INTRODUCTION

- What is personality?
- What is addiction/SUD?
- Early relational experiences
- Stages of development
- Trauma and attunement
- Implications for Tx of SUD
PERSONALITY, n. & adj.

- Distinguishing qualities of an individual (OED)
- First appearance in Middle English period
- Freud Id Ego Superego, Object Relations (1880s-current)
- DSM - Personality Disorders (1952)
- Assessments/ personality traits (PROJECTIVE, MMPI, MBTI, HEXACO, 16 FACTORS)
- Shapiro EMDR, memory, adaptive information processing

EMDR & PERSONALITY (SHAPIRO, 2013)

- The “personality” changes with processing
- Reconsolidation of memory with new feelings
- Applicability to intrapsychic structure?
- What does this mean, really, …
- Psychodynamic/Child Development.

*change in a core belief about self.
IS PERSONALITY PREDETERMINED?

An increasing understanding for interplay between genetics & environment, early caregiving experience, epigenetics

CHILDHOOD MALTREATMENT & THE DEVELOPING BRAIN

- Teicher, multiple studies, brain changes associated with childhood maltreatment, structural and functional
- CNS development driven by genetics, modified by environment
- Corpus callosum, amygdala, hippocampus (connectivity, danger, memory salience)
- Same changes attributed to MHD seen with ACEs
- Age, gender, type of abuse
- Efficacy of psychotherapy vs. medication
ENVIRONMENTAL RISK FACTORS

• Adverse Childhood Experiences (ACES) Felitti et al., 1998
• 1-10, greater score leads to greater risk for mental health and inflammatory disorders
• Physical, emotional, sexual abuse, physical and emotional neglect, DV, parent with SUD/MHD, imprisonment, divorce
• SUD, depression, anxiety, PTSD, bipolar d/o, suicide, obesity, autoimmune dz, cardiovascular and cerebrovascular dz, diabetes, reduced life expectancy.

What is addiction

UNDERSTANDING ADDICTION

• Risk for addiction genetic (50-70%) & environmental
• Neuro-adaptation to environment
• Structural and functional changes
• Incentive salience, impaired reward, heightened stress
• Impaired executive function (decision making/impulsivity)
• Impaired emotional regulation
SUBSTANCE USE DISORDERS

- Idiosyncratic first use experience
- Early relational experiences and addiction
- Self-medication hypothesis
- Reliable, comforting other
- Self-soothing & regulation
- Cycle of increasing use, physiologic tolerance
- Ongoing use despite chronic misery, desire to stop

STAGES OF CHANGE

- Disruption of neuronal connection, deregulation of neurotransmitter function
- Precontemplation- robust defenses, impaired ego, addictive drive
- Contemplation- denial lifting, increasing clarity, decreasing resistance
- Determination/Preparation- facing destruction in lifestyle, acceptance of responsibility, deconstructing defenses
- Action- active work towards change, the war is on
- Maintenance/Lapse/Relapse/Ongoing growth

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**GROWTH AND PERSONALITY**

- Personality change and stages of change
- Defenses
- Emotional regulation
- Building relationships
- Connection vs isolation

**LAPSE & RELAPSE**

- Points of vulnerability, common and idiosyncratic
- During stress
- Transitioning from controlled environments
- With exposure to environmental triggers
- Recognizing gains contributing to ongoing efforts

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STAGES OF ADDICTION IN THE FAMILY

- Escalating use
- Maintaining equilibrium
- Seeking change - the IP, the family, or both
- Recovery process
- Early sobriety vs stable maintenance

CHANGE IN THE FAMILY

- Profound changes in the terms of relationship, can those changes be incorporated
- Relies on the ability of engaged partners to grow together
- Personality, boundaries, co-dependency
CASE STUDIES

Married couple with children, one stay home parent, one full time working outside the home, one with AUD, severe, in early remission (trauma)

Individual, divorced, full time working client, remote history of IUFD, family history of AUD (PI, sadness)

Individual married no children by choice full time working client, remote history of OUD, mild, sustained remission (PI, anger, enactment)

Married couple, DV, OUD, severe, sustained remission (PI, splitting, near full immersion)

OBJECT RELATIONS

• Umbrella concept, multiple perspectives evolving over time
• Development of personality in relationship
• Non-uniformity of vocabulary, confusing
• Concepts & treatment in addictions
• Application to case studies
CORE CONCEPTS

