

**In Search of Wholeness: An Exploration of Social Connection as a Mediating Factor
in Addiction**

by

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Abstract

Addiction remains a topic of much research and media attention. The link between social connection and addiction has been identified, yet is rarely researched. I examine this link from two theoretical frameworks: Bowlby's attachment theory and Alexander's (2008) theory of dislocation. Each theory is explained in terms of its major tenets, its conceptualization of addiction, and for the ways in which the link between addiction and connection might best be understood. Both models are evaluated for their respective strengths and limitations as well as for implications for practice. Guided by constructivist understandings, a proposal is drawn for how each theory serves to inform the other in research and practice. Areas for future research are identified as particularly salient to this topic.

Keywords: *addiction, dislocation, attachment, substance use, social, belonging, self-medication*

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Chapter I

In Search of Wholeness: An Exploration of Social Connection as a Mediating Factor in Addiction

“It should tell us something that in healthy societies drug use is celebrative, convivial, and occasional, whereas among us it is lonely, shameful, and addictive. We need drugs, apparently, because we have lost each other.”

–Wendell Berry. The Art of the Commonplace: The Agrarian Essays

Social connection is understood to be vital to healthy development (Erickson, 1959; Polanyi, 1944). So essential is this need for belonging that when people find themselves unable to connect (or when meaningful connection breaks down), addiction often follows (Alexander, 2008; Flores, 2004; Maté, 2008). Social connection has even been called the opposite of addiction (Hari, 2015). Addiction models and theories abound; what follows is neither a new formulation nor an attempt to quantify or measure a posited correlation, but rather a specific exploration of the relationship between the bonds of social relationship and the bondage of addiction as seen through two different lenses. A secondary aim of this manuscript is to demonstrate the benefit—if not the necessity—of using more than one lens when seeking to conceptualize a topic as complex as addiction.

Overview of Thesis

This paper will examine the interplay between social belonging and addiction from two primary perspectives: Chapter II will explore the topic from the context of attachment theory, while Chapter IV will examine it from an ecological perspective (dislocation theory). As a manuscript style thesis, some of the conventions of a traditional structure are transmuted: the abovementioned chapters (two and four) were written as separate manuscripts; they form the

bulk of this document, and each includes its own introduction, discussion, and summary sections. As both these chapters provide in-depth exploration of theory and related research, they also serve as the literature review for this thesis. A brief bridging section of text will serve to transition between the larger readings for purposes of clarity and continuity.

There appears to be an infinite possible combination of modal lenses through which this thesis topic might be viewed. It is hoped that the path chosen here, layering individual and societal perspectives as it does, will serve to bring the reader to a destination of worth. As articulated in the above paragraph, this paper has one chief aim: to explore the relationship between social connection and addiction through two different lenses. In order to do this, I pose several questions I seek to answer in the ensuing discussion. (1) What are the main tenets of each model? (2) How is the interaction between social connection and addiction explained within each paradigm? (3) What does each theory provide in terms of clinical application with respect to the relationship between belonging and addiction? (4) What can be gained by viewing this topic through multiple lenses?

Why is this important?

Ours has been described as the most addicted generation in history, and addiction rates appear to be on the rise (Alexander, 2000, 2008; National Survey on Drug Use and Health, 2012). At the same time, the current era is marked by rapid changes to the ways in which individuals relate. Interestingly, there is very little research on the hypothesized role of social connectedness as a mediating factor in addiction. I wish to explore this hypothesis from a theoretical perspective, examining two theories in detail for ways in which they might inform discourse, illuminate implications for practice, and serve to ground future research on the topic.

Rationale for Methodology

As mentioned, this is a manuscript-style thesis. Initially uncertain of how it was I might best articulate that which I wanted to say, I simply began to write about those things I found compelling, profound, or entirely vexing. This eventually led to the quest for a conceptual understanding of the belonging-addiction connection, and the two essays (Chapters II and III) which form a portion of this manuscript. The path seemingly chose me.

Area of Interest

I have had a longstanding interest in attachment theory, especially as expressed within Khatzian's (1985) self-medication hypothesis. More recently, I came to read Bruce Alexander's (2007) book, *The Globalization of Addiction: A Study in Poverty of the Spirit*. Alexander's understanding broadened mine significantly, and much of what he wrote resonated deeply, giving voice and confirmation to many of my own observations. As one who values the post-modern/constructivist approach, I accept that there exist simultaneous explanations for human phenomena (Field & Hine, 2008). As such, I have come to permit myself the liberty of using more than one lens for my inquiry, and hence, have chosen the layered understandings approach described above.

On a more personal note, my area of interest in the intersecting subjects of addictions and belonging came to the forefront as a result of lived and professional experience. I moved from Edmonton to Sechelt approximately eight years ago, and gained employment with a non-profit society as a counsellor. During the job training, I was forewarned by my supervisor that I might find aspects of the work disturbing. She explained that there is something *in the air here* that casts a shadow of isolation and addiction unlike anything she's seen elsewhere. When I asked her why she thought that was so, she posited that the colonial subjugation of the Sechelt Indian

Band people-- and especially the legacy of the residential school-- likely played a significant part. I was initially nonplused; I had worked with individuals from harrowing backgrounds before, after all. Since then, however, I came to see the darkness she had cautioned against. What's more, I came to see it as extending far beyond the limits of the band's hardest hit families, seeing evidence of the shadow's reach across the Sunshine Coast, without regard for ethnic, socioeconomic, or generational lines. As it turns out, I was ill prepared to deal with it at the time. My supervisor no longer works there, and neither do I. My reasons for departure are varied, but that darkness certainly played a part: as I look back on the lives of so many I sought to help, I see with a profound sadness the loneliness and desperation that featured so strongly. I see now also that it is not only *their* struggle with loneliness and addiction that is reflected back at me, but mine as well. As such, it is both an academic and a deeply personal interest that inspires the choice of subject matter for this manuscript.

Chapter II. Predisposed to Yearning: Attachment in Addiction

*People who cannot find or receive love need to find substitutes—
and that's where addictions come in"*

(Maté, 2008, p. 231)

A growing body of research in attachment theory has established that experiences in early childhood, attachment traumas, and insecure attachments are correlated with addiction (Fletcher, Nutton, and Brend, 2014, p. 109; Magai, 1999; Thorberg & Lyvers, 2009). Some have gone so far as to call addiction an attachment disorder (Flores, 2004; Walant, 2002). This is a bold claim, given the numerous alternative explanations of addiction. This chapter purports to examine attachment theory's understanding of addiction as it relates to attachment, addiction and belonging. What are the main tenets of attachment theory? How are *formative relationships*, *attachment styles*, and *affect regulation*, thought to factor into predisposing individuals to addiction? How does belonging fit into this? How might a therapist make use of this knowledge in working with clients? These questions will be answered as attachment theory is here explored.

