

Anticipation and Identity Formation towards a Rewriting of the Fundamental Fantasy in a case of Toxicomania

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Abstract

A psychoanalytic cure brings about fundamental changes in a person's emotional, cognitive and behavioral life by rewriting the past, by transforming the fundamental fantasy. People suffering from drug addiction have been considered by Freud as unsuitable for psychoanalytic treatment because every difficulty in the cure draws them back to dope themselves. Contemporary psychoanalysts rather ask for interrogating psychoanalytic theory and practice instead of refusing those subjects that are under the spell of a total but devastating solution. In this paper we shed light on a man's changing process during his stay in a Therapeutic Community for addiction. By living in a drug-free environment that pulls him back into social bonds a process evolves that affects his fundamental fantasy. We have been able to discern how his interpretation as a preschooler of his mother's leaving has played an anticipatory role in his identity formation. In the discussion several questions are dealt with: Why does this non-psychoanalytic setting succeeds to trigger a 'psychoanalytic' process that would not have been possible in a classic talking cure? What lessons can be learned for psychoanalytic theory and practice?

Keywords: fundamental fantasy, identity formation, toxicomania, Therapeutic Community, defense mechanism

1. Introduction

On the 29th of March 2010 the 32-year old Alex arrives in the Therapeutic Community for addiction. Until the 17th of January he had been in prison for two years. It was his fifth imprisonment since 2002, each time for dealing in drugs and theft, never with violence. Justice had suggested to do a TC program as a condition for being released. Although little convinced, he accepted the proposal. From prison, he went straight away to a crisis intervention center to prepare for the TC program. At this very moment, he has almost finished with the TC and is preparing for the last phase of the program, that consists of a stay in the halfway-house, that aims at the separation from the residential community and integration in society.

A drug-free Therapeutic Community for addiction, or a TC, is a long-term self-help program that aims at a *drug-free changed life-style* and an *identity change* for its residents (De Leon, 2000). Therefore, twenty to thirty physically clean persons live and work together 24 hours a day in a social hierarchic setting. It appears to be an artificial society in which the values and norms encourage the involvement towards each other.

The peer group is also called ‘a substitute family’ (Kooyman, 1993) because it emphasizes the warm and caring setting that is a condition for free speech with each other. Throughout their program, residents deal with all problematic areas in life: finance, justice, family matters, physical health, emotional and social problems. The TC view de-emphasizes the drug-issue: the addiction is merely considered as a consequence of more fundamental problems. And in contrast with many addiction paradigms, in a TC, residents are approached as accountable persons, whose own contributions to problems in the past and to solutions in the present and future is stressed. Indeed, important similarities with psychoanalytic ethics.

In order to grasp *why* and *how* people change in a TC, I followed several residents from their entrance till the end of their TC program or till drop-out. Today, I will discuss the changing process of Alex.

2. Method

At first, I administered a semi-structured clinical interview. Then, every two to three weeks, we I had an informal talk with Alex in which I asked him how he was doing in the TC, what kept him busy, what was difficult and pleasant, why he stayed, how his relationships with peers and family members were going, and so on. I tried not to steer our conversations, but I listened to what he came up with spontaneously. This has resulted in the transcription of 20 audiotaped conversations.

3. Case-study

It is my belief that Alex’ progress can be explained in terms of a psychoanalytic process, although the setting and techniques are quite different. I will try to demonstrate this statement by presenting the clinical material in three periods.

3.1 Period 1

“My mother left me when I was 4 because I was a bad child, I hate her”
→ *“Sure, if you want my help, you can have it!”*

Based on our first extensive interview, I got a pretty clear view on Alex’s self-image, his perception of and relationships with significant others. When I asked Alex if he wanted to participate in my research project, he was very resolute in saying: *“Sure, if you want my help, you can have it!”* He gives a rather bland description of himself: *“So, I am Alex, I am 32 years old, I am from X. and I’ve been in prison for two years now. From there I went to the crisis intervention centre and now I am here.”* Other people are also portrayed in a very one-sided way: Alex claims he ‘hates’ his biological mother, with whom he has lost all contact; he never wants to see her again. He idealizes his step-mom: *“She is a very good woman, a very sympathetic one, we never have an argument”*. About his father: *“When there was something wrong, he was always there for me”*. But the oversimplified descriptions do not exactly agree with the actual descriptions that come to the surface when I let him diverge: *“In fact, it nearly always clashed between my father and I (...) he always deprived me of the things I liked, in*

order to hit me.” It also struck my attention that he never mentioned any names while he was talking about significant others, for instance.: *“Then I met a girl, she was my first girlfriend actually, with whom I lived together, with whom I have got a child.”* It feels as if he is not a participant in what happened, I miss an emotional investment.

