
PERSONALITY DYNAMICS AND PSYCHO- PATHOLOGY: A CASE STUDY

by

Howard Gough

Introduction

Substance abuse/dependency is a behavioural problem, the understanding of which must be equated to understanding the complexities of overall human behaviour. As there are many theories seeking to understand human behaviour so are there theories seeking to understand the etiology, process and prognosis of substance abuse. The matter becomes even more complex particularly in the case of alcohol as the vast majority of its users develop no abuse nor dependency problems.

This article posits that the psychodynamic approach to understanding alcohol dependency represents the most plausible explanation of this malady. Using a case study approach, the article clearly outlines the fact that this condition seldom if ever, occurs on its own. It is usually accompanied by some underlying personality or other disorder which operates as a predisposing, precipitating and/or perpetuating condition. The article also highlights some management strategies but is quick to point out that these approaches are case related and would recommend that the individuality of each client be taken into account when planning interventions.

Personal History

Forty-two-year-old David Slinger (not his real name), a successful Sales Manager for a local pharmaceutical company, was referred to the Reconstruction Therapy Associates—a multi-service rehabilitation facility—by the Employee Assistance Programme (E.A.P.) of his company.

According to the referral letter, Mr. Slinger has a history of:

- Frequent lateness, especially Monday mornings;

Howard Gough, RGN, Cert. Therapeutic Community Management (Richmond Fellowship College), is Director of Patricia House (a drug rehabilitation and counselling centre in Kingston, Jamaica), and a student at the Caribbean Graduate School of Theology.

- early departures, Friday afternoons;
- Frequent unaccounted-for disappearances during work hours;
- increasing frequency of failure to meet deadlines;
- frequent unwarranted emotional outbursts especially when things are not done exactly as he dictates;
- a general breakdown in communication between himself and his sales team because of the impossibly high standard that he demands;
- increasing incidence of absenteeism;
- unsatisfactory response to supervisory interventions and
- recent appearance at work in an intoxicated state.

On investigation, which involved one to one contact with David Slinger and permitted contact with relatives and others, David's history was established. David and his wife Perl Slinger reported:

- 30 years of alcohol use with progressively larger intake;
- tolerance for alcohol with signs of withdrawal on attempts to stop and replacement with Valium as well as increased nicotine intake over this period;
- sexual abuse at age 12 by a male family friend whom he became close to;
- absent, indifferent father and lack of parental affection or warmth coupled with harsh disciplining and strict rules;
- unstable marriage, void of communication including sexual contact;
- lack of sexual interest and feared impotence;
- verbal and physical abuse of his wife;
- strict control over housekeeping and financial matters;
- preoccupation with lack of recreation and other social contact;
- vitamin B deficiency and incipient liver damage.

According to David's mother, she had David, her only child, when she was 36 years. She was a Christian, a member of a Pentecostal church since age 20 and unmarried. Because of her extra-marital pregnancy, she was asked to leave the church. She suffered this period of shame and pain with no assistance from David's father. He was living near-by but showed no interest in her pregnancy, in her, nor in the child when he was born.

David was a very irritable crying baby who was breast fed for only three weeks. She did not spend a great deal of time with him as she had to hold a full-time job and do all her own house work. While she went to work, David was usually left with neighbours as his potty-training

habits did not meet the requirements of the nearby day-care centre—David would put his hands into his faeces and spread it around and on occasions, put it into his mouth. For this, he was usually beaten by his mother and, she suspects, by the neighbours who after a few weeks, refused to keep him. This resulted in David's being constantly moved from one temporary care giver to another during his potty-training years.

David was always a very rebellious little boy who never said much to her but was always getting into trouble. The only person he would listen to was Mr. X, a friend of hers, but that didn't last for long. When he reached high school he became very serious about his studies and a very quiet and well behaved child. He was brilliant. All through high school and university he was a straight-A student.

Assessment and Diagnosis

Using the DSM-IV classification, David was assessed and the following findings made:

Axis I - Clinical Disorder:

David was assessed as being **Alcohol Dependent** as, based on his history, he exhibited the following signs and symptoms over a 12 month period:

- tolerance;
- withdrawal;
- unsuccessful efforts to cut down or control substance use;
- a great deal of time spent in using the substance and recovering from its effects;
- important social, occupational or recreational activities reduced, some given up because of substance use;
- the substance use continued despite knowledge of having persistent physical conditions caused by the substance.

