

THE ADDICTED SUBJECT CAUGHT BETWEEN THE EGO AND THE DRIVE: THE POST-FREUDIAN REDUCTION AND SIMPLIFICATION OF A COMPLEX CLINICAL PROBLEM

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It is clear that the promotion of the ego today culminates, in conformity with the utilitarian conception of man that reinforces it, in an ever more advanced realisation of man as individual, that is to say, in an isolation of the soul ever more akin to its original dereliction (Lacan, 1977 [1948]: 27).

Addicts adrift in contaminated waters

In a landmark article on addiction from 1933 entitled "The Psychoanalysis of Pharmacothymia (Drug Addiction)" Sandor Rado writes: "The older psychoanalytic literature contains many valuable contributions and references, particularly on alcoholism and morphinism, which attempts essentially to explain the relationship of these states to disturbances in the development of the libido function" (Rado, 1933: 61). The "older" psychoanalytic literature considers addiction to be related to a problematic development of the psychosexual stages which would lead to an inhibition or perversion of the sexual drives. The first article entirely devoted to addiction by an analyst was written by Abraham in 1908. He states that alcohol affects the sexual drives by removing resistance thereby causing increased sexual activity (Abraham, 1908: 82). The article is interesting in the sense that it sets the scene for a psychoanalytic understanding of addiction for a good few years. Abraham (1908: 89) argues that external factors (such as social influences and hereditary make-up) are not sufficient for an explanation of drunkenness. There must be an individual factor present which causes alcoholism and addiction and

this factor, he claims, is of a sexual nature. Alcoholism, sexuality and neurosis are connected in a variety of ways. Abraham provides us with a list of the possible connections between alcoholism and sexuality in the article. He starts off by saying that men are more prone to drinking than women as they are encouraged culturally to drink more, but he wonders whether there is also a factor of sexual difference at work. He subsequently begins to investigate male drinking in order to reveal the sexual factor at work. He claims that drinking brings out the component aspects of the infantile sexual drives. Sublimations and repressions become undone under the influence of alcohol. One of these is a homosexual component present in all people. This component has undergone sublimation in most people and through drinking this sublimation becomes undone. This theme of homosexuality was taken up in a whole series of articles on addiction over the next 15 years.¹ It is important to keep in mind that Abraham did not argue that alcoholics have a homosexual identity. What he argued is that homosexuality is a repressed, but normal, aspect of the human bond. Alcohol suspends the repression and the male bonding that ensues indicates a wish for unification with the brotherhood of man. This is interesting because it implies that alcohol undoes differences between people and therefore also sexual difference, i.e., a desexualisation process takes place. Abraham further states that exhibitionism and sadomasochism are displayed in drinking because these component infantile drives are disinhibited and find open expression. He notes that violence and crime are often committed under the influence of alcohol (*Ibid.*: 83). Abraham writes: "The re-emergence of repressed sexual impulses increases the individual's normal sexual activity so that he gets a feeling of increased sexual capacity" (*Ibid.*: 84). There is a close connection between intoxication and sexual excitement. Before we get carried away, let's immediately add that Abraham is not in the business of promoting drink to heighten sexual activity and pleasure. In fact he is totally opposed to de-sublimation. Sublimation should not be destroyed by drink, and sublimation isn't the only thing destroyed by drink. The other victim is the sexual potency of the man. What happens then is that drink becomes a kind of substitute for normal genital sexual activity and that creates a link between alcoholism and perversion; a link that is also expressed in the sexual fantasies of alcoholic patients, something that was "picked up" by only a very few

1. Yorke (1970: 146) mentions papers by Frenzi (1911), Birstein (1913), Julius Burger (1912, 1913, 1916), Tausk (1915), Pierce Clark (1919), Marx (1923) and Hartman (1925).

writers in the years to come.² One remark towards the very end of the article strikes us as particularly important. It highlights a crucial aspect of the phenomenology of addiction and cuts immediately to the core of the problem of addiction: "The drinker makes use of alcohol as a means of obtaining pleasure without trouble" (*Ibid.*: 88). The drinker avoids the encounter with the sexual Other.

The first period in thinking about psychoanalysis and addiction is dominated by ideas as outlined in the article by Abraham. This period is called the drive theory period, because it is Freud's libido and psychosexual stages theory that provided the impetus for this kind of thinking. The drive theory period can be summarised as follows: The avoidance of the so-called normal sexual encounter with the Other indicates the search for a sexual satisfaction that belongs to an earlier stage of infantile sexual development. Addicts are fixated to a form of satisfaction that belongs to the oral stage of sexual development. Drugs and alcohol can function as substitutes for gratifications of infantile sexual wishes. Addiction is a kind of oral perversion. Addiction as a perversion is the direct satisfaction of an unconscious infantile drive that, for some reason, was never properly overcome or sublimated. What characterises addicts, according to the drive theory, is their inability to deal with frustration and their demand for immediate satisfaction. That means that addicts prefer the immediate pleasure attached to the satisfaction of the drives, to the less immediate satisfaction inherent in human relationships. A couple of writers in this drive theory period referred to connections with narcissism, depression, mania and paranoia.³

A serious problem with the drive theory of addiction is that it is based on the ideal that there is a proper way of repressing or sublimating infantile drives and that the resulting unified drive should have an unproblematic relationship with a clearly targetable and reachable sexual object. An unproblematic and unified drive theory was never part of Freud's thinking. From the very beginning to the very end of his work Freud indicated that there was always something problematic involved in the drive. Adhering to an unproblematic drive theory and avoiding the complexities inherent in this aspect of Freud's work will lead to an equally unproblematic and straightforward explanation of addiction: the object drug or alcohol replaces the sexual object. This has no explanatory value

2. Yorke writes: "Only Sachs (1923) considered the addiction to alcohol and drugs together in search of a common pathology and found in these conditions a compromise between the perversions and the compulsion neuroses" (Yorke, 1970: 146).

3. In Mijolla and Shentoub we can read that Kielholz refers to narcissistic neurosis and manic-depressive states and Ferenczi mentions paranoia (de Mijolla and Shentoub, 1973: 56, 69).

at all, because it cannot explain, for instance, why some people become addicted and others do not. Unless one truly believes that any person who is not addicted has an extraordinarily satisfying sex-life of the heterosexual and genital kind. That would have to be a sex life without variation and fantasy, because variation and fantasy already form a diversion away from the aim and object of the drive. There is no need to indicate what kind of impasse this idea of normality in sexuality would lead to. What we *do* need to indicate, however, is the problematic nature and status of the object and its relation to whom this object really matters and who hasn't been mentioned at all yet: the subject.

What is peculiar about the drive theory (of addiction) is that it seems that the drives exist as if they lead an independent life. Freud has made very clear from the beginning that the drives indeed do exist, but not with a life of their own. They bother the subject and drive him or her crazy, especially when they cannot find psychic representation. Freud insists on the idea that when the drives cannot find psychic representation they become toxic and can lead to "actual neurosis". It is curious, therefore, that a theory of addiction which bases itself on the concept of the drives is managing to avoid, despite Freud's clear indications, making the connection between addiction and the actual neuroses. This theory ignores the subject for whom the vicissitudes of the drives have enormous implications.