Further on, I am struck by his firm statement about his childhood: *“My mother left me when I was 4 because I was a bad child. She couldn’t handle me. I hate her.”* He says he has no other memories from his childhood. A connection to his image of being a bad child also appears in the way he characterizes the relationship with his father and stepmother during adolescence: *“I was raised in a pretty strict sense, but nevertheless I could still do what I wanted to do. I got punished and then I could start all over again.”* In contrast to this rebellious characterization of himself, he clearly also sees himself as an easy person *“I am not difficult to deal with”*. *“I did as I was told”* with regard to his different jobs. He claims that he never had arguments with colleagues.

In relationships with others, Alex often portrays himself as a person with no backbone. When dealing with problematic situations, he always watches passively and never assumes his responsibility. We already mentioned his firm belief about his mother’s leaving when he was 4 years old. It seems as if that experience of abandonment repeats itself over and over again. For instance, the relationship with his first girl-friend meant everything to him: they got on very well, he had a job, took care of their baby-girl and stayed clean for 2 years. But then she left – taking with her their daughter, the money and all their furniture. *“It was a very good relationship but it ended anyway”* is his comment. And: *“I was left behind so I started using again.”* He also told me that he has been in prison for things he concocted with other guys, but that he had been held as the sole responsible. And he often told his parents that things would get better from now on and that he would do his very best, but that it never really worked out.

Now I would like to focus on Alex’s functioning in the TC peer group, during his first months there. How does a TC look like? Residents perform several job functions in the TC: they work in the kitchen, the housekeeping, construction or administration. They can rule their own life, like a small company. If they encounter conflicts and personal difficulties, they are not allowed to use drugs, to talk or behave in an aggressive way or to distance themselves from the others. They are expected to address the other in a respectful way, to put the upcoming arousal into words and/or to work with those feelings of anger or grief or fear in different group sessions. For instance in the Encounter groups twice a week, which is a regulated way to relive those emotions towards the other, to put in into words and elaborate on it.

When I first met him, Alex was a kitchen resident. When talking about situations in the TC, Alex stays pretty much on the surface. He would say things such as: *“There has been a situation yesterday in which two residents, etcetera... ”*. He never mentions any names of other residents. He is polite, self-controlled, not forthcoming towards me. He tells me that the program is not very difficult, he can easily change his behavior when that is necessary. As a result he hardly gets any consequences and that worries him to a certain extent. What troubles him most during these first months is to work in the Encounter Groups. In reality it *does* happen that other people hurt his feelings, but it

is very hard for him to relive those emotions in front of the other during the group. *“I’m extremely stressed”*, he says, *“in the days that precede the Encounter Group, I can’t stop thinking about the way I’m supposed to act and to make sure that the message really comes through.”* His confrontations are rather unclear and staff members often wonder if he really feels the weigh. This annoys him. During one group session, a staff member remarks: *“You are faking it!”* and that embarrasses him a lot.

I ask him how he used to deal with conflict situations before: *“In the past, when something bothered me, I didn’t speak up, I just let it pass and things were solved. But here, it’s impossible to ignore other people ... It was indeed running away from my problems, ‘solving them’ in an easy way. In a similar way I also took drugs to forget my difficulties.”*

Halfway July 2010, the community structure changes and Alex becomes the responsible of the housekeeping crew. He has to organize the cleaning of the house with his crew, a set of five residents who are supervised by him. He is supposed to give orders to them, and he is responsible for the actions of his crew. *“It didn’t feel comfortable at first, bossing around other people, they expect to get directions from me.”*

After some months, staff members describe Alex as follows: *“Alex is too nice a person, he does not dare to misbehave; he is always ready to help, he behaves in a controlled way and is often invisible”*.

