ADDITION, AND ADDICTIVE ATTACHMENTS

THE PSYCHODYNAMICS OF FANTASY

Robert W. Freestone

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Psychosomatic Consequences of Addiction

Hunger: "nourish" the self by partially gratifying primitive needs and emotional

FREESTONE

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LITERATURE REVIEW

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ADDICTIVE LIFESTYLES VERSUS HEALTHY FUNCTIONING

A wide range of addictive disorders in adults is associated with the loss of self-regulation and self-punishing. These include various forms of addiction that have been labeled as "addictions." The problem is not limited to substances, but also extends to behaviors that are associated with social, emotional, and psychological issues.

OTHER APPROACHES TO ADDICTION

Overcoming addictive behaviors involves addressing the underlying issues, such as lack of self-regulation and self-punishing. Effective strategies include therapy, support groups, and medication. The combination of these approaches can lead to long-term recovery and improved quality of life. It is crucial to approach addiction as a multifaceted issue, requiring a comprehensive and individualized treatment plan.
for purposes of delibration, there is a good deal of difference in
the capacity of their nervous system to produce or reflect thought.

In the case of the rights of the people to freedom of speech and
religion, the government cannot interfere. The power to control
the press is reserved to the states under the First Amendment. At
the same time, they may enact other

corporate

If it is difficult to fit in which the people are trying desperately to

2. Recommendation

For every 2 weeks, the delegates discussed the important issues of the
country. The president, after reviewing the various points, decided to

3. Conclusion

In conclusion, the congress was able to pass the new tax reform bill.

4. Analysis

The analysis of the bill showed that it would have a positive impact on
the economy.
Addiction to physical substances.

Addiction to physical substances refers to the habitual use of substances such as alcohol, drugs, or other chemicals that cause a person to develop a physical or psychological dependence on the substance. This dependence can lead to negative consequences in various aspects of life, including health, relationships, and work. Individuals with addiction often experience withdrawal symptoms when they attempt to quit or reduce their consumption of the substance.

Addiction to psychological substances.

Addiction to psychological substances refers to the habitual use of substances that primarily affect the mind or emotions rather than the body. This type of addiction can manifest in various forms, including addiction to gambling, shopping, or compulsive behaviors.

Self-nourishing habits and addictive patterns.

Self-nourishing habits and addictive patterns are behaviors that individuals engage in to cope with stress, anxiety, or other negative emotions. These habits can include overeating, compulsive shopping, or excessive use of substances. They are often reinforced through feedback loops that make the behavior increasingly rewarding over time.

Examples of self-nourishing habits and addictive patterns include

- Excessive eating or binge eating
- Compulsive shopping or buying behaviors
- Excessive use of alcohol or drugs
- Compulsive gambling or betting behaviors
- Excessive use of technology or internet

Understanding the underlying mechanisms of self-nourishing habits and addictive patterns is crucial for developing effective strategies to overcome them. This requires addressing the emotional and psychological drivers that sustain these behaviors and promoting healthier habits and coping mechanisms.
 bonded existing between the pathways. Bond involves the powerful name of the multiple connection or feedback from and delimiting activity stress. The integrity of these emotional experiences, symptoms of including, feeling of depression, emotional hunger and desire, are present in patients with mood and anxiety disorders, symptoms similar to those manifested in patients with rapid or uncontrolled. Bonding involves input from the attachment mechanisms, which trigger a pattern of emotional attachment. Bond, when either pattern moves away from the attachment mechanisms, can result in depression.

Lernt, when enter pattern moves away from the addictive mechanism

Addiction mechanisms

In people with addiction, the brain's reward system is altered. The brain's reward system is responsible for processing information related to reward and pleasure. In people with addiction, the reward system is overactive, leading to a persistent desire for the drug or behavior. This overactivity can be measured by increased brain activity in response to drugs or behaviors, as measured by functional magnetic resonance imaging (fMRI) scans. The reward system is also responsible for driving the motivation to seek out the drug or behavior, as well as the ability to tolerate negative emotions. In people with addiction, the reward system is also involved in the development of tolerance, a phenomenon where the body becomes less responsive to a drug or behavior, requiring higher doses to achieve the same effect. This can lead to a cycle of addiction, where the body becomes dependent on the drug or behavior, and the reward system becomes increasingly responsible for the individual's behavior.

Addiction to coffee and habitual responses

Coffee is a popular drink around the world, consumed for its stimulating effects. The consumption of coffee has been associated with various health benefits. However, coffee consumption can also lead to addiction-like responses, such as withdrawal symptoms when caffeine intake is reduced. These withdrawal symptoms can include headaches, fatigue, irritability, and difficulty concentrating.

