ALCOHOLISM IN A SHOT GLASS

PSYCHODYNAMIC THEORIES ABOUT ALCOHOLISM

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Psychodynamic Theories About Alcoholism

There are many theories about the etiology of alcoholism, ranging from the conviction that it results from sin to the belief that it is the result of a biochemical flaw. Recent evidence supports the belief that alcoholism results from a complex interaction of neurophysiological, psychological, sociological, pharmacological, cultural, political, and economic factors. This chapter examines some of the psychological theories of the etiology and *psychodynamics* of alcoholism. Psychodynamics is the science—or theory—of the contending forces in the inner world—the mind. It deals with mental and emotional conflict—conscious or unconscious—and its resolution or lack of it. Some of the older psychodynamic theories may be dated as explanations of the *cause* of alcoholism, but they can help the alcoholism counselor understand the inner experience of the alcoholic and how the disease manifests itself psychologically. In other words, a psychodynamic theory is not necessarily a theory of causality, although it may be; rather it is an attempt to describe the inner world and the forces, conscious and unconscious, contending within it.

PSYCHOANALYTIC THEORIES

Psychoanalytic theory has evolved over the past hundred years from

Freud's realization that repressed feelings, or *affects*, as analysts like to call them, and repressed instinctual drives, sexual or otherwise, cause people all sorts of grief while managing to find expression in indirect ways as symptoms or slips of the tongue, to contemporary psychoanalytic accounts of the formation of the self and the ways in which that formation can go awry. Freud's first (1900/1953) model of the mind was the *topographical model* which understood mental activity as taking place in three realms: consciousness, preconsciousness, and unconsciousness. Another way of saying this is that the mind has three regions: the *conscious* mind, the *preconscious* mind, and the *unconscious* mind. The conscious mind is everything that we are aware of at a particular moment; the unconscious mind comprises those mental contents of which we are not currently aware; and the preconscious mind is that part of the unconscious that we can call to consciousness by a simple effort of will. The "dynamic" unconscious is that part of our thoughts and feelings that is both out of awareness and not accessible by a simple effort of recall. These thoughts and feelings are kept from consciousness by *repression*, a defense mechanism that keeps the unpleasant and unacceptable out of view. Freud's term for the preconscious plus the dynamic unconscious was the *descriptive unconscious*, which is all of the mind's contents of which we are unaware. Freud envisioned a "censor" between the dynamic unconscious and the rest of the mind that guards against the emergence into consciousness of forbidden or otherwise

threatening thoughts (such as the knowledge that one's drinking is suicidal).

Freud's other (1923/1956) model of the mind is the *structural* model. It conceptualizes the mind as *tripartite*, consisting of three "mental organs" defined by their functions. The first organ is the *id*, which literally means the "it." The id is the repository of instinctual drives seeking, indeed pressing for, immediate gratification. Libidinal (sexual), aggressive, and perhaps other biologically determined drives restlessly assert their claims on the organism. The id works by *primary process*, a form of thought devoid of logic or structure. The contents of the id are unconscious, although they may be represented in consciousness by derivatives, including symbols.

The *ego*, which literally means the I, is the executive organ of the mind. Its functions include both defending against threats from the external environment and prohibiting emergence into consciousness of the forbidden or unacceptable, as well as judgment, motility, memory, logical or *secondary process* thinking, perception, reality testing, and delay of gratification. Parts of the ego are conscious, and other parts, especially defenses such as projection onto others of one's own stuff, are unconscious.

The *superego*, literally the "super I," is that part of the mind formed through identification with and internalization of one's parents and other representatives of culture. It contains the conscience and the *ego ideal*, that

which one would like to be. The superego is also partly conscious and partly unconscious. Unconscious guilt leading to self-punishment is a common unconscious superego activity. It may lead alcoholics to continue drinking to punish themselves for their past drinking behavior.

Freud said that the ego—the rational part of the mind—is frail and beleaguered. It has to mediate between the claims of the id, the claims of the superego, and the demands of external reality. Freud saw the major function of therapy as the strengthening of the ego. Ego weakness may contribute to alcoholism, but whatever its etiological role there is no question that alcoholism weakens the ego and that alcoholism counselors must seek to strengthen it.

