CHAPTER THREE

Won't they just grow out of it? Binge drinking and the adolescent process

Marion Bower

After a psychology degree, Marion Bower trained as a social worker and then as a psychoanalytic psychotherapist; she currently works at the Tavistock Clinic and in private practice, her experience of young people abusing alcohol coming from both settings.

This chapter moves from a sociological commentary on the developing culture of binge drinking (particularly in young girls) to the central importance of the adolescent process in which the experiences of infancy are revisited. Given that separation from the parents is the prime task of adolescence, pathological experiences of separation in infancy are reawakened; the ensuing anxiety is contained by the pharmacological and psychological powers of alcohol in increasing amounts.

The chapter explores the complex symbolic meanings of alcohol to the young person using Kleinian developmental theory, particularly projective identification and the death instinct, a later component of Freud's thinking. Throughout, the clinical material emphasizes the fear of dependency and the possibility of loss; such closeness is to be avoided at all costs yet it is that trusting relationship which is most

needed. Bower stresses the importance of not giving up on the addict despite his or her attacks on the therapy—a theme apparent in many of the chapters in this book.

Binge drinking is increasing dramatically, particularly among young people. By binge drinking I mean the consumption of a large amount of alcohol in one go. The Department of Health (1999, cited in Plant & Plant, 2006) defined a "binge" as consumption of more than 8 units for men and 6 units for women on at least one day a week. The Prime Minister's Strategy Unit (2004, cited in Plant & Plant, 2006) concluded that there were 5,900,000 "binge drinkers" in Britain, and young people between the ages of 14 and 24 were the most likely to binge.

Apart from the sheer size of the problem, one of the most striking aspects of binge drinking figures is the rise of bingeing among women and younger adolescents. In 2004/5 the Office of National Statistics found that 40% of women aged 16–24 had exceeded the daily benchmarks for alcohol at least one day a week (cited in Plant & Plant, 2006). The rise of women drinkers amounts to a social change as well as a numerical one.

> The UK's high level of binge drinking among teenage girls is very unusual. In the great majority of other countries surveyed . . . binge drinking remained more common among boys than girls. [Plant & Plant, 2006, p. 37]

It is not only among older adolescents that these changes are taking place. A number of surveys have shown a rise in drinking among 11–15-year-olds. The average consumption in this age group doubled between 1990 and 2004. As with the older group of adolescents, there was also increase in the proportion of female drinkers (Plant & Plant, 2006).

Binge drinking is often treated as normal in adolescence, a rite of passage; it is rare for an adolescent binge drinker (or an adult one) to feel that he or she has a problem. Yet we know that the physical consequences of heavy drinking are very serious. Much of the newspaper publicity has concentrated on the rise in liver disease among adolescents and young adults; previously this had been the province of middle-aged men. More recently, research has shown that the brain is still developing in adolescence, and the effects of ingesting large quantities of alcohol can do structural damage to parts of the brain.

Not surprisingly, there has been considerable speculation about the reasons for this huge increase in drinking in adolescents and women. The ready availability of cheap alcohol and the production of types of alcohol attractive to young people must be a factor. However, it is not clear which came first, the demand or the product. Is the loosening of social prohibitions also a factor? Although binge drinking is in some ways normalized, it does have the features of an addiction as defined by *DSM–IV* and *DSM–IV-TR* (APA, 1994, 2000) (see also the Introduction) These features include increased tolerance of alcohol: over time more is needed to produce the desired effect. It is often taken in larger quantities over a longer period than intended, and, finally, large amounts of time are given over to obtaining and drinking alcohol. For some adolescents, bingeing has become a major social and recreational activity.

In this chapter I am assuming that binge drinking is an addiction with a significant psychological factor (in addition to its physiological and social aspects). I use psychoanalytic theory to understand the drinkers' relationship to alcohol and how it interacts with their body and their mind. In particular, I focus on a group of young people who start drinking early in adolescence. By the time they reach their late twenties or early thirties, the adolescent process has become chronically unresolved, particularly issues related to dependence and independence. This inevitably affects all their relationships, particularly those with partners and children.