Axis II - Personality Disorders:

David was assessed as having an **Obsessive-Compulsive Personality Disorder** as, based on his history, he exhibited the following signs and symptoms since early childhood, and in a variety of contexts:

- preoccupation with order to the extent that the major point of the activity is lost;
- reluctance to work with others unless they submit exactly to his way of doing things;

- adoption of a miserly spending style toward both self and others
- rigidity and stubbornness.

Axis III - General Medical Conditions:

David was assessed as having **Digestive Disorders (mild hepatic dysfunction and severe vitamin B deficiency & Substance Induced Sexual Dysfunction (impotence)** based on laboratory findings.

Axis IV - Psychosocial and Environmental Problems:

David was assessed as having the following problems based on his history:

Problems With Primary Support Group

- Death of a family member - his father died recently.
- Threatened disruption of his family - his wife's threat of divorce.
- Health problems in the family - mainly his impotence.

Problems Related to Social Environment

- Inadequate social support due to his preoccupation with alcohol and lack of social activity.

Occupational Problems

- Stressful work environment - dissatisfaction with his own performance caused by a decrease in his productivity and quality of work coupled with his rigidly high standards and
- threat of job loss because of his alcoholism.

Underlying Personality Dynamics

Physiology

Whereas the focus of the explanation of David's underlying personality dynamics is psychodynamic, one cannot ignore the precursor effects of physiology, particularly as it relates to David's intra-uterine environment.

The moment that she found out that she was pregnant, David's mother started to slip into what was later diagnosed as clinical depression. She thought of abortion then felt guilty that she could even think of "such a thing." She was harsh on herself for many reasons, chief among them being how she "let down" the young people in the youth group which she co-ordinated at her church.

Understandably, David's mother had a very stressful pregnancy which exposed the unborn David to an intra-uterine environment of unusually

high levels of stress hormones and their by-products. This set the stage for David's hyper-irritability as an infant and acted as a precursor to his personality development as his intra-psychic energies interacted with his environment.

Psychodynamics Perspective

David's mother reported terminating breast feeding when David was three weeks old as she could no longer deal with a child "that was crying even with the breast in his mouth." The already limited warmth, love and sense of security which characterized David's breast feeding became less with the withdrawal of the breast. His waiting periods to have his oral dependency needs met were then prolonged.

This triggered his primitive fear of abandonment, resulting in anxiety, tension and anger which he, influenced by Id impulses, expressed in sheer rage. This level of primary process thinking and behaving continued until the emerging Superego, with its internalized societal norms and values began to pressure the Ego to control these primitive responses of the Id. The Ego responds in an attempt to reduce anxiety and tension by way of a primitive defense mechanism called Repression. David's rage became repressed into his unconscious where it stayed and continued to influence subsequent behaviors and the rest of his personality development.

The whole scenario of David's inadequately met oral dependency needs, his Id responses, his Superego reprimands and his Ego defense of Repression—resulted in the use of too much intra-psychic (Libidinal) energy which further resulted in David's fixation in his oral phase.

According to Eric Berne, in **A Layman's Guide to Psychiatry and Psycho-analysis** "It almost seems as though each child was born with a need to do a certain minimum amount of sucking and if he doesn't do it earlier he will do it later." (76) He went on to say that if this "...early and strong mouth desire..." (77) is not satisfied, it may remain active in later years and through conscious or unconscious means, continue to strive for satisfaction. According to Dr. Berne, this striving will continue to affect behavior. The person may even "try to stay on the bottle whichever way he can that society and his own self-respect will permit, whether by sucking on a pipe (or cigarette) or by drinking out of another bottle." In other words where a certain stage of development has been unresolved, fixation will result and set the stage for Regression in later life.

Maybe because of David's reduced libidinal energy going into his anal stage (1-3 years) and the inappropriate management of this stage by his care-givers, David had more stage resolution problems.

