

Discussion, March 25, 2008 Brian Johnson, "What Makes a Treatment Neuropsychanalytic?"

Jessica Boyatt, Ph.D. Summary

Hello. Being new to the group (and with much less experience than most of its members) it is with some trepidation that I add my thoughts, but here goes:

The group talked about a neuropsychanalysis as including some element of psychoeducation about how brain systems can be affected by experience and drive behavior-in this case childhood trauma (sexual abuse and neglect) and adult substance abuse, specifically injecting cocaine. I was thinking that knowledge of the brain, how it both builds and is built by relationship and environment, also informs how one understands a patient's issues in terms of his or her implicit assumptions about which aspects of self can be brought into a relationship, what they can expect to find in a relational space and how competent they feel to both impact and be impacted by it. Brian suggested that his patient's SEEKING system was lesioned by cocaine addiction and that understanding this on a physiological level helped her better understand and cope with her addiction. I'm wondering if her early relational experiences didn't also negatively impact her SEEKING system (among other's) creating a ready environment in her brain for addiction to take hold. A couple of specific questions I have are:

1) I know that most of Panksepp's work is based on animal research and wondered if there has been theory or experiments in humans that directly links his work with in affective neuroscience with non-human animals to humans. Are humans said to possess a homologous SEEKING system to animals? Are there discussions out there about how do the other systems he posits get played out in people?

2) On page 13 of the paper, in the paragraph following the description of hour 60, Brian writes about his "quiet listening replicating the experience that she had no sense of self" b/c his patient's parents only engaged her when she had done something wrong.

He goes on to say "My occasional responses, especially clarifications, were ways that she would develop an inner sense of self". My question is whether the

patient might have benefitted from more than an occasional response and if that could have happened in a way that didn't feel "controlling" to the patient.

Jessica

Paula Wolk, M.D. Summary

Dear All:

Last night Toni asked me to briefly review what happened and start a discussion.

Brian Johnson gave a very interesting presentation which was meant to demonstrate a neuropsychanalytic treatment. In other words he raised the question: How do we treat our patients differently as a function of understanding more about brain function?

The case was that of a married mother of two with a longstanding addiction to Cocaine.

Brian reviewed the current understanding that cocaine stimulates the structures of the "seeking system," thus adding significant determinants to addiction behavior. He argued that this understanding requires different interventions in the analytic setting than would be the case without it. In other words one can no longer listen to the patient with the notion that she continues to take cocaine solely to address early attachment difficulties, conflicts over early drive derivatives etc etc. The effects of cocaine on the various pathways of the "seeking system" creates determinants in and of themselves and that knowledge must be used in various treatment interventions. For example, understanding the power of the "drive" stimulated, informs the need to physically prevent patients from having access to more drug for some time after relapses).

Unfortunately because this analysis had to be terminated due to Brian's move, the clinical material covered a short (60 hrs) period. Nonetheless, his presentation (hopefully to be published soon) instigated a lively discussion.

Two of the questions raised were:

1) Would this patient prove to be analyzable?

2) How is the analysts having factual knowledge relevant to the patients physical/mental experience in this arena different from having it in any other (noticing a potentially malignant melanoma of the skin, to which the patient is oblivious, or understanding the mental manifestations of low blood sugar in a diabetic, as examples)?

My time is short, I hope this will serve as a skeleton for others to build upon.

Paula

Toni Greatrex, M.D. Summary

We all thank Brian for a stimulating and thought provoking presentation. I'd like to add a few thoughts to the cogent responses of Paula and Jessica.

I have great admiration for the courage, hope, and expertise that is required to conduct what I would call Brian's life saving treatment. Not many of our psychoanalytic colleagues, myself included, have either the knowledge or the fortitude for such undertakings.

Brian also has a very sophisticated ability to spell out the extremely complicated and recursive neurophysiology of the Seeking System as it interacts with other diencephalic and frontal circuits. Parts of that paper provide a good summary for those looking for one. Jessica asked if the mammalian mid brain systems that Panksepp investigated apply to humans as well. Yes. They certainly do. However, when thinking about humans our understanding of drives, motivations, and intentionality becomes so much more complex.

As Jessica and Paula pointed out, the group was trying to understand neurobiological drives; not just thirst, hunger, sleep, and, of course sex and aggression, but also attachment (mid-brain, oxytocin) seeking. And we were trying to contrast these instincts or "fixed action patterns" with what we consider to be conscious or subconscious "mental" motivations.

I believe Brian contrasted two motivational systems, namely a hedonic pleasure principle system and a repetitive need system. Freud made the former his centerpiece until he added the latter, namely the repetition compulsion. I agree

with Modell that the R.C. is essentially a memory system where the maladaptive habit, desire, or defense, generally originating within the attachment system, has been conditioned in infancy and is essentially hard wired. That is why it takes such a long time in treatment to change the most basic quality of “how to” feel.

Brian felt that the subjective experience of cocaine addicts is not “I love how I feel on cocaine” (after the first few times) but rather, “I want the drug.” The experience over time seems to become not intrinsically gratifying but necessary. Brian calls it the “cocaine capturing system.”

We all wondered what the patient’s conscious state without cocaine was. We all agreed that this was highly traumatized woman. My sense was that she dissociated and learned to rely on cocaine to overcome either an inner void or a tsunami of feelings. Paula posed the question of whether she was analyzable once the cocaine addiction was in check. And, of course, that directs us to the potential transference and whether she could both engage with the analyst to co-construct an environment where the inevitable stresses could also be contained. Paula felt she might lack the motivation to engage and Jessica shared very relevant thoughts about early attachment diatheses that might foreshadow profound disruptions.

[One factoid: Brian said the amygdala deals not just with fear but also with desire.]

Thanks Brian and good luck in Syracuse!

Best wishes,
Toni