Addiction and Co-mingling Disorders

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Biological + Psychological + Social + Spiritual

Vulnerability	Liability	Isolation	Bankruptcy
Resiliency	Flexibility	Connection	Presence

plus

EXPERIENCE

equals

Humans

our quirks and our diseases

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Drug of Choice

Wrong

Drug of addiction

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Biological + Psychological + Social + Spiritual

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Addictive Disease

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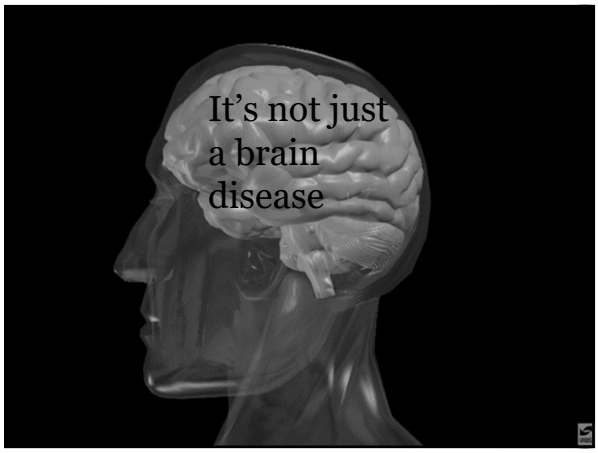

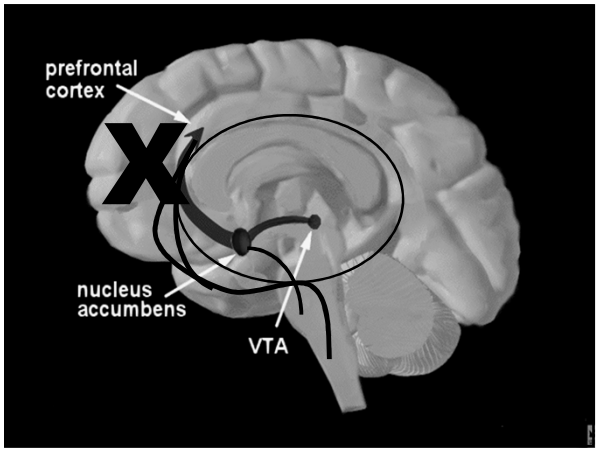

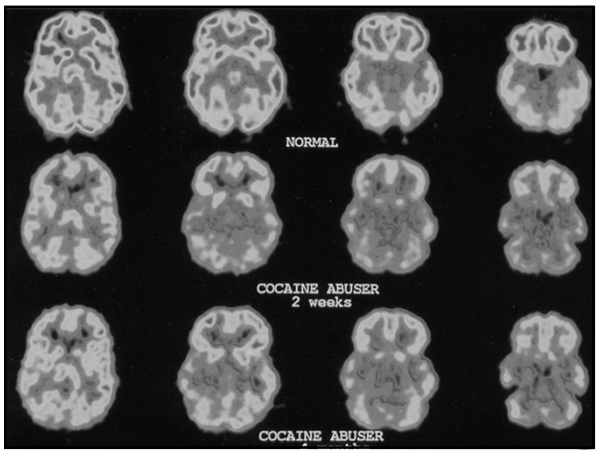

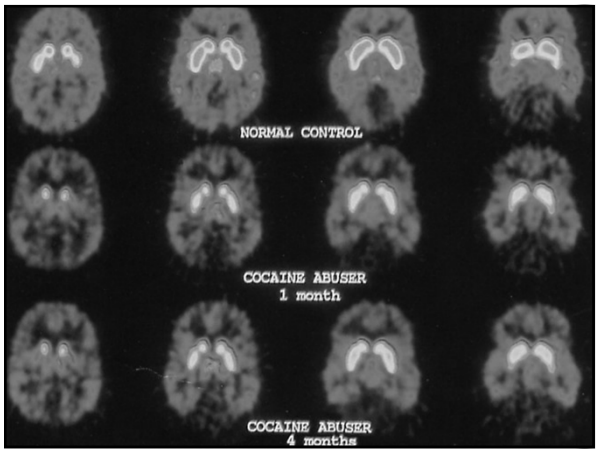

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Addictive disease

and

Co-mingling Disorders

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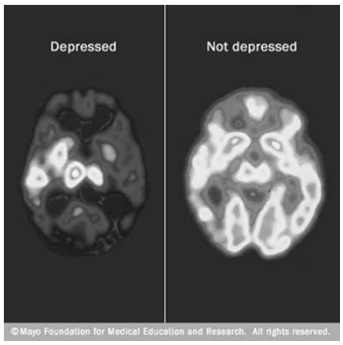

