# Drowning the judge: addiction, trauma and the superego

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## Abstract

This paper considers the relationship between trauma and addiction, developing the idea that the superego is a useful concept in understanding this relationship, and also useful in the treatment of people with addiction. The thesis is that in the people with addictions who have a trauma history, whether it be direct trauma or the more indirect trauma of early neglect, the trauma frequently contributes to a punitive superego and addiction is a mechanism to protect the person from feeling the pain inflicted by a punitive superego. Focus on affect tolerance, forgiveness therapy and working with guilt and shame are useful in the treatment of these clients. This paper is taken from a dissertation written as part of an MHSc in Psychotherapy completed by the first author at Auckland University of Technology. The clinical illustrations in the paper come from the work of the first author.

## Introduction

> Man seeks to escape himself in myth, and does so by any means at his disposal. Drugs, alcohol, or lies. Unable to withdraw into himself, he disguises himself. Lies and inaccuracy give him a few moments of comfort. Jean Cocteau, French Poet, Novelist, Actor, Film Director and Painter, (1889-1963).

Everyone knows an addict: most people want to be happy and we are a society full of people searching for the quick and easy fix that will make us happy. Happiness has become a destination for many and the holy grail of a successful life. On the quest for happiness, we can mistake happiness for the absence of pain. Attempting to avoid pain may be attempting to avoid life and those who seek to avoid pain may find a means of avoiding both.

I (the first author) have noticed in my work how often addicts speak of how they used drugs to avoid pain or cope with it and how inevitably the drugs soon became a further source of their pain. But curiously when the drug use disappears and with it the pain caused by taking the drug, addicts often find themselves seeking some substitute, some other mood altering substance, action, or distraction that will take the pain away. This led me to a question, "Where is the pain coming from?"

I noticed an interesting phenomenon in working with a female client. Laura1 had a lengthy history of abuse and had recently completed treatment

for alcoholism. Laura had successfully maintained sobriety for several months. I noticed in our sessions that she frequently mentioned her distaste for disorganisation and her need for things in her environment to be physically ordered before she could do anything else. This need for orderliness began to appear in the sessions as she commented on the crookedness of photos on the walls, the untidiness of stacks of papers and the like. She tended to comment on the state of the office just as she experienced painful feelings – such as guilt and shame. She would then grimace as if she was being attacked from within, before randomly mentioning that the pins on the noticeboard needed to be lined up to form a perfect square.

Laura seemed to use obsession with orderliness as a means of avoiding painful feelings. I began to wonder what she was defending against; it seemed to me that an internal punitive voice would attack her with shame until she found a means of avoiding it. This internal process is commonly referred to as the "superego" and seemed worthy of further exploration. What is the role of the superego in addiction? It occurred to me that the compulsive behaviour might be a defensive response to an internal abuser, a way to block out uncomfortable thoughts and feelings. As I continued to explore the topic and reflect on Laura's trauma history, I wondered about the role of trauma and whether addiction might be an attempt to overcome or mute painful feelings left over from the trauma.

## Defining the terms

We will begin by briefly developing working definitions of addiction, trauma and superego for use in the remainder of this paper. We will adopt the definition for addiction or "substance dependence" as it is called in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.) (American Psychiatric Association, 1994). This outlines two main criteria for substance dependence as "a maladaptive pattern of substance use leading to impairment or distress" (p.108). The primary criteria - evidence of increased tolerance and evidence of withdrawal – relate to the physiological response to the drug, while the other criteria relate to social, occupational and relational factors along with time spent on substance related activities and use, despite knowledge of the adverse factors of using. The diagnostic manual does not, however, describe the purpose for the addict of taking drugs. It is also notable that the definition focuses on the consumption of a mood altering substance and therefore does not address addictive behaviours, such as gambling, which can produce similar life consequences and have similar processes. In the discussion of addictions in this paper, addictive behaviours are included.