Successful treatment of addiction involves medication, counseling, and support services. The goal of treatment is to help individuals develop healthy coping mechanisms and reduce their reliance on drugs or behaviors that are harmful to their health. It is important to remember that addiction is a chronic disease that requires ongoing management and care.
The prevention of addiction requires a comprehensive approach that addresses the underlying risks and factors that contribute to addiction. This approach should be tailored to the individual, taking into account their specific needs, circumstances, and personal history.

Therapy with Addicted Patients

A necessary deviation in treating addicted patients is to provide them with the support and guidance they need to face their addiction. This involves establishing a therapeutic relationship and addressing the psychosocial aspects of addiction. It's essential to understand the patient's background, motivations, and personal history to develop an effective treatment plan.

The Therapeutic Intervention

The primary focus of therapy with addicted patients is to address the underlying issues that contribute to their addiction. This includes helping them to develop coping mechanisms and strategies to manage stress and other triggers. The goal is to empower them to make positive choices and to help them build a support network.

The importance of family involvement cannot be overstated. Family therapy can provide a supportive environment and help family members understand the addiction and its impact on the patient. It can also help family members develop strategies to support the patient in their recovery process.

In conclusion, the prevention and treatment of addiction require a multifaceted approach that addresses the physical, psychological, and social aspects of addiction. It is crucial to provide patients with the resources and support they need to overcome their addiction and to help them build a fulfilling and healthy life.
habits such as smoking, drinking of alcoholic beverages, acting out, or taking medication as a precondition for therapy is a powerful treatment method in and of itself. Interference with these addictive patterns fosters a state of deprivation, which, in turn, arouses anxiety and renders repressed feelings more accessible. In our work with an intense feeling release therapy, we found that, as a result of these preconditions, patients felt close to their underlying pain, leading to deep catharsis and the development of their own crucial intellectual insights. Patients who continued to control the acting out of habitual addictive patterns progressed rapidly and made important behavioral changes, whereas those who reverted to addictions and acting out were limited in their therapeutic gains.

Based on our clinical experience and therapeutic position, we have come to the conclusion that all patients, indeed all people, suffer from some degree of addiction that interferes with their living fully. Our primary goal is to help people come to terms with the painful feelings and frustration that caused them to retreat into fantasy and self-nurturance. Most patients believe on a deep level that they cannot survive if they have to face the primitive wants and the rejection they experienced early in life. Indeed, they are terrified of being in a wanting state and experiencing frustration. People will accept self-denial, restrict their personal goals, and otherwise limit themselves, as this is under their control. Similarly, they are comfortable to express a need when they feel that they are guaranteed it will be met. However, they are terrified of indicating their wants honestly and having them refused or rejected. They react to this situation as though it were life-threatening. They respond as though they were still as vulnerable as they once were when they were young children, utterly dependent on their parents to keep them alive.

Regardless of the specific techniques, interventions, or therapeutic approach, patients must become aware of their ongoing needs and desires and use the therapeutic situation to ask directly for what they want. The inevitable limits to personal gratification inherent in the structure and discipline of the therapeutic encounter lead to frustration of the patient's infantile needs. Patients learn that they can survive without the therapist's "parental support" and come to terms with their anger at being frustrated (Firestone, 1985).

This is the crux of a positive or lasting therapeutic process with addicted individuals, for in the course of facing their anger at the inevitable frustration, they strengthen their independence and relinquish the fantasy bond with their parents, as well as dependency on internal sources of fantasy gratification. Insight and growing awareness of the fact that they can never obtain the gratification they needed so desperately as children, that, in fact, these needs are no longer vital to adult survival or happiness, can help addicted individuals expand their boundaries, get more enjoyment out of life, and remain free of self-parenting addiction.

NOTES

1. "Love-food" is a concept that refers to a product-relationship variable existing in the psychosocial framework between the mother and her child. The good mother must be able to offer affection and warmth as well as the strength and maturity to provide physical nourishment and socialize the child (Firestone, 1957).

2. Regarding research into biological factors involved in the etiology of addiction, in a "Summary Report of the Standing Committee on Alcoholism and Substance Abuse" (Division 42) for the 1990 American Psychological Association, Freudenberger (1991) states, "Review of the literature does not support genetic basis of alcoholism to date" (p. 40).

3. "Crazymaking" experiences were described by George Bach and Ronald Deutsch (1979) in their book Stop! You're Driving Me Crazy.

4. Not to be confused with an introverted or introspective character type.

5. The "self-mothering" process is described in a theoretical doctoral dissertation, A Concept of the Schizophrenic Process (Firestone, 1957).

6. Therapeutic methods for treating schizophrenic patients through the direct interpretation of their symptoms and productions at an oral level has been described in Direct Analysis by John N. Rosen (1953).

REFERENCES


