



The Thrill-Kill Zone: Some Thoughts on the Psychodynamics of Addictive Behaviors

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Approaching the subject of addiction from a psychoanalytical perspective remains, in many senses, a highly controversial issue. The forces that direct themselves against the clinician who chooses such an approach emanate not only from the fairly obvious opponents of psychoanalysis-organic psychiatry, behaviorists, cognitive theorists etc., but also, more directly, from within the broader psychoanalytical fraternity. The historical antecedents of this resistance towards psychoanalytically exploring or treating the addictions has been well rehearsed within the literature and emphasis is, understandably, directed towards Freud's own early enthusiasm for cocaine and his lifelong addiction to tobacco. In addition, with some notable exceptions [1-3], the first generation of analysts tended to avoid the addictions, given the unpredictability of these patients, their propensity to acting out and the apparent chronic instability of transference dynamics.

In more recent years there has been an increased interest in the psychodynamics of addiction and a broad range of clinician theorists have added significantly to our understanding of addiction from a psychoanalytical perspective [4-12]. Interestingly, perhaps due to the influence of thinkers such as Klein, Bion, Winnicott and Kohut, clinical attention has increasingly focused on both the internal and external object relations of the addict, rather than as was previously the case on the idea of frustration of primary, mainly oral, drives. The concept of the addictive transference [12,13] has been explored and developed, to some degree at least, in a similar way to that in which early pioneers investigated and described psychotic and perverse transferences [14-16]. Similarly, early disturbances of attachment have been described in terms of chronic childhood relational trauma and this has been linked to psychopathological character structures invariably encountered amongst those patients who present with chronic patterns of addictive behavior [12,17,18].

These patients often bedevil addiction treatment resources as they present and represent themselves apparently caught in the grip of a compulsion to repeat physically, psychologically and emotionally destructive behaviours. In essence they exemplify the notions of the repetition compulsion, the negative therapeutic reaction and the secondary gains from illness that are considered to accrue for patients, both financially and narcissistically. What is actually going on for these chronically stuck addicted patients and how might we gain a greater sense of the inner worlds that drive such self defeating and self destructive behaviours?

The Thrill- Kill Zone: Psychic Retreat and Psychological Battlefield

Recently, in attempting to describe chronically ill patients who tend to become caught up in repetitious patterns of self defeating and self destructive behaviours, I emphasized the defensive mechanisms that dominate the personality structure of such individuals [17,18]. In these papers I alluded to schizoid defensive constellations termed automata states and further developed the concept of a personality type, the automaton self. These personalities were described in such robotic ways due to the inflexibility of the core self, the pseudo-relatedness apparent in interaction with the therapist and the recourse to automatic

and injurious behaviours, towards self and others, that tended to result when patterns of addictive behaviour supervened (cutting, gambling, drinking, drugging etc). Developing these ideas at a deeper phenomenological level, building on the work of other analysts who have explored psychosis and the deadening of the therapeutic relationship [19,20], led me to describe a region of the addict's psyche that is akin to the black hole described by cosmologists [12]. The similarities to the cosmological black hole include the tendencies of addicts to pull others into their internal worlds, to use addictive practices to collapse any meaningful sense of time or space and to distort both the image and presentation of the self so that others may be confused and bewildered by the attitudes and actions of the addict.

As we refine our understanding of addiction and the psychology of addictive behaviours I would suggest that aspects of psychodynamic functioning, such as those outlined here, must be more fully understood if treatment interventions are to prove increasingly effective. This will mean that clinicians are encouraged to look more deeply into the meaning of addictive behaviours in the lifestyle repertoire of the patient and to explore the developmental antecedents of such behaviours. A willingness to approach treatment in such a manner may benefit patient and therapist alike.

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