The route to independence

I will start off by describing an ordinary route to independence. This is amusingly illustrated in a cartoon by Posy Simmonds (1982). Jocasta (age about 18) has left home to go to art school. She is living in a grim bedsit. The cartoon opens on a cold night, and Jocasta is

returning to her cold and lonely bedsit. She tries to ring her boyfriend, Stefan, and gets his answerphone. She tries to ring her father and stepmother, but they are out and the babysitter is looking after her baby stepbrother. The milk is off, the baked beans are mouldy. Jocasta is feeling desperate, but she has one infallible weapon: a tape recording of her stepmother Trish.

> "Oh Jocasta you poor thing, you're drenched . . . take off those wet things at once. . . . Have a nice drink, there's some medium dry in the drawing room. Your Dad said he'll be a bit late, so we'll start without, OK?. . . . Do pop in and say good night to Willy. . . . God, Jocasta, those jeans look a bit lived in, leave them out tomorrow and I'll shove them in the machine."

With this sympathetic voice in her mind, Jocasta is able to stay alone in her room and tolerate her parents having a life of their own. She does not go out with her friends, and she does not attempt to soften the experience with drink. The glass of sherry offered by Trish is a badge of entry into the adult world, *not a way of blotting out feelings.* It is very important that Jocasta can tolerate her child needs and that Trish is also aware of them, as well as Jocasta's adult self.

"A sense of adulthood which carries deep personal conviction also calls for a relationship in the inner world of one's mind with a figure or figures which could be thought of as a helpful inner couple" (Copley, 1993, p. 84). How does this helpful inner couple develop? Klein (1940) describes a process that begins in the first weeks and months of life. The early ego is fragmented by the workings of the death instinct within. There is an urgent need to internalize good objects to form the core of the ego. The infant splits the experience of the mother into a very good figure and a very bad figure. This is the paranoid-schizoid position, and the leading anxiety is the survival of the self. The leading defence is projective identification, a phantasy that bad experiences or parts of the self can be split off and located elsewhere. The death instinct is projected outwards as a sadistic attack against the mother. The projection of sadism onto the mother leads to the internalization of a very harsh superego.

If all goes well, the infant becomes aware that the mother who is loved is also the mother who is hated. This process leads to feelings of pain and guilt. If the infant can tolerate these or be helped to tolerate them, the depressive position is negotiated, which leads to a more realistic perception of the objects and a modification of the superego, which is internalized as a loved object that loves the self. If depressive anxieties cannot be tolerated, the infant turns to manic defences, which include omnipotence and denial of dependence. This theory places particular importance on the quality of care a child receives:

> Unpleasant experiences and the lack of enjoyable ones, in the young child, especially lack of happy and close contact with loved people, increase ambivalence, diminish trust and hope and confirm anxieties about inner annihilation and external persecution. . . . [Klein, 1940, p. 347]

In many ways the developments of adolescence mirror those of infancy and early childhood, but in adolescence they take on more concrete adult forms. There is the recognition that the mother has a separate life and of the need to come to terms with the parental relationship. Jocasta's father and stepmother are out together. Awareness of the object's separateness can give rise to hate as well as love. However, if the balance on the side of love is enough, there is the internalization of a helpful object who is loved and who loves the self. The device of the tape recorder in the cartoon shows us that Trish is an internal figure in Jocasta's mind. Jocasta can turn to Trish in her mind even though the real Trish is not there. Posy's cartoon shows us another aspect of the internal Trish: her empathy. She recognizes Jocasta's loneliness and feelings of helplessness. Bion (1962) built on Klein's theory of infant development by postulating an aspect of the mother's role, which he called containment. Klein suggests that the infant splits off and projects experiences that are felt to be unbearable. Bion suggests that these projections are received by the mother and processed so that they can be reintrojected by the infant in a more tolerable form. Ultimately the infant will internalize the containing object and have the capacity to process his own emotional states.

What happens to young people who do not have a helpful and containing internal object?

Fears of dependence

All adolescents have some difficulties in tolerating their dependence on parents and significant others. There is the difficulty of accepting that someone who is important to us is not always there and also the awareness of a more "babyish" self at a time when the adolescent wants to be big and powerful. Jocasta can tolerate these experiences because she always has a helpful person in her mind to draw on. Without helpful internal figures, adolescents turn to external figures for support. Paradoxically, they are more dependent on external people, though this is denied.