Attachment theory overview

Attachment theory, pioneered by John Bowlby, emphasizes the role of the close emotional relationship between a child and its primary caregivers (Zimbardo, 1992), especially in early life. Bowlby was certain that parental responsiveness was a significant factor in childhood development, positing that manipulative or unresponsive parenting disrupted mental health and emotional stability (Mooney, 2010, p. 20). He reportedly received little support from his contemporaries in the psychoanalytic field, yet continued to spend much of his remaining career exploring these connections (p. 19). Most theorists now accept that the formative

experiences between child and caregiver can significantly impact social and emotional development throughout one's lifespan (p. 22). Infant determinism can be understood as the postulation that "unmet needs in infancy continue to haunt us until they are eventually reconciled" (p. 22).

The theory has been developed significantly from its original foundations by such notable figures as Mary Ainsworth, who studied the mother-child relationship (Zimbardo, 1992). Her famous "strange situation" experiments observed the impacts of attachment strength between child and caregiver in situations when a stranger entered a room and when the baby was left alone with the stranger (Mooney, 2010). As a result of the research, Ainsworth categorized attachment into three categories: secure, anxious-ambivalent, and anxious-avoidant (p. 31).

Hazan, Shaver, Mikulincer, Taylor, and others undertook further research with specific consideration to attachment in its mediating role in affect regulation (see Hazan & Shaver, 1994; Shaver & Mikulincer, 2002; Thorberg & Lyvers, 2009). The findings of these research efforts form the premise of the attachment-based understandings of affect regulation and, consequently, addiction. Secure parental attachment is said to provide the basis on which subsequent representational structures elicit reactions of arousal and distress (de Rick, Vanheule, & Verhaeghe, 2009, p. 100). It allows for confidence of exploration and for the successful navigation toward adult maturity (Butler & Seedall, 2006, p. 293). Mistakes are mediated by reassurance, and appropriate regret takes the place of internalized shame. In contrast, individuals who experience parental neglect become less securely attached (Maté, 2008, p. 185). These individuals struggle with anxiety, shame and feelings of low self-worth (Butler & Seedall, p. 293) and are found to have diminished ability to self-regulate moods compared with secure individuals (Creasey, Kershaw, & Boston, 1999). In summary, the failure to successfully

moderate attachment needs results in a state of emotional unease. That state of emotional unease is where addiction is thought to come in.

The self-medication hypothesis (Khantzian, 1988) expands on this underlying framework, emphasizing the role of affect regulation and detailing the mechanisms thought to be involved. It is the subject to which we now turn.

The self-medication hypothesis. Edward Khantzian's (1988) self-medication hypothesis (SMH) is based on the premise that substance abuse is compensatory in nature, arising as a result of "inadequate development of psychic structure", an idea shared with Kohut and others (Flores, 2001, p. 66). Khantzian explains that "when early attachments have been compromised, disrupted, traumatic, and neglectful, the human tendency is one of relational retreat and isolation and to attach to the inanimate dependencies of addictive substances and behaviours" (Khantzian, p. 42). An individual's initiation into addiction comes, he claims, as the result of their having discovered that their emotional suffering can be temporarily relieved by addictive substances (Khantzian, 2014, p. 33). He refutes the claim that addiction behaviour arises out of the pursuit of pleasure, underscoring that it instead is based in a longing for *comfort* and *connection* (p.33). This is a significant claim, explaining part of the link between attachment, addiction, and belonging.

Drug specificity. SMH, claims Khantzian, explains not only why addicts use drugs (to relieve suffering), but *which* drugs might serve the purpose best, given the type of suffering (Khantzian, 1997). The following excerpt details this claim:

- Opiates. *Besides their general calming and "normalizing" effect, opiates attenuate intense, rageful, and violent affect. They counter the internally fragmenting and disorganizing effects of rage and the externally threatening*

and disruptive effects of such affects on interpersonal relations.

- Central nervous system depressants (including alcohol). *Alcohol's appeal may reside in its properties as a "superego solvent". However, in my own experience, and based on observations by Krystal, short-acting depressants with rapid onset of action (e.g., alcohol, barbiturates, benzodiazepines) have their appeal because they are good "ego solvents." That is, they act on those parts of the self that are cut off from self and others by rigid defenses that produce feelings of isolation and emptiness and related tense/anxious states and mask fears of closeness and dependency. Although they are not good antidepressants, alcohol and related drugs create the illusion of relief because they temporarily soften rigid defenses and ameliorate states of isolation and emptiness that predispose to depression.*

- Stimulants. *Stimulants act as augmentors for hypomanic, high-energy individuals as well as persons with atypical bipolar disorder. They also appeal to people who are de-energized and bored, and to those who suffer from depression. In addition, stimulants, including cocaine, can act paradoxically to calm and counteract hyperactivity, emotional lability, and inattention in persons with attention-deficit/hyperactivity disorder.*

(Khantzian, 1997, pp. 232–233).

Social connection explored. The focus has thus far centered largely on the theorized process by which early experience is believed to act on *affect* and thereby influence one's susceptibility to addiction. Khantzian took this a step further, claiming in essence that addiction arises in response to a deep longing for comfort and connection. How might this claim be explained from within attachment theory? The answer is that Bowlby's neglected child risks becoming Khantzian's addict for the *same reason* that he risks becoming Hazan and Shaver's

(1994) insecurely attached adult: the same factors (early attachment stressors) which create the conditions for addiction (affective dysregulation, anxiety and avoidance) also render the chances for meaningful, trusting relationships unlikely (see Khantzian, 2015, p. 47).

A fictitious example may better illustrate this series of connections.