The direction of the theory changes with Sandor Rado's aforementioned article. We will discuss this article as well as two others published around the same time. In 1932 Glover published "On the Aetiology of Drug Addiction" and in 1935 Alfred Gross published "The Psychic effects of Toxic and Toxoid Substances". The articles by Rado and Glover are important because they anticipate the first elements of ego psychology in the psychoanalytic approach to addiction and they contain information about addiction that is often ignored in non-psychoanalytic literature. Rado and Glover have dominated psychoanalytic thinking on addiction for a very long time. Gross's article was not of great influence and is given only a minor role in some of the surveys on psychoanalysis and addiction.⁴ We will briefly discuss Gross's article for two reasons: 1. it contains some interesting and original information; and 2. Gross makes a fundamental mistake in his thinking which is very instructive.

4. These are some of the surveys on psychoanalysis and addiction: R. M. Crowley (1939: 39-54); H. A. Rosenfeld (1964: 217-252); C. Yorke (1970: 141-159); A. De Mijolla et S. Shentoub (1973: 15-100); A. Limentani (1986: 48-65); A. Magoudi, (1986: 7-43).

Rado or the failure of an egological life-line: addiction as symptom

Before we discuss Rado's article from 1933 we should briefly look at an article from 1926 entitled "The Psychic Effects of Intoxicants: An Attempt to Evolve a Psycho-analytical Theory of Morbid Cravings". Most of what Rado (1926: 396-413) says in this article he returns to in his article in 1933. There are, however, a couple of interesting aspects to this earlier article that he does not return to. Rado says that the effect of drugs is immediate and central. At that stage of his thinking he considers addiction to be a substitute for sexual activity. Drugs provide a kind of satisfaction that by-passes the erotogenic zones. In that passing movement it avoids the complications inherent in the sexual usage of these zones. Addiction, so to speak, sexualises the whole body. It provides it with, what Rado calls, an "alimentary orgasm". What turns people into addicts is the predominance of an oral satisfaction that can be produced at will and has all the hallmarks of an orgasm invading the body. It is clear that Rado's thinking on addiction in 1926 is still steeped in drive theory. Some elements of the drive theory are retained in his article from 1933, but there he also introduces other elements that belong to, what will later be called, ego-psychology. He states that what makes an addict is not the drug, but the impulse to use drugs (Rado, 1933: 60). Addiction is one *single disease* because drugs can easily be exchanged for one another. So, the underlying unifying factor causing the disease is a singular general craving. There are two types of drugs: 1. sedatives, hypnotics and narcotics, all the ones that lessen pain; and, 2. stimulants and euphorants, all the ones that provide pleasure. Rado calls this pleasure: "the pharmacogenic pleasure-effect" (*Ibid.*: 61). A psychological factor is also present which co-determines (with the properties of the drugs themselves) the effects of drugs. The patient, of course, will have to pay a heavy price in order to obtain these effects. Rado wonders why the patient needs elatants to relieve suffering? There is, he says, a group of people who suffer from "tense depression" (*Ibid.*: 62). The pharmacogenic pleasure-effect can relieve the patient of this painful feeling. This relief leads to a rise in self-regard and an elated feeling of the ego; the ego has become inflated. The elation is the reaction of the ego to the pleasure effect. In order to demonstrate the need for elation Rado explains the miserable state of the ego, i.e., "the tense depression" (*Ibid.*: 62-63). Before we continue with Rado's theory on addiction, it is worthwhile reflecting on the implications of Rado's ideas on the ego, precisely because these ideas summarise the programme for

ego-psychology which will influence the thinking on addiction in a profound way and for a long time to come.

At the very beginning, the ego was full of itself and it believed in its own omnipotence. No desire was left unfulfilled. Then reality began to make an impact and cut the omnipotence down to size. Megalomania disappeared and the influence of the ego was reduced. In order to grow again – this time into a well adjusted human being with a suitably big ego – the following should happen: narcissistic gratification needs to be found again after having been lost for a while. And why does that make the ego feel good about itself? Because self-regard comes from self-love and self-love, ultimately, comes from narcissistic gratification. Whereas initially gratification came to the infant automatically, now it has to be worked at and demanded from the environment. In Rado's words: "the ego must make over its psychology from that of a supercilious parasite into that of a well adjusted self-sustaining creature" (*Ibid.*: 62). The ego has to hold its own in order to create a happy relationship to the environment. Only that way can it hold its head high. This ego can be threatened by a reality out there, but it can also be threatened by bad libidinal development. In the latter case, the ego is overwhelmed by a cesspool of uncontrolled evil drives that threaten to annihilate it. The ego can react to this in a number of ways: for instance, it can develop "tense depression", find substitute satisfaction in the form of a neurosis or it might end up tormenting and reproaching itself. The pharmacogenic pleasure-effect can be a Godsend in these situations. The poor tormented ego can feel good again about itself and it will return temporarily to an original narcissistic state in which it feels, once again, omnipotent. Drugs can give people a sense of a magical oneness with the world. The problem is, of course, that the feeling is only temporary as the effect of the drug wears off. The sense of guilt and depression will return. In order to get back to the state of elation the ego will search again for the pharmacogenic pleasure-effect. And, before it knows what has happened, it is caught, in what Rado calls, a "pharmacothymic regime". This regime only gets worse as the strength of the chemical effect wears off over time and the ego needs increasingly more to boost and elate itself. This regime interferes between the ego and other people and it will colonise the domain of sexuality and sexual relationships. Sexual objects aren't needed or wanted anymore and the addicts now begin to depend on a rich fantasy life. The ego has surrendered itself to the drug regime and it feels increasingly worse about itself. In fact, at this stage it is completely at the mercy of a punishing super-ego. Rado writes that by cutting itself off, the following happens to

the ego: "It delivers itself over to that antagonistic instinctual power within, which we call masochism, and following Freud, interpret as a death-instinct. The ego had an opportunity to feel the dark power of this instinct in the initial depression; partly for fear of it then, the ego took flight into the pharmacothymic regime" (Rado, 1933: 65).

It is obvious – as we will see shortly – that Rado has *not* followed Freud on the question of the death-drive. For Freud the death-drive is the very essence of life. There are many aspects to it – some of them indeed aggressive, self-destructive or violent – but, essentially, it is not something that the ego can defend itself against by "developing its vitality and thus entrenching its narcissism", as Rado suggests (*Ibid.*: 65). A thinking that takes place in terms of a simple opposition between a good ego (drive) and a bad death-drive leads to an impasse that most of the post-Freudian thinkers were only too happy *not* to avoid. The post-Freudian egopsychology argument is a common sense argument. It argues that the death-drive is a threat emanating from the id, which is ready to destroy the integrity of the ego. It is an aggressive force that needs to be conquered or neutralised. Before we come back to the questions as to why the ego can't defend itself against the death-drive by inflating itself and why a simple opposition between good and bad drives leads to an impasse, let us first outline the egopsychology argument about addiction and illustrate this argument with the rest of Rado's article.