The concepts of *regression* and *fixation* are important in psychoanalysis, as is the concept of *narcissism*. The regression/fixation hypothesis states that psychopathology reflects either a regression to or a fixation at an early stage of development. Illness is immaturity. One may never have developed beyond a certain point and thus be fixated there, or one may have achieved normal adult levels of functioning but gone backwards, regressed to an earlier stage in the face of some event such as the development of an addiction in adulthood.

Narcissism means love of oneself. It has both healthy and pathological

forms. Healthy self-esteem involves self-love, while morbid preoccupation with self is pathological. Most observers agree that alcohol addiction leads to narcissistic regression, returning to an immature and pathological form of narcissism characterized by self-absorption and self-centeredness.

Early psychoanalysis, which emphasized making conscious unconscious mental contents, particularly those of a sexual nature, was known as *id psychology*. It sought to make people aware of the incestuous, murderous, and otherwise unlovely impulses within them. Later psychoanalysis emphasized strengthening the ego and making unconscious defenses conscious. It was therefore called *ego psychology*. More recently, psychoanalysis has turned to the study of interpersonal relations, particularly those of infancy and early childhood, and their internal representations, an area known as *object relation theory*, and to an examination of the self: its development, vicissitudes, and pathology. This aspect of psychoanalytic theory and practice is called *self-psychology*. Heinz Kohut (1971, 1977a) was its principal developer.

The psychoanalytic theories surveyed here do not necessarily tell us the cause of alcoholism; they do help illuminate the dynamics—the interplay of conflicting forces—found in alcoholics, regardless of whether those dynamics are etiological to the illness. As such they are useful to the alcoholism counselor.

Sigmund Freud

The earliest psychoanalytic insight into addiction of all kinds is contained in a letter from Sigmund Freud (1897/1985) to his friend Wilhelm Fleiss. Freud wrote, "It has occurred to me that masturbation is the one great habit that is a 'primary addiction,' and that the other addictions, for alcohol, morphine, etc., only enter into life as a substitute and replacement for it" (p. 287). Thus, in Freud's view, masturbation is the "model" addiction. All later addictions are modeled after it. They are substitutes for and reenactments of the addiction to masturbation. According to Freud, infantile masturbation is both compelling and guilt inducing. Often it is forbidden by parents or other caretakers, and the child comes to internalize the prohibition. A struggle ensues between a wish for instinctual gratification and the internalized prohibition. The struggle not to masturbate is almost always lost; the pleasures of genital, or pregenital (oral and anal), masturbation are too great. However, the return to masturbation is accompanied by guilt and the fall in self-esteem that accompanies the failure to carry through a resolution. Masturbation can then be used as a way of assuaging the anxiety, and a vicious cycle is set up. This certainly sounds familiar and is indeed the pattern of much addictive behavior. From this point of view, later addictions are not only displacements and reenactments of the original addiction to masturbation but also are attempts to master, through repetition, the traumatic loss of self-esteem that followed the failure to live up to the

resolution not to masturbate. Here Freud was being very much a man of the 19th century, which was obsessed with masturbation and the alleged damage it caused. Exactly why is not clear, but perhaps masturbation represented an escape from social control that an increasingly bureaucratized and rationalized society could not tolerate. It is now believed that infantile masturbation plays an important role in the process of separation-individualization and that it is a vehicle through which the child establishes autonomy and confirms the cohesion of self. If this is the case and later addictions are symbolic reenactments of the first addiction, then all addiction must serve the same purposes. The fact that addiction to alcohol fails in these purposes is not relevant to the present argument.

Freud returned to this theory of addiction many years later in *Dostoevsky and Parricide* (1928/1957). There he analyzed the great Russian novelist's compulsive (addictive) gambling. Playing on the word play Freud traced Dostoevsky's compulsion back to an addiction to masturbation, but he added the insight that the addiction also served as a means of *self-punishment* for the original forbidden wish. The "payoff," for Dostoevsky, his conscious wishes not withstanding, was losing at the gaming table. There can be a condensation of guilts: masturbatory, Oedipal (for incestuous wishes toward parents), and for the addiction itself all of which are "punished" by the negative consequences of the addiction. Thus, it is the *conflict around masturbation* that is reenacted in the addictive behavior and the conflict

around it. This use of an addiction for self-punishment is certainly widespread.