- The psychodynamic relationship
- Support development of ego
- Identify implicit assumptions
- Bring these into consciousness
- Interpretations/confrontation
- Alternative experiences in a close relationship
- Cognitive and emotional insight

PSYCHODYNAMIC FOCUS

- Transgenerational history & early experiences related to current circumstances
- Focus on feelings and emotion
- Identifies/explores thoughts and feelings typically avoided
- Identify recurring themes and patterns
- Explore intrapersonal, interpersonal, & therapy relationships
- Open-ended exploration of fantasy (dreams, daydreams, desires, fears)
INTERVENTIONS

- From supportive to interpretive in a therapeutic alliance towards ego development
- Supportive - affirm, empathize, attune, validate, mirror
- Interpretive - identify, name, bring unconscious into awareness
- Identify, explore, contain feelings (shame anxiety grief sadness anger rage)
- Identify patterns/themes, assumptions, expectations
- Connect past experience to present
- Clarify and confront
- Rupture & repair

SELF & OTHER: RELATIONSHIP & FUNCTION

Deprivation tanks post-WWII exploring vulnerability to brainwashing revealed individual responses to total isolation from senses and other:

- Inability to maintain sense of identity, time, space
- Inability to organize thoughts or concentrate
- Inability to distinguish one's own thoughts from others’
- Tendency to hallucinate

…Without senses and other to engage the self, the self dissolves.
(Solomon and Kleeman, 1975).
ATTACHMENT

- Attachment styles: secure and insecure (anxious, avoidant, disorganized)
- Recognizing ruptures (activation of the attachment system)
- Initiating repair
- Altering expectations/attachment system with deliberate, different experience
- Deepen understanding for client, client's understanding for self (emotional insight)

ON TO THE NITTY GRITTY...

- Implicit Memory
- Self-Object & Object Relations
- Internalization — incorporation, introjection, identification
- Structure of Personality
- Transference & countertransference
- Resistance & defenses
- Denial, splitting, projection, projective identification
IMPLICIT MEMORY: THE FIRST FEW YEARS

- Preverbal understanding of the world/relationships—safety, danger, trust, mistrust
- Unconscious or IMPLICIT
- Evolutionarily adaptive, favors recognizing danger
- Room for growth and change within a therapeutic alliance
- Implicit assumptions/object relations identified
- Unconscious, pre/sub-conscious, conscious
- Impact on relationship explored
- Some history…

MELANIE KLEIN: MOTHER OF OBJECT RELATIONS (1882-1960)

- Observed infants and theorized internal development
- Kept Freud’s (1856-1939) term Object, object-cathexis, that suffused with life giving energy/object of sexual desire
- That which allows the drive to achieve its aim
- Freud: sex and aggression, Klein: life and death
- First the breast is experienced in awareness, then the mother
- When dissatisfied, uncomfortable: Bad Breast/Mother
- When satiated, comfortable: Good Breast/Mother
- Good Object Bad Object projected split is eventually integrated into Whole Object in healthy development.
MAHLER: STAGES OF DEVELOPMENT
(1897-1985)

- Separation-individuation- outward observation of underlying neurological development
- Autistic, symbiotic, separation-individuation (hatching, practicing, rapprochement), object constancy
- Sense of distinct/separate self and other grows out of internalization in symbiotic fusion
- Internalization of pre-verbal relationship- Object Relations (split good/bad objects develop into whole or object constancy)
- Object permanence required before object constancy

FONAGY
(1952-PRESENT)

- Springboards from Mahler’s work
- Ongoing contemporary psychoanalytic/developmental research
- Mentalization/understanding or interpreting intention
- Teleological, psychic equivalence, pretend mode
- Implicit/explicit, self/other, internal/external, cognitive/affective
- Transference tracers
- Increased emotional activation point- reactive vs reflective
SCHORE (1943-PRESENT)

- Psychoanalytic concepts rooted in neurobiology
- Contemporary interdisciplinary research
- Springboards from Bowlby’s work
- Identifies the importance of right brain communication
- Implicit, un/subconscious, emotive, affective, corporeal
- Compared to the left linguistic/verbal, conscious
- Self-soothing strategies right brain encoded
- Where therapeutic change is engaged

OBJECT RELATIONS

- Object relations- structure of internalized world encoded in neurobiological pathways
- Initiated after birth
- Interpersonal becomes intrapsychic
- Internalization of caretaker – incorporation, introjection, & identification
- Internalization – self-soothing, emotional regulation
INTERNALIZATION