Case study. Joe (Caucasian male, 23 years old) was born into a difficult home situation: his mother suffered from an undiagnosed personality disorder and there was no father. His mother frequently left him crying alone for hours in the first months of his life. At one year of age, he was temporarily removed from the home and placed in foster care as the conditions of the home were not improving and the situation was reported to social workers. He was returned to the home several months later but was removed again at the age of two. He returned home again six months later and was not removed again. By the time he was in kindergarten, he was noted to be a very fearful and anxious child. He is the picture of Bowlby's neglected child. As he grows into a teenager, his anxiety stays with him and grows. He is unsure of himself and mistrusting of people. He wants social connection but does not know how to be authentic in relationship. He vacillates between isolating himself and anxiously clutching on to new relationship prospects. Time passes and he is now 23 years old when he walks into the therapist's office. He reports that he has no long-term friendships and has never had an intimate relationship that lasted more than a few months. (He has become the insecurely attached adult.) His last girlfriend broke up with him a short time before, telling him it was because she couldn't handle his anger problems. He tells the therapist that he started to drink and smoke marijuana a few years ago. He doesn't remember the last time he went a day without either alcohol or marijuana, and tells the therapist that he has stopped making any efforts to socialize, preferring to stay at home getting high and watching television. The therapist asks him why he thinks it is that

he drinks. Joe says it helps him to feel better when he's angry or anxious. (He has become Khantzian's self-medicator.) The therapist, an attachment-informed practitioner, sees the connection: Joe's affective dysregulation likely resulted from his early childhood attachment/neglect. He self-medicates because it does not feel good to be consistently anxious, angry, or depressed. He also does not do well in relationships because the same underlying anxious insecurity makes a meaningful relationship difficult to maintain.

Difficult as either addiction or social isolation may each already be for an individual, the effect compounds when they are combined (Orford, Copello, Velleman & Templeton, 2010): the farther one goes into addiction, the more isolated one becomes; the more isolated one becomes, the more likely addiction behaviour is to increase, resulting in a cycle of deterioration in both relationship and functioning (Orford, Copello, Velleman, & Templeton, 2010, p. 41). Joe's life pattern of binge TV watching while drinking is the result: feelings of isolation drive him to self-medicate, which in turn increases his feelings of isolation.

Discussion

Evaluation of Attachment Theory and the Self-Medication Hypothesis.

Critiques from other researchers. While noting that Bowlby, Ainsworth, and others made significant contributions, Kernberg (1976, p. 21) asserts that attachment theory does not delve deep enough, leaving out entirely the concept of internal object relations and with it, the psychodynamic mechanisms by which relationships are thought to be formed.

With respect to the Self-Regulation Model, DuPont and Gold (2007) call Khantzian's theory dangerously false and misleading (p.13), arguing instead that substance use of addicted individuals is based on the brain reward system rather than as a means to self-medicate unwanted feelings. They posit that the best way to handle the comorbid disorders (for example anxiety

alongside addiction) is to consider each as a separate and serious disorder, and to treat them as such (pp. 14-16).

Flores (2001), while agreeing that addiction has its roots in attachment, appears to disagree with Khantzian primarily in terms of the model's conceptualization, positing instead that both the model and the treatment would be better served by including considerations of object relations and elements of Self Psychology. In his view, addiction is not only a self-soothing behaviour but rather becomes a relationship in its own right, acting as a substitute for interpersonal relationships (Flores, 2006). Darke (2013) meanwhile takes issue with the *drug of choice* specificity claims of Khantzian's SMH, especially in the case of polydrug users and particularly heroin addicts (662).

Research on the validity of its claims. Attachment theory has been the subject of a broad range of research, and there is a large body of empirical work supporting its validity (Fletcher, Nutton, & Brend, 2015). There is also strong evidence for a relationship between negative early-childhood experiences and addiction (Anda, Whitfield, Felitti, Chapman Edwards, & Dube, 2002; De Rick, Vanheule, & Verhaeghe, 2009; Dube, Miller, Brown, Giles, Felitti, Dong, & Anda, 2006). Adults with insecure attachment styles are more likely to have problems with alcohol and other substance use disorders (De Rick, Vanheule, & Verhaeghe, 2009; Thorberg & Lyvers, 2010).

As for Khantzian's Self-Medication Hypothesis: the hypothesis has been evaluated with respect to its two distinct claims: Aharonovich, Nguyen, and Nunes (2001) found support for his assertion that there is a causative correlation between affect and addiction, while follow-up research by Suh, Ruffins, Robins, Albanese, & Khantzian (2008) found support for the claim that the drug of choice is associated with specific psychological characteristics (p. 525).

There is also a wealth of neurobiological research in support of attachment theory's claims (see Joseph, 1999; Siegel, 1999). Maté (2008) provides a suitable summary, noting that "an infant's early years define how well her brain structures will develop and how the neurological networks that control human behaviour will mature" (p. 183, and that early brain development "is the single most important biological factor in determining whether or not a person will be predisposed to substance dependence and to addictive behaviours..." (p. 180). He fervently asserts, in closing that chapter, that most chronic substance users experienced significant environmental adversity as infants and children: "Their predisposition to addiction was programmed in their early years. Their brains never had a chance." (p. 187).

This statement was likely an intentional overstatement on Maté's part. That said, it is worthy of note that there is a significant amount of research which shows that the outlook for individuals with early attachment issues is not necessarily all as grim as Maté's statement might suggest. Ample research indicates that the human brain is capable of a remarkable degree of plasticity and resilience (see for example Bateson, 1979; Flores, 2010; Kolb, Gibb, & Robinson; and Vygotsky, 1934/1987).

Implications for psychotherapy. Attachment theory, with its broad range of supporting research, models, and sub-theories is strong from a *conceptual* standpoint (i.e. having a lens through which to understand addiction). Can the same also be said for viable treatment applications in the field of addictions? The following is but a small sample of the numerous clinical applications arising from within attachment theory.

Earned attachment (Thorberg & Lyvers, 2009) can be understood as a way of creating attachment resiliency. Clinicians can work with clients toward the goal of rewriting "historical working models of insecure childhood" in favour of adult attachment security. The hoped-for

result is a shift toward not only a more stable affect, but also healthier relationships which serve to fill the void that addiction has sought to numb.

Vetere (2014) provides a list of goals she feels are of greatest importance in attachment-informed addiction counselling:

- a. helping family members name their emotional experience, explore the relational meaning of emotions and to better regulate their affective experience and interactions.
 - b. to promote curiosity and empathic appreciation of the emotional experience of the other”, which is never easy when we are unhelpfully emotionally aroused ourselves!
 - c. to promote the capacity for self-soothing and the seeking, giving, and receiving of comfort in a context of a new sense of entitlement to be looked after;
 - d. to enable calmer more reflective information processing during difficult moments in our interactions with our loved ones—never easy when our own unhelpful physiological arousal preoccupies us!;
- and,
- e. to help us integrate across our different representational systems and transform them by learning to give a good account of ourselves and others. (pp. 58-59)

Padykula and Conklin (2010) suggest that addiction treatment should stress the importance of assisting clients in understanding their addiction as an attempt at self-regulation and to develop alternative coping strategies for behavioural, emotional and cognitive self-regulation (p.359). Flores (2001) highlights the importance of creating capacity for attachment as being vital to addiction recovery, while Khantzian (2014) underscores that persons struggling with substance use often benefit from clinical work which emphasizes the development of self-esteem, trust, self-care, and initiative for the purposes of creating meaningful connections with

others. It is important that the therapist and client work together to come to understand how attachment vulnerabilities have been involved in the formation of addictions (Khantzian, 2014, p. 52).