Freud's insight into the self-punishing potential of addition has more than a little validity, as do Freud's other insights. Alcohol addiction is indeed a dead-end path, as is masturbation as an exclusive form of adult sexual activity. Freud's theory has the additional merit of highlighting the narcissistic nature of addiction. In masturbation, one's love object is oneself, one's genitals, or at best one's fantasy of another object, but it is not another person. Similarly, in addictions, including alcoholism, there is a regression (or fixation) to a state in which there is no human object. The love object of the addict becomes the abused substance itself, which is experienced as either an extension of the self or as an omnipotent substance with which the addict merges.

Freud's theory also highlights another aspect of the narcissistic pathology inherent in addictions: the loss of self-esteem that the masturbator or alcohol addict experiences when he or she gives in to the addiction. This loss of self-esteem in turn requires more of the addictive substance or activity to attempt to raise the lowered self-esteem, and an addictive cycle is thus established. Freud's (1920/1955) late theory of the *repetition compulsion* also sheds light on addictions. In this theory he postulates the existence of an innate "death instinct" which drives all organic being to seek the quietus of

the inorganic. Life is a struggle between *Eros*, the force that makes for integration, union, and growth, and *Thanatos*, the force that makes for dissolution, disassociation, and regression. Comparing his vision to that of the Greek pre-Socratic philosopher Empedocles, who wrote of the eternal war between Love and Strife, Freud thought that some sort of innate destructive drive had to exist to account for such phenomena as self-mutilation, suicide, and addiction. He also cited the *negative therapeutic reaction*, in which the better the therapy patient does in treatment, the worse he or she feels, and the compulsive reenactment of destructive relationships as evidence for the innateness of Thanatos. Most analysts have rejected Freud's theory of the indwellingness of a self-destructive drive, but they have thought him correct descriptively; that is, human beings do hold on to and repeat the familiar no matter how pernicious the experience, and this built-in conservatism—resistance to change—is a datum with which the alcoholism counselors must contend.

Karl Abraham

Karl Abraham (1908/1979), one of Freud's early students, published the first psychoanalytic paper on alcoholism in 1908. In it he stated that "alcoholism is a nervous and sexual perversion" (p. 87). By perversion he meant oral regressive and homoerotic tendencies. Abraham based his theory on an analysis of male alcoholics and on his observation that homophobic

men become openly physically affectionate in the camaraderie of the beer hall. He inferred that heavy drinking allows the expression of forbidden homosexual wishes and postulated that alcohol addicts have especially intense conflicts about *repressed homosexuality*. In emphasizing the regression to orality in alcoholism, he not only calls attention to the oral ingestion of the drink but also points out the parallel between drunken stupor and the warmth and security felt by the satiated infant. In his view, it is this state of satiation that the alcohol addict craves. Abraham highlights the psychological and emotional regression brought about by the drinking itself irrespective of the underlying developmental fixation. His paper is prescient in its integration of the dynamic and the sociological aspects of alcoholism.

Edward Glover

Edward Glover (1928), an English analyst, emphasized the *aggression* in alcoholism. Writing from the viewpoint of classical analysis, he spoke of "oral rage" and "anal sadism," by which he meant drinking *at somebody*, using one's alcoholism as a weapon to hurt others. This is common in addictions. Alcoholic rage is partly in defense of the addiction, partly self-hatred projected outward, partly a response to narcissistic vulnerability (that is, ego weakness that sets one up to be easily hurt), partly pharmacologically induced, and partly Glover's regressive oral and anal fury. In any case the management of anger is crucial in alcoholism counseling. Most "slips" are rage

responses. Glover also cites alcohol's antianxiety properties, in particular its use to quell *castration anxiety*, that is, fear of retaliation by the father for murderous wishes toward him.

Sandor Rado

Sandor Rado (1933) was the first to point to the similarity between alcoholism and manic-depressive psychosis, with the cycle of elation during the alcoholic high and depression during the hangover paralleling the manic-depressive cycle. Rado related both the mood alterations of manic- depressive illness and the alcoholic pattern of highs and lows to the cycle of infantile hunger and satiation. He movingly captures the alcoholic's futile attempt to chemically relieve "tense depression" and turn it into elation, only to fall into an even deeper depression, necessitating more alcohol intake. As the addiction proceeds the periods of elation become briefer and briefer and in the end there is nothing but unrelieved depression. This exacerbation of the condition that is being self-medicated by drinking is characteristic of all attempts to use alcohol for this purpose. Much alcoholic drinking is just such self-medication. It is an important dynamic in alcohol addiction even when the dysphoria being medicated is caused by the drinking itself. Rado saw the key issue in addictions, including alcoholism, as a disturbance in the regulation of *self-esteem*. What the drinker seeks in the alcohol elation is the elevation of self-esteem. Few alcoholism counselors would question the

centrality of the necessity to raise self-esteem if sobriety is to be maintained.