The ego is attacked by aggressive and masochistic forces. In order to defend itself against these threatening forces the ego can find recourse in the use of drugs and alcohol. Or, to paraphrase Rado, the ego can escape into the regime of alcohol or drug addiction. The ego has to fight a serious battle with masochistic tendencies, but the route that addicts choose is a hopeless one. Rado explains why: the chemical elation (inflation) of the ego has reactivated the narcissistic belief in being invulnerable, but this illusion cannot be sustained forever and one day the whole regime collapses (*Ibid.*: 65). According to Rado, there are three ways out of this crisis: a temporary withdrawal from drugs and alcohol in order to restore the original effect of drugs and alcohol such that the addict can re-start the regime of drug taking with a vengeance; suicide, as a surrender of the ego to the masochistic self-destructive forces, but, curiously enough, also as an act that should confirm his or her immortality, and finally, psychosis, as the result when the pharmacothymic regime has broken down the protective function of the ego, leaving it at the mercy of all kind of hallucinations and deliria. Towards the end of the article Rado returns to the domain of sexuality which he had considered before in his article from

1926. However, this time things have changed. Addiction is not a matter anymore of an orgasmisation of the whole body which by-passes the erotogenic zones. Rado argues now that the addiction has driven away eroticism and played into the hands of masochism. This can result in a number of sexual problems: it can result in a homosexual object choice which avoids the fear emanating from a masochistic wish for castration, it can lead to a passive attitude towards women as a consequence of loss of potency, or it can lead to sadism in order to rescue some masculinity from the place where it was lost.⁵ Before we turn our attention to Glover, Gross and some more egopsychology, let's return briefly to the issue of the death-drive being levelled by the ego and the impasse that results from a reduction of the drive-theory into a simple opposition between good and bad drives.

The idea that the death-drive can be fought off by a strong ego is based on a misunderstanding of the death-drive. The question of the death-drive and its relationship to addiction requires an extensive and detailed exploration that unfortunately far exceeds the possibilities of this paper.

The ego is not something that fights against the evil, masochistic and destructive forces of the unconscious. This idea of Rado is based on a very convenient misconception of the death-drive; a misconception that was perpetuated by most of the post-Freudians. Their argument was that aggression and destruction could be relegated to the field of animal biology, because that is also an aspect of human existence. Lacan writes: "After all, one must eat – when the pantry is empty, one tucks into one's fellow being (*semblable*). The libidinal adventure is here objectified in the order of living things, and one assumes that the behaviour of subjects, their inter-aggressivity, is conditioned and capable of explication by a desire which is fundamentally adequate to its object" (Lacan, 1954-1955: 232). When Lacan adds immediately, that life is not something that wants to be healed, he implies that one of the aspects of life that is sick is the ego. What exactly is this ego that egopsychologists appear to admire so much? Again Lacan: "The return to the ego as the centre and common measure is not any way implied by Freud's discourse. Quite the opposite in fact – the further his discourse advances, the further we follow him in the third stage of his work, the more the ego is shown as a mirage, a sum of identifications. Of course the ego is to be found at the rather impoverished point of synthesis to which the subject is reduced when he presents himself, but he is also something else, he also finds himself somewhere else, he comes from somewhere else, precisely from the point

5. Rado promises to discuss the conditions in women in another article (Rado, 1933, 67).
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beyond the pleasure-principle at which we can ask – what is it that is caught in this symbolic web, in this fundamental phrase which insists beyond anything we can catch of the motivation of the subject?" (*Ibid.*: 209). Lacan makes a distinction between the ego and the subject. The ego is something that the subject can present itself with to others, but the subject and the ego cannot be collapsed into each other. The status of the subject is, indeed, one of being represented.

For Rado and in egopsychology the ego is, by and large, a conflict free zone and mental suffering is the result of a weakness or deficiency in the ego. Consequently, effects of healing come from repairing the damage and deficiencies in the ego, and by making it stronger again through the build up of defence mechanisms that protect it against evil forces. In this view, symptoms function as helpers, extensions of the ego. It is this viewpoint that allows Rado to argue that drugs and addiction elate the ego in their fight against the dark power of the death-instinct. For Lacan, if anything at all can be considered sick in relation to the subject, it is the ego. The ego is a "false connection" with the internal and external world of the subject. It hides the truth from the subject and, because of its connection to the truth, it can be considered to be a symptom. It is important to realise that it is not the drives or the instincts that are aggressive. The drives are *only* a constant force that seek satisfaction by trying to dissolve themselves. It is when the drives are represented and transformed by imaginary identification that the ego – as the result of this identification – acquires a tendency to dissolve itself. Lacan writes: "The ego is inscribed in the imaginary. Everything pertaining to the ego is inscribed in imaginary tensions. Libido and the ego are on the same side. Narcissism is libidinal. The ego isn't a superior power, nor a pure spirit, nor an autonomous agency, nor a conflict-free sphere – as some dare to write – in which we would find some support" (*Ibid.*: 326). The ego is not only not conflict-free, it is, in fact, in deep trouble, because it wants to dissolve itself. And why would it want to do that? Because it wants to return to an original state of affairs which ultimately implies its own destruction. Aggression is not the defence of the ego against the threat of disintegration and the loss of its unity. Aggression is the attack of the ego on itself as a structure presenting an imaginary, false unity. Aggression desires to shatter this unity in order to get back to the previous state of total fragmentation. This death-drive is unacceptable and therefore turned outwards to objects in the world. That is why people are fascinated by violence, mutilations and destruction, a fact of life which is more than amply illustrated by

Hollywood cinema. But the direction of this fascination should not distract us from the real object of aggression.

Thus, not only is there not a simple opposition between good and bad drives, there is also no aggression outside the ego which the ego can fight off in a heroic battle. The aggressor is the ego itself and propping it up with therapeutic techniques, and/or drugs and alcohol, might perhaps calm it down or else make it worse. Who is to know? That is precisely Rado's egopsychological impasse. The effects of drugs are unpredictable and we don't know for who they function properly and for who they lead to addiction. Addiction as a symptom does not always function as an extension of the ego or, in the words of the Rolling Stones, as "mother's little helper". Rado's conception of addiction as a pharmacothymic regime conveniently avoids an ambivalence situated at the core of addiction and symptoms in general. It makes his theory of addiction incorrect and it leads to a clinical impasse. Addiction and drugs function in ways that go right to the heart of the problem of the symptom in psychoanalysis. A psychoanalytic definition of the symptom is that it is the solution to an underlying conflict. This definition, of course, implies that the solution is not perfect: it does not resolve anything. The symptom is only a symptom in so far as it is repeated. If subjects repeat symptoms there must be something in the symptom that the subject does not want to let go of and this despite the fact that it causes suffering. This is precisely the issue that Freud tried to resolve with his theoretical concept of the death-drive.

