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Original Paper

A Clinical Case Study on the Developmental Process of Addictive Behaviors from a Psychological Perspective: Proposal of Early Prevention Probability

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Abstract

This article aimed at building a comprehensive hypothesis on the origin and developmental process of addictive behaviors based on facts obtained from the author's clinical experience. A woman with a variety of addictive behaviors was introduced as an instance. Not only childhood adversity which contribution already had been proven in the development of addiction, the author also focused on psycho-social obstruction during adolescence, more specifically, that of constructing peer relationships as well as that of renewing the relationship with parents crucial for passing through the second individuation process (Blos, 1967). Furthermore, how the obstruction related to the adversity during early life was discussed. At the end of the article, reference was made to possible benefits in adulthood brought about by intervening with adolescents who are at high risk of addictive behaviors.

Keywords

addictive behaviors, adolescence, second individuation process, peer relationships, childhood adversity

A variety of tools, objects, activities, and mediums can be used for addictive behaviors (Christo, Jones, Haylett, Stephenson, Lefever, & Lefever, 2003). Some of them are regarded as desirable and/or necessary when they are used adequately, such as working, physical exercising, eating, using a mobile phone. On the other hand, those regarded as inappropriate and/or anti-social are gambling, self-harming, shoplifting, and illegal drug use. These addictions are usually classified into three categories, substance, process/behavioral, and relationship. Regardless of whether an addiction is classified as relationship, almost all addictive behaviors seem to stem from problems embedded in interpersonal relationships, or at least they are formed under the influence of interpersonal conflicts. More specifically, even in cases

of substance and process/behavioral addictions, interpersonal relationship distortion, such as controlling, submission, and co-dependence are frequently observed (Najavits, Sonn, Walsh, & Weiss, 2004; Stuart, G. L., Moore, Ramsey, & Kahler, 2003). It is also commonly shared that these two types of addictions are manifestations that replace conflicts and emotional discomfort originated within a psycho-social context (Birch, Stewart, & Brown, 2007; Itabashi et al., 2020). In the same way, relationship addictive behaviors in many cases are not the original psycho-social problems per se, but function to mask or obscure those problems, as in my clinical case which I will illustrate later.

Interpersonal conflicts and desires which drive an individual to addictive behaviors are usually unresolved, with origins that can be identified in his/her early life. Indeed, previous studies have examined addictive behaviors in relation to childhood adversity, in particular child abuse experience (Cohen, & Densen-Gerber, 1982; Evans, Goff, Upchurch, & Grella, 2020; Itabashi et al., 2020; Khoury, Tang, Bradley, Cubells, & Ressler, 2010). Other concepts represented by several psychological terms such as insecure attachment style (Hiebler-Ragger, & Unterrainer, 2019; Flores, 2001), immature object-relations (Stuart, 1996), and obstruction in the separation-individuation process (Graham, & Glickauf-Hughes, 1992), developed by parenting during early life, also have been discussed in reference to addictive behaviors. Van der Hart, Nijenhuis, and Steele (2006) argue that a variety of mental disorders, and in some cases, addictive disorders are phenotypes of structural dissociation of personality, caused by chronic and continuous traumatization resulting from interpersonal relationships with caregivers during early life.

These previous studies which examined addiction suggest the necessity of mid- to long periods of intensive psychotherapeutic intervention for individuals with addictive behaviors. In psychotherapy, a patient has to have a new experience—the experience he/she has not had with his/her significant other before—with his/her therapist. Only in this therapeutic relationship is he/she able to explore his/her own feelings, cognitions, and ideas, without being afraid of the therapist's evaluation of him/her. The therapist should allow him/her to freely ruminate his/her past history including experiences with the parents, siblings, peers, or others, as well as to reflect on the meanings of his/her current addictive behaviors from a psychodynamic perspective. These two works facilitate therapeutic processes in synergic ways. That is to say, they help a patient have insight on his/her addictive behaviors in relation to not only current mental lives but also past mental lives.