Group therapy, from the attachment theory point of view, can be helpful in that such groups typically foster/require interdependence between group attendees. This has the benefit of providing learning opportunities in the areas of openness/vulnerability, and trust, and often also leads to meaningful social connection with others (Flores, 2001; Khantzian & Weegmann, 2009, p. 374).

It is worthy of note that much of the attachment-informed work in addiction involves altering a client's attachment style (Fletcher, Nutton & Brend, 2014). Such work takes significant time and effort. As a result, attachment-based therapies tend to be underrepresented in clinical practice while Cognitive-Behavioral Therapy (CBT) and Motivational Interviewing are given preference due to reasons of "clinical productiveness and cost-effectiveness" (p.110).

Limitations of attachment theory. Attachment theory places its focus squarely on attachment and those things that are thought to arise as a result of its misalignment. As such, it is naturally limited in what it can explain or be used to research, and is thus limited in its scope with regard to addiction. Attachment theory cannot provide explanations of factors that are biochemical, genetic, spiritual, economic or societal.

Summary

There would appear to be a lot of traffic at the intersection of attachment and addiction. The introductory questions that framed this essay sought for an exploration of the tenets of attachment theory and of the ways *formative relationships*, *attachment styles*, and *affect regulation* are thought to factor into predisposing individuals to addiction. In broad strokes,

attachment theory holds that addiction can be understood as an individual's search for a secure base, while the Self-Regulation Hypothesis incorporates the role of affect dysregulation into that formulation. The correlation between social connection and addiction can be explained within the theory: affect dysregulation increases the likelihood of addiction just as it increases the likelihood that meaningful relationships may prove challenging; when meaningful relationships are not to be had, the likelihood of addiction is further compounded. While attachment-based interventions are not frequently used in clinical settings, numerous prospects for clinical intervention have been explored. Khantzian's self-medication hypothesis, in particular provides a thorough and well-defended explanation of the interplay of the mechanisms thought to be at work, providing a wealth of opportunities for clinical application, most of which involves restructuring healthy attachment to other individuals while removing it from addictions. While attachment theory does not purport to explain phenomena existing outside of its scope (for example, at the societal/political/global level), it nonetheless serves well as a theoretical grounding point from which to explore the relationship between the bonds of social relationship and the bondage of addiction.

Bridge: From Individual to Societal Conceptualizations

Having undertaken a cursory overview of attachment theory as a means of understanding the interplay between belonging and addiction from a localized, individual level, we turn now to a societal viewpoint.

In 1940, Karl Polanyi, an economic sociologist, wrote *The Great Transformation: The Political and Economic Origins of our Times*, wherein he detailed ways in which the demoralization of individuals and the destruction of cultures resulted from the economic exploitation of colonization (Alexander, 2008, p. 91). Colonization has meanwhile turned to globalization, and there has arguably been little improvement with respect to the impact on individuals and cultures.

In an entirely different field over twenty years later, Erik Erickson (1968) is credited with coining the term *psychosocial integration*, which he described as the goal of one's successful navigation of the conflicts of individual needs and social accommodation. His model has maintained a place of relevance in psychology texts and courses on human development ever since.

How could these two disparate theories share enough in common as to be joined in one model? The dislocation theory of addiction, advanced by Bruce Alexander, does just that. Alexander adapted these, and other understandings of human nature, addiction, and globalization, into a vast and bold theory of his own. It is this topic to which we now turn as a second lens through which to explore the interplay between belonging and addiction; this time, from a societal perspective.

Chapter III. Dislocation Theory: Addiction in a Globalized World

“The question is never why the addiction but why the pain” – Maté, 2008, p. 34

In a time where addiction and globalization are both frequently in news headlines, it seems fitting to seek answers from a theory that purports to explain their connection. Bruce Alexander’s (2008) dislocation theory posits that addiction is rooted in a breakdown of culture and belonging (p. 59), pointing an implicating finger at the far-reaching effects of globalization. A theory this broad in its scope merits closer examination. What is dislocation theory? How is the relationship between globalization, social connection, and addiction conceptualized within its paradigm? What value does this theory bring to clinicians working in the addiction field? These questions, and others, will be explored as dislocation theory is here discussed and evaluated with respect to its origins and its implications for addictions counselling.

Dislocation Theory: Basic Tenets

The dislocation theory of addiction rests on three principles: (1) globalization of free-market society inevitably mass produces dislocation; (2) sustained dislocation is unbearable; and, (3) addiction is a way of adapting to sustained dislocation (Alexander, 2012, pp. 1477-1480). A visual representation of the interchange conceptualized by Alexander follows.



Figure 1. A dislocation view of addiction (Alexander, 2012, p. 1477)

Dislocation theory explained. Dislocation theory states that addiction arises as an individual's means of coping with the painful effects of *sustained dislocation*, defined as "an enduring lack of psychosocial integration" (Alexander, 2008, p. 58). Social cohesion, culture, and a sense of belonging to community, he argues, are vital to psychological health. The concept *psychosocial integration* can be used interchangeably with wholeness (p. 63), and while such wholeness makes life bearable and at times even enjoyable (p. 59), its absence results in "despair, shame, emotional anguish, boredom, and bewilderment" (p. 59) where individuals thus affected are desperate to numb this anguish. The result, according to this theory, is addiction. One important feature of Alexander's conceptualization on addiction is that it need not apply only to substance use, but to "overwhelming involvement with any pursuit whatsoever (including, but not limited to, drugs or alcohol) that is harmful to the addicted person, to society, or to both" (p. 29).

Dislocation is an individual's experience of a society void of connection (Alexander, 2015) and it can occur as a result of massive upheaval events such as earthquakes or wars, or when individuals are subjected to excommunication. It can strike people affected by personal tragedies (for example through the death of one's family as the result of a car crash) or forced imprisonment (especially solitary confinement). Most of his theoretical formulation regarding the cause of dislocation, however, is focused on the impact of globalization: he boldly states that "globalization of free-market society has produced an unprecedented, worldwide collapse of psychosocial integration", affecting billions of people (p. 60). We will return to the topic of globalization as it relates to Alexander's model later. For now, however, let us turn to the origins of the theory for important clues as to its vantagepoint.