Young people without a helpful internal object will often turn to external activities such as drugs, crime, promiscuity, where they can obliterate their emotions and feel in control. When young people leave home, the illusion of independence often breaks down, and they may turn to drink. Student drinking is legendary and often given a macho spin in the young person's mind.

Why should the experience of dependence be such a crisis for some young people? I am suggesting in this chapter that there is a lack of a containing internal object coupled with a pathological defensive organization that is profoundly hostile to feelings of need and dependency. Drink is woven into this organization in a way that I describe below.

A narcissistic defence organization

The process of moving back and forth between the paranoid-schizoid and depressive anxieties and defences is part of ordinary development, but if a defensive organization develops using the manic defences I described earlier, the situation becomes stuck. O'Shaughnessy (1981) describes a patient with a weak ego who arrives at the threshold of the depressive position unable to negotiate its pain and guilt. The narcissistic defence prevents the fragmentation of the paranoid-schizoid position but also prevents movement forward. The patient alternates between wanting to know and make contact with his or her objects and retreat to a narcissistic organization. This mode of relating interferes with

closeness and intimacy, the resolution of which is one of the tasks of adolescent development.

A narcissistic defence organization combines the idealizing of omnipotent aspects of the self, which are a part of the manic defence, with a denial of dependence on others. Riviere (1937) described a group of patients who presented a "brick wall" to analysis. She suggests that these patients use a complex network of defences to deny the significance of the analyst and evade an underlying depressive state. Riviere stresses the role of manic defences in this organization, with their accompanying omnipotence and contempt. Rosenfeld (1971) describes a pathological defence organization that denies the experience of need and is hostile to needy parts of the self and parental figures. Within the internal world, omnipotent and destructive aspects of the self offer "protection" and freedom from psychological pain to more vulnerable parts of the self. Rosenfeld calls this the Mafia. Within this organization, alcohol functions as an idealized bad object offering freedom from mental pain.

Model Paula Hamilton describes her adolescent drinking in the following way:

> As you get older, you learn that it [alcohol] can take away painful feelings. If the alcohol had not been there I'd have committed suicide as a teenager. It's like being tortured and your mind says "drink or die". [Hamilton, 2006]

What is the torturing pain that Hamilton describes? My hypothesis is that it is the working of the sadistic superego that makes depressive pain so unbearable. The sadistic superego is formed by the projection of the death instinct onto the object, which is then internalized as a sadistic superego. Freud has suggested that there is a risk of suicide when the ego feels hated by the superego. Drink may blot out feelings of pain, but it is also an attack on the internal objects, thus creating a vicious circle.

The price of protection from psychic pain is loyalty to the organization. Those drinkers who want to abstain usually encounter considerable hostility from their fellow drinkers.

An illustration of the organization at work externally is provided by a group of young drinkers, the pressure to join in, the contempt for vulnerability, and the latent or actual violence. Copley

(1993) suggests that the way in which groups of young people take over spaces such as town centres reflects a flight from individual mental life and a forceful intrusion into the more settled population. I would add that menacing or out-of-control behaviour allows the young people to project their own sense of fragility into others. These groups are more accurately described as gangs, as they are gathered together for destructive purposes.

The working of the organization internally is often illustrated by dreams.

> Ms A, age 20, became depressed after splitting up with her violent boyfriend. She started weekly psychotherapy and reduced her intake of drugs and alcohol, despite some mockery from her group of friends. She asked her therapist if she could come twice a week. No sooner had she asked when she had a dream where *she is pursued by a gang of men with knives. One catches up with her and slits her throat. There is no pain.*
>
> Ms A's therapist suggested that Ms A would rather slit her own throat than allow him to help her. I also think that the "no pain" is an unconscious statement that she would not miss her therapist if she cut off contact with him. Within a short time, Ms A was mocking her therapist as a "sad bastard" and rapidly cut down her sessions and eventually dropped out.

One way the pathological organization defends against experiences of need or separation is through the use of projective identification, a phantasy that part of the personality can be located elsewhere. Acquisitive projective identification is another aspect of projective identification. It is a phantasy that desirable aspects of the object can be appropriated and treated as if they belong to the self. Both these aspects of projective identification deny the reality of the object's separate identity.