Robert Knight

Robert Knight (1937, 1938), whose typology of alcoholism was discussed in chapter 5, emphasizes the *depressive* aspects of the alcoholic personality. Frustrated orality results in repressed rage and hence in depression. Knight was the first to highlight the severity of alcoholic psychopathology. The depression he spoke of is both an "empty" depression and an "angry" depression with rage turned against the self. Such depression is certainly found in clinical alcoholic populations, and Knight's dynamic is operative in some of those depressed alcoholics.

Otto Fenichel

Otto Fenichel, whose book *The Psychoanalytic Theory of the Neurosis* (1945) is almost canonical, also thought that oral dependence and frustration result in chronic depression in the alcoholic. He saw alcoholism as a maladaptive defense mechanism used to resolve neurotic conflicts, especially conflict between dependence and the expression of anger. It is to Fenichel that we owe the observation that "the superego has been defined as that part of the mind which is soluble in alcohol," (p. 379) making it possible for the drinker to use alcohol to indulge in forbidden impulses and resolve id-superego conflicts. Fenichel was the first to explicitly refer to narcissistic

regression in alcoholism. He highlighted the deepening self-involvement that accompanies alcoholic regression.

Karl Menninger

Karl Menninger (1938), one of the few American analysts who subscribe to Freud's theory of a death instinct, put more emphasis on the self-destructiveness of alcoholism than did the other theorists considered here. He called alcoholism a form of *chronic suicide*. It is a destructive aggression against the self as punishment for hostile, aggressive feelings that are unacceptable to the self. In his view alcohol makes manageable the conflict between passive erotic dependence on and resentment of the father, who the drinker experiences ambivalently.

There is no question that alcoholics engage in self-destructive behavior. Their addiction costs them dearly in terms of health, career success, relationships, emotional tranquility, and sometimes life itself. The question is, is that self-destruction sought on if not a conscious then an unconscious level? Analytic writers like Menninger cite clinical material as evidence that alcoholics do deliberately seek self-destruction, whether they realize it or not, while researchers and behaviorally oriented clinicians believe that alcoholics initially sought "positive affect" (elation) and only later, after alcohol itself had produced dysphoria, drank to alleviate "negative affect" (tense

depression), and that in both cases the "self destruction" is a side effect, not a desired outcome at any level. The analysts, with their notion of a "dynamic unconscious," ask why was the elation sought in the first place if there wasn't an underlying depression to start with? I cannot help but observe that drinking can simultaneously serve as an act of forbidden aggression and as a punishment for that aggression, a "double hook" that is indeed powerful. Obviously I am not going to solve this vexed controversy in this book, so I invite the reader to keep an open mind and to view the phenomena of alcoholism from many perspectives. In my experience, they are all useful clinically.

Ernst Simmel

Ernst Simmel (1948) pioneered the psychoanalytic treatment of alcoholism first in a sanitorium, Schloss Tegel, in Berlin, which he founded for the express purpose of treating alcoholism, and later in New York. In creating what was really the first alcoholism rehabilitation unit, he ingeniously integrated milieu therapy—that is, the use of the entire hospital environment as part of the treatment—and psychoanalytic therapy. He analyzed his patients' unconscious motivations for drinking and the unconscious symbolic meanings of that drinking. Following in Abraham's path he examined the relationship between the alcoholic's outer world, the cultural and sociological milieu, and inner world, of emotions, beliefs and thoughts. He forecast an

upsurge of addiction, including alcohol addiction, as an aftermath of World War II. He proved to be right. In his paper, written as he was dying, he recognized the potential of AA, tried to understand the unacknowledged psychological insights that made it effective, and urged cooperation between AA and psychiatry as the most hopeful means of "curing" alcoholics.