Influences and Origins of the Theory. Alexander, professor emeritus at Simon Fraser University in Vancouver, grounds dislocation theory in the social ecological perspective. In his 2008 book, *The Globalization of Addiction*, he iterates that he had worked for decades in addictions services and research and was happy to leave it behind in favour of an academic focus on the history of psychology. He notes that he deliberately avoided works and topics related to addiction, yet found himself continually drawn back to it, albeit through a new lens that had been provided him through his studies of anthropology, political science, economics, philosophy and investigative journalism (p. 1). His newly acquired perspective, he claims, contrasts with the conventional wisdom on addiction research and treatment that “depicts addiction, most fundamentally, as an individual problem” (Alexander, 2008; also Alexander, 2012). He claims that such an individual-centric viewpoint errantly results in addiction being seen as either a moral defect or an illness, or both. Instead, dislocation theory’s perspective roots addiction as a societal problem, one that “expresses itself universally under particular social circumstances” (P. 2). Karl Polanyi, the twentieth century economic historian wrote of the demoralizing effects of economic exploitation, resulting largely from “the destruction of [...] cultures, without which people were individually, as well as collectively, shattered” (Alexander, 2008, p. 91). Alexander credits Polanyi as a significant influence for his formulation, noting that many of the central tenets of dislocation theory already existed, albeit in other forms. (pp 57-58). While Charles Darwin is often understood to have viewed individuals as being perpetually locked in battle and competition where only the strongest survive, Alexander underscores that Darwin also believed that the human urge for social belonging is equal in importance as the drive toward competition in benefiting the good of the species (p. 88). Similarly, Alexander cites Kropotkin’s anthropology wherein the strongest human motivations are those which are communal (p. 89),

and Eric Erikson's focus on psychosocial integration through stages of development. In Alexander's 2008 book, the liberation psychology of Ignacio Martín-Baró is given some positive (albeit cursory) reference, while the voices of Socrates and Marcus Aurelius are elicited in support of Alexander's claim that his is the major historical perspective that existed prior to the establishment of the individual-centric view disseminated in the nineteenth and twentieth centuries. In short, his view of addiction is highly focused on societal factors. It was, however, also significantly influenced by something far different: rats.

The Rat Park experiments and challenges to conventional assumptions. Alexander gained a measure of academic acclaim earlier in his career as a result of what became known as the 'Rat Park' experiments (see Alexander, Beyerstein, Hadaway, & Coombs, 1981). These cleverly designed experiments, performed on rats, challenged widely held assumptions that dependencies to psychoactive drugs are the simple result of the addictive nature of the drugs themselves (at the exclusion of environmental considerations). Rats were placed into a spacious, comfortable habitat with enough food and water, a scenic painting of British Columbia forest on the wall, and opportunities for connection with other rats. They were also provided the opportunity to take heroin in liquid form from a dropper at any time. The experimenters found that these rats had no interest in the heroin. Even when repeating the experiment with rats which had first been made dependent on the drug prior to being let loose in this rat penthouse, the heroin-hooked rats stopped using heroin: it seemed they had all they needed from their environment and from one another (so claim the researchers). This bold experimental design stands in stark contrast to other drug dependency studies where rats are placed into small cages, presumably alone, and desperately imbibe in substances to help them cope with the theorized anguish of their dislocation.

Challenging dichotomies. Building on the aforementioned research purporting to debunk the myth of the demon drugs, Alexander goes a step further in his 2008 theoretical formulation, contradicting the following widely held conventional understandings of addiction as false dichotomies.

False dichotomy 1. Medical problem versus criminal problem. Alexander states that addiction is neither a medical nor a criminal problem: “addicted people are neither suffering from a disease that can be cured nor engaging in criminal behavior that should be punished. Rather, they are *adapting*, as well as they are able, to the rising tide of dislocation that threatens to engulf them” (p. 68).

False dichotomy 2. Out of control versus acting of one’s own free will. While many people regard the inability to control oneself in the presence of the object of their addiction as a definitive quality of addiction (for example, Alcoholics Anonymous requires adherents to openly admit they are powerless to control their consumption), others believe individuals choose to be addicted of their own free will (p. 69). Alexander claims both are false in that the issue of control is a useless and dangerous quagmire (p. 70) best avoided in favour of viewing addiction response on the basis of the adaptive function it serves rather than on how much the idea of *choosing* has to do with that function.

False dichotomy 3. Psychological versus physical addiction. While there is often much talk about whether a given addiction is more psychological or physiological in nature, Alexander posits that addictions, whether to substances or to behaviours, can always be understood from both perspectives simultaneously, and that the debate over which of these forms the greater portion is therefore of no value (pp. 70-71).

False dichotomy 4. Drug prohibition versus legalization. Alexander sees this as another red herring: even if public policy were to shift to either of these extremes *and* were to be embraced by the masses *and* enforced by enforcement agencies, the underlying *causes* for the addiction (dislocation) remain unchanged. Furthermore, he notes, prohibition has never had any significant effect on the availability of the drugs sought by determined addicts. Similarly he posits that historically legalization efforts (gambling, for example) have likewise done little to actually curtail addiction while creating a host of other problems such as making governments more dependent on gambling revenue and subjecting gambling addicts to VLT machines in a multitude of public places.

Definition, of addiction

In keeping with his adherence to the historical perspective, Alexander goes to some lengths to trace the traditional meanings and definitions of addiction. He breaks addiction down into four different types (pp. 29-36). Note that the way in which these are broken down poses some problems, as will be discussed later. For now, however, suffice it to say that the classification system has more to do with *ways* of understanding addiction than it does with *types* of addiction.

Addiction₁: (note the deliberate subscript designating addiction type *one*): this definition is what he deems the “traditional”, pre-19th Century understanding, “Overwhelming involvement with drugs or alcohol that is harmful to the addicted person, to society, or both” (p. 29).

Addiction₂: “Encompasses addiction₁ *and* non-overwhelming involvements with drugs or alcohol that are problematic to the addicted person, society, or both” (p. 29). This category would describe the more recent (but erroneous, claims Alexander) understanding of addiction.

