical (that is, childhood) determinants of the paucity of psychic structure that is experienced as emptiness can also be interpreted.

4. Alcoholics lack a firm sense of identity. How can you know who you are if your experience of self is tenuous and its partially unconscious inner representation lacks consistent cohesion? The counselor can comment on this and point out that being

an alcoholic is at least something definite—having an identity of sorts. When an AA member says, "My name is _____ and I am an alcoholic," he or she is affirming that he or she exists and has at least one attribute. With sobriety many more attributes will accrue—the self will enrich and cohere. A way of conveying this to the client is to say, "You are confused and not quite sure who you are. That is partly because of your drinking. Acknowledging your alcoholism will lessen your confusion as to who you are and give you a base on which to build a firm and positive identity."

5. Many people drink because they cannot stand to be alone. They drink to enjoy someone's companionship. They have not developed what Winnicott (1958) calls the *capacity to be alone.* Winnicott thinks that this ability comes from the experience of being alone in the presence of another—from having been a small child in the presence of an empathic, nonimpinging other who one has internalized so that one is not really alone when one is by oneself. Being alone in this sense is very different from defensive isolation driven by fear. Presumably, those who drink for companionship have never acquired the capacity to be alone. This, too, should be interpreted. "You drink so much because you can't bear to be alone and drinking gives you the illusion of having company, of being with a friend. After you stop drinking, it will be important for us to discover why it is so painful for you to be alone."

6. Alcoholics form self-object (narcissistic) transferences to alcohol, as do other drug abusers to their drug of choice. Relating to

alcohol as a friend can be regarded as forming a *twinship transference*(Kohut, 1977a) to alcohol. Alcoholics also form idealizing and mirror transferences to alcohol. The image of the archaic idealized parent is projected onto alcohol and it is regarded as an all-powerful, all-good object with which alcoholic drinkers merge in order to participate in this omnipotence. "Alcohol will deliver the goods and give me love, power, and whatever else I desire" is the drinker's unconscious fantasy. The counselor should interpret this thus: "Alcohol has felt like a good, wise, and powerful parent who protected you and made you feel wonderful, and that is why you have loved it so much. In reality, it is a depressant drug, not all the things you thought it was." The counselor can go on to say, "Now that drinking isn't working for you anymore, you are disillusioned, furious, and afraid. Let's talk about those feelings."

7. One of the reasons that alcoholics are so devoted to the consumption of alcohol is that it confirms their grandiosity —in other words, they form a mirror transference. I once had an alcoholic patient who told me that he felt thrilled when he read that a sixth Nobel prize was to be added to the original five. He read this while drinking in a bar at 8:00 a.m. His not-so-unconscious fantasy was to win all six.

   The counselor should make the mirror transference conscious by interpreting it. "When you drink, you feel that you can do anything, be anything, achieve anything, and that feels wonderful. No wonder you don't want to give it up."

8. Alcoholics, without exception, have abysmally low self-esteem no matter how well-covered-over by bluster and bravado it may be. Self psychology understands this as an impoverishment of the reality ego that is a consequence of failure to integrate archaic grandiosity, which is instead split off by what Kohut (1971) calls the "vertical split" and which manifests itself as unrealistic reactive grandiosity. This low self-esteem persists well into sobriety. At some point the counselor needs to say, "You feel like shit, and that you are shit, and all your claims to greatness are ways to avoid knowing that you feel that way. You don't know it, but way down somewhere inside you feel genuinely special. We need to put you in touch with the real stuff so you don't need alcohol or illusions to help you believe that the phony stuff is real." The particular reasons, which are both antecedents to and consequences of the alcoholism, that the client values himself or herself so little, need to be elucidated and worked through.

9. Sometimes the client's crazy grandiosity is simultaneously a defense against and an acting out of the narcissistic cathexis of (that is, mental and emotional investment in) the client by a parent. In other words, the client is attempting to fulfill the parent's dreams in fantasy while making sure not to fulfill them in reality. This is especially likely to be the case if the client is an adult child of an alcoholic. Heavy drinking makes such a defense or acting out easy. If the recovering client's grandiosity does seem to be a response to being treated by either parent as an extension of themselves, the counselor can say, "One reason you feel so rotten about yourself is that

you're always doing it for Mom or Dad and not for yourself. You resent this and spite them by undermining yourself by drinking."