3.2 Period 2a

“ There is so much sadness inside of me ... it’s weird”

After almost 5 months, I meet an other Alex. For the first time he tells me that he is actually not feeling well at all. He is on an emotional rollercoaster, the façade is gone, the contact feels sincere.

He is overrun by sadness, it drains all the energy away from him: *“I’m dead tired in the evening.”* He explains what has happened in these past few days. His best friend in the TC, Mike, has a girlfriend who is also doing a similar program in a TC that is equipped to host both mother and child. But she has left the TC with her son; nobody knows where they are. Mike is heartbroken. Alex: *“I wanted to tell him that he was my best pal and that I would always be there for him. I tried to make that clear, but he didn’t accept the offer. It kind of makes me angry”*. And he continues: *“Yesterday, during morning reunion, Mike wanted to share his sadness with the entire group, but he couldn’t hold back his tears. Oh my God! I could not handle that image! And I also started crying.”* *“How come this affects you so much?”* I ask him. Alex replies: *“Because deep down inside of me there is also a lot of sadness that I didn’t even know was there!”* And he seemed surprised about it. It is as if he is telling me that the particular situation with Mike has triggered something that is *beyond* that particular situation.

Next time we meet, Alex tells me that he has made the step to the second phase of the program, that is called The Emotional Phase. He also gets more responsibilities in the house. For instance: Alex becomes the Older Brother of a new resident, it is his job to make the new resident feel at home. I remind him of our previous conversation and of the situation with his peer that affected him so much. He tells me that Mikes girlfriend

is back with her son. *“Mike is feeling much better now and that’s also a great relief for me!”* He tries to explain why that situation affected him so much. *“I also have children”,* he says, *“if I had no clue about the whereabouts of my little girl, I would go mad!”* Remember that as a child Alex felt abandoned too. It seems to me that it is not a coincidence that Alex has been shaken by that specific situation, that there is a resemblance with his own subject position.

Considering his stay in the TC, Alex tells me that he feels more and more at home. *“I wouldn’t come out of here even if I had to!”* he exclaims. And he tries to explain why: *“I finally seem to be settling in, I get along with the others, they know what kind of person I am, I can also rely on them, it feels good. I have missed that feeling for a long time, knowing that there are people who support you and who know your story.”* He also tells me that, at the beginning, he saw the older residents getting along with each other. *“Just to see them that close, it was fascinating! I could only wish for similar bonds but I knew I couldn’t get that right away, didn’t I? Now I’m starting to experience that kind of feeling and it feels really nice!”*

3.3 Period 2b

“I have always been angry with her, but now there is also sadness ... it’s a mess”

A bit later, I once again meet a very affected Alex. As part of his TC program, he took the initiative to go to a secondary school to tell his story to adolescents. *“Back home, I was exhausted”* he tells me. Since he started talking about his biological mother, things keep tossing and turning in his head. *“Once I start talking about her, it’s like an engine firing away, trrrrrr, I can’t stop it anymore. I don’t know what it is, but it makes me feel twisted.”* He has always been angry with her, but now he also feels strangely sad about the situation and he had not expected that. *“I have been crying for the first time in my life; I used to be angry - I still am, I’m still furious – but there is also so much grief behind it.”* He barely sleeps at night and he feels disorientated.

But he tries to ignore that inner turmoil. He does not talk about it with his peers. During those days he makes a phone-call with his former sister-in-law, who might be an addict to. Remember, in a TC you are not allowed to contact people who might be using, and he is aware of that. Probably he felt attracted to start consuming again? To suppress once more that pain instead of start talking about it? Alex is reprimanded: he is isolated from his peers, taken out of the daily structure and gets an assignment: *“What else do you keep away from us? What is behind your mask?”*

I meet him again some weeks later, halfway November, I ask what has happened since then. *“I wasn’t sharing my true feelings with my peers. When they asked how I felt, I always said I was fine, out of habit. The truth was I didn’t feel good at all.”* *“Why did you hold back from your peers then?”* I ask him. *“It is so difficult for me, when I touch upon the subject, I feel so miserable afterwards.”* The affect that comes along with his words obviously frightens him. But in the TC, he is supposed to start expressing his feelings. *“I’d rather not touch upon the subject, but that’s impossible in here.”* He decides to start talking about her in individual sessions with a clinical staff member, and gradually starts sharing his story with his peers.