I gave this kind of therapeutic intervention to a woman with a variety of addictive behaviors as well as comorbid mental disorders (major depressive disorder, narcissistic personality disorder). She had come to my clinic due to her depressive symptoms, which meant that she neither regarded her addictive behaviors as problematic nor even was aware that she had a variety of addictive behaviors. In this article, based on materials obtained from her clinical records, I would like to formulate a hypothesis on the psycho-social process of addiction from its origin to manifestation. Below is her life history I obtained in the diagnostic evaluation as well as psychodynamic psychotherapy sessions.

Ms. A was in her 30s when she started receiving psychotherapy. Throughout her life, she was not able to see her mother in the mother role, due to their distant relationship during infancy and childhood. Her grandmother, who took over the role of surrogate caregiver, raised Ms. A in a manner far from the contemporary standard. In order to obtain the praise and concern of her emotionally distant mother whom she idealized, she took various methods, but in most cases her attempts ended in failure. Her desperate, indiscriminate, free-floating, and unrealistic object-seeking, which caused uncountable traumatic events in her later life, was rooted in this relationship with the mother.

During early adolescence, she was bullied by her classmates and was unable to join any peer group. In late adolescence, she came to act masochistically in the classroom by entertaining classmates in order to be accepted by them, in particular, by the girl who was everyone's favorite. Only interpersonal relationships gave her life meaning. Thus, she rarely threw herself into any activities including academic performance for her own benefit. Submissive relationship to others and self-sacrificing services which would manifest more clearly in her adulthood had already become a major part of her personality in her teenage years. Another characteristic prominent in her personality, i.e. making up stories fluently in order to be accepted by other people had also taken shape during this period.

When she was a college student, she had a female friend with whom she was always together. After graduating from college, the object she chose to fulfill her desire to identify with was any man who could satisfy this at that particular time. The indiscriminate object-seeking blinded her to the distinction of right and wrong, driving her to anti-social conducts. She devalued her decent daytime job as a professional as she did her colleagues, whereas idealized the anti-social organization she committed herself to at night along with its ringleader. The intention of getting others' attention and concern urged her to take indirect self-destructive behaviors, more specifically, ignoring self-care or refusing food. When this intention fell through, she used to be absent from her workplace without notice. In cases where she was seriously disappointed she took direct self-destructive behaviors, i.e., impulsive over-dosing. The experience of losing everything including both tangible and intangible caused by these behaviors necessitated her to go back to her hometown.

After starting psychotherapy, she confided that she was suffering from persecutory feelings of guilt for her past anti-social conducts briefly touched upon above. She always had a fear that her colleagues would see through her past misconducts under her hard-working attitude. She dedicated herself in providing her clients as well as her colleagues with excessive services by making sacrifices, as if she was trying to offset the misconducts. Under these behaviors was another desire, namely, that of getting approval and reward from them. This desire was just the same as that of the past; the only difference was the nature of the object—socially accepted or undesirable. The origin of her attitudes can be identified in her relationship to her mother. Her unrealistic desire to identify with a significant other usually did not materialize, resulting in an experience of betrayal, i.e., loss of the idealized omnipotent mother. Her rage towards the object provoked her acting-out such as bulimic behavior, somatization,

and absence from work. This was also reenacted within the psychotherapeutic relationship, in the form of cancellation of psychotherapy sessions when her therapist (I) did not behave as she expected.

The addictive behaviors observed in this patient were as follows: (a) relationship addiction: self-sacrificing devotion, sexual relationship, habitual lying, (b) process/behavioral addiction: work addiction, self-harming behaviors, anti-social behaviors, eating disorders (both anorexic and bulimic behaviors), (c) substance addiction: alcohol, tobacco, drugs.

Each addictive behavior had its distinct and usually multiple psychological meanings gradually clarified in intensive therapy sessions. Meanwhile, two or more addictive behaviors shared the same desires, intentions, and messages which did not surface in her conscious mind. They were desires to make the object approve of her and/or love her, the intention to alleviate uneasiness due to impaired self-supporting ego-function, or rage and protest against significant others. Although addictive behaviors tentatively contributed to keeping psychological balance, they were characterized by psychological factors such as difficulties in overcoming loss experiences followed by denial of psychic reality. That is to say, addictive behaviors merely worked as defenses, and did not help her release her authentic self.