EGO PSYCHOLOGY AND SELF PSYCHOLOGY APPROACHES TO ALCOHOLISM

More recent psychoanalytic theorists, including Szasz (1958), Hartocollis (1968), Krystal and Raskin (1970), Kernberg (1975), Wurmser (1978), Kohut (1977b), Khantzian (1981), and Levin (1981, 1987), emphasize impairments in ego functioning, lack of affect tolerance, and the use of primitive ("borderline") defense mechanisms, including "splitting," into all good and all bad and denial. These theorists stress the adaptive function of the addiction—what alcohol does for the person or what the person believes it is doing. Kohut and Levin believe that the psychological dimension of alcoholism is a futile attempt to remediate deficits in the self. Alcohol is experienced as an all-powerful mother with whom the drinker merges in order to raise self-esteem, quell anxiety, feel soothed, feel cohesive or whole, feel full as opposed to empty, feel companioned as opposed to alone, and feel safe. Since alcohol cannot do any of these things for very long and in fact exacerbates the very deficits it is used to ameliorate, an addictive cycle is set up. The theories of Szasz, Krystal and Raskin, Khantzian, Wurmser,

Hartocollis, Fromm, Kernberg, and Kohut are summarized below.

Thomas Szasz

Thomas Szasz (1958) views addictions as *counterphobic* activities. The drinker drinks to confront and master intolerable fears, including the fear of being addicted. The drinker's basic motivation is to prove that he or she is in control, that he or she has ego mastery. A defiance of fate is implicit in this counterphobic behavior. Szasz's theory is insightful. In my view, the phobia is a fear of psychic annihilation and oblivion, of both regressive fragmentation of the self and engulfment of the self by the symbiotic mother. Experientially, both outcomes are death. Alcoholics therefore self-inflict death in order to master their fear of death. Seen in this way, alcoholics are mythic heroes who descend to the underworld and emerge intact—at least that is their hope. The alcoholic's defensive grandiosity is fed by participation in this unconscious drama.

Henry Krystal and Herbert Raskin

Henry Krystal and Herbert Raskin (1970) offer a theory of affect development in which the infant starts out with global, undifferentiated feelings, including a kind of *ur-affect* (primitive undifferentiated emotion) of dysphoria, which will later differentiate into anxiety, tension, and depression in many gradations and with many fine discriminations. They postulate that

alcoholics suffer *affect regression* to a stage in which affects are massive, primitive, and overwhelming. Such regression may be pharmacological or it may be psychodynamic, particularly if the alcoholic has been deprived of the kind of early experience, the *labeling* of affects by loving parents, that facilitates affect development, a deprivation resulting in a fixation to an early stage of affect development. In either case, the alcoholic literally doesn't know what he or she is feeling. Krystal and Raskin's global dysphoria is reminiscent of Rado's tense depression. One also wonders how this theory may be related to alcoholic stimulus augmentation (discussed in chapter 6). Is that augmentation partly a result of failed socialization and/or affect regression?

Krystal and Raskin's theory has important clinical implications. Verbalization is a crucial developmental task involving both maturation and object relations. Whatever the original socialization experience of the alcoholic client, the counselor must facilitate affect progression by giving the alcoholic words for what he or she is feeling. This *affect labeling* provides cognitive structure, starts the process of affect (re)differentiation, and reduces the terror of the experientially primitive, unfamiliar, and chaotic emerging feelings. Affect labeling is a way station on the road from feelings experienced as mysterious happenings, as lightning bolts from above, inflicted on the alcoholic, to feelings experienced as consciously owned aspects of the self. To recur to a classic metaphor, a little territory has been gained for the ego from the id. Initially, affect labeling must be done by the

counselor. “You are angry” or “You are sad,” and so on. Although these are interpretations, the feelings are usually near the surface and are transparent to a trained and experienced counselor. It is always those feelings that are close to consciousness that are interpreted, with the exception of sobriety-threatening feelings, such as rage, which must be made conscious. The idea is not to raise too much conflict in early sobriety, rather to dose interventions on a “need to know” basis. Counseling techniques are discussed in Part III. Krystal and Raskin’s theory of affect regression makes sense of the ubiquity in early sobriety of automatic, maladaptive defenses, including drinking, against strong feelings.

