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Psychoanalysis Is Addiction Treatment's Missing Piece

Sobriety doesn't guarantee a good life. By focusing on the whole person—not just the drug or drug use—psychoanalysis can help addicts grow in ways that go beyond recovery.

Many people who suffer from addiction are told that psychoanalysis is the last treatment they should ever try. Psychoanalysis, which is psychotherapy that focuses on helping clients become aware of how their behavior can be motivated by factors often out of their awareness, can seem beside the point to people who are in crisis because of substance misuse. In addition, psychoanalysis historically involved several sessions per week for a period of years, incurring great costs of money and time; this reputation persists despite the fact that that is not how most psychoanalysts practice today. Because of this, and the fact that contemporary psychoanalytic approaches are not well known, the general public has many misconceptions and even mistrust of the process.



Debra Rothschild, PhD *photo*

By **Debra Rothschild PhD**

05/29/13

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The situation is often not much better among addiction experts. There is an unfortunate history of analysts asking alcoholics and addicts to lie on the couch and free-associate while their disease only progresses. Therefore, the negative reactions are not surprising. However, the truth is that psychoanalysis has always had enormous benefits to offer, and it can greatly enhance the chance for success in recovering from addiction. Yet because of mistakes by some analysts, the valuable contributions many others make are often neglected by treatment professionals.

As far back as Freudian times, psychoanalysis has been on the leading edge of enlightened, nonjudgmental approaches—the “analytic attitude”—to mental illness and, more recently, substance use disorders. Psychoanalytic theories about addiction date back to the 1930s, when addicts were blamed for their own fate; it was assumed that using substances was a “regression” to immaturity and all about indulgence or self-destruction.

Foreshadowing what good clinicians believe today, psychoanalyst Sandor Rado, MD, wrote that “the study of the problem of addiction begins with the recognition of the fact that it is not the toxic agent, but the impulse to use it, that makes an addict of a given individual.” Accordingly, much of the addiction field now acknowledges that the object of study should be the individual rather than the substance. *Certain* substances are addictive for *certain* people (often due to their unique combination of biology, psychology and social circumstance).

Edward Glover, MD, another 1930s psychoanalyst, was the first clinician to propose that people use substances in an effort to soothe or escape emotional pain. He said that drug addiction is not a regression but a “progression that performs a protective function” and that it is “frequently a successful maneuver.” This belief underlies today's psychoanalytic understanding of addictive disorders, captured

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The Fixes We Chase in Sobriety

Now that you're sober, it's time to sleep around, shop and guzzle on sugar. Or meditate and get a massage. Meet the good, the bad and the fugly of sober fixes.

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This SoCal rehab fosters a regimented but respectful recovery environment, where teens learn how to live sober through plenty of 12-step meetings and life-skills classes—not to mention “equine-assisted psychotherapy” and mixed martial arts.



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by the phrase "Self-Medication," which was coined by Edward Khantzian, MD, in a classic 1985 paper, "The Self-Medication Hypothesis of Addictive Disorders." In this paradigm, addiction is removed of its stigma and those who are addicted are treated as individuals who use for their own reasons that need to be understood and addressed. It is acknowledged that often the addictive substance works (or once worked) in the short term to provide relief or enable a skill, and that it can be terrifying to give up. Analysts start from these premises in their work with substance use disorders.

Curiosity is a hallmark of psychoanalytic treatment: Analysts want to understand their clients as deeply as possible, and one goal of the process is to encourage the client's curiosity about themselves. Treatment professionals often tell addicts that they suffer from "terminal uniqueness." This is an attempt to help them understand that they are not alone, but also "not so special"—a message that can help some people step down from a narcissistic sense of difference from others and engage with others in the process of recovery. But it can also obscure a very important truth in treatment, and one that analysts are trained to be sensitive to: Each person is unique, and has a unique history and a unique set of needs, desires, fears, etc. If treatment is to be truly and lastingly successful, all of these aspects of their personality must be understood and addressed.

Addicts might be labeled "liars" less often if it was understood that one aspect of their personality does not always know what the other is doing.