We have to be more precise when we claim that addiction goes right to the heart of the problem of the symptom in psychoanalysis. On the one hand, addiction is not a symbolic construction. As such, it is strictly speaking *not* a symptom when we define the symptom as follows: a symbolically structured formation of the unconscious and therefore something that expresses itself in the realm of meaning and this despite its lack of meaning to consciousness (it is the unconscious that provides the meaning to the symptom). On the other hand, addiction is the epitome – and clearest illustration – of the symptom in the psychoanalytic sense. As a solution, addiction is at the same time the dissolution of this solution. In words more closely related to the specificity of addiction, addiction is both cause and effect. The cause of addiction is in the effect of drugs and alcohol. That means that there is neither just the cause of an effect nor an effect, of the cause, in addiction. There is always both and something else. Rado was wrong in one way when he wrote that it is not the toxic agent but the impulse to use it that makes an addict of a given individual.

Namely, he was wrong to suggest that the effect is not the cause of addiction. He was right, however, in the sense that addiction relates to a cause or impulse in the individual to use drugs. The point Rado didn't get is that the cause of the effect which ultimately causes addiction (the effect of drugs and alcohol are crucial to the development of an addiction in the subject) is situated within the subject (the subject being the something else squeezed in between the cause and effect dynamic of drugs). This has enormous implications: it means that the cause of addiction cannot be known *a-priori* and that this cause can *only* be articulated by the subject. We can only get to know something about how the effects of drugs and alcohol cause addiction by listening to how the subject speaks about his or her drug taking and how these drugs effect him or her. Effects of drugs and alcohol do not exist independently of the subject and subjective structure. *Addiction incarnates the essence of the psychoanalytic symptom. Addiction incarnates – and openly demonstrates – the beyond of pleasure that is contained within the symptom, a beyond to which the subject is profoundly attached.* Again, this is the point Rado missed when he divided drugs into two categories according to their effect: drugs that provide pleasure and drugs that relieve pain. This division is based on the pleasure-principle and it ignores the beyond of the pleasure-principle. The position and cause of the subject are closely related to this beyond of the pleasure-principle. To try and grasp the cause is letting the effect escape, to try and grasp the effect is letting the cause escape and to try to grasp both at the same time (in the same movement) is, logically speaking, not possible. The only way out of this impasse is *not* by trying to grasp either cause or effect (of alcohol and drugs), but by making the "missing link" speak about the effect as cause (of addiction). That is to say, the ultimate cause of the effect *is* in the subject and it is *only* this subject that can articulate something about the symptom of addiction.

Glover, Gross and more egological extensions

Glover's important paper "On the Aetiology of Drug-Addiction" was published in 1932. Before we consider the importance of this paper we need to take notice of a paper called "The Aetiology of Alcoholism" which he wrote in 1928. In this paper Glover (1928: 81-90) argues that alcoholism is a flight from reality into fantasy. This regressive movement allows the alcoholic to satisfy component (infantile) drives that are still active in the subject or, indeed, have been reactivated. This situation results in ambivalent object relations because the object of the drive can

be satisfying in a sexual sense (though predominantly oral or anal in nature) and in an aggressive sense (destruction of the object through devouring it or getting rid of it by rejecting it). Through being fixated at this regressed state of libidinal development, the alcoholic is faced with an increasing intolerance *with* a world that is frustrating the alcoholic and it is faced with the intolerance *of* a world that is being frustrated by the alcoholic. This impasse of alcoholism spirals out of proportion to the degree that the whole world comes under attack of the alcoholic. Towards the end of the paper Glover indicates the possible connections between alcoholism and other pathologies such as manic-depressive illness, paranoia and perversion. Like Rado's first paper, this paper by Glover is still to a large degree based on a drive-theory of addiction. This will change to some degree with Glover's paper on drug addiction.

At the start of his paper he mentions that drug addiction has a close connection with psychosis on the one hand and "sublimatory defence-reactions", as he calls them, on the other (Glover, 1932: 188). He relates the latter to paranoia, obsessional neurosis, open-air cults and even the addiction to scented soaps. Apart from the enigma of scented soap, the connection to psychosis is interesting. Since his previous paper, Glover has become a follower of Melanie Klein and she relates psychosis to "pre-genital sadistic fixation-points". That implies that according to Glover's point of view, the cause of some addictions must be sought in a pre-oedipal phase of development, whilst the cause of other addictions must be sought in the oedipal drama. But then he writes: "While, therefore, I agree with the tendency of recent attempts to compare drug-addiction with melancholia and obsessional neurosis, I feel that the emphasis laid on the latest Oedipus phase and on early constitutional factors has obscured not only an equally close relation to paranoia, but the possibility of establishing a *specific* mechanism for drug-addiction. This specific reaction represents a *transition* between the more primitive psychotic phase and the later psycho-neurotic phase of development" (*Ibid.*: 201). Glover proposes that addiction might have its own mechanism that is specific to a transitional state. This transitional state is a mental condition that is situated between psychosis and neurosis. Glover comes to the conclusion that "noxious" addictions (he recognises the existence of "harmless" habits) represent a reaction to an acute state of anxiety and that the use of drugs is mainly for defensive purposes (*Ibid.*: 212). He shows his true Kleinian colours when he states that the significance of drug addiction represents a compromise between projective and introjective processes (*Ibid.*: 213). The effects of the drug

can kill off, punish, cure or indulge bad introjected objects which disturb the subject. Drugs can also have a similar effect on bad objects that have been projected into the external world and, indeed, bad objects that already exist in the external world which are disturbing the subject. It is this double action, according to Glover, that explains "the extreme sense of compulsion". In the transitional state the self is experienced to be bad because of the presence of "bad introjected objects" and it is in danger because of the threat of annihilation by the "bad projected objects" from the external world. The self is confused by being fused with a bad world. This self is in a narcissistic crisis and it does not feel very good about itself. Certain experiences and developments have resulted in narcissistic conflicts and a weak ego that is unable to cope with affects and ordinary frustrations. A crutch enabling it to hold its own in this game is very welcome. Drugs are considered to be a form of self-medication and they are used in order to cope with intense affects. In this object relations point of view, addiction is thought to be a narcissistic neurosis and it functions as a protective mechanism of the ego. In that sense it does not differ from the egopsychological point of view and it can therefore be criticised on the same grounds.

