**No Entry in These Territories: the Subject of Addiction**

(Rossella Valdrè)

*“Addiction divides the self. The mind becomes a tyrant and the body becomes a prisoner, the target of its assault”.*

*Holy Hunger,* M. Bullit-Jonas

I believe that a non conventional contemporary reflection on addiction willing to cross geography must overlook psychiatric definition or psychoanalytic categories that are behind the times.

It is known that the so-called *eating disorders* are so ubiquitous, they can be considered as a “metaphor for our age” (Orbach, 1986) not only in the Western world as it was until 20 years ago; the globalization extended and smashed addiction too. I will use the term “the Subject of addiction” here in my contribution, as defined by the psychoanalyst Rik Loose.

The term, here considered in its broadly speaking meaning, defines all external substances that a person swallows generating a peak of pleasure, it creates a progressive dependence, tolerance, control loose, abuse, body or sensorial changes, psychic, behavioral, cerebral alteration with variable social consequences among aspectrum of large variability and complexity, where genetic factors, cultural pressures, psychic inclination cross themselves: the field includes all drugs, alcohol, bet, compulsive shopping, cosmetic surgery and the virtuality, that should deserve a specific chapter.

In the past, human being has always taken drugs, it’s not a news; they always searched for a surplus pleasure, in comparison with what life can give or better they searched for a diminution of the dis-pleasure, in Freudian terms.*“Who will ever relate the whole history of narcotica?It is almost the history of'culture', of our so-called high culture”* Nietzsche write in the *Gay Science.*

The addiction that I would like to consider herehas become the most widespread in the world in the last 30 years: underhand, at everybody fingertips, it’s not clamorous, consumed in isolation, usually during the night, accessible to all social classes, paradoxically diffused in the poor Countries too: we are talking about*food addiction.* Then, similar to food addiction for frequency and intensity, we have *virtuality addiction. “*Privacy and anonymity play a dual role”. (Bulik, 2009, 89) in both.

We have different aspects, since behind the screen we always have a human being (in virtuality), and similar appearance characterize them, but they live in the shadow, in their omnipotence: they think that they can start, fill up and give up whenever they want, accessible, in their pockets, the screen projects them where they are not, it’s an extreme addiction, more than real sex and the pleasure is considered as irreplaceable, unforgettable, not comparable to any human pleasure.

For shortness, I will concentrate my contribution on *food addiction,* metaphor of virtuality if not all, that is similar in the use, dependence and features.

Getting back to what Lingiardi said recently (Vienna, 2016)[[1]](#footnote-1) and paraphrasing what Green have already affirmed before (1995), we can wonder:

“ Have addictions anything to do with psychoanalysis?”

And in particular: have food addiction anything to do with psychoanalysis?

Apart from individual experiences or isolated work groups, the answer seems to be: no, no entry. In these millions and millions of houses, bodies devoted to the pleasure and to the silent ruin that can lead them to death, psychoanalysis can flank, but it cannot enter. My research path started by chance: through the study of the drive of death, I bumped into essays and *memoirs* of some female writers, Americans especially, whose are not psychoanalysts: they experienced short psychoanalytic paths that they gave up fully aware that *these paths weren’t useful rather than they are damaging themselves*.

All these essayists have the right words to describe it: they suffered of serious *food addiction*.

One of the sharpest, most clever and unsuccessful case was Carolin Knapp (2003), dead at 42 years old after a brilliant career as journalist in the daytime, alternated to a cruel adolescent anorexia, sporadic alcoholism when adult and struck by binge eating disorder. After her story, I found out several other cases, more scientifically equipped as those by Cynthia M. Bulik (2013-2015) one of the fundamental expert in the field, up to cross psychoanalysis in the speech of one of the most curious and in line with my thought person, the American Rik Loose (2002).

In *The Subject of the Addiction: Psychoanalysis and the Administration of Enjoyment*, Loose made a large freudian-lacanian trip getting into the core of the problem (in those years, almost all addiction were connected to drugs, but today they also include food): the pleasure. The Lacan *joi*, the enjoyment. The freud Nirvana, an aspect of the drive of death that however gives pleasure. A boundary for the traditional psychoanalysis, a border. All these stories, collected in the books written by Knapp and many others, listened during the meetings of Overeaters Anonymous (born in the sixties on the model of the AA) are perfectly connected to the scientific speech of researchers, among them I cite Bulik, one of the most known writer and the psychoanalytic speech of Rik Loose.

In the meanwhile, a premise about the so-called eating disorder has to be done, there is so much confusion and misinformation (Parsons, 2003, Bulik, 2015); contrary to popular belief, the most common form is not the most classic dyad anorexia / bulimia, the two side of the same phantasmal coin, but we include also the binge eating disorder that affects approximately more than 4.2 million women and 3.2 million of men only in the United States (Bulik, 2015), the country that elaborates the most accurate statistics.

Difficult to diagnose, evasive, mixed up with the normal day life, impossible to be translated into Italian with the banal term 'binges', the binge eating represents mainly a female addiction, often nocturnal, but not limited to, it marks a clear boundary of psychoanalytic word.