Simply put, this is substance dependence as per the traditional (pre-20th Century) understanding (p. 33)

Addiction₃: The theme of the book and the understanding of addiction which is the heart of his theory: “Overwhelming involvement with any pursuit whatsoever (including, but not limited to, drugs or alcohol) that is harmful to the addicted person, to society, or to both” (p. 29). This includes obsessive involvement with such things as work, Sudoku, romance novels, or heroin, so long as the involvement is both overwhelming and harmful.

Addiction₄: “Overwhelming involvement with any pursuit whatsoever that is *not* harmful to the addicted person or to society” (p. 29).

Globalization

An overview of dislocation theory is not complete without an exploration of globalization as seen through its lens. It is to this topic we now turn; but first, a note for purposes of clarity: in Alexander’s 2008 book, as with other articles he wrote on the matter, the terms *free-market economics*, *free market society*, *hypercapitalism*, and *globalization* are used interchangeably for their role as agents of dislocation. The same practice will be followed by this author in the ensuing discourse.

Globalization has been defined as a process of interaction and integration among national economies, societies and cultures (Lorelle, Byrd, and Crockett, 2012, p. 115). Trade itself has arguably always existed as a product of human civilization. However, whether individuals were trading shells for flints or fish for bricks, whether on a small or large scale, trade was essentially limited and localized (Swindal, 2014). In contrast, under globalization, trade now takes place on a world stage and often entails a complex series of transactions and activities involving massive corporations, financial institutions, and state governments (International Monetary Fund, 2002).

Through new forms of technology and communication, the exchange not only of goods but also of ideas and populations has become both possible and commonplace in a way that is unprecedented (Swindal, 2014). Humankind is more interconnected politically, technologically, economically, and culturally than perhaps ever before (Peredes et al., 2008), and there seems to be no sign that the rapid progression of this phenomenon will slow, much less reverse course (Naim, 2009). While this interconnectedness is frequently touted as a defining (and positive!) hallmark of the global shifts of the past century, Alexander remarks that these worldwide societal changes are instead having a disconnecting and devastating effect.

The cost of globalization. Alexander states that “addiction to drug use and a thousand other habits is the consequence of people, rich and poor alike, being torn from the close tie to family, culture, and traditional spirituality that constituted the normal fabric of life in pre-modern times”, and that this “worldwide rending of the social fabric ultimately results from the growing domination of all aspects of modern life by free-market economics” (2008, p.3). Alexander references Adam Smith’s ‘invisible hand’, whereby the unencumbered free market promises to benefit all, but notes that the price tag for this benefit requires people put themselves first, “unencumbered by loyalties to their family, friends, traditional obligations, customs...” and others (Alexander, 2008, p. 61). As a result of the free-market society, he claims, the societal balance has shifted so far toward individualism as to make it very difficult to simply right itself, noting the catastrophic psychological, spiritual, environmental, and social damage already wreaked (p. 96). He supports his claims with detailed historical accounts, noting that the free-market principles we see in place today did not exist until the modern era. While using care to avoid naively painting the pre-modern eras as utopian, Alexander makes a strong case for the connection between the new economics and a new form of human misery: global dislocation. He

provides numerous examples of modern-day expressions of such hyper-capitalism around the world. He claims that the *structural adjustments* imposed on third world countries by the International Monetary Fund (IMF) as a condition of financial aide, the supposedly false pretenses for wars such as the Iraq War, the government policies coercing families to give up their farms for the sake of large-scale industrial agriculture, and the free trade legislation which destroys local businesses --and with it-- communities and customs, are all examples that free-market society's "dislocation is on the march among the rich as well as the poor" (p. 116). From a detailed chapter on the history of Vancouver as a prototype of dislocation, to international examples, his claims regarding the ways in which globalization has destroyed—and continues to destroy—the lives of individuals, of families, and of entire cultures, are varied and compelling.

Alexander's theory of dislocation is not entirely new. As has been mentioned, he borrowed heavily from other researchers, authors, and theorists across different disciplines. Before returning to the current discussion of Alexander's theory, it is worth briefly mentioning contributions of other significant thinkers who have written about the dislocating effects of globalization. Chomsky (e.g. 1988, 1999, 2003, and 2006) is noteworthy for his critical views on globalization and neo-liberalism, stating that we now live in "the Age of Resentment against socioeconomic policies which have harmed the majority of the population for a generation and have consciously and in principle undermined democratic participation" (Chomsky, 2017). Similarly, Lorenz and Watkins (2001), and Watkins and Shulman (2008) write of the impact of colonialism and globalization, stressing the ways in which the field of modern psychology—and with it, therapists-- must adapt to decolonize psychology (Watkins, 2015). Likewise, Zygmunt Bauman writes extensively of globalization and its impacts in a number of books and articles,

including *Liquid Modernity* (2000). Readers interested in further exploration of these writers' works may find citations in the reference list.

Discussion

Strengths and weaknesses of dislocation theory. Alexander's dislocation theory has been praised for his provocative, thoroughly researched, and well-argued formulation (for example, Jordan & Butler, 2011; Roizen, 2012). His ambitious model makes sense to the reader, and the numerous examples he presents support a very compelling case for his conceptualization. Dislocation theory also provides a welcome alternative to the oft-times limited perspective of many popular mainstream understandings and explanations of addiction which seek to pin the ills of addiction on too narrow a target, often the client. His well-supported assertion that non-substance addictions need to be included in the conversation, is perhaps the most significant contribution of his theory. Detractors have noted, however, that for all Alexander's criticisms of the limiting views of other theories, dislocation theory has limited itself as well: through his singular focus on the societal causation of addiction (macro system), he excludes from discussion microsystem factors such as family systems and attachment styles (Jordan & Butler, 2011).

Unanswered questions. There are things that dislocation theory cannot explain. Why might one dislocated individual seek out a more healthy addiction while another will seek a vice which will lead to his/her destruction? To be fair, Alexander acknowledged this shortcoming in his book, stating that it is beyond the scope of the theory to speculate as to why this is the case, stating that answers to such questions might be bettered answered through psychoanalytical theory (p 67). Another question that remains unanswered by dislocation theory is: why, if most of humanity has suffered dislocation, are so many individuals not in fact addicted₃? Alexander does dedicate an entire chapter to this concept of "getting by" (2008, chapter 11), wherein he

describes seven methods he believes humans use to cope with dislocated society. While the reading is informative and the ideas creative, the chapter hardly serves to provide definitive answers to the question.

