What matters is not the features of our character or the drives and instincts per se, but rather the stand we take toward them. And the capacity to take such a stand is what makes us human beings.

VICTOR FRANKL
American Society of Addiction Medicine, 2013

Addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
“Addiction is mysterious and irrational”

Psychiatrist Robert Dupont, who was the first director of the U.S. National Institute on Drug Abuse and White House drug czar under Presidents Nixon and Ford.

Edward Khantzian

• His view is that people who are addicted are “in need of being understood not so much as pleasure seekers or self-destructive characters, but more as individuals who are in pain and seek and need contact and comfort”. (Khantzian, 2014, p. 33 this volume) The roots of addiction, in his view, lie in early attachment and relational trauma.

Gabor Mate (2010) In The Realm of Hungry Ghosts: Close Encounters With Addiction

• 3 dominant brain systems in addiction
• the opioid attachment-reward system
• the dopamine-based incentive-motivation apparatus
• and the self-regulation areas of the prefrontal cortex
• These are all exquisitely fine-tuned by the environment. To various degrees, in all addicted persons these systems are out of kilter.
In the Realm of Hungry Ghosts: Close Encounters with Addiction, Gabor Mate

• “The first time I did heroin,” she said to me, “it felt like a warm, soft hug.” In that phrase she told her life story and summed up the psychological and chemical cravings of all substance-dependent addicts.
Disconnect from your personal power and lose:

- Family
- Job
- Health
- Selfworth

Remove addiction & Replace w/ Self-Mastery

Reconnect to your personal power and reclaim:

- Family
- Job
- Health
- Selfworth
Attachment Theory

• Attachment theory's basic premise is that, from the beginning of life, the baby human has a primary need to establish an emotional bond with a caregiving adult. Attachment is seen as a source of human motivation as fundamental as those of food and sex.

• Bowlby, 1979
Attachment in Adults

- People are biologically driven to form attachments with others, but the process of forming attachments is influenced by learning experiences.

- Individuals form different kinds of attachments depending on the expectations and beliefs they have about their relationships. These expectations and beliefs constitute internal "working models" used to guide relationship behaviors.

- Internal "working models" are relatively stable even though they can be influenced by experience.

- Individual differences in attachment can contribute positively or negatively to mental health and to the quality of relationships with others.
The Experiences in Close Relationships- Revised (ECR-R) questionnaire is a revised version of Brennan, Clark, and Shaver’s (1998) Experiences in Close Relationships (ECR) questionnaire. The items on the ECR-R were selected using techniques based on Item Response Theory, but were selected from the same item pool as those from the ECR. Both the ECR and the ECR-R are designed to assess individual differences with respect to attachment-related anxiety (i.e., the extent to which people are insecure vs. secure about the availability and responsiveness of romantic partners) and attachment-related avoidance (i.e., the extent to which people are uncomfortable being close to others vs. secure depending on others).
I offer sociological psychiatric data indicating clear signs that various aspects of the human condition are showing clinical signs of severe stress, and that this is expressed in an increase of emotional disorders in childhood and adolescence.

Here in the United States, how are we reacting to this crisis at the core of our culture? And if we are not responding, why not? In clinical models we speak of individuals having intrapsychic defenses against uncertainty, stress, and painful negative information. But defenses such as denial, repression, and even dissociation are collectively used by the culture to avoid more directly confronting the serious stressors that lie at its core.

Affect

• Concept to describe the experience of feeling or emotion

• Mediates a person’s interaction with a stimuli

• Affective states are psychobiological constructs
  • Valence
  • Arousal
  • Motivational intensity
Affect Regulation Theory

• Interpersonal neurobiology explains the development of the human mind within a social context in which the right brain is encoded and matures through relationship with another brain (Schore, 1994, 1996, 2003a, 2003b; Siegel, 2001).

• Affect regulation theory teaches that the earliest form of memory is implicit, bodily based, and cocreated by the mother–infant dyad. Thus, the “relational unconscious” and the “social unconscious” are encoded in the right, nonverbal, subcortical region of the brain—what Schore calls the biological substrate of the human unconscious.

Panksepp and Biven assert that all “raw emotional feelings, instinctual emotional behaviors and accompanying visceral responses are orchestrated by . . . distinct subcortical systems” (2012, p. 17). The authors delineate seven such systems:

- SEEKING (expectancy)
- FEAR (anxiety)
- RAGE (anger)
- LUST (sexual excitement)
- CARE (nurturance)
- PANIC/GRIEF (sadness)
- PLAY (social joy)

• My studies in affective and developmental neuroscience have suggested that the adaptive survival functions of the right hemisphere, the “locus of emotional brain,” are dominant in relational contexts at all stages of the life span, including the intimate context of psychotherapy.
Primary emotional responses have been preserved through phylogenesis because they are adaptive. They provide an immediate assessment of the extent to which goals or needs are being met in interaction with the environment, and they reset the organism behaviorally, physiologically, cognitively, and experientially to adjust to these changing circumstances. (2008, p. 225)
Modern Attachment Theory: The Central Role of Affect Regulation in Development and Treatment

• A model of brain/mind/body changes in not only the client but also the therapist, addressing the development of therapeutic expertise and how clinical experience alters the therapist’s right brain implicit functions.

• The trans-theoretical perspective of regulation theory can act as a lens that brings into focus the essential intra- and intersubjective aspects of any basic human adaptive or maladaptive self-function or behavior.

• It thus can be applied to any clinician’s understanding of how his or her own subjectivity, acting at levels beneath conscious awareness, is accessed moment by moment in the psychotherapeutic process.

Attachment-Based Psychotherapy

- Psychoanalytic psychotherapy that is informed by attachment theory
- Combines the categories of attachment theory with an analysis and understanding of how dysfunctional attachments get represented and re-enacted in adult life
- Modify dysfunctional emotions in order to assist client with a healthy perspective
  - Insecurity / Jealousy
  - Anger / Rage
  - Abandonment / Rejection

Treating Attachment-Based Issues

• The therapist must allow the help-seeking client to speak to him via his activated attachment system, and make himself emotionally available to the client. This includes budgeting sufficient time and space.

• The therapist must function as a reliable secure base from which the client can safely work through his problems.

• Taking the various attachment styles into consideration, the therapist must be flexible in the way he handles closeness and distance with the client, both in their interactions and in the establishment of the therapeutic setting.
• The therapist should encourage the client to think about what attachment strategies he is presently using in his interactions with his important attachment figures.

• The therapist must urge the client to examine the therapeutic relationship in detail. The therapist himself must do so, as well because this is where all the perceptions of relationship conditioned by one’s representation of one’s parents and oneself are reflected.

• The client should be cautiously encouraged to compare his current perceptions and feelings with those experienced in childhood.

• It should be made clear to the client that his painful experiences with attachment and relationship, and the distorted representations of self and object that arose from these experiences are probably outdated.
• In his careful dissolution of the therapeutic bond, the therapist serves as a model for dealing with separation and the discussion of the experience. Physical separation is not the same as a “secure base”

• A therapist who offers more closeness than the client can handle may trigger a premature desire for separation