Why was Glover's paper so important? It was important because of the introduction of the transitional state. This concept – or rather clinical category – anticipated a category that was first proposed in 1938 by Adolphe Stern in a paper called: "Psychoanalytic Investigation and Therapy in the Borderline Group of Neuroses" (Kouretas, 1996: 46). The Borderline State was born and as a concept it was considered to be a very attractive proposition for mainly two reasons. Firstly, it is based on a very simple and general idea which says that the ego of the borderline patient is weak and therefore unable to fulfil its functions. The reason for the poor state of the ego is a mixture of constitutional factors, traumatic events and disturbed human relationships (*Ibid.*: 48). Secondly, the idea is so general that it became the ideal "dumping-ground" for anything that could not be understood or clinically dealt with. No wonder then that addiction was dumped there as soon as this category saw the light of day. The problem was that as soon as it was dumped it became a festering mess, because the borderline patients were considered to be untreatable, at least by psychoanalysis or so-called supportive psychotherapy (*Ibid.*: 51). Otto Kernberg, the American psychoanalyst who infused egopsychology with object relations theory, argued that the borderline patient never developed an ego that would be capable of maintaining proper object relations, including relationships with others. Consequently, the transference will

not be able to develop in analysis and proper therapy can therefore not take place. Another American psychoanalyst, Heinz Kohut, generally considered to be the founding father of a further development of egopsychology called selfpsychology, believed that the very disturbed borderline patient suffers from an extreme lack of self-esteem. Kohut and the selfpsychologists moved away from object theory, an economy of the drives and ultimately unconscious processes. Instead they concentrated on consciousness and the self. This self is not involved in instinctual expression but it seeks relations with others and drives are considered to be the result of a broken and fragmented self (*Ibid.*: 55). The psyche needs to be a cohesive unit that is well suited for harmonious relationships with others and a good adaptation to the environment. Mental problems all stem from deficiencies and failures of this self. Kouretas writes: "According to the psychology of the self, borderline states involve serious, permanent, or protracted enfeeblement of, and damage to, the self, but complex defences cover the basic deficit and protect the individual from close relationships that might activate the underlying fragmentation. The damage to the self is caused by severe and ongoing failures in parental empathic response to the selfobject needs of the child. Because of the constant threat of loss of cohesion, the child cannot undertake attachments to selfobjects; he or she remains with a chronic and overwhelming sense of dread which contributes to problems in self-regulation, self-control, self-soothing, and maintenance of self-esteem. In later life he or she may resort to compensatory stimulating activities such as *drug abuse*, indiscriminate sexuality, eating disorders, and so forth" (*Ibid.*: 56, my italics).⁶ In selfpsychology addiction is a compensatory activity that regulates, controls, soothes and maintains self-esteem. The addict is an innocent victim of the parental other and carries no responsibility for his or her mental problems or addiction. The problem of addiction has become an objective problem (with the self as object) and that implies that it is a problem without subjective implications (unless affects and feelings are subjective implications). Therapeutically speaking, all that needs to be done is to build up the self so that it feels well. But that is precisely the problem: this self does not want to get well. And because this self does not want to get well the patient is considered to be a borderline patient who is untreatable and who should be handled with care, preferably in an institution.

6. Incidentally, indiscriminate sexual behaviour is now considered to be an addiction to sex, whilst bulimia and anorexia are addictions to food and the lack of food respectively.

A reading of the surveys, overviews, articles and books on psychoanalysis and addiction demonstrates that further (egopsychological and selfpsychological) theories on addiction are a variation on the same theme: addiction helps the disturbed individual to cope with themselves and with life. Addiction has been reduced to a transitional or borderline state with the result that it has been separated from the complexities of the subject or subjectivity and, with the result that it has been isolated from the different clinical structures. This has reduced the problem of addiction to something fairly simple and straightforward, despite the clinical difficulties. The rhetorical question is therefore: who really benefits from this simplification? It is interesting to note that, whilst the trend to throw addiction into the "dustbin category" was initiated by Glover, his thinking on addiction was infinitely more sensitive, complex and interesting than most of the thinking that was produced after him. To complete the picture we should mention Ernst Simmel and Edmund Bergler as notable exceptions to the trends of reduction and simplification that characterise egopsychology, selfpsychology and (to a lesser extent) object relations theory.⁷ We can now return to a specific remark in Glover's paper on the effects of drugs and their relationship to addiction. The remark is crucial because it leads us into a paper by Gross that deals with the toxic effects of drugs on the psyche. Gross's paper exemplifies a conception of toxicity that tries to include the psyche, but fails to do so precisely because it excludes the subject. This psychoanalytic conception of toxicity will also lead to a clinical and theoretical impasse. Glover writes: "There is now no

7. Simmel had a great interest in addiction and he set up a psychoanalytic sanatorium (Schloss Tegel) for those suffering from "morbid cravings", as he called it. He wrote an excellent account of the treatment of addiction in this sanatorium (Simmel, 1929). He has written a number of other articles on alcoholism and drug-addiction. Also Bergler has written a number of articles and books on addiction. One of his books is a book on the addiction to gambling. This excellent book is a standard work on compulsive gambling (Bergler, 1957). For a complete list of references and a more detailed survey of the later non-freudian psychoanalytic literature we refer the reader to the aforementioned works by Ferbos and Magoudi (1986), Limentani (1986), de Mijolla and Shentoub (1981), Rosenfeld (1964), Yorke (1970). An interesting article that deals with an overview of the differences between drive-theory and egopsychology was published by Kamran Ghaffari (1987: 39-51). An excellent collection of classical, standard and recent papers on psychoanalysis and addiction was edited by Daniel Yalisove (1997). We should further mention a book by Leon Wurmser (1995) on the psychodynamics of compulsive drug use and a book by Louis Berger (1991) on treatment approaches and cultural beliefs about addiction and addiction treatment. These are only some of the books and articles dealing with the topic of psychoanalysis and addiction. There are many more, but as we indicated before, often they are no more than variations on the same theme without being able to make any new contribution to our understanding of addiction. As an illustration of this it is useful to read an article by Morgenstern and Leeds (1993: 194-206). Our advice to the reader is to avoid the later texts on psychoanalysis and addiction, but to read Freud and the "classic texts" referred to in this chapter.

doubt that the pharmacotoxic effects of drugs do not play such a specific part in dangerous drug-addictions as is supposed in extra-psychological circles. In certain addiction-cases where a harmless substitute was established (in one case sugar was used in this way), I have observed the same slavish compulsion attach itself to the substitute. And deprivation of the substitute loosened massive charges of anxiety. On the other hand, during the analysis of psycho-neurotics and of neurotic (or psychotic) character abnormalities, I have discovered idiosyncrasies which had the same subjective sense of compulsion and aroused the same anxiety on deprivation as standard drug-habits" (Glover, 1932: 204). The connection between addiction, neurosis and psychosis appears to be related to an object, in fact *any* object, as long as the subject is deprived of it. It appears that it is the lack of object (drugs, alcohol or other objects) that causes an effect in the subject. If that is the case, then the specificity of the effect caused in the subject by the object (or lack of it) must be related to the way the subject orientates him or herself towards that object or lack. The different orientations of the subject towards the object of lack are defined by Lacan as psychosis, neurosis and perversion. Each of these subject positions has its own mechanism for dealing with this lack (foreclusion, repression and disavowal). This is an important element in the possibility of creating a differential diagnosis for addiction. Unfortunately we lack the space to explore this possibility here. We need to investigate further the question of the toxic effect of drugs on the subject and its relationship to addiction. Drugs *do* have an effect. That is impossible to deny. The question is: where is the effect located? Is it located in the drug or is it located in the psyche? If it is located in the psyche, what is it in the psyche drugs react to or indeed interact with? In order to advance our investigation we need to critically analyse an article by Alfred Gross that specifically deals with toxic effects in – and on – the psyche. This article is unique because of its subject matter. We are not aware of any other psychoanalytic literature that attempts to analyse effects of toxicity on the psyche. The article is also extremely interesting for not being able to do what it set out to do and the reason for failing to do so. It is worthwhile to explore this article in some detail.