While there continues to be debate over the nature of addiction and discussion over various contributing factors, we have concluded that a useful understanding of addiction comes from what is often called the "self-medication model". According to this view, addicts use psychotropic drugs to medicate themselves against the pain of underlying emotional disturbance. Using drugs becomes the primary method of coping with overwhelming emotions; drugs and alcohol become a means of protecting themselves from uncomfortable feelings.

Two examples that illustrate the self-medication model come to mind. In Laura's early work she would often describe how she would drink alcohol to black out when she began to feel tension in the relationship with her partner. She described how her partner began to make sarcastic comments to her at the start of an evening: "At that point I knew that I better get drunk and black out as quickly as possible because I knew what would happen; there was going to be a fight." In earlier sessions, Laura described the fear she had as a child when her parents would argue violently; and in later life her difficulty expressing anger unless she was intoxicated. Laura's use of alcohol became a means for her to cope with her anger that would have otherwise have felt overwhelming.

Another client, who used opiates, had difficulty with closeness in her relationships with men. She described a pattern of self-sabotage that occurred when her partners desired more intimacy and connectedness from her. "It was weird, the longer we were together and the closer we got, the more I wanted to use. I did not want to have to think or feel anything, all I wanted to do was sit on the couch and drool".

Several researchers have studied the self-medication model, and found it useful in understanding the dynamics behind addiction. Khantzian (1987) placed affect defence at "the heart of substance dependence" (p. 532). Khantzian (1985) describes how drugs relieve psychological suffering and how the choice of drugs that addicts use is related to the kind of affects they are trying to defend against. He distinguishes for example, the use of depressants, such as alcohol, which he claims relieve feelings of isolation, emptiness and anxiety, from opiates that counteract rage and violence.

Khantzian's view is shared by Goodman (1993), who describes the addictive process as "the defensive system employed to cope with the intense, disorganized affects and conflicts" (p.94), while Miller (1994) discusses how the repetitive aspects of addiction are designed to attempt mastery over toxic affect experiences.

Several authors have described variations on the self-medication view (Gottdiener, 2001; Johnson, 1999; Lin et al, 2004; Miller, 1994; Dodes, 1990; Dodes, 1996; Goodman, 1993; Goodman, 1996; Wurmser, 1985; Wurmser, 1995). The self-medication view has been the basis of much psychoanalytic writing on the topic of addiction. It provides justification for psychodynamic interventions that seek to develop affect tolerance. Furthermore, the self-medication model solves the cross-addiction problem: Since the addict is not behaving primarily because of a physiological response to a substance, the substance (or activity) could disappear and the addict can find another substance (or activity) to replace it, producing the same social and emotional consequences.

## Trauma

Wurmser's (1996) definition of trauma combines the external forces of trauma along with the internal response. Wurmser describes trauma as the disruption or breakdown that occurs when stimuli (either from within or without) overwhelm the ego's capacity to cope. This can occur in a specific event or events or in, for example, cases of childhood neglect ("chronic trauma").

The overwhelmed ego enters a state of helplessness. Wurmser agrees with Freud's (1893) description of the helplessness experienced in trauma as a moment of conscious conflict between opposing feelings. Wurmser states that the overwhelming conflict between self and environment that occurs during trauma is transformed into an unresolvable internal conflict between opposing feelings about self, environment and/or abusive person. Wurmser (2000) asserts that the failure of the ego to master these feelings leads to a split where the most uncomfortable feelings become unconscious. He states that the connection between these two conflicting sets of feelings become unconscious as well. Explaining further, Wurmser makes reference to Freud (1893) and discusses how the ego, overwhelmed by competing feelings, repudiates the incompatible feeling. The result is that the affect is not destroyed but repressed, becoming unconscious (p. 186).

