

Frequent transference constellations in addictions

Carlos Moguillansky

Introduction

Addictive issues pose unique problems. Whether they can be studied as a whole or there are unsolvable clinical divergences among them is at issue even today. There is agreement about the need to use a specific clinical approach, but the possibility of having a unified theory is not accepted without reservations. What is discussed is whether differences in their manifestation can be traced or not to the diverse psychopathological structures in which addictions can emerge. Perhaps this is the reason why epidemiology is dominant in the literature on addictions while psychoanalytic studies, especially those with a transference approach, are lacking, with only a few exceptions. In this paper, we will emphasize the psychoanalytic view of addictions, which we consider a pathological form of freedom.

Addictive strategies are deployed in virtually every form of personality structure we know: in neurotic personality, narcissistic disorders, perversions, and psychoses. Therefore, I will be cautious in intending to give a general explanation for them all, since their purpose and defensive meaning vary in terms of their respective pathological associations. In the second place, I would like to underline the close relation between addictions and mania, of which they are one of its most conspicuous manifestations. This is a thorny issue, for it is not always easy to clearly distinguish in each clinical case whether the dominant element is mania, or some complexity-removing mechanisms – above all, those removing emotional complexity – are added to the picture. The mania describes a double scene, a manifest and a latent one. In the manifest scene, the mania shows addictiveness as a sensory, almost orgasmic pleasure; in the latent one, a painful reality generating depressive, badly tolerated emotions is silently disavowed and split. The dominance of persecutory fantasies often tells us about the failure of the maniac mechanism, a frequent event during withdrawal, when the addictive tyranny leaves the subject both helpless and in despair.

In the third place, two different unavoidable consequences should be distinguished: the addiction avoids psychological pain and oversimplifies the most complex events of mental life. That is why the dominant defenses are disavowal

and ego-splitting (Freud, 1927) which turn a complex experience into a simpler one through an artificial process of simplification. To begin with, this defense transforms the nuanced emotional experience typical of human relationships in a sensory play with a simple object, equating both. This play creates an addictive bond and the object of the sensory play is deprived of its potential manifestations, especially as regards its freedom, turning it simpler and more available to ego mastery. The addictive object is accessible, it has no will or complexity of its own opposed to its manipulation. In principle, it can ever be or not be present according to the subject's wish. In a second stage, this mental life simplification allows the appearance of secondary defenses that give rise to diverse forms of tyranny and slavery, with an interchange of idealized objects and of corrupted values. Simplification and the avoidance of discomfort are cooperating motives.

This point is particularly interesting because it leads us to ponder on phenomena related to disavowal. It is helpful to distinguish maniac disavowal from perverse one. The main purpose of the mania is the analgesia, so that its particular goal is to master the object's freedom and self-sufficiency. Perversion also uses disavowal, but with a different aim. The perverse disavowal affects castration as the core of the law and of the pattern of differences established by the Oedipus complex.

In the fourth place, it is regularly observed in transference that a prototypical character, located in the person of the addict or invoked by someone belonging to his * vital or affective environment, appears. This transferential character has the mission of supporting the addictive situation and providing the conditions for the addiction to become viable, although its parasitic goal is beyond question. This bond can only be described as tyrannical and extremely dependent. The mutual dependence of the addict and its supporter-accomplice redouble the addictive scene in both poles of the relationship. Though the accomplice sustains the situation and provides the means for it to perpetuate, his addiction is not always acknowledged. Usually, those individuals that actually embody this character complain of being victims of the addict's high-handedness while denying at the same time their own responsibility in the maintenance of the situation.

In the fifth place, one of the components of addictive defense is an attack to thinking, as a result of which an arrogant, consciousness-scotomized individual emerges. Bion described this morbid link as a form of stupidity (Bion, 1966 [1957]; Meltzer, 1978). This attack to thinking has a parallel political, proselytizing or blatantly business-like purpose. Values are confounded, or they are achieved through that idealized object, conceived of by the addict as a bad object but one

* Throughout the paper, I will use the masculine pronoun for the sake of brevity. (Translator's note.)

that has become nevertheless the focus of his life. It is necessary to explore the potential connection, difference and cooperation between addictiveness and perversion in this field too.