- Incorporation: preverbal, pre-self other distinction
- Introjection: internalizing the object indiscriminately (voice, affect, attitudes)
- For example: good girls don’t get in fights, boys don’t cry (as a truth)
- Identification: thoughtfully adopt characteristics
- Active decision-making vs passive receptivity

THERAPEUTIC WORK

- Bring encoded preverbal/egocentric/internalized child perspective into awareness
- Adult perspective with boundaries & self-awareness
- Tools: self-of-the-therapist, feelings in experiencing client’s world
- Deliberately cultivated attachment
- Transference, countertransference, defenses
- Individual vs couples & families
OBJECT RELATIONS IN THERAPY

COGNITIVE INSIGHT
- Identify/reflect explore understand underlying expectations

EMOTIONAL INSIGHT
- alternative experiences are felt and modify expectations.

GOALS OF THE WORKING RELATIONSHIP

- Tolerate vs defend against intense emotion (e.g., dissociation)
- Identify non-verbal memory/impact
- Recognize maladaptive cycles of relating/stimulated attachment system/enactments
- Recognize & interrupt reactivity
- Facilitate self-reflection, empathy, mentalization
- Structural change

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STRUCTURE OF PERSONALITY

- Identified with developmental stage
- Psychotic/Symbiotic
- Borderline/Rapprochement
- Neurotic/Object Constancy

CHARACTERISTICS

- Psychotic: self/other boundaries permeable, reality testing fragile
- Borderline: lack of mature defenses, weak object constancy (approach/retreat), mentalization weak/absent, poor emotional regulation
- Neurotic: presence of mature defenses, stronger object constancy, intact reality testing, mentalization, emotional regulation, disrupted by stress
TREATMENT IMPLICATIONS

Psychotic Structure: Safety, supportive, challenging work

Borderline Structure: Safety, supportive, ego development, intense countertransference/PI

Neurotic Structure: Safety, supportive & interpretive

STRUCTURAL CHANGE

- Healthy defenses (humor, repression, sublimation)
- Ability to self-soothe/emotional regulation/triggers
- Boundaried and connected
- Reality testing intact
- Object constancy
- Mentalization, accurate, and recognize where guessing/assuming
TRANSFERENCE & COUNTERTRANSFERENCE

- Transference: relational expectations/procedural memory
- Identify client self/self-object relationships through transference
- Emotionally charged/transference tracers
- Interpret transference vs. reacting-harm to the client
- Countertransference: our own expectations/unresolved issues
- Recognize our own issues to be worked on/through
- Deepen understanding and empathy

TRANSFERENCE PERSPECTIVES

- Concordant transference: am I feeling what the client felt (small, dismissed, despised)
- Complementary transference: or am I feeling from the object’s perspective (punitive, harsh, desire to humiliate)
- Fine attunement to one’s own feelings
- Recognize own defensiveness (can I tolerate feeling greedy, guilty, ashamed…)

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WORKING WITH TRANSFERENCE & COUNTERTRANSFERENCE

- Immersion in client world with an ear in one’s own world
- Hear and feel hopelessness, helplessness, cynicism, optimism
- Point out discrepancy as tolerated
- Attend to ego/ego strength- balancing support vs interpretation on a continuum
- Affirming experiences while suggesting an alternative view

DEFENSES: ANNA FREUD (1895-1982)

- Observed as protective mechanisms
- Protect self- including esteem, protect against feelings, anxiety
- Distortions reducing anxiety
- Tend to be outside of awareness
- Reflective of internal value system
- Ranging from primitive to mature
- A goal of therapy is self-awareness, healthier defenses
RESISTANCE

Implementation of defenses
Predictable, normal, expected variable of therapy
Self has constancy/stability
Identify defense first, then what is this protecting?

Safety and containment
Accept/tolerate, identify, reflect, interpret
Timing

DEFENSES

- Strategies developed in a child’s egocentric perspective
- If my caretaking other is rejecting it is because I am bad
- In abusive/unattuned relationship perception remains unrepaired
- Defenses related to early abusive dynamics seen in SUD, adaptive/survival
- Splitting, denial, projection, projective identification
- Mature defenses: humor, sublimation
DEFENSES & ADDICTION

- Protection from anxiety or untenable reality
- Unattuned caretaker
- Chose someone else over us
- Controlled who we were allowed to be
- Didn’t protect us
- Chose to hurt us
- Substances as reliable, available, comforting

TRAUMA: CASE STUDY

Married couple with children, one SAH parent, one FT working outside the home w AUD, severe, in early remission. Catastrophic event in FOO not perceived as trauma because it led to feelings of relief.

