

**PARENTAL REPRESENTATION AND SELF-REPRESENTATION
IN THE SUBSTANCE ABUSER**

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**Submitted in partial fulfillment of the requirements for the degree of
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ABSTRACT

PARENTAL REPRESENTATION AND SELF-REPRESENTATION IN THE SUBSTANCE ABUSER

By

Dani Dubbioso

At least 8.9 percent of the United States population has a substance abuse disorder. Lack of effectiveness in prevention and treatment of this disorder highlights the dire need for greater understanding of the etiology and characteristics of those addicted to drugs and alcohol.

Psychoanalytic theory of addiction has much to offer but has not been subjected to empirical research. The present study explores the relationship between substance abuse and the way addicts represent themselves and their parents. Participants were 50 adult males from an inpatient drug and alcohol rehabilitation program and 38 adult males from an outpatient university clinic.

Beth Hart's (1991) Inventory of Parental Representations Scale (IPR), Hart and Ward's (1992) Profile of Adolescent Depression and Individuation (PADI), and selected subscales of the Personality Assessment Inventory (PAI) were administered to participants to explore parental representation, self-representation, and alcohol and drug abuse, respectively. It was found that substance abusers showed a significant tendency to idealize their mothers and represented their fathers as thwarting individuation. In terms of self-representation, drug abusers feel alienated by peers, seek exciting and risky activities, and experience a kind of depression associated with the separation-individuation process. Preference for cocaine/crack-cocaine was associated with feeling alienated by peers, being self-destructive, and experiencing their fathers as intrusive and possessive. Limitations, implications, and directions for future research are discussed.

CHAPTER I

INTRODUCTION

Substance use and abuse is a phenomenon that has been occurring for thousands of years all over the world. Various types of narcotics, stimulants and sedatives have been marketed and consumed for their large range of effects including pain relief, aid sleep aid, depression cures, energy boosts, and enhancement of sexual pleasure. However, due to the addictive properties of the substances along with the psychological vulnerabilities of the user, abuse and dependence of drugs and alcohol have skyrocketed. In 2008, an estimated 22.2 million persons (8.9 percent of the population aged 12 or older) were classified with substance dependence or abuse based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV). Furthermore, this statistic demonstrated no change in epidemiology since 2002.

Despite the alarmingly high incidence of substance abuse, there are no empirically validated programs that have been deemed effective in preventing substance abuse. In addition, addiction is difficult to treat, regardless of technique or theoretical orientation utilized. Further empirical exploration can lead to greater understanding of the etiology of substance abuse and thus inform implications for more effective prevention and treatment. This study seeks to build upon the psychoanalytic literature by exploring the relationship between substance abuse and self and parental representations. This investigation of specific parental representations and depression profiles based on psychoanalytic theory may help to determine why people prefer one substance over another, as well as why they abuse substances in the first place.

CHAPTER II

LITERATURE REVIEW

Attachment

The importance of early parent-child relations has been emphasized in all psychodynamic theories of personality including object relations theories (Fairbairn, 1952; Kernberg, 1993), attachment theory (Bowlby, 1969), and self psychology (Kohut, 1984). John Bowlby defined attachment theory as a means of “conceptualizing the propensity of human beings to make strong affectional bonds to particular others” and described disturbances in attachment as the explanation for emotional distress and the emergence of pathology and emotional detachment (Bowlby, 1997, p. 127). He further asserted that attachment behavior served a biological purpose to protect the child by keeping the mother or caring adult close by. He posited that secure attachment is established by the mother’s ability to be attuned to the infant’s cues, correctly read these cues, and respond accordingly to the infant’s needs (Bowlby, 1977). Some examples of cues that symbolize a need include crying, sucking, clinging, following, and smiling. When the infant establishes a secure attachment, it allows them to experience themselves in a primarily positive, trusting way as they grow up. However, extended separation or loss from the mother has the potential to disrupt this important attachment process and could permanently damage the child’s sense of safety in relationships with others (Bowlby, 1977).

Another valuable contribution to the research on attachment was Harry Harlow’s studies on rhesus monkeys. He found that separating infant rhesus monkeys from their mothers had a profoundly negative effect on the infant monkey’s psychological well being as well as their relationships with other monkeys; these effects lasted well after returning from this period of isolation. Furthermore, these monkeys were less likely to mate in the future and when they did, the separation was associated with difficulty relating to their own offspring (Harlow, 1958).