This concept fits well with the "meet the patient where the patient is at" principle of Harm Reduction Therapy. In fact, there are many ways that harm reduction psychotherapy overlaps with psychoanalysis, especially Relational Psychoanalysis, which focuses on the importance of interaction with others in the development of personality and on the therapeutic relationship as the mechanism for

cure. Both approaches recognize that treatment is not a one-sided affair but a relationship between two people to which both contribute. Goals are discussed, collaboration takes place, plans are made with mutual input. The clinician offers professional expertise but does not pretend to know the client, or what is good for the client, better than the clients know themselves.

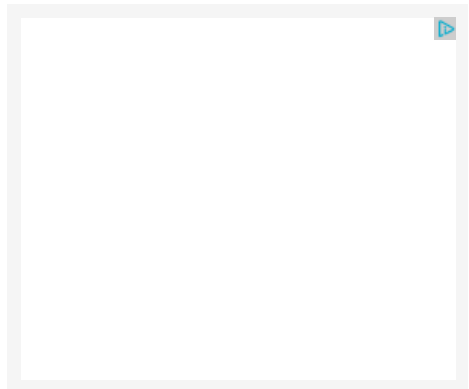
This "two person" model of treatment emphasizes the importance of the therapeutic relationship. It is not just the content of sessions that matters, but also the feel and the process. In other words, it does matter how the therapist and the client relate. Harm Reduction therapists often talk about the importance of respecting the client and trust as a foundation of treatment. Similarly, Relational analysts assume that what goes on *in* the session is part of the treatment. Being respected by the therapist, involved in treatment decisions and negotiating differences supports the growth of more mature, stronger aspects of the self.

By paying attention to the feel and the process, analysts can learn what their patients are unable to tell them directly. Many people who use substances have lost the ability to know, and communicate in words, what they feel. So, for example, if a patient suddenly starts missing sessions, they may be angry at or disappointed in the therapist. In this model, the therapist will do everything possible to make it safe to talk about.

There are many ways that motivations that remain outside awareness can be discovered through a relational dynamic. For example, I had a client who could not take ownership of her desire to stop drinking. She kept telling me that she was getting sober because I would discharge her from therapy if she didn't. I kept reminding her that wasn't true. Then she said that it was only because her husband would leave her. That wasn't really the case, either. Next she said that the only reason she didn't drink was because she was on antabuse. I reminded her that she chose to take it.

My patient could not talk about her lifelong sense of lacking agency and empowerment, but it came out in this process between us. Once I pointed it out, we could talk about it. The feeling that she had no control over anything in her life had of course contributed to her alcoholism, but she had never put words to it before. Now she was able to start dealing with it, and once she did that, she was able to start developing a conscious choice to stop drinking—and a stronger sense of self in general.

Many people who misuse substances have suffered trauma in their lives, and also many suffer trauma due to the stigma and hardships of being addicted. One hallmark of trauma is dissociation, or splitting and compartmentalizing various aspects of self. This psychological process has a very important implication for therapy: A different aspect (or "part") of the person may be present in the therapist's office than the part that emerges in a bar or at home or with friends. When the therapist and client make plans for the client to contain their substance use, the "part" who actually uses (often the hurting,



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scared or lonely part) may not be present and participating. The plans are being made, but only with the part that feels safe with the therapist and is motivated to change.

Analysts make a great effort to invite all parts of a person into the therapeutic process. If more therapists recognized the powerful effects of dissociation and the importance of integrating all aspects of a person in treatment planning, failures to comply with the plans might occur less often and be less baffling when they do occur. Addicts might be labeled "liars" less often if it were widely understood that one aspect of their personality does not always know what the other is doing.

By promoting the many insights and advantages of psychoanalysis in the treatment of addiction, I am not suggesting that we stop teaching tools for sobriety, coaching behavioral change, engaging spirituality or referring to self-help groups. No good psychoanalyst today would treat an addict or alcoholic without using cognitive-behavioral, medical-biological, social support, and other techniques. But at the same time, psychoanalysis should not be rejected because of past failures. It has much to contribute that will increase substance use treatment's chance of success.

When the focus is not specifically on the substance or even the substance use, but on the full individual, treatment can help nurture and support a sense of self as a strong, competent individual able to withstand challenges and live a happier life. Managing substance use is one—but not the only—very important part of this achievement.