An experience of emotional overwhelm, age dependent, as identified and understood by individual.
DENIAL

- Denying reality is as it is-
- Believing that one has control over substance use despite ample evidence to the contrary
- That one grew up in a normal environment despite overt, chronic abuse

PROJECTION

- Projection, developmental and defensive, outside of awareness
- Developmental: primary caregiver takes in infant feelings, metabolizes, returns (healthy, unhealthy)
- Translates physiological into emotion, then emotional regulation
- Defensive: unacceptable part of self/feelings projected onto other
- Feelings of inadequacy projected onto offspring ridding self of intolerable feelings: “You are incapable, incompetent!”
- The message is internalized
- Unconscious pull of other to conform to projection – projective identification
PROJECTIVE IDENTIFICATION

- A pull to feel/behave inconsistent with usual experience of self
- Core of the client’s dilemma
- E.g., client with harsh internal self-criticism (I’m a loser) therapist begins to feel critical with pull to denigrate client
- Identify meaning & interpret
- Protective function- primary caregiver was hurtful (because I am bad vs. they did not love me)

CASE STUDY: PI

Individual, divorced, FT working, remote history IUFD, f/hx AUD reports feeling little sadness and wonders why. Might have even felt relief.

Clinician experience of this between sessions.
PSYCHODYNAMIC ENACTMENT

- Carrying out terms of implicit early relational experience/object relations
- Projective identification w enactment- recreation of interpersonal themes in action
- Deeper understanding for client’s world

CASE STUDY: PI, ENACTMENT

Individual, married no children by choice FT working client, remote h/o OUD mild, sustained remission. Anger expressed clearly on client’s face with denial of feeling.

Acting out dissociated feeling described, management repeated by clinician outside of session.
SPLITTING: GOOD OBJECT BAD OBJECT

EXPERIENCING OTHERS AS ALL GOOD OR ALL BAD RATHER THAN AS NUANCED
WEAK OBJECT CONSTANCY

CASE STUDY: PI, SPLITTING, IMMERSION

Married couple, DV, OUD, severe, sustained remission- you are a terrible therapist, you are only here because we entertain you, I don’t even know what we are doing here! What a waste of money! Nothing has changed!

Feeling incompetent with awareness of influence of client pull-information
Feeling incompetent and acting out feelings of inadequacy- client harm
COST OF DEFENSES

- Reality is distorted (failed mentalizing)
- Indiscriminate assessment of danger
- Hypervigilance, distrust
- Reconcile childhood feelings of overwhelm = face a new reality
- Goal of therapeutic interaction = whole object relations
- Lengthy process

INTERACTIONS LOOK LIKE

- “I am a loser” sounds like you are very disappointed in yourself
- “You’re just in this for the money” sounds like you can’t imagine someone being invested in your well being
- “I am a perfectionist, always worried about not getting it right” I wonder where that might have come from, if you think back…
- “She’s out to get me, she always hurts me, on purpose” I wonder if she feels pushed away by your anger like others in here do.
PUTTING IT ALL TOGETHER

- Continuum from supportive to interpretive - self as primary tool
- Clinician experiences, feelings, emotions, fantasies, imaginings, implicit world
- Attuning & validating - environment in which the work occurs
- Containing feelings (shame, guilt, anxiety, grief, rage)
- Hold evolving understanding until client can see for themselves
- Checking in with client regarding evolving theory
- Modeling acceptance of difficult realities

INDIVIDUAL WORK

- Transgenerational perspective
- Attunement, Reflection
- Clarification, confrontation, interpretation
- Explore the transference
- Identify defenses
- Bring these into awareness
- Modify defenses & expectations
- Psychoeducation
COUPLES & FAMILY WORK

- Transgenerational perspective from everyone in the system
- Identifying underlying assumptions in relationship
- Identify attachment system/experiences
- Identify underlying feelings & defenses
- Facilitate attunement
- Improve capacity to mentalize effectively
- Psychoeducation

SUMMARY: ADVANTAGES OF APPROACH

- Addresses confusion with denial (neurobiology & defenses)
- Cognitive & emotional insight
- Transference, countertransference, PI as guide
- Strategies to work with being a bad object & splitting
- Tools to work with difficult feelings
- Identifies unique aspects of each recovery
- Motivates efforts at connection with deeply wounded population
THANK YOU FOR LISTENING

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