In the sixth and last place, I would like to describe the two clinical poles on which the addiction turns around: the object and the ego. In one pole, we find the object, with its analgesic, antidepressive or anxiety-reducing functions, which in any case is always a bad object with secretly destructive purposes. In the opposite extreme, we find the pole of the ego, deceptively seeming to have the situation under control. The ego illusorily masters the relation with its world and with its own addiction, a relation always denied as such, since "the addicts are always the others." The addict's discourse is revengeful: he presents himself as the victim of an unjust or miserable situation founded on fear or guilt, but he secretly engages in an addictive pact with a bad object, in which each of them denies the other his right to freedom.

Each of these items deserves ample commentary. Though each particular case involves all of them, for the sake of brevity I will choose only two: the reduplication of the addictive bond and the construction of the pair formed by the bad object and the master (slave) ego. Both subjects are of great interest when studying the transference development of non-psychotic addicts.

I. Addictive defense: the role of the bad object

Although the addict has a polymorphous organization, one can discern what is dominant looking at his defense. When mania is dominant, disavowal and ego-splitting prevail. It is clinically useful to describe what happens both within each split mental stream and in their interaction at the cleavage interface. One of these psychical streams keeps in touch with reality, though sometimes in a precarious way. The other, functioning under the aegis of disavowal, does not take into account the object's otherness or freedom. The ego's strife for mastery gives origin to an omnipotent and maniac mental functioning, beyond any consideration for inner or outer realism. Under these circumstances, a unique scene revolving around an idealized object is imagined. Its analgesic purpose blocks any acknowledgement of differences, to the point of modifying reality judgment and/or triggering the denial of the psychical reality. In extreme cases, when the disavowal dominates the whole psyche, intrudes upon the other mental stream and wholly alters the relation with reality, there is madness. In other cases, the relative autonomy of the realist

psychical stream is respected and events are to be included under the vast chapter of what Green (1990) called "private craziness."

At this point, several facts must be reckoned with, the most important of which is perhaps the oversimplification transforming emotional life in a sensorial play. This complex transformation demands the use of many defensive maneuvers affecting perception, thinking, and emotionality. The isolated description of each of these maneuvers is not enough to evoke the global picture emerging when all of them act together in a cooperative and destructive way. A maniac and passionate atmosphere permeate the sensorial play between the addict and his addictive object. The passionate union of both alters the addict's sensorium and obscures the degree to which his emotionality is affected. That play disavows any absence and lessens its importance. In that way, it sustains an ego-dominated, narcissistically consistent world. Especially avoided is the pain caused by ego helplessness. Besides, the addict cuts off anything coming from the perceptual world, sometimes by a direct attack to the sensorium and consciousness, and always by lessening the importance of facts. Thus, he avoids having to experience the emotions of life, placed within a scheme that respects differences. To that aim, the oedipal scene is attacked and differences are cancelled out.

In addictions, the mania mainly comes through as a kind of pathology of attention changing its function in a double way. In fact, there are two attacks, with forces more or less joined to reach a common goal. First, the cathexis that puts the individual in touch with reality and makes him able to recognize the reality signals is altered. This attack prevents differentiating any real object from a fantasized one, which leads to their confusion and their artificial replacement by an addictive belief. Second, conscious attention upon mental reality, that defines what things are to be dealt with by consciousness, is disturbed. This sort of propaganda procedure intends to misguide consciousness as regards the deceit it is subjected to. This double attack first disrupts perception and then repudiates a painful event. Its goal is extremely destructive in that its global attack to the sensorium isolates psychical life. This attack to realism is afterwards combined with further methods in order to upset the hierarchies needed for thinking. This aim is achieved by lessening the importance of everything that threatens to cause pain or anxiety. The goal is fulfilled when consciousness focuses upon the world of pleasure surrounding the addictive object, while the simultaneous attack launched upon it is scotomized.