A process is set in motion that I consider to be the heart of his therapy. He is clearly wrestling with the contradictions in himself.

Another kind of feeling towards his mother slowly emerges. On the one hand, what he knows best, is his anger: *"I hate her / I never want to see her again / I can tell you cruel things about her, you know, and it does not affect me at all / I'm finished with her .*

Little by little, 'the other voice' becomes stronger: *"I do not respect her, even though I'd like to / It's the story of my father, I don't know her side of the story"*. And for the first time I notice his indirect wish to meet her: *"Imagine that I should run across her in the street?!"* He repeats this same sentence over and over again. *"I wouldn't know how to react. I KNOW how I WOULD LIKE to react: to look her in the eyes for a couple of seconds, and then ignore her, give her the cold shoulder. But deep down, I know that I wouldn't succeed in doing so."*

Alex finds himself in a struggle between his heart and his head. He repeats over and over again that he REFUSES to feel sad about her.

During this period of chaos, I ask him if there is a real danger of him leaving the TC. *"I've been running away from my problems for such a long time. If I should quit at a moment like this, it would be my ultimate downfall."*

In that period, a lot of repressed memories come back. Alex remembers a situation when was 5 or 6 years old. *"I was playing outside and my mother drove past by car with her other husband and his children. "We go to the zoo!", she said. She didn't ask whether I'd like to come with them. It's a bad memory. I don't have any good memories. I don't remember her ever hugging me. But I do remember that during my childhood she wasn't there for me."*

Little by little, the hatred loses power and this new feeling of love peeps around the corner. Time goes by, and halfway February Alex has asked the family worker in the TC to meet his mother. He wants to know why she did not look after him, and he wants her to be accessible. And she is! He is happy as can be. Immediately after the encounter, the family worker briefs him. However, her story differs from what he had expected. His mother brought pictures of Alex as a baby and she told the family worker that it had been a very difficult divorce, that she had fought for her child, but that finally she had to bite the dust.

When I see Alex a few weeks later, the initial euphoria has been replaced by confusion. He looks pale. *"It's difficult, it is as if something has broken down inside of me. I'm so sad. She didn't forget about me, she has fought for me. It hurts to hear that. It's all such a mess!!!"*

He is in the middle of rewriting his story. In that period, he is also supposed to tell his story to all his peers in the TC. *"I don't know what to tell them, things are changing, nothing is the same anymore, the way I used to think about it."* He hardly sleeps, and from time to time he suffers from pain in his back. As if his back cannot carry the load anymore... He again highlights the importance of his peer group: *"I'm glad I'm here to do this, I couldn't go through this on my own (...) I need the support. I could never survive this on my own outside the TC."*

Three weeks later we meet again. Alex looks better, more relaxed. He has met his mother twice; last Friday she came to visit her son. His eyes are shining as he is talking about her. It's clear to me that he has enjoyed talking to his mother.

In the course of these months, Alex has dealt with much more than the therapeutic work about his mother that I've discussed till now. He has also had several jobs in the TC. He has been the right-hand of the Coordinator at the TC, not the most thankful position, a bit like the bogeyman: *"It's the third week I'm in that function now, I already notice a big difference inside of me, I feel more self-confident. You have to call the attention of the community, check out the recommendations that are written on persons, you have to stand firm, to say 'No!' from time to time. That wasn't easy at all in the beginning."*

It's amazing how his talking changes over time, he seems to be much more involved in his life. He now uses the names of his children when talking about them. He used to say *"my mother"* while talking about his stepmom, but now that his biological mother has entered his life again, I notice that he uses *"my step-mother"* when he talks about her. He is also in search of who he actually is: *"I can be my own here, well .. in fact, I don't know. I'm sometimes surprised about myself. Am I really a calm person?? I've talked about it with my step-mom and she told me: well yes, you've always been a quiet boy, making sure you never got into trouble. Very unlike your brother..."* Let's just compare to how he had characterized his brother and himself in our very first interview. He said: *"My brother is a completely different person than I am: he always did his best at school, does what normal people ought to do: go to school, have a job ... my parents never had problems with him. Yes, it's a good boy, the better one."*

3.4 Period 3

"I'm the one to make the decisions"

This third period runs parallel with Alex's third phase in the TC, in which residents start working towards the world outside, towards education, a job or volunteer work, hobbies and so on. I will try to illustrate the effects of his therapeutic process till now by how he interacts with other people.