An example of more chronic trauma is Sarah, who had not been abused physically or sexually and who had not experienced disasters or combat, but displayed some traits of post-traumatic stress disorder. Sarah's alcoholic mother would frequently leave her unsupervised at a young age. Sarah would also accompany her mother to parties and social events where drinking and drug use occurred, and she would often lose her mother at such gatherings. She was forgotten by her mother at various locations for hours at a time

from age four. Neglect of physical and emotional closeness and the constant fear of abandonment created in Sarah a hyper-vigilance similar to what one would expect of someone suffering from PTSD. I would describe what Sarah experienced as trauma not through intrusion, but through neglect leading to overwhelming feelings in her.

An example of the conflict where one feeling becomes unconscious occurs in the case of Laura . As a child she witnessed her mother get physically abused by her father and was, at times, also a victim of her father's abuse. These traumatic experiences created in Laura two conflicting sets of feelings. The first was her rage both with her abuser (her father) and with her mother for tolerating abuse. The second was an immense fear of her aggression and of aggression from others. In early sessions, Laura denied that she experienced anger, even though she would speak of her aggressive and violent behaviour while intoxicated. It seemed that Laura was not aware of the extent of her rage. It was as if she was frightened of her rage and repressed it from consciousness. When it did emerge, even slightly, she felt a powerful sense of shame that served to keep the rage unconscious.

What is striking in Laura's case is the importance of the use of alcohol as a part of the vicious cycle. Laura responded to feelings of shame by drinking. While intoxicated, Laura could get angry with her partner, something she could not permit herself to do when sober. Her rage would elicit her partner's and the two would end up in a physical fight, thus recreating her family dynamic. By circumventing her shame (and thereby drowning her superego), alcohol provided Laura with the opportunity to experience her unconscious rage, the very thing she both hated and feared, but also yearned to feel.

## Freud's structural model of the personality

The concept of the superego was originally conceived by Freud (1914) as part of his theory of narcissism and of the structure of the personality. His theory is explained in "The Dissection of the Psychical Personality" (1933), in The New Introductory Lectures on Psychoanalysis. According to his structural model, the largest part of the personality is the id, which "stands for the untamed passions" (p.76). The id has no value system, it is not influenced by external reality or morality; it is, as Freud describes it, "instinctual cathexes seeking discharge" (p.74). The ego, like a nail growing over the sensitive nerves of the thumb, protects the id from itself, by acting as mediator between it and the external world (p. 74). The ego develops the capacity to identify and negotiate the desires of the id and the requirements of the outside world. It endeavours to negotiate the conscious and unconscious

messages it receives and "stands for reason and good sense" (p.76).

The superego is "a sense of internal morality based on identification with the parental agency" (p.64). The superego is also influenced by other authority figures in the child's life and can direct and punish behaviour in a manner similar to that of the parents (p.62). It is important to note that Freud mentions cases in which children develop punitive superegos despite being raised by parents who punish them mildly. Freud alludes to this contradiction later when he discusses how parents "follow the precepts of their own superegos when educating children" (p. 67). The child's superego becomes more of a reflection of the parents' superegos as opposed to a reflection of the parents themselves (ie. it is heavily influenced by the grandparents' superegos).

The superego contains within it what Freud (1933) calls the ego ideal, which is the standard that the superego tries to meet. The superego becomes the "vehicle" (p.65) of the ego ideal "by which the ego measures itself" (p.65). The superego contains as well the voice of conscience that warns the ego against behaving in ways that do not conform to the superego's moral standard. Symington (2001) argues that conscience is the conscious process and superego is an unconscious process; in this article that distinction is not discussed since our interest is in the combined processes, and space does not allow exploration of this distinction. The superego punishes the ego for breach of its moral standards and can reward the ego when the standard is met. The superego strives for perfection more than reality, which the ego attends to, or pleasure which is the focus in the id (Hall, 1999). A moderate superego can also be a nurturing caregiver with moderate ideals for self and providing gentle corrective self-criticism. There is not the space in this paper to debate at length the myriad of interpretations of the definition and capacities of the superego. For the purposes of simplicity we will refer closely to Freud (1933) and define the superego as a part of the personality that strides the line between unconscious and conscious and is an internalisation most heavily modelled on parents and other important authority figures. A later view discussed below which is also essential to this paper is the idea that trauma influences superego development, and thus there are influences beyond parents, grandparents and authorities.