This complex defense includes the functional change of the whole mental life and is presided over by a maniac purpose. It avoids psychic discomfort, especially the pain associated to the helplessness of the ego when faced with the object loss and the object's freedom. The mania operates in the field of ego objects; these are

disavowed, its importance is lessened, and are variously replaced and subjected to tyrannies. Besides reducing the importance of differences, the mania contribute to encapsulate the clinical situation and to make any therapeutic approach to it very difficult. Addictions grow within a closed world isolated from ordinary intersubjective exchanges. This kind of scene is not ruled by common law; its legality is built in a unique, alien world turning around mutual domination. This domination may be either brutal and authoritarian, or subtly glamorous like a surreptitious allure. The method of choice is that which permits to have a better access to the sensorial, idealizing play. The searched object is that which promises a joyful elation and the avoidance of any real or subjective limitation. Underlying the maniac play are persecution and depression, as the other satanic face of the Faustian pact that the disavowal has facilitated (Meltzer, 1972).

The addictive fantasy's stage is a tegumentary or viscous body surface. The eroticizing of a sphincter that rules exchanges is particularly focused. Its opening and closing functions are altered, and its specific aim is replaced by the excited manipulation of its mechanism. Under the corrupted promise of free access to confidential or secret information, an additional amount of excitation is gained. The formula for the victim's corruption, in which the addict seduces and captures a new member for his tribe, is a promise of liberation or of entry into a private, alien world. This practice assures the supposed release from any ties and gives rise to an experience of frenetic euphoria. When that naïve illusion dissipates, the subject falls into a depressive abyss. The situation becomes more serious when there is a sudden reintroduction of the bondage implicated by the Faustian pact. In entering the alien world, something was unwittingly paid. The addictive object is a bad object that promises liberties in exchange for one's own freedom. In Goethe's Faustian saga, that payment is the surrender of the individual's soul to the devil. It probably refers to the bad object's purpose of having access to and command of the ego's privacy. Meltzer evokes something similar when he describes the operation of the pathological superego as that of a Mafia. This is all the more serious since the addict has seriously compromised his corporal and personal dignity and has no hope of recovering his right to be what he has been or is.

In building the addictive defense, the bad object plays an enigmatic and paradoxical role. The defense becomes consistent only when it manages to keep up the idea of a bad object with which to defy the figure exercising the established power –the family, a member of the parental couple, a job, a boss, an institution, or the analyst. When the bad object loses that quality turning into a good, or potentially good, object, or when it reveals to be ambiguous or ambivalent, the addictive defense is seriously shaken. Cracks opened in its structure lead us to

think in a likely remission or to attempt a withdrawal process. When in terms of his practical experience the addict may conceive of the drug that has enslaved him as something that not only attacks his sensorium but that truly calms pain – his own or that of another's –, or when he can think in the alcohol numbing his mind as an antiseptic protecting him from a potential infection in an emergency (as we will see later in the clinical examples), the dissociation produced by hate or resentment breaks down, and a perplexing, fruitful subjective division takes place, opening the door to the process of thinking. This evidence leads us to state that the bad object is the needed focus to disrupt the addictive strategy. It is the only one to offer the needed guarantees in order to raise the flags of vindictive rebelliousness, the claims of justice or the resentment against a current oppression. The perennial morality accompanying these claims makes us think that, in generating addictions, there must be very strong relations between the bad object and a pathological superego.

Analytic work does not often lead to withdrawal directly but through a detour in which reviewing the confusion between what is good and what is bad becomes increasingly important. In the analysis of Sergio, an 18-year-old young man addict to alcohol and several drugs, it was possible to make at a certain point the following question: "Is it possible that something bad is, at the same time, good?" This question started a period in which Sergio discovered that both him and some of his friends used alcohol as an elusive way to avoid pain, anxiety and/or depression. He was especially worried when he realized that, in those moments, he did not know indeed what else could be done. What he was drinking for? When and for what reasons he was drinking? By this, Sergio did not mean the reasons pressing him to do it daily, hidden in a bathroom, under much pressure, but the true reasons: Why did he subject himself to that? Was to defend his status a good enough reason to inflict such damage on himself? Was there something good in that situation? These apparently obvious questions were not obvious at all. They led him to these ones: "Was there a good reason to do it? And in case there was, was it worth it anyway?" In other words, was he more authentically himself living in his successful, exciting world, or when he hid in the bathroom to conceal his fear behind a bottle of liquor?

