

ALCOHOL AS A SELFOBJECT IN ALCOHOL USE DISORDER

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Abstract

The term selfobject derives from the self psychology theory of Heinz Kohut (1931-1981). It is used to describe an external object, person or activity which may have become part of the self. In psychopathology, where a person has a developmental deficit or damaged self, a selfobject may be used by that person to self soothe or attune. Alcohol may be considered to be such a selfobject and this work discusses this concept, examining Alcohol Use Disorder (AUD) from a selfobject perspective. It also considers the work of other theorists who have supported this construct and examines various theoretical approaches using Kohut's psychodynamic and empathic integrative therapy.

Keywords: Selfobject, Alcohol Use Disorder, Kohut, Self Psychology, Self Soothing, Self Medicate.

Introduction

For the purpose of this work, the term described by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V 2013) as Alcohol Use Disorder (AUD) will be used when referring to alcohol misuse, abuse or addiction. It is considered by many that drug and AUD are among the most costly and prevalent problems facing society (Butcher 1988).

Addiction is essentially defined as a disorder of self-regulation (Khantzian 2012), where the 'addict' is in difficulty regulating their self-esteem, emotions, behaviour and relationships. Kohut (1971; 1977a) proposed a conceptual structure in that the alcoholic is developmentally injured or fixed at an archaic stage. Personality structure, in both theory and research, has long been acknowledged as one of the factors in the development of addictive behaviours such as AUD (Freud 1898; Rado 1933; Wurmser & Zients 1982). Psychoanalytic theory abounds with links to AUD and psychological structure (Frosch & Milkman 1977; Morgenstern & Leeds 1993; Treece & Khantzian 1986). Kohut's self psychology, and perhaps the concept of narcissistic development, may have some validity in explaining AUD and its possible treatment (Kohut 1971, 1977a, 1984; Levin 1987; Wood 1987). Kohut studied narcissistic personality disorder in patients who had failed to develop a reliable and durable sense of self. In his early theoretical work (1971, 1977a) he uses concepts such as grandiose and selfobject transferences, concepts which may be compromised by the failure of primary caregivers in respect of empathy and being 'good enough', not fulfilling the child's needs for

developmental attunement (Winnicott 1953). Kohut (1971) made a major clinical discovery when he observed his narcissistic patients: their self cohesion was fractured when they perceived the therapist to have performed an empathic failure (Lichtenberg 1991).

What is Alcohol Use Disorder?

Velleman (1992) describes alcohol related problems as where someone's drinking causes a problem for themselves or for someone else and is not characterised by a single cause, but may be much more complex. Problem drinking can fall into two camps with resultant misconceptions and prejudice: from a moral stand, where abusers are considered to be lacking self-control; as a disease, where alcohol is the corollary to chronic alcoholism; or where alcoholism is an allergic reaction to alcohol, so becoming a health and care issue. Orford (1985) mooted the idea of alcoholism being a disease, whilst Jellinek (1960) suggested five types of alcoholism: alpha, with psychological dependence on alcohol; beta, non-dependent but with physical damage; gamma, physical dependence and loss of control when drunk; delta, unable to abstain; and epsilon, able to have long period of abstinence with periods of binges in between. 'We define *use* as the ingestion of alcohol or other drugs without the experience of any negative consequences ... When a person experiences negative consequences from the use of AOD (Alcohol and Other Drugs), it is defined as *misuse*' (Fisher & Harrison 2000, 4).

In 1977 the World Health Organisation (WHO) re-named alcoholism with the term 'alcohol-dependence syndrome', in order to distinguish between the traditional stereotypical view of an alcoholic and that of someone with a drinking problem, where drinking is abnormal, they feel that their drinking is a problem or they have a physiological response in tolerance or withdrawal from drinking. Some argue that the former description is still a medical model. Velleman (1992) is vehement in his assertion that there are many reasons why a person becomes alcoholic, in that there are different circumstances, each person is individual, and not all alcohol produces the same reactions in different people. He suggests that it is more helpful to ask why a person drinks inappropriately and what can the counsellor do to help the person deal with these factors. Khantzian regards addiction as also developing in a personal context (Kaufman 1994).

A self psychological perspective of the self and the selfobject

Historically, psychotherapists have provided explanations of addiction. Freud (1920) originally wrote about masturbation as a primary addiction which was displaced by addicts to alcohol and drugs, resulting in anxiety, guilt and low self-esteem; the addictive act is then repeated to relieve the

symptoms producing a repetitive cycle. Thus Freud (1925) developed the 'repetition/compulsion' cycle, where he suggested that AUD sufferers unconsciously use alcohol over and over to prove to themselves that they can control the substance. This concept of Freud's (1920, 1925) private intrapsychic structure has been superseded by other interpersonal determinations of the self, influenced by relationships with other objects (Flores 1997). The object relations theory of Otto Kernberg (1970b, 1975) and Kohut's self psychology (1977a) have added to the shift in psychoanalysis from drive and instinct theory to a structural theory of the self or the ego (Khantzian 1981, 1982), helping to provide new explanations for interpersonal dysfunction, and psychological disturbance and its impact or influence on AUD.