> Awareness of separation immediately leads to feelings of dependence on an object and therefore to inevitable frustration. However dependence also stimulates envy when the goodness of the object is recognized. Aggressiveness towards objects seems inevitable when giving up the narcissistic position. [Rosenfeld, 1971, p. 247]

The patient may not give up therapy but may spoil professional success and personal relationships.

> Tim is 19; he suffered from panic attacks. These began when he started university. He was also drinking 10 pints of beer a night on a regular basis. After a period in therapy his panic attacks and drinking both decreased. Tim came back from holiday a day early so as not to miss a session. This drew his attention to his dependence on his therapist. He began to go to the pub after his session and have three or four pints. Not as bad as 10, but enough to affect him and make him late meeting his girlfriend, who naturally complained about the bad effect of his therapy.
>
> Around this time Tim had a dream. *He and his girlfriend (a non-drinker) are in a car that has stopped in a dark and lonely place. Three or four menacing men approach, he is afraid that he will not be able to defend them both.*

I think that the three or four menacing men are the three or four pints of beer, and his non-drinking girlfriend stands for his vulnerable self as well as his work in giving up drink. Drink is used as part of the narcissistic organization, the menacing men who threaten Tim's attachment to his therapist and his progress. But drink also has a physiological effect. In this way the body is used symbolically and actually as an arena to attack parental figures and the dependent self.

> The attack on the dependent self appears in another of Tim's dreams. Just prior to the dream he had insisted on cutting down his sessions from two to one a week. In the dream he is in a house with another man. *The other man is carrying a nest with two baby birds in it. He follows the other man to the top of the house. The man drops the little birds out the window, and they fall to the ground and die. He is very upset by this.*
>
> The little birds stand for Tim's dependent self and his two sessions, and the two men are each an aspect of his ambivalence about his therapy and his needs.

So far I have emphasized the attack on dependent needs, but part of the narcissistic organization is also an attack on parental figures;

drink is used concretely to carry out this attack. In adolescence there is an urge to test or push against limits. The binger pushes through the body's limits and floods the liver and kidneys with more than they can cope with. Symbolically, the drinker has overwhelmed a paternal boundary-setting function. I have already described the way in which the mother provides psychological processing or containment for the infant's mental states. I am suggesting that the liver and kidneys that provide physiological processing represent a maternal function. Symbolically and concretely the drinker has attacked the parental figures. The triumph over the parents and the dependent self gives the drinker a high. Over time, more and more alcohol is needed to give the high.

In her work with small children, Klein (1932) discovered that hostility towards the mother or parents can be given expression by fantasies of attack using the infant's own urine or faeces. Fantasies of flooding with urine may be a retaliation for being deprived of milk. This root in urethral sadism is reflected in common terms used to describe drunkenness: "getting pissed", "getting bladdered", "getting hammered", "an old soak". The deprivations inflicted by the mother may be actual, or there may be an intolerance of waiting. Klein found that both children and adults have fantasies of urine as a burning and corroding and poisoning liquid. These attacks lead to fantasies of retaliation and the establishment of a sadistic superego.

All drinkers know the unpleasant effects of alcohol, a hangover, vomiting, and so on. Some drinks are chosen specifically for their burning quality. Yet the body is compelled to continue ingesting drink. Sally Bercow, wife of the Speaker of the House of Commons, puts this very clearly: "I had no stop button" (*Metro* newspaper, 4 December 2009). The body becomes a theatre where sadomasochism is played out. The drinker is both sadist and masochist, attacker and attacked. The attack on the internal parents leads to further depressive anxieties, and these may be blotted out by further drinking. This may be enacted sexually. Sexual attacks on young women drinkers are common. Obviously the attacker cannot be condoned, but the victim can play a part in this too, as part of a sadomasochistic dynamic. Sally Bercow describes deliberately using unlicensed minicabs knowing that she was putting herself at risk. Although there may be no conscious wish to be raped, there may be an unconscious identification with an attacked mother.

> Maria, age 17, drank a series of vodka shots at a party. A group of young men she did not know asked her to go for a walk. Fortunately as they were leaving a male schoolfriend appeared and persuaded her to stay behind with him. Later, when sober, Maria wondered how she could so easily have agreed to put herself in the power of a gang of young men.

Won't they just grow out of it?