His anxious, distant and angry mother found David's playing in his faeces, disgusting so she punished him for it. Others did also, but David continued. His primitive unconscious Id, driven by its "gratification now" principle, found great pleasure in David's spreading faeces around the place. Afterall, "this thing" was his own production which he felt good about, in fact there was nothing else that gave him that kind of pleasure. As David's care-givers pressured him to change his habits and conform to more appropriate ways of behaving, so did his Superego pressure his Ego to control the Id impulses. Much anxiety and intrapsychic tension developed, and again Repression as an Ego defense was called on to deal with the high levels of anxiety. In replacing Id wishes with more socially acceptable behaviours David laid the foundation/set precursors for defense mechanics such as Reaction Formation, Rationalization and Sublimation which he resorted to later. The common characteristic feature being the expressing of more acceptable behaviours at the expense of the true and hidden feelings/experience.

The rigid handling of David's potty training by both his mother and other care-givers left him with an overwhelming desire to "get it right," and set the stage for the development of Obsessive-Compulsive behaviours later.

The absence of David's father interfered with his successful resolution of the phallic stage as his Oedipal conflicts were not completely resolved and the process of identification not completed. This may have contributed to David's unhealthy closeness to his mother's male friend whom he may have been using to fill the gap created by the absence of his father. It could be argued that the relationship problems which David later experienced were traceable in part, to his unresolved phallic stage and the violation of his trust by this friend-of-his-mother who sexually abused him.

David's Latency was characterized by reduced Libidinal energy arising out of the many previous fixations. This in turn interfered with his ability to use adaptive coping mechanisms, hence, he resorted to rebellion and later the use of alcohol as an avoidance.

After many years of no stable intimate relationship, David got married. This may have been an attempt to fulfill those unmet oral dependency needs such as the need for love, warmth, acceptance, belonging, etc. When the marriage did not fulfill these needs, another love object had failed David as his mother had, hence attracting some of the rage felt at his mother and repressed since infancy. This may have accounted for David's verbal and physical abuse of his wife, accompanied by Regression to his oral stage as borne out by his drinking and smoking (oral stimulation).

Coping Mechanisms Used

Repression - The first coping mechanism used by David, was **Repression**. During his oral and anal stages of personality development, David experienced higher-than-tolerable levels of anxiety. This he could not carry at a conscious level throughout his life. Therefore, his Ego censored it and kept it in the unconscious through the mechanism of **Repression**. This mechanism protected David from overwhelming anxiety and allowed him to move on to the next stage of his personality development, as well as ensured that his behaviour was in keeping with that of his social environment.

While David benefitted to some extent from **Repression** there was a cost attached to this. The amount of psychic energy used to keep repressed material in the unconscious depleted the amount that was necessary to facilitate successful resolution of subsequent stages/crises in his personality development. This resulted in David having to resort to maladaptive behaviour patterns in order to regulate psychic tension and keep it at tolerable levels.

Substitution - During David's anal stage, his preferred "love-object," his mother, was more or less unavailable to him causing some degree of tension. It may be argued that in his attempt to cope with this tension, David substituted his absent love (pleasure) object with his faeces. This provided some amount of pleasure and tension-release but at a cost, in that it attracted negative responses from his care-givers. This in turn, generated new tensions which required the use of other coping mechanisms e.g. **Repression**, resulting in fixation and further depletion of psychic energy. This kind of **Substitution** used by David in this stage could be seen as rudimentary and as a contributor to a more evolved form of **Substitution** later in his life. This Evolved form of **Substitution** was expressed in David's chronic cigarette smoking and consumption of alcohol as he attempts to meet his unmet oral dependency needs. In addition to that, David responded to unsuccessful attempts to resolve his adult life crises by regressing to his oral stage where he had fixated earlier. His smoking and drinking provided oral stimulation which fulfilled his childhood oral dependency needs of love, warmth and acceptance. **Substitution** brought temporary relief to David but kept delaying his dealing with reality thus preventing him from learning more adaptive skills.

Denial - The fact that David continued his alcohol consumption despite threats from his wife and his employer, warnings from his Doctor and obvious social, physical and psychological harm relating to his alcohol use, is indicative that David was protecting himself by denying

reality. This denial resulted in continued use which had many negative implications, including: continued breakdown of his marriage and of his relationships at work; lack of social activity; isolation, failure to enter a treatment programme and deterioration in his health resulting from on-going use of alcohol.