II. The interfaces of the sensorial addictive world

To approach the addictive defense is technically and emotionally difficult for an analyst. The addict's is a closed world, opposed to any emotional dependence. He avoids to be in touch with his discomfort, alters the recording of emotions (pain and anxiety), and introduces a challenging, persecuted arm wrestle in the analytic

setting. This strategy discredits the analyst, making him feel first hopeless and then desperate in his attempt to get in touch with genuine emotions. The experiences resulting from these conditions are very painful and permeate countertransference with powerlessness and despair. The straight confrontation with this defensive maneuver does not help, because it leads to a blind alley in which reproaches and mistrust prevail. Even worse, it may lead to a sterile controversy, half-way between proselytism and pseudo-morality. However, a collateral way can be explored in transference without the risk of exposing each interpretation to the misunderstandings of a moral debate. To do that, we must take into account that, while the addictive world is much closed, there are interface relationships in it with two fantasized figures that are very relevant both to the defensive economy of addiction and to its transference approach. Considering the dramatic role they play in the addict's life and in his management of his emotions, I will call them the *innocent victim* and the *supporter-accomplice*.

II.a The innocent victim

The "innocent victim" is a dramatic way of calling the vital, suffering dimension of a person afflicted by an addiction. It is the part of the person that would denounce what is happening if it were able to, so that it could claim for his vital, emotional and sexual rights; but the fact is it is subdued, silenced, and is not entitled to speak. In the film *Trainspotting*, the dying baby is a thorough image of an innocent victim abandoned in the midst of the witches' Sabbath of a heroin addict. Both seeing and mentioning the baby is horrifying, because it testifies that a vital, innocent, moribund, neglected remainder returns from the real perceptual world where it had been thrown by the disavowal and the projection. This ghastly return dilutes all the splitting and disavowal that had sent it, in the maniac fantasy, to a "world of non-existence" where all events have been suspended.

It is interesting that in daydreaming or in dream fantasy the innocent victim is figured out as a seriously wounded, moribund or dead baby. Meltzer (1968) based his hypothesis on the etiology of this disorder upon the fantasy of killing babies. However, it should be noted that the victim might take other representational appearance, like that of a helpless character that is seriously damaged or unable to speak. Without diminishing the importance of the text based on the fantasy of being helplessly attacked, we should pay attention to the accompanying affect: horror, which is one of the faces of anguish –the original affect and the common final point of all affects. For what is expressed in this horror is emotion, that is, precisely what set off the whole denying and defensive strategy of the addictive organization in the first place. That is why its timely observation and its immediate tackling in transference are so fundamental. The defensive fight against the

emerging of emotions – particularly anxiety and pain – is extremely important in approaching addictions. Whatever our etiological or therapeutic theory, our practical ability to challenge something in the addictive organization is directly proportional to our effectiveness in confronting the patient with this scene and these affects.

The treatment reaches a key point whenever the figure of the innocent victim appeals to the addict and makes its silenced voice heard, whenever the patient recognizes that it is something that concerns him, an inhabitant of his own world, no more and no less than any other essential aspect of his self. Then he must make a crucial decision for himself and for the treatment: either he will return, horrified, to his addiction, or he will take that decisive first step that initiates the "returning trip" to the world of differences. To be fruitful, any treatment must pass through this gorge and be tested in such turning point. Paradoxically, the actual status of his addiction matters less at that point than his current possibilities to tolerate, accept and be responsible for that painful split world of his self, who has now a unique opportunity to say what was always kept silent. In this regard, Sergio's questions show a first attempt to assert what remained silent – or rather silenced – under the flashing strokes of maniac excitement.