Bingeing in adolescence is now so widespread that it is accepted as part of normal adolescence. More research is needed on adolescents who do grow out of it. My own impression is that they are like Jocasta: adolescents with strong and helpful internal objects. However, for many adolescents this is just the starting point of an addiction. The adolescent style of bingeing can carry on beyond 30. What may have started off as an anti-anxiety drug can become an addiction.

In an article, "Nine Drink Diaries", in the *Guardian* newspaper in 2004, Roger Browning, aged 43, reports drinking 61 units during the previous week. He comments:

> I don't consider myself a heavy drinker, though my diary may indicate otherwise: this was a week in which a number of events involving alcohol came together. . . . I grew up in New Zealand; drinking was very much part of the male culture, along with rugby and bad haircuts. I hit my stride with booze as a student, drinking too much, too often. I mostly drink wine or vodka and tonic. Occasionally, I dabble with cocktails. I try not to mix my drinks and generally don't get hangovers. [*Guardian*, 20 November 2004]

In the same article, Steve Hoggett, 32, reports drinking 67 units in the week:

> *Day 1.* Shelve plans to go to the theatre and drink three pints of lager instead. *Day 2.* Go out for dinner, during which I drink three beers. Then on to a bar for a friend's birthday: three pints.

Day 3. Hung over. Can't move without an orange juice. *Day 14.* Drink a pint of Hoegaarden and a glass of white wine with dinner. *Day 5.* Sunny day, so sit in the park and drink three cans of Stella. Cook dinner for a friend and drink a pint of Hoegaarden. Have two pints of Heineken after seeing a show. *Day 6.* Go to a bar and have three pints of lager. *Day 7.* Press night at Soho Theatre, but drink a lot less than I thought, especially as there is free wine: a bottle of Cobra beer and three glasses of wine.

My drinking life

Being a performer requires you to be fit and alert on stage, and touring is decidedly un-rock'n'roll. So, slightly alarmingly, I treat life outside rehearsals and touring as if I'm on holiday. Now my performing role within our company is on the decline, I've joined a gym. But I wouldn't let a gym session get in the way of a healthy beer session the night before. Socialising is almost always in a bar.

As a young boy growing up in Yorkshire, I had a typical introduction to alcohol and did the usual alcoholic development through the early 1980s. My parents always had drink in the house as they had friends around a lot. At university I developed a taste for gin and tonic while others drank Welsh bitter through jockstraps. [*Guardian*, 20 November, 2004]

Both men describe patterns of drinking that became established as adolescents or young adults. Neither of these men seems to have a partner or children. Parents who drink have to face the guilt of its effect on their children. These feelings of guilt are made worse by the severe superego of the drinker and can lead to a vicious circle of more drinking.

The superego of the drinker is very harsh, in line with the sadism of the attack on the internal parents. One way of managing the harsh superego is to project it onto others. Many treatment projects reflect the harshness of the drinker's superego. One of the difficulties of giving up drinking is becoming aware of the damage that drinking can do, both in reality and to one's objects; a harsh superego makes this intolerably painful, and there is a turning to the pathological defence of more drink.

Mrs Z has just begun to be aware of the effect on her children of drinking or taking cannabis when she puts them to bed.

Mrs Z dreamed that she was *in a very high place. She realized that she could get down if she was very careful. As she climbed down, she saw her husband and children in filthy chicken coops. The sight was so awful she climbed higher.*

Mrs Z increased her consumption of cannabis and decreased her consumption of alcohol ("getting higher"). I think the dream shows that Mrs Z feels the damage done to her family goes very deep and she wants to "rise above it".

Growing into it

Recent studies show that British teenagers have among the highest binge-drinking rates in Europe (Plant & Plant, 2006). What is it about Britain that makes this the case? The factors that lead young people to drink are complex and include social policies, social pressures, cheap alcohol, aspects of their own personalities, and their early experiences of care. In this section I would like to look at some early roots, both in the personality and in the environment.

Personality factors

In her seminal paper "Addiction to Near-Death", Betty Joseph (1982) describes a group of patients who inflict physical and psychological torment on themselves in a way that also provides them with masochistic sexual gratification. "I think that they have withdrawn into a secret world of violence where part of the self has been turned against the other part, parts of the body being identified with the offending object, and this violence has been highly sexualized, masturbatory in nature, and often physically expressed" (p. 137). I think the relationship to the body in binge drinking as I described earlier in this chapter is very similar to this group of patients. The sexualized aspect of drinking is reflected

in the use of sexualized names for drinks—for example, "screwdriver", "wkd", and so forth. An important aspect of Joseph's paper is that she puts forward some hypotheses about the childhood experiences of these patients.