Edward Khantzian

Edward Khantzian (1981) emphasis ego and self deficits in the areas of *self-care* and *regulation of feelings*. Khantzian, unlike Menninger, sees alcoholic self-destruction as resulting from a deficit rather than as a self punishment. The alcoholic is unable to take better care of himself or herself because something is missing inside. There is a “basic fault” (Balint, 1968). This deficit also precludes normal affect regulation and tolerance, resulting in maladaptive defenses including pathological drinking. Khantzian reinterprets alcoholic dependency not as a form of orality, but rather as a necessary consequence of deficiency. He recommends a combination of psychotherapy addressing to remediation of deficits (rather than interpretation of conflicts)

and psychopharmacology as the treatment of choice in alcoholism.

Leon Wurmser

Although he writes about drug addiction in general, Leon Wurmser (1978) has a psychodynamic model that applies to alcoholism. He sees the addict as caught in a seven-stage vicious cycle. In stage one, there is a sudden plummeting of already tenuous self-esteem, usually following a disappointment in reality or in fantasy, which leads to a *narcissistic crisis* (stage 2). This crisis leads to a breakdown of *affect defense* (stage 3) in which feelings become overwhelming, global, generalized, archaic, and incapable of being expressed in words. This experience is intolerable and leads to repression and denial of inner reality, leaving only a vague tension and restlessness (stage 4). In the process, the self is split and depersonalized. The addict experiences an urgent need to act; since the inner world is denied and externalized, it is logical to look for the answer externally and concretely in the drug—in the case of the alcoholic, alcohol. At this point aggression is mobilized, and it may be turned against the self (stage 5). In the next stage (6), the superego is split so that it won't be an impediment to action, and feelings of entitlement and grandiosity lead to a consummation in the binge. The narcissistic crisis ends in pleasure, but it isn't quite successful. Wurmser quotes Rado (1933): "The elation had augmented the ego (self) to gigantic dimensions and had almost eliminated reality; now just the reverse state

appears, sharpened by the contrast. The ego (self) is shrunken, and reality appears exaggerated in its dimensions" (p. 10). The drinker is in worse shape than ever, with even lower self-esteem (stage 7). Wurmser's model suffers from overcomplication and is derived from work with a population that is more psycho-pathological (he believes that the psychopathology is antecedent to the drug use) than the typical alcoholic population, yet it has much to offer alcoholism counseling. His emphasis on maladaptive defenses —particularly the defenses of *splitting* of self, superego, and reality into incommunicable parts; of *denial* not only of the addiction but of the inner world of fantasy and feelings, and of *externalization* of inner deficit, conflict, and possibility of resolution—provides a means of understanding what is going on and a guide to what to look for in counseling sessions.

Peter Hartocollis

Peter Hartocollis (1968) stresses the use of alcohol to bolster defenses. Defenses are ego functions, and the use of alcohol to shore them up implies ego weakness. The defense most in need of bolstering is *denial*, which Hartcollis sees as repudiation of the need for help. His formulation is thus a variation on the counter-dependency hypothesis of the dynamics of alcoholism. In a later paper (Hartocollis & Hartocollis, 1980), he presents evidence from his extensive experience in analyzing alcoholic patients that this denial originated in a disturbed mother-infant relationship, postulating

that the difficulty frequently started in the *rapprochement* substage of the separation-individualization process. Hartocollis is here drawing on the developmental theory of Margaret Mahler (Mahler, Pine, and Bergman, 1975), who traced how the human infant evolves out of a symbiosis with the mother into an autonomous person with a unique and separate sense of self. During this evolution, there is a period in which the toddler, now exploring the world, needs the assurance that he or she can safely regress to symbiosis. Mahler calls the child's gesture rapprochement. If the mother either cannot permit separation or rejects rapprochement, the stage is set for borderline personality disorder. Hartocollis hypothesizes that not only do these developmental vicissitudes predispose people to borderline and narcissistic personality disorders but that these disorders in turn predispose people to alcoholism. To account for the research evidence of lack of "psychopathology" in prealcoholics he points to the relatively smooth surface functioning of some narcissists who compensate for inner emptiness and emotional shallowness by acting "as if'. He further suggests that as their compensation falters, they turn to alcohol to maintain their as if personality (Deutsch, 1965), and as in all the other uses of alcohol as a self-medication, they ultimately fail. AA agrees with Hartocollis in its emphasis on the centrality of admitting the need for help as a prerequisite to recovery.