II.b The omnipotent attack to, and reparation of, the suspended "world of non-existence"

In describing this figure, that has been neglected by lack of register and damaged by lack of care, we must differentiate the hurt done through lack of attention from the hurt intentionally caused. Processes that are a direct derivative of disavowal and ego-splitting should be distinguished from those resulting from the Thanatotic action that might be produced on them afterwards, which use to correspond with fantasies associated to the oedipal conflict and with anal and oral attacks upon the primary scene. The joint task of disavowal and ego-splitting generates in the psychic reality a world artificially separated from the oedipal rule. Legality is altered by the missing existence judgment and the conditions for a severe confusion are given. Perception and fantasy are undistinguished. Since the reality sign is not taken into account, representations of real objects are confused with subjective objects. The maniac attack to perceptual function lay the conditions for a "world of non-existence," paralyzed in a sort of suspended animation. Perceptions as treated as if they were subjective objects. "If I disregarded that – Sergio said –, I was able to suppose that it didn't exist, or that it could wait for my recovery." And he added: "I didn't realize, I didn't evaluate the consequences, I didn't know I was playing with something that could be broken down irreparably."

The disavowal "facilitates" the use of omnipotent resources similar to those that occur in the subjective world. In the disavowed territory, fantasy is aggressive, eventually sadist, no matter how irreversible it can be. Because of omnipotence, reparation phenomena are more easily performed in that domain than in the world of real representations. There is a difference between sadist events observed there and the sadist attacks launched by obsessive or melancholic structures. *The horror manifested because of the return of the innocent victim is partly due to having been attacked, but above all, to the recovery of the sensorium and of the mental responsibility that was lost by the operation of the disavowal and ego-splitting.* The failure of the corresponding maniac defense relocates the victim's representation in the territory of real objects and makes the ego accountable for the facts (now perceived as real), with none of the omnipotent resources it previously had. This depressive anxiety is hardly bearable and is the cause of many relapses into the addictive world.

The guilt for the damage caused to the patient's loved and attacked aspects correspond with the horror produced by the innocent victim, and it turns defensively into a feeling of persecution. This defense eludes and suppresses that small particle of painful responsibility accompanying horror. When that happens, something invaluable is lost. At that turning point, the situation is no longer accepted as one's own, as the product of one's own psychical reality, and comes to be considered as a persecutory accusation originated in that virtual world that might be aptly called "the world of non-existence." This is a crucial point, because it implies being on a razor's edge between the two psychical streams split from the ego. On the one side, there is the maniac world, madness, and the "world of non-existence" that has been denied and split to avoid guilt and persecution; on the other side, there is responsible realism, the acceptance of the object's otherness and the acknowledgment of differences. On the razor's edge there is horror, and one can turn to either side. If the decision is taken to turn the psychical events over to the world of differences, something that appealed to painful responsibility made itself heard. The analysis becomes viable at that point, for no matter how little and fragile is that fundamental fulcrum, the lever of responsibility may do its work.

II.c The supporter-accomplice

The transference character I call the *supporter-accomplice* is of great importance in the defensive economy. He invokes the psychical dimension that gives the addictive scene its logistic support, since he preserves the contact with the real world. This character provides the resources for all vital, emotional and sexual needs of addiction, but, more importantly, he also provides the resources sustaining the addict's sensorial world. It is a supporting character because it

eventually safeguards the addict from the extreme risks the latter runs when launching himself into an unreal, closed and maniac world, and also because he establishes somehow, or rather tolerates, a bonding parasitism, providing the addict the vital resources that the latter disavows, unconcerned about their origin. But the role of that character is that of an accomplice too, not only because he equally provides resources for the addictive sensorium, but also because he enjoys the addictive scene and is vicariously involved in it through the degree of transitivity that addictive experiences and modes of functioning have.