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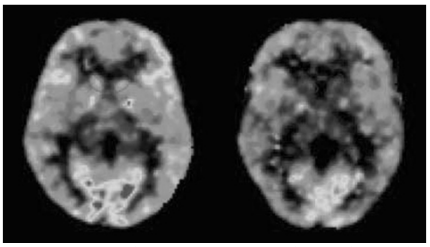

Control PTSD decreased serotonin

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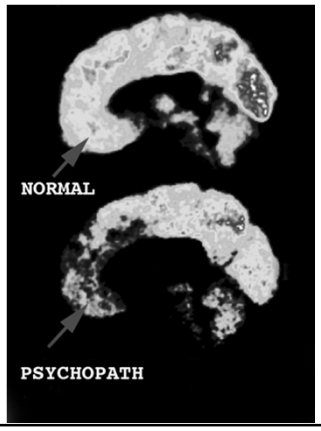

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Addictive Disease

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Social context

- Our culture does not recognize addiction as a disease.
- The culture judges the addicted as hedonistic, weak willed, a drain on society, worthless, morally flawed.
- They are the throw away people.
- Because the addicted are members of the dominant culture, they internalize the culture's shame and judge themselves with vengeance.

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Social context

- ADHD – lazy, crazy, stupid, bad
- Depression – unmotivated, selfish, avoiding the hard work of life
- Phobias – coward, silly, wimpy, stupid
- PTSD – unreliable, crazy unpredictable, weird, moody
- Glioblastoma – cruel, criminal, evil, sadistic, (Charles Whitman 1966)

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Vulnerability / Resiliency — Liability / Flexibility — Isolation / Connection — Bankruptcy / Presence

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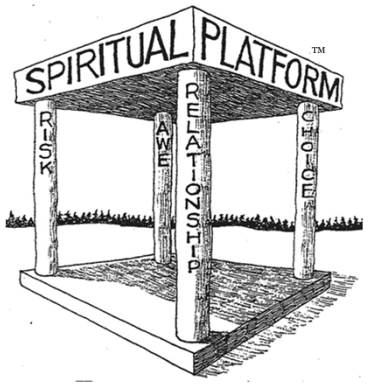

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Spirituality

Spirituality is not defined by the content of our lives but by the experience of life's process as we live it.

The experience of our aliveness.

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Biological + Psychological + Social + Spiritual

Vulnerability	Liability	Isolation	Bankruptcy
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Personality Disorders

These are people for whom their internal world is out of control!

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Psychology of Addiction

the baby
boundless, powerful, magic vs. small, helpless, vulnerable
narcissistic, exhibitionistic, grandiose needs

Good Enough Parenting

- Mirroring
- Empathetic
- Attending
- Attuned
- Self object

- Strong
- Safe
- Consistent
- Soothing
- Self object

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Parenting/object

Good Enough Parenting =

appropriate frustration

- Needs met: transmuted and internalized.
- Healthy self esteem.
- Appropriate ambition.
- Enthusiasm for life.
- Sense of wholeness.

- Needs met: transmuted and internalized.
- Personal ideals.
- Ability to identify feelings.
- Internal safety.
- Ability to self soothe.

Clear Boundaries
Cohesive Self
Healthy attachment

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Psychology of Addiction

the baby
boundless, powerful, magic vs. small, helpless, vulnerable
narcissistic, exhibitionistic, grandiose needs

Not Good Enough Parenting

failures in

- Mirroring.
- Empathetic.
- Attending.
- Attuned.
- Self object involvement.

- Strong.
- Safe.
- Consistent.
- Soothing.
- Self object involvement.

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Parenting/object

Not Good Enough Parenting

- Needs not met: not transmuted and internalized.
- Feelings of inadequacy
- Emptiness
- Need for approval
- Critical of self/others
- Need to Control!

- Insecurity.
- Ill defined sense of self
- Unclear personal values
- "Black/white" thinking
- Needs for external reassurance
- Inability to internally self soothe!