Kohut (1977a) developed an approach referred to as 'self theory': '... this places the development of the self at the centre of the psychodynamic theory and emphasises the crucial role of relationships with others' (quoted in Dryden & Mytton 1999, 27). In 1978 he wrote that the: 'concept of a nuclear self ... has, from the beginning, a destiny, a potential life curve' (Cocks 1994, 594), by which Kohut asserted that we are not captured by the events of our childhood throughout our whole life, as Freud had argued, 'but the developing experience of a self' (Cocks 1994, 1).

Kohut (1971) proposes that the main pathology of patients who experience narcissistic injuries comes from a caretaker's failure to support the infant's grandiose needs, similar to Winnicott's (1953) concept of 'omnipotent control', or to allow it to dissipate in a realistic way. Characteristic anxieties of this personality result: swinging between grandiosity and feelings of inferiority, making it difficult for the person to form the kind of relationships where a centred sense of self is confirmed, resulting in excess anxiety and shame-based fragmentation due to unmet relational needs. Kohut saw this pathological narcissism (Goldman & Gelso 1997; Wurmser 1987) as a fixated form of normal narcissism: people who have never been given the chance to grow up (Russell 1985). Kernberg (1970a, 1975), similarly views narcissism as the result of a disturbed character structure, culminating in the failures on the part of the caregiver to provide the support and nurture that the infant requires; the resultant inner turmoil and feelings of rage and envy are produced by such an 'environmental deficiency', drawn from Winnicott (1963, 1965), which can be so distressing to the psyche that a grandiose self is constituted in defence against them. Beneath this grandiosity in both the narcissistic borderline patient (DSMV 2013) is a perpetuating rage which makes it intolerable to integrate split aspects of self and object leading to an inability to achieve positive relationships with other people as whole objects, i.e. completely separate autonomous individuals. So, Kohut's theory

demonstrates narcissism as an expression of a personality deprived and distorted by early maladaptive care giving (Frosh 1987).

Problems of the self structure are almost universal in people with alcohol abuse issues (Washton & Zweben 2006), which may be evident in the patient's self-deprecation and passivity or, conversely, in hostility and grandiose arrogance. Therapists may experience these through transference (repeating relationship patterns) surfacing when exploring psychological abuse, neglect or unattuned, unempathic parenting.

Examining Alcohol Use Disorder from a selfobject perspective

Khantzian (1982; Khantzian et al. 1990) worked exclusively with AUD in a psychodynamic way, looking at the psychology of the self and the ego. Rather than oral cravings, Khantzian surmised that the abuser suffers from ego or self deficits, poor regulation and lack of self soothing. Treece and Khantzian (1986) support this supposition by suggesting underlying vulnerabilities, such as low self-esteem with narcissistic defences; an inability to experience different feelings, an immature capacity for judgement leading to rigidity and ill-equipped adaptive coping mechanisms, are all at work. This leads to a deficiency in self care or self-soothing or impaired self-regulation. This may have occurred through genetics, poor early care giving or, later in life.

Levin (1987), referring to Kohut's self psychology, describes AUD as living on a psychic edge with an annihilatory fear of fragmentation. He sees four types of self pathology in AUD: a sense of self which is constantly threatened and fragile, an over self-involvement, an inability to medicate self-care and sustain self-esteem and, finally, self-destructiveness. Levin (1987) acknowledges that AUD is complex and may require medical treatment as well as psychological, which offers understanding and amelioration to promote reparation: 'Psychological treatment aims to replace addiction with relationship and to use this emotional bond to promote integration and growth' (Levin 1987, 1). Levin states that alcoholism is a form of 'self-destruction by self-poisoning' (1987, 3). He also remarks how AUD sufferers not only find it difficult to love themselves but also have anxieties about actually possessing a self (Levin 1987). They are so self absorbed, in order to verify they are still alive: 'their sense of self is so tenuous that they live constantly on the edge of psychic annihilation' (ibid., 4).

An alternative theory is that of Khantzian et al. (1990), built on formulations of Kohut (1977b) in the self-medication hypothesis. This is compatible with the disease concept but also offers extension of

understanding and practical help to aid treatment and recovery. This helps to explain why some alcoholics, even after giving up alcohol, become what AA names a 'dry drunk', in that they substitute alcohol with another substance or habit in order to fill the void, without addressing their real psychological problems. It may be that the root of the problem is connected to a personality disorder and it is the analytical interpretation that unravels their true difficulty (Flores 1997).