The supporter-accomplice plays a relevant role at the turning point that sometimes takes place when beginning withdrawal. While the innocent victim presents himself under the guise of a history of excesses, of useless harms to someone who does not deserve them, of damages to someone who should not suffer them, the supporter-accomplice may suddenly react and realize that his own place in the scene is at stake. Under these circumstances, it is no longer possible for him to deny his responsibility in what happened as he had been doing before. He cannot claim, either, that everything is to be blamed on the addict for keeping his position of an uncontrolled and maniac figure. The supporter-accomplice must give account of the role he plays and admit that only he is able "to do something about all this." In those conditions, the patient accepts a useful instrumental discrimination and, retaining his supporting position, he gives up his attitude of complicity. Admitting or not his transitive pleasure, he decides to differentiate himself from the addict and the latter's allure. He knows that in his role of addict, he will never give up addiction, but that he is able to do that in his role of supporter.

At this point, facts become generally quite complex and we are forced to describe separately phenomena that occur simultaneously and are interwoven and overlapping. From the very moment the supporter gives up his role, there is a divorce between him and the addict, since it becomes clear that they pursue different goals. The addict keeps solving problems through maniac mechanisms; the supporter, instead, begins to glimpse that the addict does not embody the innocent victim, and rescue that difference from a background in which everything is indiscriminate and confused. In transference, suffering characters are mentioned whose helplessness or innocence is not acknowledged and who are clearly distinguishable from the atmosphere of excess, obscenity, mistreatment, etc. deployed by the addict through his behavior. The supporter struggles against that maniac side of the scene, and there appears a very difficult and painful tension between both trends. The supporter-accomplice, now "redeemed," tries to avoid being involved again in the addict's maniac atmosphere. Meanwhile, his withdrawal

forces him to bear the confusing mix of the now recognized pain with the addictive enticement of putting a quick end to all that with a new dose of drug.

In withdrawal, the patient usually realizes that his guilt has lessened. This is a truly important fact, because guilt plays a relevant role in the decision to keep withdrawn or to go on with the addictive confusion. If during withdrawal the systems discriminating between the supporter and the addict fail, there is a series of regressive outcomes. In the first place, the supporter does not tolerate the withdrawal pain and goes back to his position of accomplice, accepting the maniac reparation of the addict. Something similar happens when the addict figure and that of the innocent victim come together again in a new confusing scene. The confused union of these two characters disrupts the precarious discrimination that had been achieved, and guilt forces the supporter to resume his complicity with the addict, who has declared himself innocent and hurt, in need of the supporter's help, thus appealing to the guilt that he himself has generated from his alleged position of innocent victim. This is an extremely difficult situation, because withdrawal and the resulting pain favor confusion and give rise to the following regressive sequence: to begin with, neglect; then a disarmed immaturity, a defensive helplessness damaging the self and its objects; despair and guilt as a result of that awkward damage; and finally confusion, leading inevitably to the maniac reparation of the addiction.

This may be illustrated with some dreams told in two consecutive sessions by a cocaine-addict patient. Armando is a young man with a severe mixed addiction to alcohol and cocaine. The sessions I will report took place after a car accident. To the first of them, Armando arrived some minutes late, with messed up hair and bags under his eyes, his arms and fingers full of bruises. He recounted the accident and said that it was a miracle that he was still alive. He had gone to dine with his girlfriend and when coming back home the car crushed against some trees. He assured me that he was not drunken and that the collision happened because the car that was in front of his suddenly made an abrupt maneuver. He believed it had been a test given to him by God so that he could regain his faith, because now he was another person. "I'm faithful and enthused again – he added – and everything is going to be different. I've buried things, and I've been born again."

I approached this indicating his wish to bury something he could not mend himself, and as a response he told the following dream:

Now I don't feel like thinking, I want a bit of cocaine, I had a dream but I don't know whether I want to tell it to you... Well, perhaps... I was in my bedroom, undecided and bored. I couldn't decide whether to inhale or not. I began to feel a big uneasiness and wanted to calm it down with a bit of powder.

