

Addiction - Between Adaptation and Humanity

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The task of the theater [of psychoanalysis] is not to change man. That would be naïve and disrespectful. It must simply preserve in man that which is human. To say and repeat to the actors and the spectators: you are a man, you are a man, you are a man...[1]

The way in which a culture, a society, accommodates and treats vulnerability, a symbol of humanity within man, conditions the forms of social bonding as much as those of knowledge. In its way of helping and healing human suffering, a society reveals its values (Gori, 2010, p. 28). Today, our own society leads us to impulsive states where repetition and destructiveness are very present. But how can we come to understand them?

Clotilde is 39 years old. She is an addict. I have had her in my sessions for 16 years. I work in an CSAPA (*Centre de Soins, d'Accompagnement et de Prévention en Addictologie*, or Center for Care, Support and Prevention in Addictology) as a doctor. After a quite long period of anorexia, at about the age of 17, Clotilde began using substances (heroin and cocaine) to live. The injections began when she was 18. Clotilde was abused between the ages of 6 and 11 years old. She speaks like she is 16 years old. If she is still alive today, it is because these substances have been part of her life for so many years. A few months after a brief interruption in care, I received Clotilde in a somatic state that was very concerning and required hospitalization. This was the second such alarming episode. Her arms and her legs, but also her face (forehead, around her eyes) had become a raw open wound, an abscessed secondary infection. In 20 years of working with addicts, I had never seen such a thing.

At this institution, my work is first and foremost about receiving the other, their speech, the point where they are in their journey, their life, their story. In speaking about Clotilde today, I am attempting to question the new techniques of caring for human suffering, these new *en vogue* psychotherapies in our society. When I began to practice at this center, there were three psychologists of analytical clinical orientation. They held the equivalent of two full-time positions. The program gradually eroded and today, there is one full-time psychologist remaining, whose orientation is more towards criminology and group analysis. During this 15-year period, the time with the psychologist diminished and theoretical orientations diversified: humanist, Rogerian, cognitive behavioral (CBT), systemic, motivational. Today, in the region where I practice, not a single analyst still works in a CSAPA or in an addictology practice. At addictology conventions, there is absolutely no treatment referring to psychoanalysis. CBT, along with neuropsychology, which have just appeared in recent years, are the primary starting points for non-medical interventions. Under the guise of not stigmatizing patients, current therapists no longer label them as '*toxicomanes*' (addicts), but 'consumers of psychoactive substances.' Personally, I like the word *toxicomane*, from the Greek *toxikon* (poison) and *mania* (madness) (Richard, Senon & Valleur, 2004), because it doesn't blame or erase the subject, who acts and repeats.

For individuals and populations, Freud, in *Civilization and Its Discontents*, makes a very strong link between happiness, madness, and narcotics that keep misery and suffering at a distance, as a gain of immediate pleasure but also an element of desired independence with relation to the outside world (Freud, 1995 [1930], p.21). Repetition compulsion is not only a way to remember, but also a way to live a vital existence (Bleger, 1967, pp. 255-285). Therefore, therapy is the very space where we can repair how the collective came to nest in the subject and in the institutions. The practice of psychiatry, founded on free speech and without standardized technique, and very attached to

psychopathology, disappeared little by little. Each society has the psychiatry it deserves, that is, according to the values and collective norms of the era (Gori, 2010, p. 27). Young psychiatrists and psychologists, apart from those who have had a course of analytic treatment, do not have the slightest idea about that which differentiates psychoanalysis from the efflorescence of psychotherapies of all types. Today, the experts want to reduce psychiatry to a neurological study of the brain, a field of medicine like the others, medicine of the organ. Psychoanalysis, language theory, is replaced by imagery, encoding, test, statistics, protocols, processes, and procedures. Thus, it deserts our institutions of care. The reference to psychoanalysis is erased and the subject, the person, withdraws. But if the psychoanalyst is no longer our common referent, then how do we explain the denial of the self-destructive compulsion, of which Clotilde is proof? And how indeed is the repetition compulsion set left aside? As Sylvie Le Poulichet says, the knowledge engendered by researchers on the subject of a treatment for the 'psychic organ', would be of the same nature as the knowledge addicts share: both work to attempt to cancel subjectivity in its relationship to language, in order to consecrate the all-powerfulness of the substance. They exclude the subject from their actions by addressing their body (Le Poulichet, 1987, pp. 36-37).