10. Many alcoholics have a pathological need for *omnipotent control.* Alcohol is simultaneously experienced as an object they believe they can totally control and coerce into doing their will and as an object which they believe gives them total control of their subjective states and of the environment. This can be seen as a manifestation of their mirror and idealizing transferences to substances. Alcoholics frequently treat people, including the counselor, as extensions of themselves. The AA slogans, "Get out of the driver's seat" and "Let God and let go" are cognitive-behavioral ways of loosening the need to control. Counselors should interpret this need to control in the client's relationships to alcohol, in the client's relationship with other people, and in the client's relationship with the counselor—for example, "You think that when you drink, you can feel any way you wish," "You go into a rage and drink whenever your wife doesn't do as you wish," or "You thought of drinking because you were upset with me when I didn't respond as you thought I would."

11. Alcoholics and their children suffer greatly from shame experiences. Alcoholic clients are ashamed of having been shamed and often use alcohol to obliterate feelings of shame. Counselors need to help alcoholic clients experience rather than repress their feelings of shame now that they no longer anesthetize them. One way to do this is to identify feelings of

> shame that are not recognized as such. For example, "You felt so much shame when you realized that you were alcoholic that you kept on drinking so you wouldn't feel your shame."

Sally's story amply exemplifies the relationship between narcissistic deficit, narcissistic injury, and the futile attempt to remediate the former and heal the latter through the addictive use of substances—alcohol and food—and compulsive actions—sex and excitement. Sally suffered massive failures of internalization, leaving her with gaping structural deficits. She also felt dead, doubting both her aliveness and her existence, and sought out stimulation of any kind, even beatings, to feel alive. Lacking idealizable parents she found Calvin; having had little phase-appropriate mirroring of her archaic grandiosity, she found alcohol. In addition to mirroring her, alcohol gave her the illusion of cohesiveness. The amazing strength she did display may have been possible because her mother very early on was "good enough." Sally's capacity for splitting also helped her preserve a good mother from whom she could draw some sustenance in face of all the badness of her later, and by then overtly alcoholic, mother. Sally had not integrated the two mothers. Her "bad" mother became Sally's split-off grandiosity and denial. So split off from any kind of reality testing was this side of Sally's vertical split that her unassimilated grandiosity came very close to killing Sally. Sally's mother was not so fortunate, her mother's grandiosity did kill her.

On the other side of the vertical split, Sally's reality ego was impoverished, depressed, empty, fragile, and never far from fragmentation. The phase-appropriate grandiosity of the stage of the archaic nuclear self had never been integrated into her reality ego; it couldn't be because it had never been adequately mirrored. In Winnicott's (1960) terms, her true self was buried for safekeeping from a dangerous, treacherous environment. Whether this is understood in Kohut's or in Winnicott's terms, it is clear that her defensive system made survival possible, and that it was now an encumbrance, and that a major aim of treatment had to be its modification.

The child of an alcoholic carries a special kind of narcissistic injury. Humiliation and shame are recurrent and the wounds go deep. Sally's narcissistic injuries were denied, repressed, and acted out as was the narcissistic rage that is a natural reaction to these injuries. Sally's delinquency was an attempt at self-cure. As Winnicott says, when there is an antisocial tendency, there is hope. Sally found some kind of solace, responsiveness, and, in however distorted a form, mirroring in her acting out. It also allowed her to externalize her rage. However, what saved Sally was her ability to love and to seek love. She never gave up her search for good objects that she could idealize and internalize. Alcohol was one such object—one that traumatically failed her, but she didn't give up. Abandonment depression and abandonment rage were central to Sally's psychopathology, but they could be worked through in the transference, because she did transfer, because she was still

searching for relationship. Her love for her baby, probably an identification with the early good mother, got her away from Calvin, and her ability to enter into a twinship relationship with her brother allowed her to identify with him and join AA. The AA program then became an idealized object. She formed the same kind of transference with me, and the working through of her predominantly idealizing transference, which also had mirror aspects, enabled her to build psychic structure. Of course, she was sober by then or this would not have been possible.