*Debra Rothschild, PhD, is a psychologist and psychoanalyst in New York City. She is also a credentialed alcoholism and substance abuse counselor, a clinical associate professor at **the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis**, and a clinical supervisor at City College, Yeshiva University and Long Island University clinical psychology programs. She is on the executive board of the **New York State Psychological Association Division on Addictions**. She publishes and lectures widely on the integration of psychoanalytic thought with harm reduction psychotherapy and substance use treatment.*

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Shaun Shelly • 2 months ago

Addiction treatment without some form of psychoanalysis is often lacking. The "modern" approach of highly manualised CBT groups ignores the need to individualise therapy. We measure "success" as abstinence from the specific DOC over a relatively short period, but fail to measure other manifestations of the addictive syndrome which underlies many dependencies.

We have found in our setting that we get much better results by using CBT for short term behaviour changes and that the addiction of some form of more intensive personal one-on-one psychotherapy gives the opportunity for healing past traumas, attachment disorders and many other psychodynamic issues, including self-medication.

Of course, some patients need less of this and more medication, or CBT or whatever. It is never a simple one-size-fits-all solution.

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I could not agree more • 2 months ago

I struggled for 12 years to get sober. I went to three different treatment centers including 'the mother ship' Hazelden. I went to meetings, kept picking up white chips, had sponsors, worked

steps yet I could NOT stop drinking. I wanted to stop, needed to stop but could not stop, it was hell on earth. Then I found a treatment center in Costa Rica and instead of group therapy after group therapy (which was a majority of daily life in the other treatment centers) and more education about addiction (which was superfluous at that point) I had daily one on one sessions with my therapist. Sometimes twice a day, sometimes for several hours in a day for three months. Last week I celebrated three years of sobriety. I no longer have the compulsion to drink. I firmly believe that the one on one attention I received and the analysis of my subconscious desires to drink are what has saved my life.

I am now an 4.0 student in an applied psychology masters program working towards my LMHC in Florida and I hear my professors say that psychoanalysis is not done anymore unless you have a large amount of time and money. That EBT is the only way to get paid or funded, yet EBT though valid is based on a medical model and a disease model but not on a purely psychological or psychodynamic model which is what finally worked for me. I wish Dr. Rothschild could expand when she says it is a misconception as to how psychoanalysis is done today.

4 ^ | v Reply Share ›



Steve Fraser → I could not agree more • 2 months ago

Psychoanalysis is no longer a common treatment modality because it failed to help most of the people who tried it. If a person's psychological pain is not the result of repressed childhood pain that can be expressed in the relationship with the psychoanalyst (called the transference), psychoanalysis is not indicated. See "Termination in Psychoanalysis" by S. Firestein for the grisly details of what failed psychoanalytic treatment looks like. And consider reading "Listening to Prozac" for descriptions of better treatment outcomes.

1 ^ | v Reply Share ›



anna451 • 2 months ago

you have to allow yourself to give complete attention to your own intuition...i was accused of being delusional in a treatment center when i tried to extricate myself from a sexual predator who was a phd. psychologist.... i know the difference between a cock and a hard place. i have also been clean and sober 25 years since that episode.i have also experienced healthy therapy.

2 ^ | v Reply Share ›



fishdish • 2 months ago

The only reason I go to AA anymore is for the shared sense of community, camaraderie and support from those who aren't Step Nazis or self-appointed sobriety gurus. The endless cliches and anti-intellectual tone drive many right out the door to find what really works, such as a balance of therapy, mindfulness, peer support, emotional regulation, physical health and unconditional self-acceptance. Everyone has different treatment and recovery needs. One size fits all does not work for the majority of sobriety seekers.

I am currently reading about and truly identifying with the LifeRing approach to achieving and maintaining sobriety along with the pragmatic and self-validating techniques of Dialectical Behavior Therapy (DBT.) A potent combo, compassionate and humanistic. Do a web search to find out more about them. Very exciting and refreshing stuff.

2 ^ | v Reply Share ›



Steve Fraser • 2 months ago

Although there is much debate about whether or not the brain function of people who become type I addicts is different to begin with (and perhaps inherited), there is little doubt that the brains of actively using addicts have undergone biochemical changes subjectively experienced as cravings. Whatever psychosocial interventions help the addict in the long run, the hell of early recover (craving, anxiety, depression, etc.) is best dealt with by biological interventions implemented and managed by a psychiatrist with a specialty in addiction medicine.