In order to formulate a hypothesis on the development process of an individual's addictive behaviors, I would like to take a look at the above woman's life history in relation to each psychological developmental stage an individual has to pass through. As introduced earlier, many previous studies demonstrated contribution of childhood adversity, which I also have been identifying in some of my patients with addictive behaviors, as one of the key elements. In the case of this woman, adversity during early life resulted in weak attachment with the mother, resulting in lack of *object constancy* (Hartman, 1952, p. 163).

In addition to adversities in her early life, she had experienced several difficulties during adolescence. First, I would like to focus on failure when forming peer relationships during adolescence, as essential psycho-social element observed in the woman. Blos (1967) defines the adolescent stage as *the second individuation process*—the phrase coined after *the [first] separation-individuation process* (Mahler, Pine, & Bergman, 2008, pp. 52-122) to represent the infant stage. He depicts that adolescence is the period where "disengagement from the internalized objects" has to be accomplished. Blos (1967) emphasizes the important roles of contemporaries during adolescence in completing the second individuation process.

Blos (1967) writes that under ego impoverishment brought about by increasing drive as well as decreasing parental ego-support, adolescents experience an overwhelming pull to infantile dependencies. They are in the state of object-hunger. According to Blos (1967), contemporaries provide adolescents with compensatory relief by functioning as substitutes for their family. He further defines contemporaries as go-to places where adolescents are allowed to identify with roles without any permanent commitment, and where they are allowed to have opportunities of interactional

experimentation, that will help them cut off childhood dependency. They also function as places for adolescents to share feelings of guilt following emancipation from childhood dependencies. An individual who is not able to have contemporaries or whose contemporaries simply function to fulfill needs of childhood dependency would encounter difficulties in the second individuation process. The above described woman's interpersonal attitude during adolescence was the expression of seeking the idealized object (the initial object was the mother but later it was chosen indiscriminately). That is to say her expectations of peers were no more than the replication of those of her mother that never materialized within her relationship with the mother. For her, it was difficult to find her peers' true values.

The nature of her perception of, and expectation towards her mother during adolescence is also worthy of discussion. The second individuation process requires adolescents to leave behind childhood dependency, and to renew their parents' image as well as the nature of their relationship (Blos, 1967). Each parent gradually comes to be realized as an ordinary person with weak points. Also, the relationship with the parents comes to be more equal and reciprocal. These require reality testing, one of the important functions in which the ego takes charge. The above described woman's reality testing was impaired, as seen in her expectations of the primordial omnipotent mother. Therefore, she had been traumatized every time her expectations were not met. She attributed the unavailability of her mother's care and support to her mother's lack of interest in her, when in her mind, her mother had the ability to provide loving care and save her from any predicament. It was only after she had received intensive psychotherapy for many years that she was able to renew her image of and relationship with, her mother.

Her unrealistic expectations towards her mother and the nature of her relationship to her peers were not unrelated to early experiences with the mother. Normally, adolescents have to exercise their own ego-function, because as noted, adolescents are no longer able to get the support they used to during childhood. Nevertheless, the core part of an adolescent's ego-function is formed during infancy through dynamic mother-infant interaction as described by some psychoanalysts: internalizing *good object* (Klein, 1946) and *ego-supporting mother* (Winnicott, 1958, pp. 29-36), among others. Therefore, when sound ego has not been formed due to the lack of opportunity to internalize and integrate a mother's ego-function into her infant's personality, the infant's reality-testing and ability to trust others cannot develop, resulting in difficulties building peer relationships, essential in getting through the second individuation process. It was obvious that my patient's ego-function was vulnerable due to the emotional distance with her mother since infancy.