The scene in the cemetery was crucial to Sally's recovery. As long as she couldn't let go of the bad mother or of just plain *Mother*, there was no way that she could internalize a good object. Bad Mother was a pathological introject, the content of the vertical split. Only by letting her die and then mourning her could Sally reclaim the energy to love a new object and by transmuting internalization, acquire the psychic structure she lacked. Mourning is not possible during active addiction to alcohol or to other substances. I have found in case after case that facilitating mourning must take priority in the therapy of the stable sober alcoholic. Only then can the work proceed as one hopes it will.

Kohutian analysis is not the treatment of choice for most recovering alcoholics. Rather, what is indicated is once- or twice-weekly intensive, insight-oriented psychodynamic psychotherapy that is informed by Kohut's

insights into the vicissitudes of narcissism. Alcoholics have an intense need for mirroring as well as a need to idealize the counselor. They are also particularly narcissistically vulnerable. The treatment should therefore focus on alcoholism's blows to the substance abuser's already low self-esteem, failures of the childhood environment to supply sufficient phase- appropriate mirroring and opportunities for idealization, and the alcoholic's experience of much of the world as an extension of self. Anxiety is usually understood and interpreted as panic-fear of psychic death, rather than as a manifestation of intrapsychic conflict, and rage is usually understood and interpreted as narcissistic rage, fury at the failure of the self-object to perfectly mirror or protect, rather than as a manifestation of mature aggression.

Much seemingly irrational behavior can be understood in terms of both the alcoholic's need for omnipotent control and the rage that follows failure to so control. The grandiosity and primitive idealization of the archaic nuclear self also explain the perfectionism of alcoholics and the unrealistic standards that they set for themselves. Most recovering alcoholics have not developed realistic ambitions or livable ideals—these are characteristics of the mature self. The alcoholic's depression can be understood in terms of the paucity of psychic structure, which was never built up through the normal process of transmuting internalization. This empty depression also reflects the repression, rather than the integration, of the archaic nuclear self and the failure to integrate archaic grandiosity. This emptiness does not abate with

sobriety. Further, the narcissistic rage to which the alcoholic is so prone can be turned against the self, resulting in intensely angry depression, sometimes of suicidal proportions. Failure to internalize the stimulus barrier and poor resources for self-soothing render the alcoholic especially vulnerable to psychic injury. Therefore, the ordinary events in daily life long continue to threaten the alcoholic's already tenuous self-esteem.

The insights of self psychology into the dynamics of pathological narcissism are relevant and helpful in working with stably sober alcoholics. Further, Kohut's approach can be used in a modified form in which the narcissistic transferences are allowed to unfold, the client's need to control and to participate in greatness is accepted, and a slow working through of issues is used to help integrate components of the archaic nuclear self into the reality ego.

The empirical psychological and the learning theory literatures both suggest that hyperactivity, learning difficulties, and neurochemical vulnerabilities may characterize the prealcoholic but are loath to take seriously psychodynamic conceptualizations of antecedent psychopathology. The "pink cloud" of early sobriety, during which, much of the research finds, all or most of the negative affect (depression, anxiety, and self-hatred) has been lifted, distorts the picture. So does the absence in this literature of a notion of the dynamic unconscious. Most certainly, alcohol causes an awful lot

of pain, and cessation of self-poisoning radically improves the alcoholic's life and inner experience, yet much remains to be done. In common with many clinicians, I treat many alcoholics who return to therapy after extended periods of sobriety. Now the pink cloud is gone and the developmental issues and deficits suggested by Kohut are all too apparent. Of course this is a biased sample and many recovering alcoholics simply stop drinking and do just fine. Further, I see many adult children of alcoholics (ACOAs) and women, so my picture is necessarily different from the predominantly male clinic and rehabilitation population on which most researchers build their picture of alcoholism.

As I have said, this model applies both to cases in which it is etiological and to cases where it is not, so the issue of antecedent psychopathology is not so acute. Nevertheless, it is a *deficit model* (as are many of the genetic and biochemical theories) that is, it sees alcoholism as an attempt to provide something lacking. Whether as cause or as consequence the inner world and style of relating postulated by the Kohut-Levin model is what must be dealt with in the active and early recovery alcoholic.

Readers interested in psychoanalytic approaches to alcoholism will find the classical papers and contemporary formulations anthologized in Levin and Weiss (1994).

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