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Unclear Boundaries
Fractured Sense of Self
Failure of Attachment

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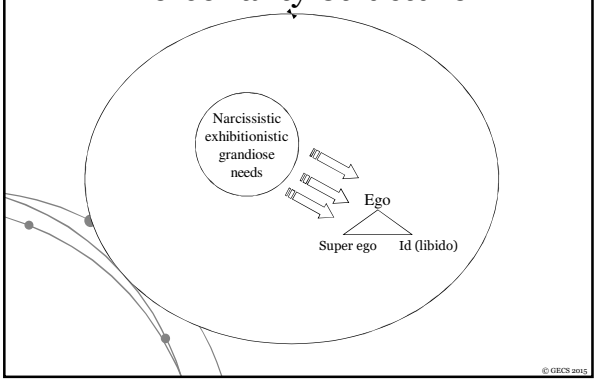
Failure of Attachment

Addiction as an attachment disorder

Personality Structure



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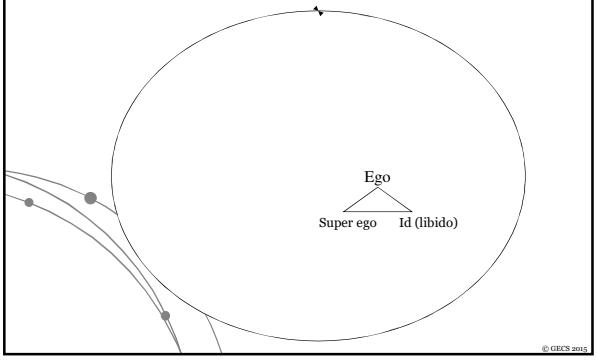
Personality Structure



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Personality Disorders

- Personality disorders involve inflexible and maladaptive responses to stress.
- Personality disorders are global.
- Regardless of their flavor, they present an impenetrable wall to defend against real or imagined assaults against the self.
- When present, they indicate an ego and/or self structure that has been battered and abuse.

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Personality Disorders

- Personality disorders profoundly handicap an individual's ability to love, to play and to work.
- There is the need to externalize blame for their problems in life because their internal world is so fragile.
- For the most part, people struggling with these disorders, while in touch with their own reality, rarely present as psychotic.
- Brief episodes of florid psychosis are possible but are the exception.

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Personality Disorders

- From the outside, people with these disorders can often look surprisingly untroubled by what seems to many to be a profound affliction.
- It is important to remember that the disorder itself is an inherent part of the patient's personality defensive structure.
- Internally, these are individuals who are so profoundly frightened that to experience the fear would seem consuming.

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Personality Disorders

- Personality disorders interfere with interpersonal relationships and meaning derived from them in a dramatic fashion.
- They can lead to profound isolation and social withdrawal even if the person seems engaged in life.
- On the surface, some individuals with these disorders can even seem quite functional.

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Personality Disorders

- Personality disorders are not merely defensive, they can give rise to serious complications:
  - Profound depression
  - Suicidal ideation
  - Violence
  - Criminal behavior
  - Inappropriate social behavior
  - Social dysfunction.

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Biological+Psychological+Social+Spiritual

Vulnerability Liability Context Bankruptcy

plus

Experience

equals

Personality Disorders

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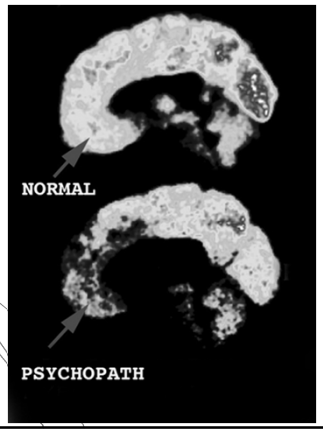

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Personality Disorders cluster A

- Paranoid
- Schiziod
- Schizotypal
- This cluster is characterized by an eccentric and fearful feel.
- They often present as “weird.”
- Issues of connection and a sensitivity to their internalized fear is particularly important within this cluster.

Personality Disorders cluster B

- Antisocial
- Borderline
- Histrionic
- Narcissistic
- This group will have a demanding and dramatic feel.
- There may be an erratic quality to their presentation and they have the highest correlation with alcohol and drug use disorders.

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Personality Disorders cluster C

- Avoidant
- Dependent
- Obsessive/compulsive
- This group will express a social discomfort that borders on the fearful.
- They may appear anxious, “clingy”, and socially awkward.
- Their lack of social contact is internalized as a problem and failure.

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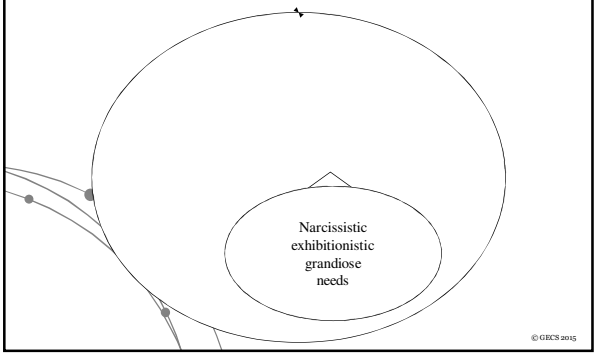
Personality Structure

Borderline Personality Disorder



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Borderline Personality Disorders

- People with borderline personality disorder do not grow on trees.
- In many ways, this disorder looks and feels much like post-traumatic stress but in a less aggressive fashion.
- May have a “bipolar” feel.
- People with this disorder experience unstable and intense “love/hate” relationships.