Erich Fromm

Erich Fromm was an unusual analyst who synthesized Freudian and Marxist thought into a unique amalgamation with a strongly existential flavor. Interested in the intersection of the political and the personal, Fromm's interest was only tangentially in addiction yet he elucidated one of the most powerful dynamics driving addictive behavior, including alcoholism: "escape from freedom." In his 1941 book of that title, Fromm convincingly demonstrated that one of the social dynamics behind the rise of fascism and other forms of totalitarianism is a desire to escape from what the Danish philosopher Soren Kierkegaard (1849/1944) called the "dizziness of freedom"—the anxiety ineluctably concomitant with the realization that I am responsible for—indeed in a sense *I am*—my choices.

The philosopher-theologian Paul Tillich (1952) delineated a distinction between neurotic anxiety and ontological anxiety. *Neurotic anxiety*, on the one hand, is anxiety caused by inner conflict—the sort of conflict Freud described and understood as being between desire and conscience, each or both of which can be unconscious. *Ontological anxiety*, on the other hand, is not based on conflict. It is the anxiety intrinsic to being human. Tillich saw ontological anxiety as having three forms: anxiety over fate and death; anxiety over guilt and condemnation; and anxiety over emptiness and meaninglessness. Tillich believed that the last source of ontological anxiety, the dread of emptiness and meaninglessness, is particularly characteristic of our time. An addiction provides meaning and structure to a life, and the loss of meaning and

structure in recovery provokes ontological anxiety. Twelve- step programs intuitively address this anxiety and help recovering alcoholics deal with this form of dread by providing them with meaningful activities, goals, and values. The dizziness of freedom and the flight from freedom are both ontological in Tillich's sense.

Fromm saw not only social, but individual psychopathology as derivative from a desire to flee the anxiety of being free. A neurosis, a psychosis, or an addiction is a constriction, a narrowing of possibility. The history of any addiction is a history of progressive enslavement. Seen from this point of view, alcoholism with its progressive impoverishment of the self and loss of potentiality is clearly an escape from freedom and its burdens. The achievement of sobriety is a reclamation of freedom. Fear is always concomitant with this newfound freedom, with its choices, decisions, and responsibilities. The result is a sort of ontological agoraphobia, which can arouse such intense anxiety that sobriety is jeopardized. The dizziness of freedom has caused many a slip. The intense anxiety that accompanies the realization that one has choices occurs in relation to all life areas. This is one reason that AA advises its members not to make major decisions during the first year of sobriety. This waiting postpones the eventual necessity of dealing with this particular kind of anxiety until more stable sobriety is attained.

Fromm's existential understanding of the dynamics of alcoholism has

great clinical utility. An exploration of the choices the client needed to flee often opens unexpected vistas that provide insight and strengthen sobriety. (Fromm's influence on an empirical study of alcoholism in a Mexican village, which draws on a different aspect of his thought, is discussed on page 71.)

Otto Kernberg

Otto Kernberg has written extensively on borderline and narcissistic personality disorders, which he treats with a variant of psychoanalysis that emphasizes interpretation of the transference in a context of setting limits including restrictions on drinking. He too sees alcoholism as a symptom of underlying personality disorder. He stresses disturbed *object relations*, by which he means abnormalities in the inner, representational world; that is, each of us has conscious, preconscious, and unconscious representations of ourselves and others, which he calls *self-representations* and *object representations*. In human development, the internal world is initially undifferentiated. There is nothing but a global, undifferentiated representation that does not distinguish between self and other. Kernberg calls this a *self-object representation*. In response to experiences of gratification and frustration, this global representation is split into good and bad selfobjects. If development goes no further, reality testing is never developed since self and world are confused. At the next stage, good and bad selfobjects are differentiated into good self, bad self, good object, and bad

object representations. This is the inner reality of the borderline who oscillates wildly in terms of self evaluation and relations to others. In AA language, this is the world of "the great I Am and Poor Me." According to Kernberg, pathological narcissists confuse their ideal selves (ego ideals), real selves, and ideal others, forming an abnormal amalgamated representation in which these three are fused. In a healthy person, the good and bad self and object representations are integrated, with goodness predominating over badness, and the internal world becomes one of complex, differentiated, more or less realistic self and object representations. Kernberg theorizes that the inner world of the alcoholic lacks such integration and is either characterized by the borderline lack of preintegration of good and bad representations, or by the abnormal fusion of real and ideal of the pathological narcissist. His treatment is aimed at modification of this internal world.

