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Addiction, Emotions and Sensa

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Abstract

Classical addiction to drugs, alcohol, gambling, or to other compulsive behaviors provides the addict with an exoskeleton: boundaries, rituals, timetables, and order in an otherwise chaotically disintegrating universe. But there are addictions which serve as endoskeleton: they regulate the addict's inner environment. The narcissist, for example, is addicted narcissistic supply to regulate his inner universe. Narcissists care little about the world out there, except as an ensemble of potential and actual sources of narcissistic supply. The narcissist's drug of choice attention is geared to sustain his grandiose fantasies and senses of omnipotence and omniscience.

Keywords: Addictions; Post-traumatic Stress Disorder; Complex Post-traumatic Stress Disorder, psychotherapies

Paper

A New View of Addiction

The discussion of addictions and the construct of addictive personality in the literature has degenerated into a morality play (with the addict reifying either evil as a criminal or good as a victim) or into a counter factual medicalization of the condition [1-3]. Addiction is actually largely psychological and does not meet the rigorous criteria for a medical clinical entity ("brain disease"). It should definitely not be made into a moral, legal, or religious issue when it is dealt with and discussed by mental health practitioners.

Addicts are slaves to their addictions? Perhaps there is no such thing as an addictive personality, only addictive behaviors [4]. Addictions are the natural state, the baseline [5]. We start off by getting addicted (to mother, her milk) and continue to develop addictions throughout life (habits, love, automatic thoughts, obsessions, compulsions) [6]. Addictions are powerful organizing and explanatory principles which endow life with meaning, purpose [7], and direction. Addictions provide boundaries, rituals, timetables, and order.

Addictions are ways to regulate emotions and modulate interpersonal relationships and communication. Addictions are the exoskeleton and scaffolding of life itself: our brain in programmed to constantly get addicted [7]. A high is the desired permanent outcome. Addictive states must serve some evolutionary purpose and are therefore beneficial adaptations, not maladaptations.

In the process of socialization we internalize inhibitions and introjects ("superego") against certain addictions so as to render us functional and useful in human communities and environments. Other addictions mediated via institutions such as church and family are encouraged for the same reasons [8]. Non-conforming and defiant addicts are conditioned to self-destruct and to defeat and loathe themselves.

Addictions are individual, their proscription and inhibition social. No wonder that they are associated in clinical and abnormal psychology with antisocial or even psychopathic and sociopathic traits, behaviors, and personalities [9]. The addict seeks to alter his perception of reality. Addictions are both intersubjective theories of mind and of the world. Many

addictions come replete with or in the context of ideologies. Addictions spawn subcultures and provide social milieus. Addictions, post-traumatic behaviors, and pathological narcissism are strongly correlated: narcissism is a reaction to childhood trauma and abuse and PTSD (Post-traumatic Stress Disorder) leads to lifelong substance abuse [10]. Indeed, CPTSD (Complex PTSD) is indistinguishable from Cluster B personality disorders with a dominant dimension of narcissism (such as Borderline). Narcissism is an addiction (to narcissistic supply)

All three mental health issues resemble Dissociative Identity Disorder (formerly: Multiple Personality Disorder). In all three cases a personoid (personality-like) mental construct or structure takes over the Self: the Addictive Personality, Post traumatic Personality, and the False Self (in narcissistic disorders), respectively [11]. When the trauma threshold is crossed when the person is exposed to a number of triggers simultaneously all three are expressed and feed on each other.

The usurping personoid construct is dissimilar in some important respects to the person's "normal" personality: it is devoid of inhibitions, lacks empathy, sports little to no impulse control, is unable to delay gratification, engages in dichotomous thinking (splitting or idealization-devaluation) [12], as poor judgment of future consequences (reckless), and is infantile and aggressive.

Traumas can be habit-forming and constitute the core of a comfort zone. Trauma victims often engage in variations on the same set of self-defeating, self-destructive, and reckless behaviors because they seek to re-traumatize themselves in order to reduce anticipatory anxiety. Traumas fulfill important psychological functions and may become addictive as the victim gets habituated to intermittent reinforcement, operant conditioning, and abusive misconduct ("trauma bonding" and "Stockholm syndrome") [13]. One of the most critical functions of traumas is to help make sense of the world by perpetuating a victim role. Traumas are powerful organizing and hermeneutic (interpretative, exegetic) principles.