I interpreted by relating his boredom with his uneasiness and his wish to get rid of his emotions burying them in the excitation produced by a bit of powder. Then he was reminded of another part of the dream:

He was in the subway and an elder man pushed and shoved him. He did not want to kick the man and began to insult him. "I can make you feel bad," he said. Some policemen took him by the arm and carried him to a seedy joint, where they went through his pockets and took out small pieces of paper. The place was full of hoodlums and loafers. They came nearer to know who he was. He was scared. There were drugs, but he was not taking them. Finally, his car had been robbed.

His associations led him to the car accident, to a teacher that once told him that he should stop thinking about women, and to his inability to study because of his lack of concentration. The original boredom and uneasiness develop into a scene in which his depressive anxiety culminates in his fear to lose control and hurt the elder man. The ambiguous figures of the policemen, the seedy joint and the hoodlums he evoked are an example of the supporter-accomplice presenting himself as an ambiguous mix of a lawful person who knows how to respect limits and a hoodlum, of a watchman and an onlooker, of someone who controls and someone who induces people to take drugs. These figures sow confusion in the scene and the dreamer. Finally, he must admit that he has been robbed of his self-control.*

In the following session, there was some additional evidence of the confusion:

He dreamt again that his car was robbed. He was at the movies and when he went out he couldn't find his car, he had to walk, and he met in his way an homosexual dressed as a woman who tried to say him something, to seduce him, wanted to have sex with him.

His associations were quite eloquent. The first was a memory of going out with a group of friends in search of prostitutes. Next came the following reflection: "Perhaps if I had driven more slowly I wouldn't have had a crash, because it is women who drive slowly." His confusion between the policemen and the hoodlums goes on to the transvestite and ends up in his difficulty to define whether he is a man or a woman.

If the addiction has not destroyed completely the addict's sanity, the role of supporter-accomplice can be played by own psyche, in which case it manifests itself as a functional diplopia; it can also be played or evoked – as is often the case with our adolescent patients – by one parent or both, who beneath their complaints and

* Self-control: In Spanish, "*autocontrol*", which could also be decoded as "*control del auto*" = "control of the car" that had been robbed. [Translator's note.]

alarm keep with the addict a silent pact, an open secret, sustaining the addictive situation with their complicity. Frequently, it is a transference imago silently located in the figure of the analyst, who is demanded to take charge of the supporting roles of the analytic function at the same time that is accused of a transitive complicity. Some manifestations related to this transference figure are the reluctance to admit things, the long absences, the attack to the setting, all of which is intended to charge the analyst with a responsibility that undoubtedly belongs to the patient. Thus, the analyst is forced to lie on a confusing Procrustean bedstead. He is caught in the uncomfortable dilemma between leaving the patient to the fate of an attack that may trigger his desertion from the treatment, and giving in and come actively in support of the analytical situation by reconstructing the setting or calling up the patient after his long absences, with all the transference costs it often implies. These constant comings and goings, that are common even in treatments combined with extra-analytic therapeutic support (family therapy, manager, therapeutic companion, etc.), take here the meaning of an actual support through which the practical delegation of the patient's sane contact with his own real life is accepted. The addict secretly believes, however, that these functions are performed according to the logic of his own addictive world, that is, in order to enjoy by proxy a transitive pleasure with his own experience.

II.d Transitivity and jealousy in the supporter-accomplice: the "omni-" as a narcissistic complementary fantasy

Though the supporter's task often demands an unflagging effort, he does not ask for gratitude. No matter how he is clinically present – whether he is a person close to the addict or an inner representation of the latter –, we always confront an imago with which the addict establishes a reduplicated, bilateral, reciprocal addiction. Why so much abnegation, so much complacency? What is the benefit? The dreams I have presented show that this benefit is both secret and multifaceted. Two points should be underlined. First, there is a secret transitive pleasure. Second, the addictive atmosphere reduplicated in the bond is nourished by the parental attachment, or rather jealousy, a passionate possessive love that does not tolerate the son's or daughter's exit to the exogamic world. The supporter-accomplice is one of the potential manifestations of a jealousy bond, the repeated experience of tyrannical and possessive jealousy. The narcissistic nature of this analytic resistance is similar to that described by J. Riviere (1949 [1936]) and H. Rosenfeld (1990a, 1990b) in the case of disorders produced by the negative therapeutic reaction.