## Is There a Link Between Trauma and Substance Abuse?

A critical review of over 200 studies found a consistent link between trauma and alcoholism, such that addicts were more likely than non-addicts to have experienced trauma (Stewart, 1996). In the text "Trauma and Substance Abuse", Ouimette and Brown (2003) review nearly 1000 studies on trauma,

substance abuse, and the co-morbidity of the conditions. Of particular interest from a psychoanalytic perspective is the chapter on the relationship between childhood trauma and substance abuse. In one clinical example, the authors discuss a client who suffered from "PTSD symptoms derived from abuse and neglect" (p. 75) in his childhood. They described him as using marijuana for "alleviating the chronic tension he experienced and for diverting the chronic, mounting feelings of rage with which he wrestled" (p.76).

Similar studies on other drugs and trauma produced similar findings (Brown & Stout, 1999). Reporting experience at an Auckland-based treatment facility, L. Poynton (Personal Communication, April 13, 2006) found a similar link between trauma and substance dependence among its clients. Of the 29 residents who were in treatment for addiction at the time of the interview, 26 had a history of physical or sexual abuse in their childhood or adulthood. A review of the client populations over a 24-month period showed that the percentage of clients with abuse histories is consistently over 80 %.

The link is also supported by the psychoanalytic literature on trauma and substance abuse. Krystal (1982) refers to both "adult catastrophic trauma" (p. 597) and "infantile psychic trauma" (p. 593) as factors in substance abuse. Similar links are drawn by Dodes (1990), Goodman (1993) and Wurmser (1995) while several other articles feature clinical examples of addicts with traumatic histories (Brinkman, 1988; Director, 2002; Levin, 1991; Wurmser, 1996).

My clinical experience (the first author) supports this link. My review of the above studies shows there is a strong consensus that there is link between trauma and addiction such that people who have experienced trauma are more likely to abuse substances.

## Trauma and the development of a punitive superego

Leon Wurmser extensively explores the relationship between trauma and the development of a punitive superego in several works on the interplay between addiction, superego, compulsiveness and shame. In his paper Trauma, Inner Conflict and the Vicious Cycle of Repetition (1996), Wurmser links the experience of trauma with the development of a punitive superego through discussion of how overwhelming experiences are internalised. The ego is overwhelmed and loses its "mediating capacity" (p.20). The external traumatic experience then, according to Wurmser (1996) is converted into an internal conflict that continues to overwhelm the ego (see above), such that the conflicting affects overwhelm the ego's capacity to master them and therefore are split to make these connections unconscious (p.20).

Sarah's unconscious conflict was in her relationship with her mother, her primary caregiver who would frequently abandon her at parties so she could drink and use drugs. Sarah had great difficulty feeling angry towards her mother, and expression of anger was accompanied by a sense of guilt. Equally, she remained dependant on her mother during her early adult life, stating that she felt herself unable to do simple things like make phone calls or arrange appointments without her mother's help. Her inability to complete these activities left Sarah with a sense of helplessness and a high level of self-contempt. The conflict over Sarah's love for her mother, fear of being abandoned by her and extreme rage at being abandoned historically seemed to be unconsciously managed by a turning of her rage against herself.

Wurmser (1996) discusses the "internalisation of trauma" (p. 34) whereby the "cruelty of trauma and abuse becomes part of the superego - parallel to the turning of the rage, the envy and the contempt against the self" (p. 34). The overwhelming traumatic experience takes root in the superego, planting a seed of dangerous exaggerated self-contempt. The superego in the traumatised client then, can become a punitive extreme force where moderate ideals for self and gentle "corrective self-criticism" (Wurmser, 1995, p. 55) are exaggerated and polarized. Thus in the case of Sarah the traumatic conflict between need for mother and rage against her is resolved by making the latter unconscious.