1 ^ | v Reply Share ›



Steve Fraser • 2 months ago

Psychoanalysis is a form of longterm psychotherapy that attempts to cure people's psychological disorder/pain by remobilizing the patient's childhood issues and pathogenic experiences in the relationship with the therapist. This is called the transference. Any insight psychotherapy that is not based on this transference process is not psychoanalysis. Such a

psychotherapy that is not based on this transference process is not psychoanalysis. Such a treatment may help some addicts, but only long after they have established a very solid sobriety.

1 ^ | v Reply Share ›



Counselorchick • 2 months ago

12 step cults shun psychoanalysis because this kind of work would provide actual behavioral changes rather than the 'get-away-with-any-horrible' behavior excused by the erroneous ideas of powerlessness, character defects and the need for a spiritual awakening to survive.

12 step groups are dangerous religious cult that keep people stuck for life with a fake 'family' under the brainwashing of the bunk sold at meetings and in the literature.

You'd be better off playing Russian roulette with the gun loaded.

Alcoholics are not some special selfish breed of powerless defects. Rubbish. Dangerous rubbish. But it gives one a sense of doing something valuable with ones life by preaching and chanting and recruiting. Ugh.

1 ^ | v Reply Share ›



wholeness • 2 months ago

its a spiritual program - sitting around talking about feelings doesn't work - working the steps is the only thing that has worked for millions - take what you like and leave the rest - (shut up about anything new) - i was driven out of meetings when i talked about the benefits of psychology. (talking about parents or relationships was blaming). stop thinking all yeah who enter here. bill wilson is the great i am with all the answers, even though he denyies it in the next breath, aa is a house of mirrors, 5% will lose their self and the old benviours and becoming a new self - but so does shock therapy. by severely interupting autonomous thought patterns. take a real good listen to as group talk before you settle fornillwilson the travelingj laymen healer. who's recovery started when he though he saw god on lsd. disclaimer i used talk therapy to get clean.

1 ^ | v Reply Share ›



anchorlinecutter → wholeness • 2 months ago

Stay clean, good for you.

^ | v Reply Share ›



Slip_Mahoney → wholeness • 2 months ago

Glad you found something that works for you, wholeness. Peace to you on your journey.

^ | v Reply Share ›



wholeness → Slip_Mahoney • 2 months ago

my message is to help others who suffered in aa, and that maessage can not always be comuunicated by peace and our hats off to you - there are many trap slogans in aa - like "those who can not accpet this simple program are dishonest and will ene in jails inst and death" - yet i still i accept your friendly salutation. i hope you hear my larger message,.

3 ^ | v Reply Share ›



Slip_Mahoney → wholeness • 2 months ago

Glad you accept my sincere best wishes! I'm sorry to hear that you had such a negative experience with a Twelve Step program; mine has been exactly the opposite. There are many paths to what we seek, and I personally would never disparage any of them as that might create a bias in the mind of someone in true need, someone whose past biases have led him or her to addiction to begin with. It must remain up to the individual to determine what is best for him or her!

1 ^ | v Reply Share ›



wholeness → Slip_Mahoney • 2 months ago

phhh 95% leave anyhow
people should talk when its not working
the no talk rule and walking on egg shells

like a pink elephant in the rooms

it'd be funny if it was so ironically deadly program talk

so more people look for something better

so rehabs face account their efficacy holocaust

so research money is validated

what ever haspended to rigorous honesty

th eonly known randomized lomgetude study says

aa causes more bingeing and suicide

<http://www.thecleanslate.org/a...>

1 ^ | v Reply Share >



Slip_Mahoney → wholeness • 2 months ago

OK wholeness, thanks so much for your thoughtful reply! Peace and love going out to you and all who suffer!

^ | v Reply Share >



wholeness → Slip_Mahoney • 2 months ago

Ok slip_mahoney, thanks for maintaining a loving and peaceful aa holocaust recovery tone, and what ever ya do - don't get angry and do any of the tough emotional confrontation of the program's battleship smile hero leaders who feed thee unconditional surrender to peace and love slogans to newcomers, or you'll lose your love guru status and people will stop patting you on the back with popularity conformity brown points...the choice is now yours - its red pill or the blue pill. i can tell you want to be somebody popular. or as i would say - emotional wholeness be in you - .its not just another slogan. its what weakened and split us apart all along. good luck.