"The Psychic Effects of Toxic and Toxoid Substances" was published in 1935. Gross starts by saying that we are subject to toxic effects on a daily basis. He suggests a "psychopathology of everyday life" exists in terms of toxicity (Gross, 1935: 426). Addiction is only one aspect of this vast area. He agrees that we don't know much about addiction, but he argues that this ignorance applies to toxicity in general. Therefore he

suggests that it might be helpful to investigate the effects of toxicity on the psyche. Addiction is only *one* reaction to toxic substances, although it is an extreme reaction (*Ibid.*: 426).

Gross wonders whether it is possible to find a formula that includes all varieties, multiplicities and contradictions of toxic and toxoid effects on the psyche. The whole range of effects is so confusing that a formula might perhaps be able to bring some structure. He at once perceives that, the division of the effects of drugs into the categories of pleasure-producing and pain-averting is insufficient because people react differently to drugs. In other words, there is an individual psychological factor at work. The pleasure-principle cannot be the formula that will structure the mess. Gross is of the opinion that there *must* be a regulating principle at work. First the facts: certain drugs produce certain effects (such as caffeine and heroine), different quantities of drugs produce different effects, people react differently to the same drug, the same person reacts differently to the same drug at different times, means of incorporation produces different effects, and so forth. Beneath all this there must be a "principle of multiplicity", something that is able to reduce all the different variants to a number of basic ones. Gross reduces all the variants to five basic principles: 1. the qualitative pharmacogenic variant (the kind of drug used); 2. quantitative psychogenic variant (how much used); 3. individual psychogenic variant (different personalities); 4. intra-individual or dispositional variant (different possible reactions within the same person); and 5. method of incorporation (*Ibid.*: 429).

In order to find the common factor in this, Gross proposes to investigate two opposite types of toxic actions at a level which is psychological rather than neurological. The common factor between stimulants and sedatives is that they affect the same system, namely, the psychic process. The stimulant accelerates a process already there and the sedative slows this process down. This mobilising or paralysing movement is called the "primary toxic process" by Gross (*Ibid.*: 431). He subsequently relates acceleration to the psychic experience of intensification and retardation to the sensation of weakening. This introduces the terms of time and energy. Gross does not pursue this any further but it is hard to resist comparing this to Freud's drive theory. The energy being the source of the drive and the effect of time (the slowing down or speeding up of a process) on the energy must surely be the pressure. It is absolutely remarkable that Gross never refers to Freud's drive theory. It is less remarkable that he does not refer to Freud's work on cocaine (which covers exactly the same ground),

because, unlike Freud's work on the drive theory, his work on cocaine wasn't officially published yet.

Next, Gross introduces analgesics, hypnotics and narcotics into the investigation. He feels that these drugs relate more to the Perception-Conscious System (Pcpt-Cs), that is to say, the system that receives and selects stimuli of an auditory, visual or tactile nature. The effects modified by this Pcpt-Cs system are secondary to the primary process. What Gross means by that is that when these stimuli, caused by aforementioned drugs, hit the psychic apparatus "the first result is a purely quantitative change (...) in the functioning of the particular system affected" (*Ibid.*: 431). This quantitative change in functioning can be experienced as pleasure or pain and anything else in between. This makes the pleasure principle a secondary process in the functioning of toxic substances and not a primary process, as Freud would have it. This is relevant in so far as the implication of this is that the outcome of the toxic influence of the drug is unpredictable; it is subject to a primary process which can cause variations in the effects of the drug. This leads Gross to say that the psychic impulse to incorporate drugs has nothing to do with the "primary process of toxic action". Gross writes: "The impulse to incorporate is an independent psychic act, prior to the primary toxic process, and its aetiology has no more to do with that of the primary process than desire has to do with enjoyment" (*Ibid.*: 432). There are three stages in the process of drugs causing effects that can be put into the following sequence: 1. the impulse to incorporate; 2. the primary process; and 3. the secondary process. It is important to keep in mind that the primary process is independent of the pleasure principle and that the secondary process is subject to that principle. The impulse to use drugs, no doubt, relates to the desire for a pleasure effect or relief-of-pain effect. The impulse is also subject to the pleasure principle. It is difficult to know in what direction Gross is moving unless you realise that the primary process, as the first port of call for the action of drugs, is nothing more than the psychic energy. Drugs can transmute psychic energy; this energy can be activated, bound, displaced and concentrated in the psyche. We are again reminded of Freud's work on cocaine. The difference between Freud and Gross, however, is that Freud tried to locate an energy in the organism that would be affected by cocaine, whilst Gross located the energy exclusively in the psyche. For both, however, this energy is to some degree an unpredictable factor.

Now Gross feels that he has found his formula and he puts forward the following three propositions: 1. sphere of drug action stops at threshold of psyche, where it evokes the primary process; 2. this process is part of the

psychic economy, it employs energy and it is disproportionate to the toxicity of the drug; 3. primary process transmutes energy by changing its form and by displacing its quantity. It is most curious that Gross never refers to Freud's primary processes from *The Interpretation of Dreams*, namely condensation and displacement. Freud considered these to be the fundamental mechanisms of the psyche and the formation of dreams. Lacan replaced these terms with the linguistic terms of metaphor and metonymy in order to show that the unconscious is structured like a language. That means that for Lacan language has a determining effect on the psyche of the subject and ultimately also on the distribution of energy for the subject. We need to return to Gross.

With regards to the first proposition, Gross argues that there are two aspects to it, one general and one particular. The general aspect is that a drug is a blind force (like a blow to the head) that produces an undifferentiated effect. It is a force set in motion by the toxicity of the drug, but in itself it is divorced from the toxic dynamics of the drug. In other words, the drug is left outside the internal dynamics of the psyche. The particular aspect is that once the force has taken effect, "it is not uniform in its selection of the particular inherent psychic energy with which it works" (*ibid.*: 434). The force, once set in motion, acquires its own dynamic which is dependent of the energy characteristics of the individual. Again, Freud's unpredictable factor from his work on cocaine springs to mind.

With regards to the second proposition, Gross says that the psychic energy is not proportionate to the toxic energy, but the latter *is*, in fact, subject to the five "principles of multiplicity" set out at the very beginning. Gross makes four points: 1. psychic energy is the object of the primary process and it is mobilised by the toxic force; 2. quantity of psychic energy is disproportionate to toxic energy; 3. what truly matters in terms of effect is the displacement and form of energy; 4. the amount of energy available for the primary process is variable. The conclusion Gross now comes to is that the action of drugs does not differ from any other action on the psyche. Toxic action is only subject to the inherent energy economy of the psyche. Therefore, addiction has nothing to do with the toxic action of drugs.