Regrettably, treatment modalities (psychotherapies) for PTSD (Post-traumatic Stress Disorder) and CPTSD (Complex PTSD) focus on behavior modification and prophylaxis (prevention) [14]. They rarely if ever deal with the aetiology of the trauma or with its compulsive and adaptive aspects and dimensions: the trauma's survival value.

Trauma victims are taught how to avoid triggers and to refrain from certain types of decisions, choices, and attendant conduct. But they are rarely forced to confront and exorcise the demons of trauma, the ghost in the machinery of pain, bewilderment, disorientation [15], and a labile sense of self-worth that give rise to the horrible tragedies that keep unfolding and recurring in these patients' lives. According to my new theory of addiction, addictive behaviors are the normal state, underpinned by vast dedicated structures in the brain [15]. Addictions are positive, advantageous, and self-efficacious evolutionary adaptations whose role is to resolve several types of dissonances like every other healthy mental process, things can go awry, though. When carried to extreme, addictive routines become self-destructive and self-defeating. They coalesce and interact with other maladaptive traits and behaviors, such as grandiosity, defiance, rage, depression, delusions, and anxiety.

The way we treat addiction is all wrong. No wonder that the rates of relapse and recidivism are sky high and that recovery is thus rendered a lifelong endeavor. One addiction often replaces another. The correct way to treat addiction is to encourage the addict to adopt a healthy, disciplined, goal-focused, self-nurturing variant of his or her addiction. There is no point in trying to eradicate the addiction: it fulfills too many important psychodynamic roles too well [16]. Instead, the addict should learn how to control, manage, and regulate his behavioral patterns and his dependency.

An alcoholic, for example should be taught and trained how to drink responsibly not how to abstain and go sober altogether. A narcissist should be coached to extract narcissistic supply from his sources without harming and traumatizing them. Shopaholics and gamblers should institute reinforcements and reward themselves for perspicacious money management. Workaholics should merge life and work seamlessly.

There is no shred of evidence that any addiction is a chronic disease. Natural selection would have long eliminated addictions if they did not play a positive role in the survival of the species. Time to begin to accept addictions as powerful therapeutic tools not as demonic entities to be vitiated.

Addiction and Personality

A voluminous literature notwithstanding, there is little convincing empirical research about the correlation between personality traits and addictive behaviors. Substance abuse and dependence (alcoholism, drug addiction) is only one form of recurrent and self-defeating pattern of misconduct. People are addicted to all kinds of things: gambling, shopping, the Internet [17], reckless and life endangering pursuits. Adrenaline junkies abound.

The connection between chronic anxiety, pathological narcissism [18], depression, obsessive compulsive traits and alcoholism and drug abuse is well established and common

in clinical practice. But not all narcissists, compulsives, depressives, and anxious people turn to the bottle or the needle. Frequent claims of finding a gene complex responsible for alcoholism have been consistently cast in doubt.

In 1993, Berman and Noble suggested that addictive and reckless behaviors are mere emergent phenomena and may be linked to other, more fundamental traits, such as novelty seeking or risk taking [19].

Psychopaths (patients with Antisocial Personality Disorder) have both qualities in ample quantities. We would expect them, therefore, to heavily abuse alcohol and drugs. Indeed, as Lewis and Bucholz convincingly demonstrated in 1991, they do ("Alcoholism, Antisocial Behavior and family History", Still, only a negligible minority of alcoholics and drug addicts are psychopaths .

Addiction as an Organizing Principles

In our attempt to decipher the human psyche (in itself a mere construct, not an ontological entity), we have come up with two answers:

- That behaviors, moods, emotions, and cognitions are wholly reducible to biochemical reactions and neural pathways in the brain. This medicalization of what it is to be human is inevitably hotly contested.
- That behaviors, moods, emotions, and cognitions can be explained and predicted by the introduction of "scientific" theories based on primary concepts. Psychoanalysis is an early and now widely disregarded example of such an approach to human affairs.

The concepts of "addiction" and "(pathological) narcissism" were introduced to account for oft-recurring amalgams of behaviors, moods, emotions, and cognitions. Both are organizing, exegetic principles with some predictive powers. Both hark back to Calvinist and Puritan strands of Protestantism where excess and compulsion (inner demons) were important topics [20]. Yet, though clearly umbilically connected, as I have demonstrated elsewhere, addictive behaviors and narcissistic defenses also differ in critical ways. When addicts engage in addictive behaviors, they seek to change their perception of their environment. As the alcoholic Inspector Morse says [21], once he had consumed his single Malts, "the world looks a happier place". Drugs make the things look varicolored, brighter, more hopeful, and fun-filled.