Mary Ainsworth classified infant-parent relationships into secure and insecure groups (Ainsworth, Blehar, Waters, & Wall, 1978). Insecurely attached children were classified as avoidant, resistant/ambivalent, or disorganized. In Ainsworth's Strange Situation test, the reactions of children between the ages of 12 and 18 months were documented when they were separated from the mother for a period of time. The ambivalent-insecure children became extremely distressed during the separation time and refused comfort when the mother returned. Sometimes these children even became aggressive toward their mothers upon return (Ainsworth, Blehar, Waters, & Wall, 1978).

Pearlman (2005) elaborated on what constitutes a traumatic separation, beyond severe emotional and social isolation. She asserted that simple maternal misattunement to the infant's cues, or the inability to attend due to the presence of anxiety or depression can also be understood by the infant as an overwhelming disconnection. The inability to attend may be a result of internal circumstances in the mother, such as the presence of anxiety or depression, or external circumstances. Thus, an emotionally absent mother, although physically present, may have the same damaging effects as literal separation. Lack of paternal support in combination with innate emotional sensitivity in the infant may also be understood as a traumatic separation (Pearlman, 2005). Erikson described trauma as when the "blow to the psyche breaks through one's defenses so suddenly and with such brutal force that one cannot react to it effectively" (in Miller, 2002).

Studies of the infant brain suggest that the mother unconsciously regulates the infant's emotional state through mutual gaze and facial expression (Schor, 1994). This communication occurs and is transmitted through the right hemispheres of the mother and infant brains. In addition to helping the infant identify and process internal emotional states, neurohormones are released in the developing infant brain, facilitating its' development, as well as helping the infant respond to stressful stimuli. Thus, Schor (1994) surmised that this critical process "profoundly influences whether the infant becomes a child and adult overwhelmed by internal and external stimuli, psychologically vulnerable, or one who moves more easily through life with a basic sense

of trust and security in relationships” (p. 97). He strongly asserts that psychobiological attunement is the driving mechanism in the attachment process; secure attachment is facilitated by a mother who maximizes opportunities for pleasure, interest, and positive affect and minimizes the experience of negative affect (Schorer, 1994).

In addition to his contribution regarding attachment, Bowlby (1973) believed that parental support was essential to firmly establish healthy autonomy. Specifically, “the family experience of those who grow up to become relatively stable and self-reliant is characterized by unfailing parental support”, which reflects early attachment bonds (Bowlby, 1973). Bowlby (1980) defined caregiving as “serving a complementary function, that of protecting the attached individual”. He describes parents who are caregiving as those who are “likely to keep a watchful eye” and “ready to act at the shortest notice” (Bowlby, 1969). Threat of loss or actual loss of the primary object can have detrimental ramifications, igniting intense emotions and cognitions (Bowlby, 1969, 1982).

Mahler’s work illustrates the importance of the separation-individuation process after attachment develops. Infants and toddlers need a stable, predictable, and nurturing caregiver to be there for them physically and emotionally as they begin to explore their external world. The newfound ability to crawl and then walk freely allows the young child to move away from the mother at will. Between fifteen and twenty-four months of age, the toddler enters the rapprochement phase which is characterized by active approach back to the mother. As cognitive and motor abilities develop, the toddler becomes aware that physical mobility represents psychic separateness from his mother. The toddler both shadows and darts away from the caregiver, symbolizing his ambivalent needs both for autonomy and support. The toddler typically is very aware of his mother’s presence and wants to explore his world with her still in sight. A mother’s misinterpretation of this behavior may lead her to respond with impatience or unavailability and can instill an anxious fear of abandonment in the toddler. Resolution of this process results in attainment of emotional object constancy, which means that the child has formed an internal

representation of the caregiver and can conjure up this image in the caregiver's absence to supply an unconscious level of support and comfort. Individuals who do not internalize love objects will need to resort to concrete materials that trigger some measure of a nurturant, early, symbiotic dyad. Disruptions in the fundamental process of separation-individuation can result in depressive symptoms, abandonment terrors, and global fears of separation (Mahler, 1978).

Substance Abuse

History

Drug use and abuse is a phenomenon that has been occurring for thousands of years. In order to understand use of drugs in the last few centuries of American history, it is important to first discuss its origins and its' evolution.

The first written evidence of drug use was recorded by the ancient Babylonians before the birth of Christ (Porter & Teich, 1998). They honored the opium poppy as a gift from the gods and ate it to enhance the pleasure of sex. The ancient Egyptians, Greeks, and Sumerians also wrote about the poppy and its product, opium (Porter & Teich, 1998).

