



# *Alcohol consumption disorder as a product of intrapsychic conflict.*

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## **ABSTRACT**

**A**lcohol use disorder consists of a maladaptive pattern of substance use that leads to clinically significant impairment or discomfort, in a continuous period of 12 months. It implies the presence of a series of physical, cognitive, affective and social symptoms and signs, among these are the development of tolerance; withdrawal syndrome; consumption in larger amounts or over a longer period than initially intended; unsuccessful efforts to control or discontinue use; much time is spent in activities related to obtaining the drug; and there is a reduction in important social work or recreational activities due to consumption. Also, the substance continues to be taken despite being aware of persistent psychological or physical problems related to use. From a psychodynamic perspective, intrapsychic and unconscious personality conflicts are determining factors for the development of alcohol dependence. These conflicts arise from the need to reduce tension and the inhibition of basic instinctual impulses where the consumption of the drug serves as a means of reducing tension, it is then a regressive defense mechanism and avoidance that constitutes a maladaptive, self-destructive and debilitating behavior.

## INTRODUCTION

Alcohol use disorder consisting of a non-adaptive pattern of substance use that leads to clinically significant impairment or discomfort, a continuous period of 12 months (American Psychiatric Association, APA, 2001). According to the World Health Organization (WHO, 2004, 2008), dependence towards a substance is understood as a set of physiological, behavioral and cognitive manifestations in which the consumption of a drug acquires the highest priority for the individual.

The objective of this essay is to explain the dynamics of the personality in the alcohol consumption disorder from the psychodynamic perspective, so it is intended to support how the intrapsychic and unconscious conflicts of personality are determinants for the development of the dependence on this substance and by extension, of any other psychoactive substance).

### **Alcohol use disorder**

José was a 50-year-old man, a university professor, and an intellectually brilliant academic, an alcoholic. For most of his life, he struggled against substance use, tried to rehabilitate himself on several occasions, and always failed. Alcohol consumption deteriorated all areas of José's life; he lost his job, his wife, his children, and the rest of his family and friends. He was left alone with the alcohol and his thoughts, he finally lost himself. He committed suicide in a solitary room after a relapse in consumption.

To address José's history clinically, it is necessary to carry out a descriptive approach to his condition, which can be done by observing the case with the help of diagnostic manuals (APA, 2001; APA, 2013; WHO, 1992), however, To have a deeper understanding of the case, it is necessary to make a dynamic diagnosis based on the description of symptoms and signs. Descriptive and dynamic elements of alcohol use disorder are presented below.

According to APA (2001), in general, substance use disorders involve the presence of a series of physical, cognitive, affective and social symptoms and signs, including the development of tolerance (the need for markedly increased amounts of the substance to achieve the desired effect); the withdrawal syndrome (dysphoric effects produced by the cessation of consumption); consumption in larger amounts or over a longer period than originally intended; there are unsuccessful efforts to control or interrupt consumption; much time is spent in activities related to obtaining the drug; and there is a reduction in important social, work or recreational activities due to consumption. Besides, the substance continues to be taken despite being aware of persistent psychological or physical problems related to use.

## The psychodynamic perspective

The psychopathology of alcohol use disorder can be understood from the psychodynamic theory proposed by Sigmund Freud (Feist, 2014), which describes the structure and dynamics of the personality. The cornerstone of this approach is the study of the unconscious and the idea that people are motivated by conflicting sexual and aggressive drives, of which they have little or no awareness.

In contrast, from a behavioral perspective (Halguin, 2008), it is stated that substance use disorders are produced by learning mechanisms, specifically, through an operant conditioning process; at first, it is consumed to obtain the pleasant effects of the substance (positive reinforcer), however, while the addictive process progresses, it is consumed to avoid the unpleasant effects of withdrawal (negative reinforcer). This conception of the disorder is mechanistic, simplistic and reductionist, does not take into account the dynamic component of the personality and assumes the passivity of the person in a subsequent therapeutic process in search of behavioral change. The psychodynamic approach explains in more depth the mechanisms by which this disorder develops.

To understand substance dependence disorder from a psychodynamic perspective, it is necessary to review the main approaches of this theory on the structure and dynamics of personality, and then apply them in the description of pathological consumption behavior.

According to Freud (cited in Cloninger, 2003), there are three levels of consciousness of the human mind: first, the *conscious level* refers to the experiences that the person is aware of, including memories and intentional actions, at this level it works realistically, according to the rules of space and time. The next level is the *preconscious*, it consists of the material that we are not aware of at a given moment that can be quickly brought to our attention, it includes the information that is not being thought about at that moment, but that can be remembered, if required. Finally, the third level of the psyche is called the *unconscious*, it refers to the mental processes of which the person is not aware, its content does not move quickly towards consciousness since making it conscious would produce a lot of anxiety. This material is said to be repressed and to resist becoming conscious. Among the contents of the unconscious are forgotten traumatic memories and unacceptable desires. From this perspective, the behavior is determined by the combination of conscious and unconscious forces.

To understand the tension between the unconscious, which seeks expression, and the conscience, which tries to restrain the forces of the unconscious, Freud (quoted in Cloninger, 2003) described three structures of personality. The first personality structure that we have at birth is the *Id*, which is unconscious, primitive, and the source of biological impulses. It corresponds to the mental representation of the basic energy of the individual, and its most

elementary function is to contribute to the regulation of the drives, which are perceived as tension when they accumulate, and as pleasure or satisfaction when they are discharged.

