

A Theory about Addictions

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The study of addictions is a topical issue and elicits many explanatory theories inside and outside of psychoanalysis. Classical psychiatry continues to consider addictions to be a pathological behavior as defined by the World Health Organization:

Addiction is a physical and psycho-emotional disease that creates dependence on or a need for a substance, activity, or relationship, and is characterized by a set of signs and symptoms that involve biological, genetic, psychological, and social factors.

This definition is not very far from that of the *Dictionary of the Royal Spanish Academy*:

Addiction means dependence on substances or activities that are harmful to one's health or psychic equilibrium. An extreme affinity to someone or something.

Already in *Civilization and its Discontents* (1930), Freud tells us,

Life, as we find it, is too hard for us; it brings us too many pains, disappointments and impossible tasks. In order to bear it we cannot dispense with palliative measures. There are perhaps three such measures: powerful deflections, which cause us to make light of our misery; substitutive satisfactions, which diminish it; and intoxicating substances, which make us insensitive to it.

From this point of departure, subsequent psychoanalytic theories explain addictions from different perspectives, some in terms of psychic structures, others by their origins in parental ties, and others still in terms of mental states.

The theory to which I will refer presents a thought-provoking approach that has been quite useful to me clinically in helping me to understand the mental functioning of persons with addictions. It offers an explanation of what happens to personalities with a proclivity to addiction, starting from the assumption that the subject is not addicted to a substance, per se, but rather that he or she has an addictive organizing core. To clarify this proposition, it is essential to explain that the theory that informs my observations focuses on mental states and assumes the coexistence of a plurality of mental states within human beings: child, adolescent, and adult, masculine and feminine, active and passive, kind and malevolent, and so forth. All of them coexist as different aspects of mind. They either function simultaneously, or one may forcibly seize the helm of personality and, thus, undermine and handicap the rest.

Having in mind this view, an addict's mental functioning might be characterized as a kind of narcissistic organization whose infantile structure weakens and displaces the adult parts of his personality. It not only takes command of his behavior through his body but also of his worldview – how he perceives the world and makes associations. The infantile parts despise dependence but paradoxically become enslaved by becoming insensitive to and passive in the face of the destructiveness of addiction.

It is essential to understand the inherent contradiction of this situation and to differentiate passivity from dependence. Passivity applies solely to a pathological manner of relating that has to do with submission and slavery to destructive aspects of oneself. Dependence, on the other hand, is a relationship based on the trust and security offered by the internal protective elements of the self. Dependence exists vis-à-vis protection, while passivity arises vis-à-vis destruction.

Why submit to something destructive despite its destructiveness? Because what the external world

defines as destructive transforms, reverts, or, more precisely, becomes subverted internally. In other words, something bad seems good and something good seems weak. In this way, the internal structure of addiction expresses itself by perverting an external relationship or activity. The essence of the perverse impulse changes something good into something bad, while it retains the appearance of being good, and vice versa. Thus, submission to the destructive is concealed by a facade of help, protection, or relief. This description should clarify my initial premise. An addiction is not to a substance; instead, each and every life experience can become addictive. No aspect of man's existence is exempt from potential slavery – not even psychoanalytic treatments. Just as there is no human activity that cannot be subverted, neither is there any human activity that cannot be transformed into an addiction.

From this point of view, addictive phenomena are conceptualized as intrinsic to a perverse functioning of mind, which is supported, in turn, by an axis of sadomasochism. In all addictions, the addictive object ensnares the entire personality. Thoughts and behavior both fall under the aegis of that object. From a psychoanalytic perspective, we understand the addict's imperious urge to increase the dose of whatever substance (for classical psychiatry this would be called the state of dependence/independence) as a means of entering a sadomasochistic cycle. I understand this cycle as follows: Within an addict, the need to use coexists with punishment for using. The corresponding thinking is, "If I use, I will submit to the addictive object (masochistic pole), and if I do not use, I will bring the addictive object into submission (sadistic pole)." But, as we all know, these cycles can go on indefinitely because an action at one pole causes a reaction at the opposite pole. For an addict, this situation transforms into a blind alley in which he becomes trapped. In this way, use (and, when I say use I refer to anything from candy and cocaine to work or sex, etc.) becomes confusing and highly conflictual.

We find ourselves with a paradox in which the addicted person feels obliged to use and yet faulted for using. Thus, the perversity of addiction becomes internalized, and external factors play but a small role. The external object of addiction is interchangeable with others, while the internal structure of the subject remains unchanged.

In an effort to clarify what I have conceptualized above, I will briefly describe a clinical case in which a replacement of addictive objects can be seen. Let us say a patient with obesity, in the course of an analytic treatment, stopped eating food compulsively after a gastric bypass surgery and began to miss sessions, to arrive late to sessions, and stopped paying her fee regularly. We might imagine that the dominant/submissive dynamic of the sadomasochist cycle that she once acted out with food had reemerged within the transference. A conceptualization of the analytic situation might be the following: though she intends to force the analyst into submission by mistreating her through her absences and late arrivals, she returns to the following session guilt-ridden and expecting to be punished. This self-defeating, unconscious game is nothing but a reenactment of the relationship that she had with food. The analytic treatment, or, more precisely, the person of the analyst, can be taken to be the addictive object.

In this case, there was a change in the addictive object and a distortion in the concept of dependence. The patient ostensibly sought independence when in truth what she could not bear was dependence on the good that the analytic method brought her and, for that reason, she fell into a state of submission to the person of the analyst.

It is worthwhile to clarify that, while there had been a change of object, her state of mind was the same. The difference was that with the analyst as an object there was a possibility not offered by food

binges, namely the ability to reverse the situation through interpretation. Were this to be accomplished, which is not always possible, a healthy dependence on the protection offered by the analytic method might develop, which, once internalized, would be independent of the specific person of the analyst. For this reason, when the sadomasochistic cycle arises in the transference, analysts consider it an essential and necessary step towards a deepening of the treatment. This therapeutic feat is very difficult to achieve. After all, patients who use are often people who compulsively go looking for death, for whom excitement is associated with danger, and for whom that very danger has been eroticized through the masochistic pole of the cycle described above. In this context, true protection is devalued because they manically seek to abolish anxiety, sadness, and painful affects. Behind the screen of addiction, in these patients we find relationships devoid of meaning and full of despair and hopelessness.

At this point, it might be important to differentiate between the mental functioning involved in habituation and in addictive subversion. The former lacks the passivity that arises in the latter when faced with supposed illusory protection. This distinction can be drawn through the societal figure of the tyrant. Tyranny is not only cruel annihilation of the will of one or various persons, but also a social corruption in which the tyrant offers false protection in exchange for submission. As a social process, tyranny produces complacency, and submission to tyranny generates apathy. We can see that this social model can be translated relatively easily into a means of interpreting psychological processes.

Tyranny, as described above, is no different from the protection the mafia offers or from the harms that the organization threatens to carry out if its false protection is not accepted. Thus, it produces a paralyzing terror that consolidates submission and annihilates thought and psychic pain. The destructive, tyrannical part of the self uses every means at its disposal – seduction, confusion, illusions of omniscience, the promise of avoiding suffering—to force the most essential aspects of personality into submission, and these become enslaved to the internal tyrant, paralyzed by terror at the possibility of losing its illusory protection. The tyrant corrupts the whole self by conjuring attractive and pain-free distractions in the form of various addictive objects, which it uses to achieve its own ends. For this reason, addiction should not be said to be to a specific substance but rather to the illusory protection from psychic pain offered by the internal tyrant, even though this very pain is fundamentally necessary for psychic growth and part and parcel of contact with reality.

References

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