On the other side of the world, ancient and indigenous natives of South America used a different drug; they chewed coca leaves for a boost of energy (Porter & Teich, 1998). Believing coca leaves were given by the gods, they reserved it for royalty and high priests. Over the years, this practice spread to the common people and they used it to overcome the fatigue brought on by the oxygen thin air in the Andes Mountains. It became similar to that of a "coffee break" in modern times; individuals took "coca breaks" for boosts in energy (Porter & Teich, 1998).

In the 19th century, the invention of morphine allowed doctors to sedate patients for surgery. Its' potency was increased with the invention of the hypodermic syringe, which sent active compounds directly into the bloodstream, taking effect in seconds. The invention of this needle changed the face of addiction permanently. People experienced feelings of ecstasy, and then equally intense depression. Needles, opium, and morphine were soon high in demand and accessed in bulk through mail order catalogues. Drugs would arrive in a discrete brown package,

which disguised users and abusers. Opium was used through the mail was used as soothe in teething syrups for cranky babies or to treat “female problems” (Porter & Teich, 1998).

In 1886, during the Temperance Movement, Pemberton created a recipe for a non-alcoholic drink called “Coca-Cola”, which added a “pinch of coca leaves” (Tracy & Acker, 2004). For a few pennies, one could buy a glass of Coca-Cola, advertised to increase energy and cure headaches. Cocaine was added to self-administered medicines to reduce pain and was offered as a cure for asthma (Tracy & Acker).

In 1898, the dangerous narcotic heroin was created that led to the greatest physical dependence of them all (Porter & Teich, 1998). It suppressed pain, coughing, and appetite, slowed the heart, and induced euphoria. However, withdrawal caused agonizing pain, vomiting, and insomnia. It was first used as a cough medicine at a time when the leading cause of death was associated with coughing in pneumonia and tuberculosis. However, without delineating the fine line between the amount one needed to get high and how much would shut down one’s heart, brain, and lungs, it became the leading cause of addiction in New York City by the early 1900’s, with estimates as high as one million addicts by 1900. (Porter & Teich, 1998).

During the same period of time, in the 1890’s, cocaine was used for many reasons (Jonnes, 1999). For example, baseball players used it to enhance performance and African Americans used cocaine to work longer and without fatigue. Ironically, it was also used to treat alcoholism and morphine addiction. Sigmund Freud experimented with cocaine via personal use and called it the “wonder drug”, crediting it with improving one’s nerves, alleviating depression, and increasing sexual desire (Jonnes, 1999).

In 1906, the Pure Food and Drug Act required the labeling of all ingredients on patent medicines (Porter & Teich, 1998). This was one of the first efforts in the United States to regulate drugs, such as heroin and cocaine. Most patent medicines went out of business immediately and addiction in America decreased when the public became aware of their harmful effects. However, drugs were still available and used by the public (Porter & Teich, 1998). The

government found a way to circumvent the Constitution which reserved the rights of individuals to put what they wanted in their bodies (Morgan, 1978). The Harrison Tax was the first step in making drugs illegal nationwide. Terms such as “illegal possession” arose with the change in public policy, and drug enforcement agents were given the right to send drug users to jail. All drug clinics were shut down and many medical doctors were arrested for prescribing drugs. Drug users were thought to be evil immoral people who should be locked up. They were perceived as criminals instead of patients. Heroin was permanently banned in 1925 and removed from medical use (Morgan, 1978).

In the 1950's, alcohol and drug abuse were included in first edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorder as Sociopathic Personality Disturbances. Thus, abuse of drugs and alcohol were thought to be symptoms of deeper psychological disorders or moral weakness (DSM-I).

During the 1970's and 1980's, cocaine became known as a disco drug, a drug of power, sex, and glamour (Tracy & Acker, 2004). Ecstasy was popular in the night scene in the 1980's, especially at dance clubs and raves (Tracy & Acker, 2004). It became particularly popular among high school and college students who reported achieving feelings of euphoria and greater intimacy with others (Johnston, O'Malley, & Bachman, 1986). The drug was classified as a Schedule I controlled substance in 1985 (Tracy & Acker, 2004).

In the mid-1980's, crack cocaine first appeared in large cities around the United States (Tracy & Acker, 2004). Crack was different from cocaine because it was more addictive, more highly concentrated, and was smoked. It was described by some as a “body orgasm”. It became popular in working-class and poor neighborhoods because it was inexpensive, especially in comparison to cocaine (Tracy & Acker, 2004).

In the 21st century, there has been an alarmingly large increase in opiate addictions, especially Oxycontin and Vicodin (Volkow, 2005). Particular emphasis has been placed on the use of prescription drugs outside of medical supervision, and on the use of over-the-counter