Gross makes clear in what way he differs from other thinkers on the subject of toxicity: drugs do not *generate* energy, they *liberate* energy. Again, we must assume that he wasn't familiar with Freud's ideas on the action of cocaine. Gross now asserts that addiction is not produced by

drugs, but by energy inherent in the psyche that can be displaced by drugs (*Ibid.*: 436). This energy has a limited supply and when this has been depleted the effects of drugs cease to exist. The variations in energy inherent in the psyche of individuals must surely be governed by certain laws. Gross does not know what these laws are. The variability of the energies makes him think of a simile and it is this simile that precisely will demonstrate the crucial lack in his logic. He writes: "Let us picture this psychic energy as a waterfall, say a mountain stream which has only a small volume of water. In order to make a 'beauty-spot' for strangers to visit, the people who live on the mountain-side place at a certain point in the course of the stream a dam which they can remove at will and which acts like a sluice-gate, behind which the meagre flow of water collects. When the gate is opened, the damned-up water rushes down with great force. If the dam is left open or opened several times in rapid succession, there will be much less result and finally none at all, because enough water has not collected behind the barrier. Conversely, if the gate is left shut for some time, the spectacle of the waterfall will be renewed, and the longer the interval the more striking will the spectacle be" (*Ibid.*: 438). The flow of water is the psychic energy, the dam stands for the normal or neurotic inhibitions of the psychic apparatus and the force which opens the sluice-gate is the toxic substance. According to Gross this simile clarifies a number of things: the action of drugs weakens over time; this creates a wish for temporary abstinence; the real source of toxic action is the inherent energy (the drug is only the vehicle for transmutation and displacement) and lastly, inherent psychic energy is exhaustible and renewable over time.

We are in complete agreement with these conclusions. Especially interesting is the implication of the third conclusion, namely, that the toxicity is part of the individual and not necessarily part of the drug. In that case, what is needed is a psychoanalytic theory of toxicity, a theory of toxicity that is not based on chemical formulas and effects.

What we do not agree with is that the energy is restricted to the psyche and does not include the body, unless the body is included in Gross's conception of the psyche. There can be no doubt that drugs and alcohol affect both mind and body, which is the clearest evidence for the assertion that the difference between mind and body is not to be taken as absolute. If the body is affected (like the psychic energy) by drugs, than perhaps there is also an equivalent toxicity of the body? Being forced to leave this question unanswered (because of lack of space) it is, however, pertinent to mention that the different transmutations and destinies of (psychic) energy

correspond to the different forms of *jouissance* that Lacan formulated in the latter part of his work.⁸

Paradoxically, the lack in Gross' conclusion provides us with a crucial question. What is the role of the people who want a "beauty spot" for others or, indeed, for themselves? These are the people who want to reap the benefits from the mountain stream of energy, the people who want to enjoy the possibility of the usufruct of this energy and this "beauty spot". They might even want to get themselves out of a "bad spot" this way. Their action or desire will surely be the decisive factor – at least to some degree – as to what happens to the stream of energy and how it can be enjoyed. The people in this simile who desire a beauty spot or, indeed, a bad spot, represent the subject. The sluice-gate, as energy regulator (by displacing and concentrating water) on which drugs operate, represents the laws of language or the function of the signifier. The stream of water that can increase, decrease or disappear altogether, represents *jouissance*. The dam represents the existence of language, something that is a primordial barrier in the subject. Without this subject the simile does not make sense nor does the rest of the article. The cause of the effect (of drugs or the beauty/bad spot) must be related to the subject. This subject has a relationship to language (the sluice-gate) and *jouissance* (the mountain stream). The fundamental (but very instructive) error Gross commits is that we will not know how drugs effect someone and that, likewise, we will not know how – and in what way – the beauty/badspot functions for people, unless we ask these people (the subject) to speak about the effect (of their actions). This subject is the "missing link" in the story.

The necessity for a little "tête-a-bête" and a "missing link"

8. We alluded before to the fact that Freud's drive theory contains an energistic element. The tension or energy from the erogenous zones seeks release in the form of satisfaction, but that process is inhibited by repression. Some of this energy will, indeed, be discharged, whilst the rest will be retained and accumulated. There is a third possibility which is not a reality for the human being and that is a complete and full discharge of all the energy. That complete satisfaction would annihilate the subject. A partial discharge of energy (a limited form of pleasure) is called phallic *jouissance* by Lacan. He calls this phallic because this form of satisfaction is limited by language and it is the identification with the phallus that hooks the subject to language. The rest of the energy that will be retained in the psyche of the subject is called a surplus-*jouissance* (a more to be enjoyed) by Lacan. It is a surplus because it is accumulated, ready to be used, but not actually used. This *jouissance* is maintained and built up in the erogenous zones. The total satisfaction is called the *jouissance* of the Other by Lacan, because the subject supposes that this possibility exists, but always somewhere else. It supposes it in the Otherness of elsewhere and of course it *does* exist in the Otherness of death.

To study the effects of drugs or alcohol independently of the subject who speaks about them is methodologically incorrect. Magoudi states that the analyst should be concerned with the place of drugs only insofar as it has a place in the discourse of the patient (Ferbos and Magoudi, 1986: 105). That precisely is the problem! Gross's simile demonstrates very well that drugs try to push the barrier of language as the force operating on the sluice-gate. Nevertheless, it is the only way. As Lacan says, all determination of the subject depends on discourse (Lacan, 1969-1970: 178). It is very tempting to describe all the possible effects drugs can have on a subject, but that will only end up in yet another classification of effects that bears no relationship to subjective experience and will therefore not contribute to an understanding of addiction. It is important not to articulate something at the level of the object (drug or alcohol), but to have something articulated at the level of the subject. Only when operating with articulated signifiers will we perhaps learn something about the cause of addiction. There is no a-priori knowledge available that can indicate a cause of addiction (never mind predict it), no matter how sophisticated the classification systems of drug effects are. It is only speech that can determine the place of the object because the place of the object is determined by discourse. It is language that constitutes the object in psychoanalysis. And it makes no difference whether this is the lost object that makes us desire or whether this is the world of objects to which we relate with our object relations.

If it is possible to consider addiction to be the waste-product – or (lost) object – of psychoanalysis, than psychoanalysis has to listen to how the object drug speaks in the subject. Only the spoken signifiers can determine the place of the drugs and their effect in the structure of the subject. In other words, there is no essence to drugs and addiction. This is implicit in Freud's thinking when we consider that addiction can be related to virtually all his metapsychological concepts in some way or another. It is even *explicitly* stated by Freud when he writes that "the most interesting methods of averting suffering are those which seek to influence our own organism" (Freud, 1930a: 78). Drugs are not essential precisely because suffering is essentially subjective which implies that it is only through the subject that we might gain access to the place of drugs and alcohol in the lives of people. And there are as many places to be occupied by drugs as there are subjects.

Does that mean that we cannot speak about addiction? In a manner of speaking we can't: the subject is the only agent who can indicate the place of the object he or she is addicted to. All people are addicted to this object

and the problem is that the place of this object is ultimately always empty. No drug can fill this place to make it essential. To situate drugs and alcohol only in relation to the drives leads to an impasse, because the trajectory of the drive circles *around* the object. This trajectory misses its aim because the object is a void. The object and the drive cannot be connected through an essential link. There is always a "missing link" and it is precisely that "missing link" that designates the place of the subject. The "missing link" is the subject. We need to return to the status of this subject, but before we do this we need to relate the object drug to the ego.