The punitive nature of the superego defends against the aggressive wishes that are left over from the trauma. Sarah was so afraid to lose her mother's love that she repudiated her anger and aggressive wishes towards her mother, which developed as a result of frequent abandonment. Turning against herself the aggressive feelings she held towards her mother was a means of resolving the unresolvable conflict, as it offered Sarah the opportunity to experience her love and her rage simultaneously while avoiding the fear of being re-abandoned.

The punishing superego accounts for the addict traits of being highly punitive to self and other (Dodes, 1990; Novick & Novick, 2004; Wurmser, 1982; Wurmser, 1996; Zinberg, 1975). The idea of traumatised clients with punitive superegos also appears in literature on trauma (Garland, 1998). An example of this is Ronna, a young professional who was a recovering alcoholic in a residential setting. She struggled a great deal with the pressure she put on herself to achieve. In her childhood she suffered physical abuse and humiliation at the hands of her stepfather; the shame and self-blame she carried as a result was almost palpable. She was often tearful in our sessions as she felt full of shame and guilt for many reasons, including having to take time

from her studies to treat her alcoholism. Ronna, however, also experienced herself as highly intelligent and a "fantastic" judge of character. She would often profess to know undoubtedly what others were thinking or feeling. In fact, she was a highly critical judge of others as well as herself.

Wurmser (1996) further explains the link between trauma and the superego; the more severe the trauma, according to Wurmser, the more overwhelming the affective response. The more overwhelming the affective response, the more ineffectual the ego becomes in resolving these conflicts. The result, he asserts, is an intensification of internal conflicts in which the person is more likely to employ more global defensive systems, such as black and white thinking and denial. He believes that those who employ global defences become more judgemental of self and other, which in Wurmser's (1996) view is indicative of a totalitarian and harsh inner judge, in other words, a punitive superego.

The punitive superego is a constructive way for accounting for the level of self-hate that is common among traumatised clients. The aggression of the abuser as well as that of the victim of the trauma, are contained in the superego.

The punitive superego sets unrealistic standards and punishes through shame and guilt when the person is unable to meet those standards. The superego becomes an internal abuser, victimising the person for being incapable of perfection.