In the previous part, I discussed the evolution with his biological mother till the moment that he'd met her twice. In Hollywood-terms, this could be the happy end. But real life is not a movie. His mother goes too fast for Alex. A week after they first met, she tells him that she would love to meet his children. *"Wow!! Take it easy! She must realize that it isn't that simple"*, he tells me. It is remarkable how he emphasizes his own needs and limitations and those of his children. *"First I have to explain it to Emma, saying: 'Look sweetheart, I do have another mummy, you have another granny ... ! She is 10 years old, she has always thought that my parents are my real father and mother. It wouldn't be that big a deal to tell her, but I'm concerned about the way she will react. Maybe she'll think I'm a liar. I don't know what is going on in her head, you know. Or she might become hostile towards my parents. The situation is stable now and I don't want to mess that up. I'll first talk about it to Sybil, her mother, to check on her opinion."*

In our next talks, he tells me that he is doing fine, he is now the Coordinator of the TC, an important job: *“I have to approve of everything that happens and passes in the TC. All day long, I make choices and take decisions. It’s not that obvious! When I take a decision, it’s impossible to please everyone.”*

I ask him again about his family. Things seem to be running smoothly with his father and step-mom, his brother and his two children. The main issue is his mother now, she puts too much pressure on him. *“If I haven’t called her for a week, the first thing she’ll do is to reprove: ‘Well, how come that I didn’t hear from you?!’ It scares me off! She also send a card for Easter – I got so angry because of that! It was like in the old days: she always sent me cards, but I never saw her.”* Once more he tries to make it clear to her that he wants to do things on his own pace. She does not seem to absorb this information. *“I took the initiative! But now she seems to have forgotten all about the past. That doesn’t work for me.”* He finally arranges another formal talk in the TC with his mother, a difficult one. *“I have explained to her that her limitless behavior is risky for me. I also told her that I will call her if I’m ready for it: that might take a month, maybe six; she cried.”* I ask him how he feels about the meeting with his mother: *“I feel good, it has been good for me.”*

I am also a witness of his growing independence. I was the one who used to end our conversations, but during our 18th talk, halfway June, after he has been telling me a lot, he ends our talk in a deterrent way: *“Well, I’ll have a cigarette break now!”*. He gets up, we shake hands and there he goes.

Lately, I asked him again how things are going in the Encounter Groups *“Very well!”* he laughs, *“I have many works to do”*. *“No more stress?”* *“None at all. At first, I wanted to do well in front of the staff members. I’m past that stage now!”*

At the end of June, the structure has changed again, and Alex is no longer the Coordinator, but he has resumed his position as a regular resident in the housekeeping: *“I’m back to square zero!”*, he jokes. *“But that’s OK, because now I can pay attention to myself.”* It is as if he is telling me that his happiness is no longer dependent on titles or functions.

Since his third phase, he can leave the TC on his own. He has got many things to do: he is taking an orientation course at the VDAB (Flemish Department of Employment Agency), he is thinking about joining a sports club in his spare time. *“I would love to go to a swimming club. Every week I swim 50 lengths, it relaxes me. Once I won the school competition as a child, I remember it very well!”*. In our last conversations, I noticed that the world is outside the door and it’s calling Alex.