As we grow and know the world, the following structure of personality emerges, the *Ego* is the most conscious, rational, and competent part of the personality. It constitutes the organizational part of the person, and its functions include all aspects of the relationship with the world and adaptation to reality. It develops by progressive differentiation of a part of the *Id* in the face of the frustrations imposed by life and initially represents an attempt to improve its efficiency.

Along with the *Id* and the *Ego*, a third structure develops, the *Superego*, is formed by the rules and ideals of the society that the individual has internalized. Some of the *Superego* is conscious, but much of it remains in the unconscious. It corresponds to the moral conscience and ethical precepts internalized through contact with parents and other educational agents. It includes the prohibitions and codes of conduct, the aspirations, ambitions, and ideals of the person. It originates from the *Ego* and represents a refinement of its adaptive capacities.

The three structures interrelate dynamically, in a constant struggle; the *Id* demands immediate satisfaction of impulses, while the *Superego* threatens guilt if any pleasurable satisfaction of immoral impulses is attempted. Faced with this situation, an *intrapsychic conflict* occurs where the *Ego* tries to reconcile the conflicting demands of *Id* and the *Superego*, while at the same time taking into consideration external reality, with its limited opportunities to satisfy the impulse. When the *Ego* does not manage to resolve the conflict, does not adapt to reality, and has difficulties in keeping the personality integrated, anxiety is experienced in the face of danger and perceived threats in the environment. In this situation, the *Ego* uses various defense mechanisms to resolve the intrapsychic conflict and defend against anxiety.

### **Alcohol use disorder from a psychodynamic perspective**

Alcohol use disorder is the result of intrapsychic personality conflicts, which arise from the need to reduce tension and inhibit basic instinctual impulses. This dynamic hypothesis implies that drug use serves as a means of reducing tension, it is then a regressive defense and avoidance mechanism, it constitutes a maladaptive, self-destructive and debilitating behavior; it has little efficiency and adaptive value in the face of tension and anxiety that results from intrapsychic conflict, (Linn, 1988); Since the relief is momentary, it will last as long as the substance is exerting its effect on the organism, after this, the subject will again be aware of the tension and anxiety from which he was trying to escape, so he will take refuge in the substance again.

Alcohol consumption would be a symbolic act that communicates the subject's (ineffective and inefficient) attempt to resolve his intrapsychic conflict. Therefore, psychopathology is the

result of this conflict and the inadequate dynamic processes with which the person tries to resolve it.

This is because there is an imbalance in the balance of the structures that make up the personality, consumption problems are the result of the interaction between the Id, the Ego, and the Superego. The existence of a conflict between the imperious search of the Id to achieve the immediate gratification of instinctual impulses (pleasure principle), for example, obtaining pleasure through orality (consuming alcohol); a very weak Superego (principle of morality) which cannot contain the demands of the unconscious (the pleasant effects produced by the substance and the consequent reduction of tension); and an inefficient Ego that prevents the development of adaptive defense mechanisms and indulges in compulsive consumption to reduce anxiety, such are the intrapsychic elements that result in substance use disorder.

## CONCLUSIONS

In José's case, the intrapsychic conflicts of his personality were decisive for the development of the disorder. Alcohol consumption was an adaptive defense mechanism to cope with the tension and anxiety resulting from unconscious conflicts and represents their attempts to reduce tension and avoid anxiety produced by the repression of traumatic events and childhood deprivations; the Id is the structure of the personality that exerts greater control over José's behavior and seeks immediate gratification through the consumption of alcohol; the Ego is relegated to functions of searching for substances and the Superego is too weak to repress the compulsive consumption behavior that was maintained despite the different negative consequences.

José could not stop, finally, he made a last attempt to escape tension and anxiety, aggressive drives and tendencies were oriented towards him Ego and manifested themselves through suicide.

## WORKS CITED

- |   |  |
|---|--|
| Asociación Americana de Psiquiatría (APA). (2001). <i>Manual Diagnóstico y Estadístico de los Trastornos Mentales DSM-IV-TR</i> . Editorial Masson. | Halguin, R. (2008). <i>Psicología de la anormalidad</i> . Editorial McGraw Hill.   |
| Cloninger, S. (2003). <i>Teorías de la personalidad</i> . Editorial Pearson Educación.  | Linn, S. (1988). <i>Psicoterapias contemporáneas</i> . Editorial Deslée de Brouwer.  |
| Feist, J. (2014). <i>Teorías de la personalidad</i> . Editorial McGraw Hill.  | Organización Mundial de la Salud (OMS) (1999). <i>Trastornos Mentales y del Comportamiento. Décima Revisión de la Clasificación Internacional de las</i> |

Enfermedades. Descripciones Clínicas  
y pautas para el diagnóstico CIE-10.  
Ginebra: OMS.

Organización Mundial de la Salud (OMS).  
(2004). *Neurociencia del consumo y  
dependencia de sustancias psicoactivas*.  
OMS: New York.

Organización Mundial de la Salud (OMS).  
(2008). *Treatnet Training Package. Volume  
B: Administrative Toolkit*. OMS: Viena.