> It seems to me that instead of moving forward and using real relationships, contact with people or bodies as infants they retreated apparently into themselves and lived out their relationships in this [pre-oedipal] sexualized way . . . [Joseph, 1988]

Joseph suggests that as infants these patients had a psychologically difficult childhood, such as a lack of warm contact and real understanding. However, she also suggests that these patients had difficulty in waiting or in gaps or with even the simplest type of guilt, so that an approach to the depressive position with its feelings of responsibility and guilt is felt as unbearable torment, and they have taken over inflicting this on themselves. Mrs Z, whom I described earlier, was unable to face the guilt depicted in her own dream.

Environmental factors

In what way do children in our society lack warm contact and real understanding?

Consider this scene: A group of young people screaming, shouting, laughing, jumping up and down. There is one boy standing at the edge, silent and depressed. Every so often one of the group gives him a push or a punch.

This is not a group of young bingers, but a group of 2- and 3-year-olds in a residential nursery. They are cared for physically but not emotionally by a constantly changing group of staff. This film was made by James and Joyce Robertson (1969) to illustrate the effects of separation on the very young. The excited gang *do not expect attention from an adult.* They hold themselves together by excitement and activity. The Robertsons' film follows a depressed boy, "John", who has recently been separated from his mother. He seems to have lost her as a good figure, perhaps because she is expecting a baby. John is attacked by the group because he represents something the group is afraid of: feelings of despair and loss. The Robertsons describe the absence of attachment figures. I would add to this the absence of figures who can contain and give expression to the child's emotions. The quarrelling, fighting, and excitement in the group holds the children together in the absence of emotional containment and adult attention.

It seems to me that the gang of nursery children with their absence of helpful internal objects and their turning away from help is a junior version of Rosenfeld's Mafia. I am not suggesting that all children from residential nurseries become bingers. But I do think that certain sorts of care make a young person vulnerable to this when they hit adolescence. Although there are very few residential nurseries, there are many day nurseries where children as young as 3 months may spend a whole day, most days of the year. Many children suffer from what Holmes (1995) has called "fragmented care". By this she means a variety of carers who do not have a long-term role in the child's life. There is no one who really knows the child as a person. Holmes says: "by the age of 3 they have often experienced a range of substitute care and of necessity they have learned to be prematurely independent and to expect little support from adults" (Holmes, 1995, p. 149). Some children will fight for their needs to be met, others will withdraw or get hooked on excitement, like the little gang in the Robertsons' film.

Barnett (1995) found that increased exposure to a nursery led to increased aggression. I think that one reason for this increase is that aggression, which ultimately derives from the death instinct, is not contained and modified by carers, who are emotionally attuned to the children. This aggression can later be turned against the self and the internal parents in the form of adolescent binge drinking.

Social factors

I suggest that the increase in day nurseries and delegated fragmented care of very young children is part of a social trend to deny the importance of the maternal function. I think that it is significant that many day nurseries market themselves as educational establishments. Menzies Lyth (1975) has suggested that this sort of care fosters a premature and fragile independence. Could the lack of value of

maternal figures in our society relate to the rise of young women drinkers? Perhaps for young women there is an identification with a debased or damaged figure, leading to a sadomasochistic relationship with the self.

The changing patterns of young people drinking and the changing nature of drinking places themselves may also play into the defences that young people have developed in response to fragmented care. Local pubs in small communities are likely to have representatives of the older generation present, and the young people themselves will be known. This is in contrast to large city pubs, which are anonymous and may have no seats as standing up encourages a rapid rate of drinking. An article in the *Independent* carried the photograph of a young woman drunk and unconscious, her hair covered in vomit and her skirt around her waist. She had no handbag and no friend with her. There is an implication that she has been robbed and is sexually vulnerable.