4. Conclusion

We have suggested to interpret the changing process of Alex as a psychoanalytic process. Characteristic for the psychoanalytic method is the work with transference and free speaking. In Alex’s case we have seen that the repressed material comes on the agenda by the transference to one of his peers, Mike. We might say that from then Alex starts having questions about himself. We put in mind that a psychoanalytic process aims at a greater subjectivization of the foreign causes that brought a person into being,

to separate the subject from its fantasized relationship to the Other's desire (Fink, 1995). We think to have illustrated how Alex's defense mechanisms – his 'ego' according to Lacan – is a reaction against a fundamental fantasy and has thus anticipated his position towards the others. In his first seminar, Lacan states that the ego - the I or the identity - is structured like a symptom and that "The fundamental absurdity of interhuman behavior can only be comprehended in the light of this system – (...) – called the human ego, namely the set of defenses, of denials, of dams, of inhibitions of fundamental fantasies which orient and direct the subject" (Lacan, 1988 [1953-1954], p. 17). Remember how we encountered Alex during his first months in the TC: "*Alex is too nice a person, he does not dare to misbehave*". It is his defense against this a part of his fundamental fantasy of being a bad child.

After about 5 months, Alex's ego defenses give way, he is overwhelmed by an overload of affect. "*It is the Real which is encountered at the points where language and the grids we use to symbolize the world break down*" (Fink, 1995, p. xiii). From then on, he is at the heart of his therapeutic process; little by little he symbolizes the overload of affect, of the Real. The effects become visible in his position towards several others: his mother, his peers and the staff members in the TC, towards me. His identification with the bad child becomes weaker because it is drained from an overload of Jouissance. Alex comes into being as his own cause, where the Other used to pull the strings.

What is the added value of a TC? Almost a century ago, in a letter to Ferenczi, Freud wrote that people suffering from addiction are not very suitable for analytic treatment, since every difficulty leads to further recourse to the drug. Chemical intoxication is the crudest but also most effective method of averting suffering, he states in *Civilization and its Discontents* (Freud, 1978 [1929]). He further emphasizes what he calls their most dangerous property: they bring about a greatly desired degree of independence from the outside world. The addicted person functions beyond the social bond. In lacanian terms we might say that the addicted person has got an immediate relationship with the real product instead of doing an appeal to the Other. Demand and desire are short-circuited, the 'lack' (le manque) does not function as the motor of desire.

We state that residents are being 'lured' into social bonds by entering a TC. In a first time, people are willing to stay because basic needs are satisfied: they experience a physical and psychological safety, they encounter a secure, predictable and caring Other. We could call this part of the TC environment 'a transitional space' (Winnicott, 1971). Moreover, this context is put together by peers, not by staff members. Second, TC residents are busy all day long. This is also important, because they experience the absence of their product as an overall emptiness. They have not yet developed other handles to deal with the void. And finally, the many TC-values and -norms make sure that residents address each other – they have 'demands' all day long. This is a fruitful context for conflict situations to arise. Seeing that 1) they are physically clean, and that 2) they find themselves in conflict situations, their particular defense mechanisms come to the forth, or in TC-terms: 'their behavior becomes visible during the first phase of the program'. It becomes visible, is dealt with by TC consequences and the underlying

overload of affect because of early traumatism appears and can be worked with.

We conclude that the ‘total approach’ of a TC program is a valuable treatment for persons who have been under the spell of a ‘total experience’ (‘expérience totale’, Fernandez, 2010). Valuable, given that it finally aims at the becoming of the subject instead of a strengthening of the ego, as we hope to have illustrated.

References

1. De Leon, G. (2000). *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company.
2. Fernandez, F. (2010). *Emprises: Drogues, errance, prison : figures d'une expérience totale*. Bruxelles: Editions Larcier.
3. Fink, B. (1995). *The lacanian subject: between language and jouissance*. Princeton New Jersey: Princeton University Press.
4. Freud, S. (1978 [1929]). Civilization and its Discontents. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. XXI, pp. 59-145). London: The Hoard Press.
5. Kooyman, M. (1993). *The Therapeutic Community for addicts: intimacy, parent involvement and treatment success*. Amsterdam: Swets & Zeitlinger.
6. Lacan, J. (1988 [1953-1954]). *The seminar of Jacques Lacan: Book I. Freud's papers on technique 1953-1954*. London/New York: W.W. Norton & Company, Inc.
7. Winnicott, D.W. (1971). *Playing and reality*. London: Tavistock Publications Ltd.