The addictive object redoubles this multifunctional character through a big deployment of his "omni-" qualities (omni-available, omni-complacent, omnipotent)

and tolerates everything except, of course, disloyalty or betrayal. The character thus built makes promises that are beyond the law of differences: his law is possessive loyalty. "I will be everything for you, you will be everything for me; otherwise there will be disaster for both." This proposal may be as serious as a *folie-à-deux*. It resembles the typical fantasy in adolescents' anorexic-bulimic disorders, especially in women, which have an idealizing dimension and were definitely classified by Benito López (2002) among addictive phenomena. The addictive bind with an idealized available object (drug, food, hunger) *reduplicates in the sensorium the addictive atmosphere that is present in this constellation of fantasy with a possessive-possessed object*. The demanded loyalty, founded on jealousy, must prevail over any acknowledgment of sexual and generational differences, at the risk of being accused of betrayal.

This betrayal evokes a double threat: on the one hand, the narcissistic partner's damage or catastrophe; on the other hand, the subject's loneliness and helplessness. A hard analytical work is needed to distinguish the dependence presided over by differences from this defensive transference pattern, pervaded with jealous loyalty. These clinical findings led the post-Kleinian thinkers to emphasize the phenomena of Mafia-like tyranny, of fear of the outsider's revenge when faced with any fit of freedom – such as in Meltzer's (1973) account of the narcissistic organization –, and to say that the addictive bond is a bond with a bad object. Actually, what must be described in every case is an alternative (or corrupt, some would rather call it) legality, different from the Oedipal one.

The correlation between transference addictiveness and the field of jealousy is manifest in all kind of strategies used for mastery, espionage, and tyranny. The background of damaged objects favors the predominance of defensive strategies in which a damaged object is the bait for the development of a tyrannical strategy. The patient surrenders, gives in, and exhibits a world full of despair. His hopeless attitude puts him at risk of a serious personal damage. Behind his despair, the kidnapping of his own vital aspects may be seen. His position is that of a mad, unpredictable kidnapper having with him an innocent victim that is no other than himself. From that coercive place, he inoculates an extraordinarily virulent depressive anxiety in his closest relatives and friends as well as in his analyst, all of whom are desperately compelled to help him.

This happens frequently at the beginning of a transference experience, when the analyst is led to be first the real supporter and then the supporter-accomplice. It is the analyst's response to the addict's blackmailing after his (self-) kidnapping of the innocent victim. Hopelessness and its usual consequence, the projectively inoculated depressive despair, are depressive emotions related to the object that

has been neglected and damaged by the addictive strategy. They often derive from experiences that were already present in the predisposition of the addict and contributed to the development of his current addiction. The nature and intensity of these depressive emotions are proportionate to the risk of acting out which both members of the psychoanalytic dyad may run.

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Summary

Two transference patterns often present in the psychoanalytic clinic of addictions are discussed: those of the innocent victim and of the supporter-accomplice. Both characters emerge in the analysis of an addiction regardless of the particular psychopathological configuration on which the latter is based. Working through these patterns, it is possible to better understand the circular bonds established between the addict and his environment, as well as the complex network of confusions and alliances that must be solved to undertake a responsible withdrawal. Being transference characters, they are ubiquitous and may emerge in the patient, in his environment, or in the analyst's role. They account both for the despair and tyranny at one of the poles of the clinical work, and for the committed struggle to get rid of the tyrant at the other pole.

As part of the pattern of complicity between the supporter and the addiction that contributes to explain the *folie-à-deux* arising within the addict's family, transitivity and jealousy are explored. The double play this bond implies accounts for some of the frequent resistances responsible for the failure of these patient's treatment.

Key words: Addictions. Holding. Transference. Victim.