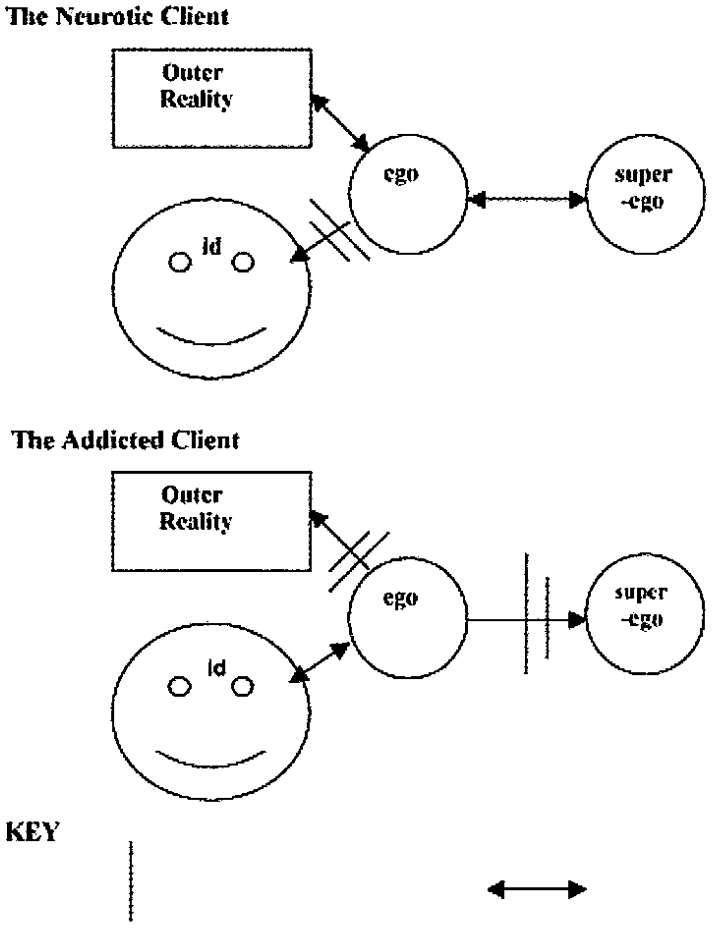
## Addiction, trauma and the superego

Wurmser & Zients (1982) illustrate the link between addiction and the superego through the use of a diagram entitled "Pairs of conflict solutions" (p.556): they show how addicts use denial to defend against the superego and outer reality. Their diagram is represented below, with some alterations of the shapes modified from squares to circles.

Unlike the neurotic client whose ego, superego and outer reality are in alliance to contain the id, the addict does the reverse. Comfortable in grandiosity and fantasy, the addict allies ego with the id to the detriment of their outer reality and of the superego which represents their internal and external authority (p.557).

I witnessed this phenomenon in my work with Ronna, who explained her drinking as a way she could feel more empowered. She often spoke of the increased sexual confidence she experienced when intoxicated. While lacking assertiveness and self-esteem in sober moments, in intoxication she did not experience her shame and guilt and was able to feel and behave in

**Figure 1**




Wurmser & Zients (1982, p.556)

a more confident manner. The problem for Ronna was that her denial allowed her to frequently engage with potentially dangerous individuals. Ronna often chose to go home with men she had just met, some of whom became abusive. She often minimised her dangerous behaviour in our sessions, and it took several weeks of sobriety as well as "reality checks" from her friends and family who had observed her behaviour, for Ronna to acknowledge that she had made poor choices while drinking.

Wurmser sees denial as an unconscious decision by the addict to actively fight against that which attacks him/her, namely his or her own internal judge. The paradox, of course, is that such an attack is to the addict's detriment as the repression of the internal judge permits the pleasure-driven id to run wild. As the id disregards the needs of others and the self, behaviour under this influence evokes an increasingly critical response from external people and authorities. As Wurmser (1985) notes, the search for protection in the use of drugs from the harshness of the internal judge, repositions the punitive critic from the internal to the external. The denied superego re-emerges as "social ostracism, evoked scorn, severe penalties and even death" (p. 249). Equally the superego is not able to fulfil its task as the nurturing caregiver (Khantzian, 1987; Wurmser, 1995). By defending against the superego, the addict is not only blocking out the harshness of the inner judge, but also blocking the caring nurturing parent contained in the superego. Addicts are essentially depriving themselves of the caring protector they crave in order to resolve the internal conflict of contradictory feelings discussed above.

## Treatment

What is the impact of the relationship between the superego, trauma, and addiction when treating addicted clients? Two main themes are the work with guilt and shame, and work with forgiveness of self and other.

First a few words on the role of guilt and shame. Where praise and pride are the rewards of a superego satisfied, guilt and shame are the tools of punishment when superego demands are not met. Ikonen and Rechardt (1993) describe shame as "an inseparable part of the relationship between the ego and the superego and the ego ideal" (p. 100). Severino, McNutt and Feder (1987) observe that shame has been little explored as a topic in its own right, likely due to it being encompassed in writings on the superego, guilt and narcissism. It is clear then that an approach to treating addiction that considers the role of the superego, must also consider the affect tools of the superego, namely the role of guilt and shame.

The impact of guilt and shame on relapse has been well documented in a variety of literature on treating addictions (see the dissertation for more examples; Zimmerman, 2006). Some examples are discussed by Brooks and Spitz (2002) and Flores (1988) among others. Flores attributes the success rate of Alcoholics Anonymous groups to breaking the "cycle of interpersonal isolation" (p. 254) that leads to the development of shame and to allowing the addict to experience acceptance by another through mutual sharing of vulnerability.