1 ^ | v Reply Share >



Slip_Mahoney → wholeness • 2 months ago

You're welcome, and thank you!

^ | v Reply Share >



rosterdelafoster → Slip_Mahoney • a month ago

One of the above is an example of really great results realized from the efforts they've made to get better.

^ | v Reply Share >



Rajiv Bhole • 2 months ago

Debra, it's a wonder that you have not recognized that the 4th/5th Steps of the Big Book is nothing but a brief psychodynamic therapy -- the best psychoanalysis for all personality disorders. the detailed procedure of this AA psychoanalysis is given in the book "12 Steps in a Day": <http://www.amazon.com/12-Steps...> I hope you check it out and help the addicts and alcoholics, you are analyzing, with it.

All best

^ | v Reply Share >



I couldn't agree more → RajivBhole • 2 months ago

Rajiv, thank you. I do recognize it, as well as recognizing there is a lot of CBT in both treatment centers and AA. The point I was trying to make was that I needed individualized attention in treatment instead of group after group. When I tried straight AA I could never get enough sobriety under my belt to get past step one. Like others that have posted here, I used a combo of both psychoanalysis and AA to ultimately get where I am today. Individualized attention in early sobriety was key. Most important of all and I think it should be said and underlined is that a sponsor is NOT a therapist and therefore has no business giving therapy. He/she can point out patterns and character defects that repeat but they should not (though they do) analyze or provide dealer therapy. The ones that did do so with me just provided me with more shame and guilt at my inability to "get it"

^ | v Reply Share >

**Rajiv Bhole** → I couldn't agree more • 2 months ago

Oh! So they have brought CBT into AA/NA. No wonder AA has lost its effectiveness. Here's a study in this year's American Journal of Medicine that shas shown that CBT is practically useless for Narcotics addicts:
<http://www.drugfree.org/join-t...> But as it is not even as good as buprenorphine treatment, it looks like CBT does more harm than good to the addicts.
 Also, the Big Book has been written to show other alcoholics precisely how the 100 founding AA members recovered, so that other alcoholics could do the same and recover like them. As the founding members did not use the 12 Step program we are not expected to use the 12 Steps, especially the 1st three steps. Here's their understanding so that an alcoholic doesn't need wasting time on Step One, which is written ONLY for the alcoholic who is still drinking:
<https://www.createspace.com/pu...>

^ | v Reply Share ›

**Joy Gibat** • 2 months ago

I got sober in 1976, thanks not only to AA but to a therapist who worked with me for a couple years. I could not have done it with one without the other. Together they worked for me.

^ | v Reply Share ›

**MichaelK** → Joy Gibat • 2 months ago

Same story here. 1987 found both AA and good psych guy. Both in tandem helped put me back together. Still go to meetings and I look forward to more in depth counseling as needed.

^ | v Reply Share ›

**stepsherpa** • 2 months ago

Anything that can focus in on the Alcoholics selfishness and fear is good for the man who suffers, who is addicted to himself, trapped in his blaring symptoms..Many words mean basically the same thing to the man in need..Convincing him of the complexities in and around addiction is not suggested, it gives him more ammunition to support the idea or already ongoing inner debate that he can do the job himself with new key information..I believe it's best to open with simple hard reality..This it what is going on, this is why we're here and this is what we're going to do..Starting now, today.

Like the Big Book 12 Steps Spiritual Path will show the man who can admit hopelessness, it's all about causes and conditions.....Armed with extensive facts about ourselves what do we do now? What can we do now?

I remember the big smack on marble head when I realized that all my life I could not listen and risk applying others suggestion long enough to offer positive change nomatter how enticing, yet sober I would be baffled as to why others would not simply listen to me and apply my helpful suggestion. That still cracks me up..I had no idea just how screwed up I really was, how extremely selfish and afraid..It is no wonder life was filled with not only Alcohol but all the absurdities that follow..It would be easy to blame the Alcohol and just stop drinking it but

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