Regression - This mechanism was employed to protect David by allowing him to avoid dealing with overwhelming stresses of adult life and return to an earlier stage of development where some degree of fixation had taken place. Although this provided temporary relief from overwhelming anxiety, it also exposed David to maladaptive coping mechanisms which he resorted to when he was unable to find adaptive ones. Some Psychoanalysts argue that the effects of alcohol, such as relaxation, euphoria or even stupor represent

...re-enactment of the oceanic feeling that the infant experiences via the uninhibited manifestation of the pleasure principle. Some analysts add the fact that primitive denial occurs in this regressive experience, so the addict is denying that there will be any loss of primal love for the mothering one...

Others argue that the primary aim of the Regression is to simulate the infants total satisfaction following breast feeding.

Obsessive-Compulsive Behaviours - David's obsession with having things in their proper place at all times and having things done strictly according to his directives helped him to deal with repressed anxiety but also robbed him of the opportunity to develop good social and interpersonal skills. This further led to a breakdown in and non-development of his social and professional relationships.

Rationalization - Employed as part of the denial process, Rationalization was frequently used to provide plausible explanations for problems obviously related to his alcohol consumption. This allowed maladaptive behaviours to continue.

Alcohol Use - despite all the other mechanisms used by David to deal with intra-psychic tension, the use of alcohol seems to provide him with the most relief, hence its repeated use. It also appears that this is the most costly coping mechanism, affecting him physically, socially, recreationally, emotionally and occupationally.

Intervention Strategies

Medical Detoxification - Based on David's history which suggests

physiological dependency and a high probability of physical and psychological withdrawal symptoms, as well as on his history of Valium abuse, in-patient medical detox (7-10 days) would be the first line of treatment. Of course, the interventions made would be symptomatic with strict monitoring of any tranquilizers/anxiolytics prescribed and would also include management of his compromised nutritional state.

Long Term Management - In the long term management of David, a number of strategies would be employed to address both his alcohol dependency as well as his obsessive-compulsive behaviours.

The goals of treatment are:

- to see David safely through acute withdrawal from alcohol;
- to assist David to gain insight into his general behaviour;
- to assist David to develop new and more adaptive ways of coping and
- to help him to understand the need for continued treatment primarily for on-going growth and relapse prevention.

These goals would be achieved through the following:

1. **One-to-one Counselling** - Primarily to help David gain insight into his maladaptive behaviour patterns, the dynamics of these behaviours and how he can influence change in his behaviours. Also to assist David in defining a new self image as well as to prepare him for other strategies including family therapy and other group therapies such as Alcoholics Anonymous and group psychotherapy. Management of his impotence and his obsessive compulsive behaviours would be initiated in this setting and continued in the family and group settings respectively.

Strategies that would be employed in these sessions include word association to access repressed material, Cognitive Reconstruction to help to correct poor perception of self as well as exercises geared at increasing self-awareness and building trust.

2. **Family Therapy/Marriage Counseling** - This is to allow giving and receiving of confrontation concerning problems in the relationship; dealing with issues of intimacy and sexuality; expressing hurt and anger; taking responsibility for contributing to the problems and defining new boundaries for their relationship.

3. **Group Psychotherapy** - Primarily to help David improve his social and interpersonal skills and recognize that others like himself share similar problems.

Also to provide him with the opportunity to act out his repressed feelings and thoughts in a relatively safe environment.

4. Alcoholics Anonymous/ALANON - Self-help groups such as this would be highly recommended primarily as a means of on-going support for David and his wife respectively.

Summary

From the foregoing pages it may be summarized that any disturbance in the process of personality development, e.g. high levels of frustration or over indulgence, may result in the use of too much psychic energy at the point which this disturbance occurs, thereby setting the stage for fixations. These unresolved areas in the individual's personality will continue to play significant roles in his/her behaviour patterns later in life and may even cause maladaptive ways of coping.

This was clearly demonstrated in the case of David whose early childhood was bombarded with frustrations resulting in fixations and later regressions as well as other maladaptive behaviours as he tried to cope in an unkind world. David's use and later abuse of alcohol was his attempt to cope, but this mechanism later proved costly as it destroyed him physically, socially, recreationally, psychologically and occupationally.

REFERENCE

Berne, Eric. 1957. *A layman's guide to psychiatry and psycho-analysis*. New York: Grove Press.