Heinz Kohut

Heinz Kohut was a classical analyst who came to see that classical theory could not account for what went on in some of his analyses. He realized that certain patients, whom he later identified as having narcissistic personality disorders, did not relate to him as a separate person; rather they related to him as if he was an extension of themselves. He built a whole developmental theory from this analysis of the *transference*. Transference is the unconscious repetition of an early object relation in which the reality of a

present relationship is distorted by projections of the internal images of childhood loves and hates. Transference is part of human life and plays a large role in interpersonal difficulties of all kinds. In psychoanalytic treatment, it is maximized and used therapeutically. Kohut called these ways in which certain patients related to him as part of themselves *narcissistic* transferences. Later, he called them *self-object* transferences. He distinguished between two kinds of such transferences: *mirror* transferences and *idealizing* transferences. In the mirror transference, the analyst's only function is to reflect back (mirror) the patient's wonderfulness. What the patient seeks is affirmation of archaic (infantile) grandiosity. In the idealizing transference, the patient puts all the wonderfulness— omnipotence and omniscience—in the analyst and then fuses with him or her. I would suggest that *the alcoholic's relationship to alcohol can usefully be understood as a combined mirror and idealizing transference*. Kohut also spoke of a type of mirror transference which he called a *twin-ship* transference, in which the patient sees the analyst as an identical twin.

Kohut spoke of the *transmuting* internalization of *psychic structure*. By transmuting internalization he meant the gradual taking into the self, so to speak, a grain at a time, of the functions once performed by selfobjects, by which Kohut meant not the internal representations referred to by Kernberg but people to whom one relates in a special undifferentiated way. Each nontraumatic failure of the self-object to meet a psychological need results in

acquisition of some capacity to meet that need oneself, for example, tension regulation. Kohut's notion was one of "optimal frustration": no frustration, no internalization, no need for it; too much frustration, no internalization—what is absent can't be taken in. As Donald Winnicott puts it, parents and counselors "succeed by failing." Kohut would have been more accurate had he referred to psychic structure as psychic *capacity*, for that is what he meant. He conceptualized most psychopathology, and certainly narcissistic pathology, as a deficit state—something is missing inside. It is missing inside because something went wrong developmentally. Some crucial phase of early object relations went awry. Of course, it makes perfect sense to take something in—alcohol for instance—to remedy an internal lack. The only trouble is that what is missing can only come from people, from a certain kind of relationship, not from a chemical, so the treatment of alcoholism must be, in some sense, a replacement of rum with relationship. That is what self-help groups and professional counseling are all about. Kohut compared an addiction to a futile attempt to cure a gastric fistula by eating. The food may taste good, but it falls right out the hole without either nourishing or repairing the hole. As Kohut put it, "no psychic structure is built."

The Kohutian notion of *narcissistic rage* illuminates much alcoholic behavior. Narcissistic rage, unlike mature aggression, is not instrumental in the service of a reality based goal; rather it is the response of the unmirrored self to narcissistic injury (see Levin, 1993), injury to the core self, which is

characterized by deep pain, intense feelings of shame, a precipitous fall in self-esteem, and an unquenchable desire for revenge. It is the response of the offended monarch, "Off with their heads." Kohut used as an example Captain Ahab in *Moby Dick*. Ahab's insane desire for revenge on a "dumb brute," the white whale, destroys him and all but one of his crew.

Narcissistic rage turned against the self can result in suicide. Alcoholic rage is multidetermined: part of it is pharmacological, the result of ethanol's effect on central nervous system tissue; part of it is in defense of the addiction; part of it comes from the accumulation of unexpressed anger (alcoholics have a lot of bluster, but rarely are effectively communicative or assertive); part of it is self-hatred projected outward; part of it is historical (that is, unconscious rage over childhood injury); and part of it is narcissistic rage as a consequence of narcissistic vulnerability (that is, lack of the resources to process the "slings and arrows of outrageous fortune," not to mention everyday disappointments and slights), and feelings of entitlement of the archaic grandiose self (see chapter 10 for a more detailed discussion). Since most slips (relapses) are rage responses, helping the client recognize, contain, and appropriately express rather than act out narcissistic rage is of the essence of alcoholism counseling.

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