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Addiction, Emotions and Sensa

Addictions have a Janus-like hold on the addict: via his emotions and through his sensations [23].

The genesis of the Emotive Cycle lies in the acquisition of Emotional Data. In most cases, these are made up of Sense Data mixed with data related to spontaneous internal events. Even when no access to sensa is available, the stream of internally generated data is never interrupted. This is easily demonstrated in experiments involving sensory deprivation or with people who are naturally sensorily deprived (blind, deaf and dumb, for instance). The spontaneous generation of internal data and the emotional reactions to them are always there even in these extreme conditions. It is true that, even under severe sensory deprivation, the emoting person reconstructs or evokes past sensory data [24]. A case of pure, total, and permanent sensory deprivation is nigh impossible. But there are important philosophical and psychological differences between real life sense data and their representations in the mind. Only in grave pathologies is this distinction blurred: in psychotic states, when experiencing phantom pains following the amputation of a limb or in the case of drug induced images and after images. Auditory, visual, olfactory and other hallucinations are breakdowns of normal functioning. Normally, people are well aware of and strongly maintain the difference between objective, external, sense data and the internally generated representations of past sense data [26].

The Emotional Data are perceived by the emoter as stimuli. The external, objective component has to be compared to internally maintained databases of previous such stimuli. The internally generated, spontaneous or associative data have to be reflected upon. Both needs lead to introspective (inwardly directed) activity. The product of introspection is the formation of qualia [25]. This whole process is unconscious or subconscious.

If the person is subject to functioning psychological defense mechanisms (e.g., repression, suppression, denial, projection, projective identification) qualia formation will be followed by immediate action [25]. The subject not having had any conscious experience will not be aware of any connection between his actions and preceding events (sense data, internal data and the introspective phase). He will be

at a loss to explain his behaviour [26], because the whole process did not go through his consciousness. To further strengthen this argument, we may recall that hypnotized and anaesthetized subjects are not likely to act at all even in the presence of external, objective, sensa. Hypnotized people are likely to react to sensa introduced to their consciousness by the hypnotist and which had no existence, whether internal or external, prior to the hypnotist's suggestion [27]. It seems that feeling; sensation and emoting exist only if they pass through consciousness. This is true even where no data of any kind are available (such as in the case of phantom pains in long amputated limbs). But such bypasses of consciousness are the less common cases.

More commonly, qualia formation will be followed by Feeling and Sensation. These will be fully conscious. They will lead to the triple processes of surveying, appraisal/evaluation and judgment formation. When repeated often enough judgments of similar data coalesce to form attitudes and opinions. The patterns of interactions of opinions and attitudes with our thoughts (cognition) and knowledge, within our conscious and unconscious strata, give rise to what we call our personality. These patterns are relatively rigid and are rarely influenced by the outside world. When maladaptive and dysfunctional, we talk about personality disorders [28].

Judgments contain, therefore strong emotional, cognitive and attitudinal elements which team up to create motivation [29]. The latter leads to action, which both completes one emotional cycle and starts another. Actions are sense data and motivations are internal data, which together form a new chunk of emotional data. Emotional cycles can be divided to Phrastic nuclei and Neustic clouds (to borrow a metaphor from physics). The Phrastic Nucleus is the content of the emotion, its subject matter. It incorporates the phases of introspection, feeling/sensation, and judgment formation. The Neustic cloud involves the ends of the cycle, which interface with the world: the emotional data, on the one hand and the resulting action on the other [29-31].

We started by saying that the Emotional Cycle is set in motion by Emotional Data, which, in turn, are comprised of sense data and internally generated data. But the composition of the Emotional Data is of prime importance in determining the nature of the resulting emotion and of the following action. If more sense data (than internal data) are involved and the component of internal data is weak in comparison (it is never absent) we are likely to experience Transitive Emotions [32]. The latter are emotions, which involve observation and revolve around objects. In short: these are "out-going" emotions that motivate us to act to change our environment [33].

Yet, if the emotional cycle is set in motion by Emotional Data, which are composed mainly of internal, spontaneously generated data we will end up with Reflexive Emotions. These are emotions that involve reflection and revolve around the self (for instance, autoerotic emotions). It is here that the source of psychopathologies should be sought: in this imbalance between external, objective, sense data and the echoes of our mind.

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