To place the object drug or addiction *only* in relation to the ego is as problematic as relating it to the drive. The ego is an image, an identification of an image with the body. If the drug is a suppletion of a default in the ego, then we need to know exactly what a body is. Neither the drive-oriented theorists, nor the egopsychologists, relate addiction to the "missing link" of the subject and the body. For an understanding of these we need Lacanian theory. When we consider the ego, i.e., an image of the body, we have returned to the drive. That is to say, we have returned to an image of the drive which Freud named libido. The drives originate in the body and they demand representation by the psyche. They are a demand "upon the mind for work" (Freud, 1915c: 122). The problem is that not everything of the drive and the body can be represented. Not everything can be represented because that which represents is language or the discourse of the Other: language and the Other are incomplete, always leave a remainder. The subject who is designated by language and represented by the signifier has to live with this remainder. This remainder is the unrepresented aspect of the drive of his demand and the cause of his desire. The demand insists and the desire is ongoing. The cause of the desire is the cause of suffering and therefore the cause of our discontent in civilisation. That is exactly why drugs are so effective, but it is important to keep in mind that they are effective in relation to something unrepresentable. *Drugs and alcohol have an effect that can be extreme and massive because they function outside the realm of language or they push against the limits of language.*

It would be wrong to say that the drive theorists and the egopsychologists were wrong. They just thought that they told the whole story. That does not imply that in order to complete the story all that is necessary is the combination of both positions so that one can complement the other. It is rather that someone needed to bang their heads together so hard that it would produce an irreducible remainder.

The "missing link" between drive theory and egopsychology is the subject. Who or what is this subject? Gross' simile serves us well again here. The subject has to be supposed as the someone(s) for whom the energies in nature, such as a mountain stream, can take on significance. The possibilities, laws and energies in nature presume a subject. It is not possible to say, "the possibilities, laws and energies *that exist* in nature", because that would mean that they do not suppose a subject. It is ridiculous to think that a mountain, a stream, an energy would suddenly realise its own potential, the possibilities of a beauty spot, and then transmute itself in order to create such a spot. The subject is the cause that wants to affect transmutations, do calculations and that desires to create something new, different, or remain the same at all cost. The subject cannot be equated with the individuals who live on the mountain who want a beauty spot. It is something more than that. Or perhaps it is better to say, that it is something within them that causes them to think that there is something more (to them and to others). This subject is not essential, but it exists and its existence is extremely well demonstrated by dreams, parapraxes and jokes. These are all aspects of everyday (night) life that overcome people and that do not belong to their individual personalities. They come *to* the conscious ego and catch it by surprise, they come *from* the subject of the unconscious. A reading of *The Interpretation of Dreams*, *The Psychopathology of Everyday Life* and *Jokes and their Relation to the Unconscious* demonstrates very clearly the difference between the ego and the subject. The subject *is* the very split between the ego and the unconscious. It is therefore neither the false sense of self nor the language that marked the subject and directed his or her life without them knowing it. In other words, it is not the discourse of the Other in the subject. The subject is exactly what makes sure that the false self and the discourse of the Other do not meet. Put another way, if the subject wasn't there to separate the two, the result would be absolute madness. An ego that is the discourse of the Other is speaking in tongues. The unconscious is constituted in the camp of the Other. The ego came about via an image outside itself. The subject is the one element in human existence that truly does not belong to an outside camp. It is the exception. This can also be put in an inverted way: everything in human existence belongs to a particular camp. This camp can be collected in the set of outside camps. If the limit of this set is defined by that which is *not* Other, then it is the subject which defines this limit. The subject is the exceptional element which defines the limit and therefore the set itself. This is not just a mental exercise for its own sake. The subject is a necessary assumption. If

everything in human existence is an indication of otherness there has to be a point for which – or in relation to which – this otherness is there. There has to be a point against which something is other. This point is the subject. It is *that* element in us which causes us to say that we don't quite feel ourselves. The irony is that we need that distance from being truly ourselves. We need the distance of representation, i.e., we need the imaginary and symbolic to distance ourselves from ourselves. If that is not the case we will experience the uncanny deep familiarity of the psychotic-like moment of depersonalisation, an experience that occurs to people close to death or in utter trauma. When people say after such experiences, that they have always kind of known this (which is often said), they are already beginning to take a distance by trying to symbolise the utterly familiar, yet most alien, part of themselves.

The subject can only be known in so far as it produces effects in the very material that causes this subject. The material that causes the subject is language, but it is important to keep in mind that the relationship between language and the subject is not straightforward and transparent. Freud had sensed these complications very well when he wrote *The Interpretation of Dreams*. He made it very clear that there is no point to finding a meaning in the dream. The dream means absolutely nothing in itself. It is only after the dreamer has spoken about the dream that the significance of the dream might be revealed. What matters is not what one dreams but how one speaks about it. And when the dream is being worded, there will always be a point where these words come to a halt. Freud called this point the navel of the dream, the precise point from which the dream originates. This point is the cause of the dream and it is the location of the subject. The subject is located outside – or between – signifiers and words. The cause of the subject can only be indicated through effects in language.

As we mentioned before, to link the effect to a cause without supposing the "missing link" of the subject, leads to an impasse. In terms of Gross' example this impasse can be worded as follows: the desire for a beauty spot cannot be located without the subject who speaks. Without speech all that can be located is the effect, i.e., the beauty spot. Without the speaking subject the effects of drugs (including addiction) cannot be related to a particular cause. This cause is particular because it belongs to the subject and it is only via the subject that it produces effects. Cause and effect can only be grasped via the subject. If the cause of the subject is located in language and if the effect of the subject (symptoms, dreams, parapraxes, etc.) is expressed in language, then logically we must come to the

conclusion that it is only the subject who can articulate something about the effects of drugs and the cause of these effects. But that leads to a difficulty: the effects of drugs do not express themselves in language. The therapeutic challenge is to try and get addicts to place these effects in language. That is the difficult movement from avoiding words to the choice of words; from a-diction to diction.

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Summary

The Addicted Subject caught between the Ego and the Drive: The post-Freudian Reduction and Simplification of a Complex Clinical Problem

Texts by Abraham, Rado, Glover and Gross are explored in order to investigate post-Freudian literature on the question of addiction. The reduction of the Freudian field is analysed in order to produce new foundation stones for a theory on addiction by confronting the (post-Freudian) reduced elements with each other. A reading of the post-Freudian literature shows that it is possible to distinguish between different periods in psychoanalytic thinking about addiction. These periods represent, in their own style, a reduction of Freud's work. A confrontation between the earlier drive-theory and the later ego(self)psychology period, interestingly enough, does not lead to a synthesis of the two into a higher order of thinking on addiction. Surprisingly, it results in the production of new theoretical elements and a shift in thinking about addiction. Thus, despite the lack of fecundity in most post-Freudian thinking on addiction, the possibility nevertheless exists to produce some material on addiction, providing one analyses or interprets, not just the relevant texts, but precisely what is lacking in these texts.

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Key words

Addiction, Drive, Ego, Post-Freudians, Lacan, Subject.