Addiction as self-medication? As noted previously, dislocation theory rests on the following three principles: (1) globalization of free-market society inevitably mass produces dislocation; (2) sustained dislocation is unbearable; and, (3) addiction is a way of adapting to sustained dislocation (Alexander, 2012, pp. 1477-1480). I argue that this *adaptation* is little more than self-medication. Might it be that Alexander's intricate and unifying theory of addiction is little more than another way of expressing that people self-medicate their pain away? Alexander claims otherwise, stating that if a person is truly self-medicating, then their addiction falls into another category (addiction₂), adding that such addicts "quickly stop using [...] if the pain or other symptoms that they are medicating go into remission." (p. 160). This explanation, however, does not appear to hold up to the scrutiny of his own paradigm: assuming that a significantly dislocated person were to become an addict₃ but thereafter finds healing through psychosocial reintegration and quits their addiction because the dislocation is no longer causing pain (i.e. the symptoms go into remission); was he or she not still self-medicating that pain? This in itself might not be an issue for the theory were it not for Alexander's steadfast insistence that it is *not* a theory of self-medication: whether a client is *adapting*, as he claims, or *coping* as would be the case from a self-medication viewpoint, seems somewhat arbitrary to this writer: the connection between global influences, psychosocial integration, and addiction is the gold that has been mined in this theorem and the adaptation-coping debate would seem something of a hair-splitting abstraction in the presence of that gold.

The roles of depression and anxiety. The *unbearable* state Alexander references within the second principle already has names and an established place within addiction research: the names are depression and anxiety. Both anxiety and depression are only fleetingly referenced as mere descriptions of the emotional pain of dislocation, but are otherwise left out of the formulation and the discussion (see, for example, pages 12, 15, 40, 59, 64, 92, 156, 186, 190, etc.). Why is this relevant? When accounting for depression and anxiety, the formulation might more accurately read: (1) globalization of free-market society inevitably mass produces dislocation; (2) sustained dislocation causes depression and/or anxiety; and, (3) addiction is a way of adapting to sustained anxiety and/or depression. Is it possible that the connection between globalization and addiction that Alexander works so hard to establish is confounded by yet another set of variables, depression and anxiety? The correlations between both these factors and addiction are already well established and well explained by other models of addiction (see, for example, DuPont, 1995; Kassel & Evatt, 2010). Might dislocation simply be yet another in a long list of things that can cause depression and anxiety?

Ambiguity of definitions. The aforementioned breakdown of understandings of addiction into its four subtypes seems vague to this reader. Alexander's repeated attempts to restate what belongs into which category does little to clarify the situation, serving instead to further confuse it, and, at times, contradict previous assertions. This seems particularly so when defending his shaky position on self-medication, as has already been mentioned. As an example for use here, he states that a person who self-medicates depression (and thus would fit addiction₂) is very different from a person who attempts to adaptively cope with the effects of dislocation, even if using the same substance (pp. 43-44). The definition breakdown, I posit, would benefit

from further development. That said, there is also great value in the efforts Alexander put into his formulation, as follow.

Substance vs. non-substance addiction: Alexander's bold claims. The DSM-V does not provide a clear definition of addiction, focussing instead on prescribing criteria for the diagnosis of Substance Use Disorders (Hasin et al., 2013). Similarly, the ICD-10-CM provides little in the way of a working definition for addiction. Its governing body, the World Health Organization, however does provide a Terminology and Classification manual (online) for the ICD-10 in which the following definition is offered (with a noted preference for the term *dependence* in place of *addiction*):

A cluster of physiological, behavioural, and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value. A central descriptive characteristic of the dependence syndrome is the desire (often strong, sometimes overpowering) to take psychoactive drugs (which may or may not have been medically prescribed), alcohol, or tobacco. There may be evidence that return to substance use after a period of abstinence leads to a more rapid reappearance of other features of the syndrome than occurs with nondependent individuals. (World Health Organization, 2017).

The addiction (or dependence) definition provided above is reflective of mainstream understandings of addiction which Alexander sought to refute (2008, chapter 2), and the contrast between *this* definition and *his* serves here to underscore a significant implication: the focus in the WHO definition is on *substances* (i.e. ingested, injected, or inhaled compounds) as the agent of addiction. This has key implications: If the focus of discourse and research on addictions is limited to substance-based addictions, it naturally follows that those '*other*' addictions (e.g.

gambling addiction, sex addiction, shopping addiction, gaming addiction) are different in some way. As such, they are at worst excluded from research, and at best relegated to a different class of addictions (often understood as mere compulsions or behaviour problems). What might be learned from viewing, studying, and treating addiction as the larger grouping (i.e. without the substance/non substance sub groupings)? Might addicts of different walks share something in common in their respective states of addiction-- something that is important to an objective and global understanding of addiction? Might we learn something from their commonalities that goes beyond a preeminent focus on the effect on the brain of introduced foreign chemicals? According to Alexander, these are the kinds of questions that need to be asked. From his viewpoint, the culturally esteemed workaholic, the proud Sudoku addict, and the socially abhorred heroin “junkie” each share dislocation in common as their reason for addiction (Chapter 2). A cultural shift toward such an understanding would arguably alter the stigma associated with substance use and open research to broader considerations.

Missing machinery. Alexander’s theory deals with concepts that are often abstract and conceptual. He gets far more specific when describing the interplay between global factors of the theorem, but there is little in his book nor in subsequent writings on the subject that provides any detailed explanation of the *inner* workings thought to take place within individuals. Other theories and models, in contrast, provide ways to understand the mechanisms in detailed fashion. For example, Kohut’s *self psychology* provides a model which seeks to explain “psychic structure” (Flores, 2001, p. 67) within a detailed matrix which includes environmental responsiveness and emotional attunement (p. 67). Likewise, *attachment theory*, while criticized for still not going deep enough into the details (Kernberg (1976, p. 21), nonetheless provides models which seek to explain the mechanisms within (see, for example, Khantzian, 1985;

Padykula & Conklin, 2010; Thorberg & Lyvers, 2010). This absence of intricate machinery does not render the entire theory untenable, but it does pose challenges for clinical application, a consideration to which we will return later.