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Borderline Personality Disorders

- They present with a pervasive pattern of mood instability and a fractured sense of self.
- Exhibit an impressive impulsivity which is often self damaging and includes risky sexual behavior, substance use, binge eating, and reckless driving to name a few.
- They often display intense and inappropriate anger with dramatic mood shifts.
- They expect to be abandoned or betrayed.

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Borderline Personality Disorders

- They often display recurrent suicidal threats and/or self mutilating behavior.
- As a group, these are people whose internal world is terrifying and projected into all aspects of their life (and other people).
- Their internal world is out of control and it is reflected in the lack of control seen in their external world.
- They are all over the emotional map.

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Borderline Personality Disorders

- Chronic feelings of emptiness
- Relationships based on fantasy
- Emotional liability
- Self harm
- Separation insecurity
- Anxiousness
- Hostility
- Impulsivity
- Prone to dissociation

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Borderline Personality Disorders

- Projective identification is a major expression of this disorder. (Melanie Klein)
- If you feel violated, discounted, frazzled, invalidated, unsafe, incompetent, out of control and devoid of boundaries, you are paying attention.
- Defend against the transference and try not to work alone.
- Clinical supervision is a must.

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Borderline Personality Disorders

- Move slowly and acknowledge the patient's need for safety and control.
- Find areas of competency in the person's life and expand it to other areas.
- A good place to start - Helping them to create a "safe" internal space and then expand that safety to the outside world .

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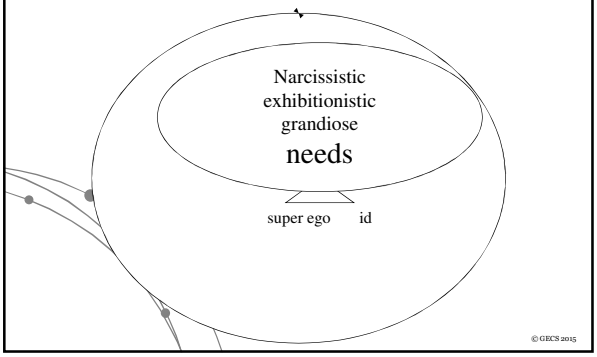
Borderline Personality Disorders

- Focus on what they need now.
- Move slowly to incorporate what they want.
- Remember, this patient population is so certain that they will be rejected that even genuine compliments can be experienced as dysphoric.
- DBT - emotional regulation, M. Linehan
- **Boundaries** are a key issue.

Personality Structure

Narcissistic Personality Disorder



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Narcissistic Personality Disorders

- This is the profoundly wounded two-year-old in an adult body.
- They exhibit a pervasive pattern of grandiosity in a desperate effort to hide their emptiness.
- As an expression of a profound failure of attachment they lack empathy for others and yet are hypersensitive to criticism and

need to be seen.

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Narcissistic Personality Disorders

- Embarrassment is experienced as an ego assault.
- There is a need to be special without the corresponding achievement.
- There is often a preoccupation with fantasies of the ideal beauty, power, love or of unlimited success.
- They have a profound sense of entitlement.

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Narcissistic Personality Disorders

Envy is the operative worldview.

Empathy is profoundly impaired.

Relationships are superficial – need to dominate.

Excessive attempts to be seen.

Can tear a group apart.

Avoid giving in to your desire to cause them harm.

Take care of yourself!

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Narcissistic Personality Disorders

- If you feel a need to argue, emotionally exhausted, run over, discounted, inconsequential, unsure, and stupid you are paying attention.
- Resist the urge to run.
- Defend against the transference and do not allow this patient into a process group or interpersonal group experience – they will tear it apart.
- Clinical supervision is a must.

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Narcissistic Personality Disorders

- Recognize the need for control as a source of motivation.
- Their need to make a good impression can also be harnessed toward a positive clinical outcome.
- The clinical challenge is to help them find their true grandiosity and become valued for whom they really are.