How can we support the subject in separation from the chosen object without having previously thought of their link to it? If, as I believe, the substance is symbolically substituted for the object, how can you separate from it without considering this matter? To separate, contrary to being cut off or abandoned, is to think about this link. As for the therapies that don't utilize the concept of object relations, that seek to do away with it without considering this complex and conflicting link, stained with love/hate ambivalence, how do these therapies work? If addictions are protections against or substitutes for narcissistic flaws, a flawed or incestual link to the object, how do cognitive-behavioralist therapists or neuropsychologists think about separation without considering this link? Addiction enables life. Leaving it too soon can bring about death. The death drive reminds us of a biological reality: the body is not solely a fantasy; it possesses its own limits, impassable, that escape the mental grasp. The majority of individuals do not need to verify it through repetition. If these limits are psychically better interiorized by some more than others, it's because their death drives have succeeded more in their mission within those people than in people who must always trace the outline of their body (Zaltzman, 2011, p. 45). Addicts, of whom I speak when I evoke Clotilde, are of the register of radical narcissistic substitution. 'They testify of failure, insufficiency of God, of the Father: one cannot rest upon him. One must unceasingly substitute failure for a symbolic instance' (Le Poulichet, 1987, p. 105). As continues Nathalie Zaltzman the initial function of self-preservation, caught in the necessity of repetition, can shift towards having fatal effects, as opposed to [its intended function] ... The psychic dimension of survival, ... the urge to demonstrate being alive by exposing oneself to death, supersedes the dimension of respect of biological reality. (Zaltzman, 2011, p. 46)

Sigmund Freud wrote in 'The Ego and the Id' that 'The Action of Analysis... does not have to make morbid reactions impossible, but to give the sick person the freedom to decide for this or that' (Freud, 2001[1923])[2]. Do the new techniques of approach and care of addicted patients still leave them this freedom of choice? Their procedures or their neurobiological explanations that force the subject to modify or control their behavior, their 'wrongful' thought patterns, their symptoms, does this allow them to consider what the subject experiences through repetition? Is this approach, which could be qualified as utilitarian, efficient in the long-term?

Man is not just a 'useful man' for psychoanalysis; the useful man, the man of self-preservation, or adaptation, is overtaken by the impulsive or, let's say, sexual man... Human beings feed and live on love and hate before eating for survival. That's what psychoanalysis shows us.' (Laplanche, 2008[1992], pp. 176-177-183)

In this sense, utilitarianism of these techniques absolutely does not take into account the impulsive

element. Like it or not, these practices for caring for addicts are the most dehumanizing of them all. Addiction is not an illness, not a unique one in any case. A psychology of adaptation is an essentially false one that does not take into account the impulsive and sexual drives of the human being (Laplanche, *ibid.*).

The modern human looks for solutions to their constant *malaise*, which exists in different ways depending on the era. They look for scientific solutions to this trouble, this fragility, this vulnerability, which is indeed part of their humanity. Unfortunately, in looking for these solutions today, the modern human loses their humanity. That which is specific to humans cannot be confused with a collection of organs about which we could come to know all of the interactions, the neurocircuits, the processes... What is unique to man is their symbolic organization. That which establishes us as individuals, which allows us to live and become a subject and a giver of care, is having been the object of the care of another.

We do not heal something but someone. ... in this someone, we never heal only 'an other', nor 'another of our self', but an ego, an 'other them-self.' ... The initial dependence only becomes an alienation if it does not lead to this creation, this individualization, which is also empowerment. (Worms, 2012, p. 339)

Psychoanalysis always seeks to get closest to that which escapes. With addicts, the failure of symbolization, the failure of linking, the failure of separation, must be considered so that the subject can continue to live without that which has come to make up for this failure. The passage to activity can be thought of as necessary to overcome the trauma. Psychoanalysis is always a promise of conflicts, of the discovery of ambivalence, of conflictualization. The other techniques do not bring about and conflictualization, but are only promises of appeasement of internal tensions. They place a repressive cover of the psychic matters at hand, rather than removing it.

Psychoanalytic thought allows for reflection and development of the way how what happens and was experienced is metabolized in the collective and thus touches each one of us. In a world, an era, where our impulses are permanently stimulated or over-stimulated (all-powerfulness, immediacy, addiction, fear of the other, perversion ...) in a society of altericide that engenders addiction, psychoanalysis has much to do and think about it. Except if, rightly, one no longer wants to think about what is a human amongst or with other humans, what is a town, what is a village. These new forms of care do not threaten just psychoanalysis, but also all of the practices and disciplines where other forms of thought are practiced apart from their own (Gori, 2010, p. 339). 'To support, that is to be next to, as the analyst is at the side of the patient, also means to be different, that is to not confuse, not mix, not substitute' (Chabert, 2017, p. 31). Adaptation and healing are not imposed. If the human being is a social being and a being of narrative, then care must be supportive and leave the time for humans, for addicts, for Clotilde. It's leaving the time to reflect and act on their history, on their failures and injuries from their conflicts. It's not forgetting, rather, it's considering nothing as a fault or failure, but as attempts at resolution, and at living. It's helping them put words to and pursue their path in this world. The analyst is the way to reveal the importance of the outline, the clue, the footprint of conflict, and of the sensitive vulnerability of the tragic man (Gori, 2010, p. 48).

[1] Excerpt from an interview in *Liberation*, 2 December 1988, cited by Nathalie Zaltzman in *De la guérison psychanalytique*. Paris: PUF Epîtres, 1998.

[2] Sigmund Freud, *Les états de dépendance du moi* in *Essais de psychanalyse*, p 223. Translator's note : Taken from James Strachey's original English translation from the German of Freud's *Das Ich und das Es*, 1923.

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