Binge drinkers in psychotherapy

There are very few accounts, in Britain at least, of binge drinkers in psychotherapy. One reason for this is that most bingers do not think they have a problem. In addition, psychoanalysts and psychotherapists often view binge drinking as a contra-indication for therapy. In practice, drinkers get into therapy for other presenting symptoms: depression, anxiety, and relationship problems. In view of the seriousness of the problem, there is an urgent need for more accounts of working with young drinkers.

My own experience of working in the NHS in the Tavistock Clinic and in a private psychotherapy practice is that many bingers give up or reduce their drinking very quickly once they are in therapy. Psychotherapy provides an externalization of a benign parental couple with structure containment and limits. Most patients give the impression of having been starved of emotional containment for various reasons, including maternal depression, illness, or preoccupation with other siblings. However, there are other specific issues and difficulties that seem common to binge drinkers.

Often the transference mirrors the use of alcohol. Sessions may be flooded with material, often more than the therapist can process. The therapist is not used to give insight but to filter out what is important. Vital information can be omitted or given at the end of the session. In short, the therapy is treated like the patient's liver or kidneys, and the therapy is used as dialysis rather than analysis. In this situation the patient is very dependent on the therapist. Patients often complain that the therapy is addictive. In fact, this is an addictive *use* of the therapy. Awareness of dependence on the therapist often leads to a negative therapeutic reaction. The pathological organization asserts itself, and sessions may be reduced or given up altogether, so it is the therapy rather than the drink that is cut down or given up. This is described in the cases of Tim and Ms A.

As patients emerge from dependence on alcohol, they also have to face the damage that alcohol has caused in phantasy to their internal objects and also to their lives and people around them. As Joseph (1982) says, the sadomasochistic relation to the body can bypass feelings of guilt that are felt to be unbearable. Within the therapy there can be a sadomasochistic relationship established with the therapist .The patient can flood the therapist with words, mirroring the flooding of the liver with alcohol. It can be very difficult not to be either punitive or a martyr. The therapist also can get caught in an addictive relationship to the patient where the intermittent successes of the work produce a determination to cure the patient of drink. Etchegoyen (1991) describes a paper by Sheila Navarro de Lopez on this phenomenon. Skinner's work on operant conditioning with rats (see Ferster & Skinner, 1957) demonstrated that intermittent reinforcement produces the most intense responses: rats who were intermittently rewarded with food for pressing a bar were most persistent. I wonder whether the mothers of drinkers are *tantalizing* objects, containing but only occasionally available, which produces a sort of greedy need that may be assuaged by drink.

The drinkers own superego can be an obstacle to giving up drink.

> Mrs Z beat herself up when she slipped off the wagon, and this led her to drink again to escape her savage superego.

This produced a vicious circle. It is very important to be alert to improvements in the patient and to acknowledge these, as this can modify the severity of the drinker's superego.

Conclusions

I have tried to show in this chapter that binge drinking is part of a complex defensive organization. This defence is part of a vicious circle where there is an attack on the dependent self and internal parents. I suggest that this attack has its roots in the hatred of the early maternal object. This hatred arises from the externalization of the death instinct as well as frustrations inflicted by the mother. A crucial factor is whether a containing object is available to be internalized to help process emotional states. Adolescents who are entrenched in a pattern of binge drinking will need help to give it up and be able to depend on relationships with other people.

CHAPTER FOUR

A neglected field

Luis Rodríguez de la Sierra

Luis Rodríguez de la Sierra is a psychoanalyst and psychiatrist who has worked in one of the few NHS clinics to offer psychotherapy to addicts. His chapter focuses on adolescents and young adults. Rodríguez de la Sierra points out that very few addicts ask for psychoanalytic treatment and fewer psychoanalysts are willing to take them on, yet treatment, even when of limited success, offers important insights into the nature of addiction.

This chapter looks at the dynamics that tie the addict to the drug. The drug is seen as strengthening as well as overpowering and weakening. This complex relationship distinguishes the addict from the recreational user. The use of drugs in adolescence is closely connected with failed attempts to deal with intense sexual and aggressive feelings. Rodríguez de la Sierra finds that there is a sadomasochistic relationship between the addict and his internalized objects. This has similarities with the sadomasochistic relationship between the binge drinker and his objects described in Marion Bower's chapter (chapter three).

The risks in treating addicts are made clear in this chapter. One patient makes a serious suicide attempt, and one kills herself after