“In psychoanalysis little work has been done about addiction (…). It might not be an obvious contender for the treatment of addiction” (Loose, 2002, 21-22)

This is the premise - and not only for the common reasons as lack of time, desire, impatience, undergoing long treatments and endurancing of a certain part of suffering – requested to the addict as to each patient. There is something more specific, not reducible to the internal / external world of the addict that, if not taken into account, it makes failing the institutional taking in charge too: “it is not sufficient – continues Loose - to say that addict cannot stand lacking anything”. Things are more complex. One of the merits of Loose was to subtract the subject of addiction to the generalization, in order to exalt the subjectivity: it is not the substance-food, but it is the subject that creates the addiction.“It is not accurate to say that is the drug causes addiction, because it is the subject-specific way the drug effects that particular subject that inductees dependency (..). It is therefore accurate to locate the cause of addiction within the subject…” (Parson, 2003, my italic).   
The perspective is reversed, and focuses on the subject.

This complexity, is it the reason of the psychoanalytic *no entry?*

We will get back to Loose, but now let’s focus on some of thesedirect experiences collected in these essays and records. The *binge eating* is therefore the new reality of the more diffused and ignored addiction: the core of the *binge eating* excludes the psychoanalyst and his/her word since it corresponds to a pure pleasure, a pleasure that exclude the speech, not mediated by the symbol, it exclude the Other and the “Third”.

The reports of the addicts that are able to tell their stories are several, very private and in some ways similar “ Certainly, I was not hungry for food ( …). I could always fill up the emptiness (…) Food would never abandon me.(..) I succumbed the voice that promised quick relief. (…) In the confusing language of overeating, I was simultaneously comforting and ignoring myself. The message that the addict sends to the people is “I don’t need you” (Bullit-Jonas, 2000, p11; 63)

I don’t’ need you. The binge eating –the writer describes in her own way what Rik Loose theorizes and that I would use as guidance quote of our essay:

“*The addcit acts alone. The Other is excluded. The Ideal is commanded”.*

If the anorexic / bulimic body performed its relocation or desire for a diverse relocation rather than sexual and gender (and you could not help but notice her scream) of the millions of nightlife, daytime, car eaters waiting for the family going to sleep, going at night in search of an open supermarket, fishing out the leftovers of others in the trash, eating frozen foodstolen from the bag of children, there is not any fuss.

The orgasm of the new addict finds collusion in a world where there is supply of industrial food everywhere, at any time and for every false need; where there is no need, they create it. If the dyad anorexia / bulimia was detectable in the triumph of the control or pleasure of the autarchy, depending on the theories, (Chasseguet- Smirgel, 1984), some psychoanalytic breaches would have been granted. Here we are, in a land of pure pleasure.

Almost all affected people with the divide day can have an active and efficient life, but not always they got through an analysis or psychotherapeutic path; but for sure all of them abandoned the path, not because they considered it useless to them in general, but specifically in the contextof their addiction.

Kathrin Hansen[[2]](#footnote-2), one of the addicts, accepted to be interviewed. She is now a writer and anchorwoman of online groups diffused in the English speaking world, ex binge eater. Here my questions, restricted to our interest for reasons of spaces:

*- Kathrin, what is your opinion? Did you directly experienced this? You and so many other people affected by binge and food addiction,why don’t youthink that psychotherapy and psychoanalytic approach may help you? I read that someone have been negative affected by psychotherapy and they worsened, what do think about it? Can you explain this?*

I recovered from binge eating and bulimia over 11 years ago, I was a binge eater for 6 years. Once the binge eating started, it quickly got out of control.  Because I didn’t feel I could stop my behaviour on my own, I sought therapy a little over a year after my binge eating began. In therapy, I learned the common theme of most psychoanalytic eating disorder treatment: *eating disorders are notabout food*.   I learned that my binge eating was instead a symptom of deeper problems and underlying issues like depression, anxiety, low self-esteem, and family conflicts. I learned that my destructive eating behaviour signalled an inner emotional crisis. I learned that my bulimia was a coping mechanism that I used to deal with difficult issues and feelings, and that my eating disorder filled an important need or void in my life—a need that was much more than physical.

My experience was not unique. (Poulsen et al., 2014). I believe the success rate is so low because psychoanalytic therapy doesn’t target the binge eating problem directly.  Furthermore, for me, thinking that I binged for deeper emotional reasons or because I had a disease or because I was try to cope with problems gave me countless excuses to indulge my habit and countless reasons to avoid responsibility for my own actions.  So, in that way, it made my binge eating worse.  I am not saying that psychoanalytic therapy doesn’t serve a purpose for many people; I’m simply saying that it’s not a targeted treatment for binge eating.