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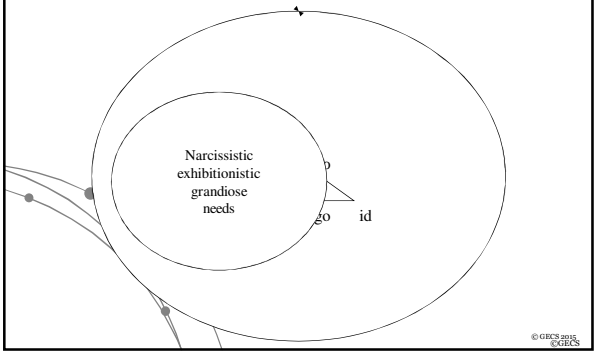
Personality Structure
Antisocial Personality Disorder



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Antisocial/Psychopathic Type

- History of chronic conduct disordered behavior prior to the age of 15.
- An established pattern of irresponsible behavior, academic failures, job problems, recklessness, and impulsivity.
- The patient will often show signs of dysphoria, low tolerance for boredom, feeling victimized, have failed relationships and a predatory nature (often disguised).

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Antisocial/Psychopathic Type

- Profound failure of empathy
- Manipulative
- Hostile
- Deceitful
- Selfish
- Disinhibition
- Recklessness
- Impulsive

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Antisocial/Psychopathic Type

- Projective identification is a major expression of this disorder. (Melanie Klein)
- If you feel angry, frightened, confused, manipulated, less than, outsmarted, revolted, distracted, and exhausted you are paying attention.
- Do not be surprised if you feel internally empty and cold.

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Antisocial/Psychopathic Type

- Beware of your

countertransference.

- If you are healthy, you will want to punish, if not hurt them.
- resist
- Remember that you do not need to like their behaviors in order to treat them.
- However, it is important that you find something of value in them and acknowledge what you see.

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Antisocial/Psychopathic Type

- Primary motivation is to be "right" or "one up."
- They have a profound need to be seen as successful even if they are not.
- The therapeutic task is to respect their worldview, use it therapeutically without supporting antisocial behavior.

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Antisocial Personality Disorders

- Clarity is particularly important for this group.
- Make all therapeutic contracts explicit and honor them.
- Your job is to find a way to respect the antisocial personality even though you do not agree with their value system.

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Antisocial/Psychopathic Type

- It is important to give them the perception that they are "winning".
- Cognitive therapy works well.
- The patient can accept their thinking errors if they can see how those errors interfere with what they want.
- Behind the rough exterior is one of the most wounded personality structures.

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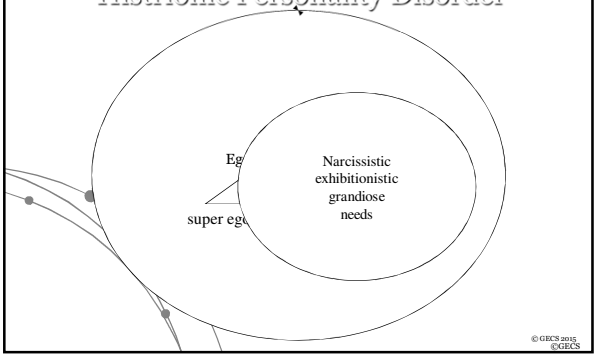
Personality Structure

Histrionic Personality Disorder



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Histrionic Personality Disorder

- Needs to be the center of attention.
- Often inappropriately sexual, seductive, provocative.
- Rapid display of exaggerated yet shallow emotions.
- Uses physical appearance to gain attention
- Theatrical
- Considers all relationships intimate.

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Histrionic Personality Disorder

- Often hold strong opinions with little substance to back them up.
- Acquaintances become instant lovers or long-lost friends.
- Overly concerned about the impressions of others.
- Can be charming and initially form relationships with their enthusiasm and apparent openness.

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Histrionic Personality Disorder

- If not center of attention, they experience a profound sense of failure.
- Highly suggestible.
- Overly trusting
- Express exotic, somatic difficulties
- When unable to maintain the attention of others they are susceptible to major depression and suicide.
- Sexualizes relationships

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Treatment Implications

- This patient population is exhausting.
- Energy lost to countertransference is enormous.
- Need for your own reality checks.
- Treatment team support is important.
- Clinical supervision is essential.
- If you feel yourself sucked dry of all your vitality hope, and seduced, seek support and nurture yourself.

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Treatment Implications

- Need for clinical creativity and flexibility.
- Help them get attention in appropriate ways.
- Give them opportunities to be seen.
- Give their enthusiasm appropriate outlets.
- Because they want to be the center of attention, smaller discussion 12-step meetings that are gender specific are helpful.

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Treatment Implications

"Himself (herself). The person of the therapist is the converting catalyst, not his order or credo, not his spatial location in the room, not his exquisitely chosen words or denominational silences….The dispensable trappings of dogma may determine what he thinks he is doing, when he talks about therapy, but the agent of change is ***who he is."***

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