Rinsley (1988) posits that addicts have an inability to self-soothe, especially those with a borderline personality disorder, and use substances to self-medicate as a coping mechanism in order to compensate the psychological deficit. In this model the child looks to the caregiver for direction in how to self-soothe and senses how frustrations are soothed, which is then introjected in the child to become part of its own psychic structure, known as 'micro internalisations', which will be used later to self-soothe. The child learns by example from when the care-giver gives soothing to the child in times of stress. If the child has a healthy selfobject functioning then they are less likely to use an external (self) object, such as alcohol, later in life.

In agreement with Buber (1955), about what makes humans unique, psychoanalysis has realised that interpersonal relationships are what makes us what and who we are. 'Humans are unique because they are defined by their relationships with others' (Flores 1997, 184). Buber's (1960) 'I-Thou' relationship describes how we can become an authentic self only after we have developed authentic real relationships with others and understanding one's own separateness first. Kohut (1971, 1977a) and Mahler (1979), as object relations theorists with adults and children respectively, have similar views on this human condition: can I tolerate being alone and can I be close to another person without losing myself? As Kohut views alcohol as a 'substitute for a selfobject' (1977b, vii); 'A selfobject is neither a self nor an object; rather, a selfobject is a subjective aspect of a function performed by a relationship' (Flores 2004, 73). In relation to alcoholism, the person who is addicted to another object feels worthless or defective in their core grandiose self. Self-centredness and grandiosity is a defence mechanism against emptiness and fragmentation. Treatment needs to facilitate wholeness and reality, through a process of awareness and the development of healthier relationships.

When examining treatment of self disorders, Kohut and Wolf (1978) point out how patients have a 'labile' self-esteem and are sensitive to failure and disappointments. At their centre is a weak and defective self. Where there have been selfobject deficits in childhood, such as when a caregiver has insufficiently praised a child and the child has not had adequate self structure building from previous

mirroring experience, then their self esteem will be insufficient to meet their grandiose-narcissistic needs. Subtle failures or transmuting internalizations by the caregiver allow the child to call on previous positive mirroring experience which shows them that they are valued and allows a cumulative shoring up or cohesion of their self structure. Maturity comes from both the meeting of the selfobject transferences and their frustration to the grandiose narcissistic needs. Later in adult life these self structure deficits or gaps may be filled with other selfobjects such as alcohol. The adult may experience an unconscious yearning, which they try to fill, leading to the use of addictive behaviours (Kohut 1971, 1977b).

Kohut (1971a) also referred to the idealized parental imago, where a child needs to idealize at least one strong perceived caregiver, but as in mirroring, empathic failures lead to more effective coping of the frightening external world and weaker internal structure, which is not yet developed. From this the child will be able to learn to self soothe without the need for a substitute. Kohut (1971a) also theorized a further self cohesion hypothesis around twinship or alter-ego need where children need to feel a sense of belonging, sameness and community. However, Kohut (1984) emphasized the need for selfobjects throughout our whole lifespan and referred to self-selfobject relations being strongly idealized at different stages. He regarded us all as being unable to fully move from dependence or symbiosis to independence or autonomy, but requiring selfobjects to maintain our psychological health. This may go some way to explaining the unfortunate effects of selfobject failure.

Krystal (1974) suggests that addiction is an effort to self-help which is unsuccessful. As the fragmented self tries to repair, the addicted person looks outward as they are empty inside, unable to draw on any reserves; they are in constant need for external gratification. The external gratification of alcohol creates a false sense of independence and autonomy and they experience denial for the need for others. Khantzian's (1982) self-medication hypothesis shows addiction as a self-and-affect deficit caused by structural impairments which affect the alcoholic's means of self-regulation. Transferences are parallel to substance abuse in that they are both attempts at self-repair. The self has a drive to complete itself (Flores 2004).

Siegel (1996) points out how Kohut discusses how the addict may become addicted to the therapist in the same way as they are to alcohol, but this should not be confused with transference. The dependency is the deficit of soothing missing from self structuring rather than projection onto the therapist. Kohut emphasises the requirement for the denial of the need to be replaced by an

understanding of dependency. He writes of this dependence as it '... protects the patient ... by clinging to the therapist who has become the omnipotently benign carrier of projected narcissistic fantasies' (Kohut 1959, 223-4). This idea was later developed into the concept of the idealized parental imago. The missing selfobjects are not longingly sought, having not previously been prized, but there will be an intense form of object hunger (Siegel 1996).

Levin (2001) utilises Kohut's theory of self psychology in explaining the addict's psychic structure in narcissistic and self disturbance. The emptiness and fragmentation in the self-structure is filled by alcohol which the therapist must show can be filled in other ways to develop self-cohesion. Kohut (1971) advanced the Zeigarnik phenomenon, where the selfobject transferences have occurred and the person is ready to complete development. Once the person sees that human relationships and selfobject experiences are worthwhile then they begin to realise that substances only interfere with this process.