Relapse is high with addicts and one of the reasons for this is that substance abuse is the only means they have to manage uncomfortable feelings. If addicts can address their globalised black and white thinking and employ forgiveness, then they have choices other than drinking when faced with punitive superego demands. As seen above in the example of Ronna, the inability to forgive oneself for not meeting or for defying the demands of the superego leads to toxic shame that can spiral the addict into deep pits of shame and self-hatred. Equally, the addict's inability to forgive others for not meeting their expectations can lead to punitive behaviour which elicits disrespect and on occasion abuse from others. Increasing an addict's ability to forgive themselves and others for not being perfect and learning to set their internal and external expectations at more reasonable levels is paramount in building self esteem and self pride, essentially allowing the superego to carry out its other function, that of praising internal parent.

There has been some success in using forgiveness therapy with addicts. Lin, Mack, Enright, Khan and Baskin (2004) did a study in which they gave

questionnaires to a group of adults receiving treatment for addiction; assessing anger levels, self-esteem and ability to forgive others. They found the group as a whole scored lower than the adult average on self-esteem and ability to forgive but higher than average on anger levels. Half the group were then taught forgiveness techniques, and asked to forgive someone in their life who had hurt or abused them. Self-esteem and ability to forgive rose significantly in this group. This is a preliminary study with a small sample but a striking result.

I am reminded again of my work with Ronna. When she came into treatment, she was harshly self critical and critical of others. Most evident in speaking with her however, was how much anger and hate she held for the man who had abused and humiliated her. She could describe events of humiliation and abuse in such detail, as if they had been tattooed onto her memory. The rage in her was evident in her eyes and in the cold detached way she spoke of these events. For me the saddest aspect of working with Ronna was her hypersensitivity to shame after receiving even the mildest of criticism; this seemed to spark in her an archaic rage. In those moments it was as if she could once again only see the world as she had as a seven year old. She had on the goggles of parental transference and saw every man as a predatory liar and every woman as an artificial soother, only pretending to support her while she gathered information she could later use to punish her. The consequence was that it was very difficult for her to trust that neither I, nor the other members of the community intended to hurt her and it was difficult for me not to become angry with her when she accused me of being unsupportive and neglectful.

Through my work with Ronna, through group work in the therapeutic community and through regular involvement with Alcoholics Anonymous, Ronna was eventually able to recognise the impact of her shame on herself and how she would project it onto others when experiencing it became overwhelming. Ronna also began to recognise that her inner critic, as she called it, had some unrealistic expectations. She began to recognise that it used words like "you always" and "you never" to punish her and that these absolutes were not true. Upon completion of her treatment, Ronna had not come to forgive her abuser, but she was able to see the impact on her and her relationships with others, especially men, of carrying hate and resentment. The result of this was a reduction in her aggressive responses and a greater ability to manage her shame.

## Conclusion

We have argued that the concept of superego is valuable in the understanding and treatment of addicts with trauma histories. We briefly examined the definition of the "addiction" and explored the "self-medication" model. The well researched link between trauma and addiction in which there is a high frequency of trauma history in addicts is described. Then we considered the definition of trauma, noting how it represents an overwhelming of the ego and may cause unconscious conflict. We then considered the superego and how the punitive superego develops, including its aggravation by trauma. A key concept in the paper is the "cruelty of trauma and abuse becomes part of the superego - parallel to the turning of the rage, the envy and the contempt against the self" (Wurmser, 1996, p. 34). Wurmser and Zients' (1982) very useful diagram (Figure 1, p. 14) of the way the ego and superego can be disabled in addiction while the id runs rampant was discussed. Clinical examples were provided throughout.

We have argued for the importance of work with shame and guilt in the treatment of these clients. We have also argued for the importance of work with self-esteem; but this is already widely accepted in addiction treatment. An example is given of the way work with forgiveness can contribute to the treatment of these clients.

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