Even after she entered adulthood, this vulnerable ego-function had lasting effects on her interpersonal attitudes. Specifically, she sought an object who would accept her as she was, and love her unconditionally. In order to fulfill her desires, she complied with the significant others by *false self* (Winnicott, 1958, pp. 140-152). Failures to obtain motherly love from the others drove her to acting-out,

including addictive behaviors. Though self-destructive or socially inappropriate, the acting-out served to take place of the idealized object, which she was unable to obtain. It brought her futile relief or sometimes feelings of omnipotence. Behind the acting-out was also her protest against the object that did not fulfill her desires. Her behaviors and acts included not only messages toward the significant other at a given time, but deep down, also her mother. This sequence of attitudes towards a significant other reminded me of Deci's (1996) idea that compliance is not contrary to defiance, but these two attitudes are two sides of the same coin. Regardless of which mode was dominant at any particular time, her relationship with each significant other was not equal.

Here I would like to briefly discuss why her anti-social behaviors including addictions became manifest after entering adulthood, although she had the same object-relation pattern throughout adolescence. Her acting-out had not gotten out of hand probably because, while her teachers and parents did not give sufficient psychological support, their authority and supervision were evident. Furthermore, when she was in senior high-school and college, it was not difficult for her to have female friends to identify with, though the nature of her expectations towards them may have been different from that of those friends towards her. After becoming an adult, the absence of those peers urged her to seek men who would take care of her. Her dependency towards the men always resulted in tragic consequences, followed by a variety of self-destructive behaviors. When she lived in urban areas where individualism was valued, she was not able to find an object that she identified with in her daytime workplace. As a result, she chose an anti-social organization and its ringleader as her objects in order to get omnipotent approval using submissively complying attitudes.

The following is my hypothesis regarding the chronological process from origin to manifestation of addictive behaviors based on all of the above: (a) experiencing childhood adversity within the relationship with caregivers, (b) developing an insecure attachment style and an immature object relation, (c) entering into adolescence with vulnerable ego-functions, i.e., impaired reality testing and inability to establish a relationship with trust, resulting in weakness in constructing peer relationships and renewing the relationship with parents, both of which are prerequisites in completing the second individuation process during adolescence, (d) becoming a young adult with unrealistic expectations—expectations originally harbored towards the caregiver—within a relationship with a significant other at a particular occasion, (e) experiencing innumerable psychological pains due to the expectation being unmaterialized, and (f) converting the painful experiences into addictive behaviors (more specifically, addictive behaviors utilized as strategies to identify with the idealized object, protest against the object, and/or to escape from reality).

Finally, I would like to mention a few problems, and offer prospects for the future in both the clinical and research realms of addiction. Like the clinical case I introduced in this article, it is assumed that many patients with addictive behaviors visit psychiatric clinics without being aware of their addictive behaviors or considering them as problematic. Regarding my patient, intensive psychodynamic

psychotherapy clarified the entire picture of her addictive behaviors. This naturally leads us to infer that the number of those with addictive behaviors is much higher than actually reported. Intensive psychotherapy helps us detect a patient's addictive behaviors and more importantly, understand him/her holistically—how the behaviors are related to his/her life history of psycho-social interaction as well as his/her substantial personality pathology. However, in many cases, due to the cost, manpower shortage, and above all, lack of medical staff recognizing the needs and efficacy, intensive psychotherapy is neither available nor accessible for most patients with addictive behaviors. The result is that we see a lack of patient insight on substantial psychopathological issues obscured by addictive behaviors. Epidemiological studies targeting a relatively large number of subjects to deductively prove the above hypothesized pathway are on the horizon. Such studies will bring about medical staff recognition of the need and necessity of intensive psychotherapeutic intervention.

I also would like to note that it is valuable to provide such intervention not only for those with manifested addictive behaviors but also for those at high risk from the perspective of preventing addictive behaviors in adulthood. In particular, I would like to propose the probable benefit of intervention for adolescents with over-adaptation, anti-social behaviors, or a-social behaviors such as the inability to secure contemporaries. Indeed, regarding the woman introduced in this article, her personality pathologies—the foundation for later addiction—had been established during adolescence. Some clinicians would even regard her interpersonal attitudes and behaviors during adolescence as just the interpersonal addiction itself. Even in the latter case, therapeutic effects of adolescence would be much higher than those of adulthood, because the personality pathology behind the addiction has just developed and has a lot of potential for modification during adolescence.

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