Tolerance of frustration was considered an innate factor by Bion (1967), which can be tolerated if caregivers help, and mirror, self soothing. If the child learns from the caregiver through mirroring, then the need for addictions is less prevalent. The addict will use alcohol to flush out feelings of frustration which are seen as being unable to be self contained. Repeated evacuations only bring temporary relief, so have to be repeated (Fetting 2011). Bion proposes a form of 'reverie', which is when the caregiver offers emotional availability and remains with the child until it is clear that the child has worked out its frustrations; similar to Kohut's micro-internalisations, the child introjects this experience until it realises that this can be done from its own sense of self. Addiction to substances is a substitute for the missing reverie and the inability to think through difficult situations.

Along with the nature of frustration, Director (2005) discusses the role of omnipotence in the psychodynamics of substance misusers, suggesting that living in complete omnipotence is too high a task to be in complete control of the self, internally and externally. Frustrations of not being able to control unmet needs are substituted by ritualised alcohol addiction, sometimes in an aggressive and destructive manner. Winnicott's (1945, 1975, 1986) 'moment of illusion', when the child feels that all of its infantile omnipotent needs are met, is not experienced by the addict who seeks it out elsewhere, but it is: 'a miscarriage of reality based on a perverted relationship with a dangerous object' (Director 2005, 575). Time and patience are required to work through the original

circumstances of omnipotence and as Phillips powerfully, yet succinctly, comments regarding the omnipotent addict: 'Hell is not other people, but one's need for other people' (1994 .45).

Dodes (1990, 2002) explores feelings of rage and powerlessness in alcohol addiction and looks at addictive vulnerability and relapse rather than the maintenance. He posits the powerlessness as an aspect of narcissism, especially rage, in which there is a drive to restore power. Spruiell described one of the essential parts of narcissism as: '... the pleasure in efficient mental functioning ... the regulation of mood ... a sense of inner safety and reliability' (Spruiell 1975, 590). It has been shown that some alcoholics feel a sense of returning power when they order a drink (not just when they are drinking), resulting in a pharmacological effect.

Ulman and Paul (2006) use a fantasy model where the alcohol produces an 'ersatz self-object' experience to the addict (2006, 311), where they have a kind of magical control or megalomania. Alcohol may be a second source of alleviation of suffering from selfobject deficit but does not always deal directly with the specific problem, and instead giving a pleasurable, regulatory effect because of its own affects (Ulman & Paul 1988; Litchenberg 1991). Once the object is a central focus for motivation, then the availability of the object becomes the goal.

In contradiction to a purely biological explanation, Siegal (1999) proposes that the action of the brain is not purely a biological determinism: '... recent findings of neuro-science in fact point to just the opposite: interactions with the environment, especially relationships with other people, directly shape the development of the brain's structure and function' (xii). Indeed, the: '... mind emerges from the activity of the brain, whose structure and function are directly shaped by interpersonal experience' (Siegal 1999, 1).

Conclusion

This study shows some overlapping theories of selfobject concepts, which may go some way to explain the psychological suffering experienced by people who try to self-medicate with alcohol. Judging from the various tenets of self psychology, alcoholics are self-destructive, lack parts of the self that maintain self-esteem and mediate self care, they are excessively self-absorbed and their sense of self is fragile and vulnerable (Levin 1987; Khantzian 1990). The paradox is that alcoholics are unable to love themselves sufficiently to take care of themselves healthily, but at the same time are self-absorbed (Mack 1981; Khantzian 1981). A certain amount of self-love is essential to well being and self-esteem but the unhealthy kind, where alcohol becomes the love object, is pathological. As

Hillel commented: 'If I am not for myself, who will be for me? If I am only for myself, what am I?' (in Goldin 1957, 69). Kohut (1977b) stated that an addiction is an attempt at repairing development deficits of the self, he also concluded that treatment should concentrate on repair of those deficits (Schoor 1992).

It is also evident that psychodynamic insight from various self-structure positions relating to theory may help those people affected by additions. As Flores observes: 'Both Khantzian and Kohut postulated that the use of substances and archaic selfobject relationships share a similar function: each is a compensatory driven behaviour reflecting desperate and futile attempts to shore up the defective self' (Flores 2004, 74). Many psychoanalysts since Kohut's pioneering work (1971, 1977a), have now acknowledged the concept of the self and 'consider it the integrate of conscious and unconscious self-representation' (Smith 1981, xi).

Finally, it is important to recognise that, in an extension of the effects of AUD, alcoholic caretakers may be unempathic towards their children, passing on their inconsistency and toxicity, thus regenerating an injured self in another, where psychosis may develop if no self is made, or a damaged self where borderline pathology may exist (Riker, 2010). This presents an area for further study.

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