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*- Once, you told me the only reason that justifies the binge alone behaviour is pleasure, nothing than pleasure. I agree. Freud thinks the same (he did not use the same term!). Would you like to explain better this concept? It seems that there isn’t any other reason, conscious or unconscious, any infantile life, no reasons has any importance. It’s just a mere research of pleasure, for so strong people. And the same happens in the case of virtuality.*

I believe that the one and *only cause of every binge is an urge to binge.*   If urges to binge are not understood, the feelings of desire make the binge seem irresistible.  No one would binge without urges and the desire to binge, no matter what was going on in their life, no matter what happened in their past, no matter what problems they were facing. The urges to binge come with obsessive thoughts, and feelings of cravings, and a promise of pleasure, and *the person binges to get relief from the urges themselves, not to get relief from their other problems.*

The binge urges result when the reward system becomes conditioned to react as if binge eating is necessary for survival.

Stimulating intertwining with neurosciences, pleasure and reward systems would lead us away, but it is clear what you want to emphasize: the person is caught up in what he/she perceives like an emergency, nothing else matters, it has no need to understand. Indeed, the urgency is by definition not understandable (in other words, not translatable in words).

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*- We have often talked about the importance of habits, It seems insignificant, but it isn’t true. Can you explain their role in an addition situation?*

The first binge is typically very pleasurable (temporarily), The brain easily learns to repeat behaviours that are rewarding and reinforcing, and habit formation then occurs.  Once the habit is established, there is no way to turn off the urges to binge except to re-train the brain so that it stops producing those urges in the first place.  The brain is an extremely efficient organ. It builds and fuels the neural connections and pathways that are frequently used, and it weakens and prunes the ones that aren’t. I learned how to use my higher brain (prefrontal cortex) to stop acting on the urgesto binge, and that’s what I teach in my books and teach my clients”.

Knapp uses similar words, already known and daughter of a psychoanalyst; her sessions justified her on the one hand, on the other one there always was someone to blame, the awful weight to have to hate her parents.

If we try to put together all these silent paths, the proofs that pleasure does not have anything related to the triumph of the body owned by anorexia but that it is satisfied by the silence accomplice of the nirvana pleasure of the oblivion, including the less traditional psychoanalytic observations, I think we can propose an hypothesis about the No Entry in the body of the psychoanalysis -Is it dislocated? Hidden? Diffused? – related to addictions, and in particular the food one: the psychoanalysis tries to find out their causes, as Hansen affirmed, not wrong in themselves, but not connected to the addict needs.

The pleasure, the enjoyment, not the shared pleasure, the adult one, negotiated. The hunger can be satisfied by the bosom, but the desire not.

The “pleasure principle (Freud, 1920) in human experiences is always characterized by a ‘not enough’, always limited in some way; the subject of the addiction is misruled by a crime, by a surplus that it excludes the psychoanalysis through the exclusion of the speech. So Loose defines addiction as “administration of jouissance independently of the Other”.

The human being, as conceptualised by Hansen, blocked in his/her needs becomes pleasure and then becomes satisfaction and then just an habit. “I’m a creature of habits”, a woman said to me during a session of OA- It seems not so different from a highly evolved mammal, built up also by the needs and habits, oblivions and thoughts annulations. In this world without the Other, Loose remembers at least one of the etymologies of the term addiction that refers to a “diction, meaning to announce or to say (…) There is a fundamental antagonism between speech or diction and addiction is a-diction (ibid, 23)”.

In the idea of Loose and others (Parson, 2003) that I share, the belonging to the death drive or the jouissance move the arduous ground to psychoanalysis: the binge desires only a thing-to be satisfied.

There is no trauma to be elaborated, at the beginning, or a past to be recollected or some emotions to be raised. Loose sees that the only solution is the introduction of the speech and the analyst as possible object of desire.

“I was in therapy for years (…) for me at least, insight alone never seemed enough to stop the deadly plunge into the food” (Bullit-Jonas, 2000, 95), It’s another story of someone that has been able to translate his / her addiction in words.

By the way, my goal is not to get into the techniques.

Getting back to the opening question, if psychoanalysis deals with addiction, I would point out that related to these hidden addictions that do not attract or cause stir, nocturnal or divide, that paradoxically use something fundamental to life as food or that has become necessary as virtuality (who has not a PC or an I-phone?), they are not open to censure because we have to feed ourselves and not they aren’t illegal, they are also useful to certain pathological family equilibrium: so the answer is placed on a delicate ridge.

If psychoanalysis is able to take into account the many various aspects, that I cited here in these pages partially, to consider the absolute priority of pleasure for these people in comparison to their exigencies “to know”, which if it will raise, it will be in a second moment or even never comes. To conclude, I would like to cite, the winsome of an English quote:

“It’s better to start doing something in the night, that no start absolutely”

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1. Congress “The Dislocated Subject”, Wien, October 21-22 2016 [↑](#footnote-ref-1)
2. Today Author of success and anchorwoman of online groups follone in America and beyond; her first books, born after her autorecover by bulimia and binge eating are: *“Brain over Binge”* (2011) and “*”The Brain over Binge Recovered Guide”* (2016). The first is about her own experience with bulimia, an unsuccessful therapy, and independent recovery, and the second is a self-help book for binge eaters. Sheworks with binge eaters individually and in groups and she received a certification in health coaching from the Institute for Interactive Nutrition. She lives and works in Florida. [↑](#footnote-ref-2)