The testability of dislocation theory. Does the free market society result in dislocation and dislocation result in addiction as is claimed by Alexander? This is a problem for the theory. While the sociological viewpoints upon which Alexander bases his theory have likely existed for centuries, the theory of dislocation, as framed by Alexander, is relatively young. It is not a well-known theory, and it has not undergone rigorous testing. Alexander dedicates half the chapters of his book to support his claims, drawing on historical evidence, quantitative research, and philosophical argument, only a small sample of which has been included in this paper. The scope of his theory is so vast that his hypothesis remains largely unanswered, and perhaps unanswerable. There are currently no quantitative measures for assessing an individual's degree of dislocation, nor for an individual's degree of addiction to the full range of possible behaviours which Alexander posits can constitute addiction. Roizen (2012), while crediting Alexander for the numerous strengths of the theory, also calls it "a measurement nightmare" (p.1485). He notes that the theory's two primary variables, *free-market economy* and *addiction* are both "difficult to define, operationalize, and measure in the best of times", but especially so when being measured across cultures (cultures that span the entire spectrum of development) *and* over the span of 500 years (the span Alexander claims for the marked effect of colonization/globalization) *and* different types of addiction (p. 1485). Perhaps Roizen's greatest criticism, though, is found in the dismissive salvo with which he closes his review of Alexander's theory:

Nothing ... impedes critics of the free market system from arguing, in part, that addiction springs from that system's dislocating effects. That political argument, however, would

surely bring into play many more rhetorical elements than merely the nation's addiction problem... [I]ntractable social problems routinely generate a succession of new ideas and approaches, each ultimately running aground on the shoals of seemingly immovable social realities. (p. 1488).

Social realities. By virtue of the fact that Alexander calls out society, governments and world leaders, religions, large businesses, and so on, for complicity in the creation of the free market and its dislocating bulldozer, it is little surprise that his solution to the problem is complex, requiring significant social action at all levels (Alexander, 2008, chapter 14), and a structural change in world society (Alexander, 2012, p. 1481). He does well to recognize this, noting that there remain missing pieces of the puzzle (for example see Alexander, 2008, p. 363, and p. 392). He also provides a chapter (15) with numerous examples of things that will need to change at global levels: from honouring the land claims of Native Americans, to reviving community art, and from rewriting drug laws to challenging global indoctrination. There remains the question, however, over the practical implications of this theory from the perspective of clinicians working with addicted individuals.

Implications for psychotherapy. Given that so much of dislocation theory is, as has already been discussed, focused on meta-systems, sociological phenomena, history, macroeconomics, and social policy, it is perhaps no great surprise that the theory does not provide a detailed or prescriptive formula for the treatment of addiction. He makes the claim that “psychosocial integration makes recovery from addiction possible” (p. 160), citing examples of ways in which this might naturally happen even without psychotherapy, but unfortunately provides few insights into how a therapist might employ his or her understandings of the theory. He does suggest that help needs to take the form of assisting individuals to enter and participate in healthy, purposeful

communities (Alexander, 2015), and elsewhere he posits that while psychosocial integration cannot be forced on addicted people, counsellors can help set the stage by educating their clients on the importance of psychosocial integration, and by helping clients strengthen their own efforts to change, lending some support for the Motivational Interviewing treatment paradigm (2008, p. 342). He also encourages addiction treatment professionals to speak out, to educate, and contribute to the greater effort of social change, but it would otherwise appear that his writings presented here remain silent on recommendations for the client counselling session. In that sense, and from the lens of an aspiring psychotherapist, it would appear that this theory remains somewhat incomplete. This, too, he acknowledges, noting there is much work still to be done (2012, p. 1480) to establish it as a working paradigm. That being said, I posit that a therapist's dislocation-informed understanding of addiction, liberated from the hamster-wheels of addiction-as-substance, addiction-as-addict, and addiction-as-disease, can more readily see his or her way toward affecting meaningful change in clinical practice. It is still a relatively young theory and does not appear to be widely known. Research showing its application in clinical practice is scarce.

Martin (2016) does provide one example of dislocation theory in practice (at least in research proposal form), calling for Alexander's psychosocial integration to be integrated into residential recovery through the use of Therapeutic Communities. Martin's model includes the following goals with the aim of helping clients build psychosocial integration:

1. *Identity formation through healthy social relationships that recognizes the role of the individual as well as to differentiate the roles of others.*
2. *Development of a sense of meaning and relationship to the material world (for example enhancing one's relationship with the land)*

3. *Validation from within the community for their sense of the divine as member witnesses; giving meaning to one another's sense of the unseen (through such things as shared creation narratives, religious ceremonies, or forming a sense of purpose and meaning. (Martin, 2016, p. 8).*

Summary

Alexander's dislocation theory of addiction, grounded in the ecological perspective, serves to bring societal considerations into focus in the addictions discourse. He posits that the growing addictions epidemic is primarily rooted in an unmet need for meaningful connection with others, and draws a clear line implicating globalization as a significant contributor to the breakdown of community, nature, spirituality, and belonging. While his hypotheses have not yet been thoroughly researched, Alexander's theory is well supported by both quantitative research and a review of historical evidence. His inclusion of non-substance addictions is both significant and well substantiated, and his rebuffs of questionable conventional wisdoms on the subject of addiction are tenacious and compelling. The theory's conceptual and practical weaknesses at times detract from the manifold contributions of the theory and the writings of its author. Full application of his theory would require a massive, world wide cultural and political change. Indeed, that is what Alexander hopes to see happen (Alexander, 2012, p. 1481): a liberation from the "alliance between rapacious corporations and unprincipled governments in the context of neoliberalism..., a rigorous and moral reconceptualization...[and a system in which] corporations, markets, and economies must serve society, rather than the other way around" (p. 1481). While I and others might nonetheless agree with him in many of his meta-system views and even join in his call-to-arms against the sea of hyper-capitalized, money-market-driven afflictions, I wonder if it is all actually a necessity for the theory: might the theory

of dislocation not still be a valid, useful theory if it were less fiercely political? Might it still have practical purposes at the individual level? I believe it does, but a working model has yet to be realized; for now, his is an overarching and grand theory perhaps better suited for a sociologist or political activist than for a psychotherapist seeking practical tools in the treatment of addiction. Nonetheless, so much of what Alexander writes remains of great value in the discourse on social connection and addiction. I believe there remain significant take-home lessons for the psychotherapist open to Alexander's theses, not least of which are his contributions toward broadened definitions of addiction, his extensive review of the psychosocial impact of globalization, and the search for wholeness that arises in the wake of community's destruction.

Chapter IV: Discussion

Chapters II and IV both included a detailed discussion specific to the respective theory each explored. This thesis was largely framed by three questions: (1) What are the main tenets of each model? (2) How is the interaction between social connection and addiction explained within each paradigm? (3) What does each theory provide in terms of clinical application with respect to the relationship between belonging and addiction? Those three questions were specific to the two theories viewed in isolation and were answered in chapters two and four. Question four remains as yet unanswered: What can be gained by viewing this topic through multiple lenses?

In order to answer that question, I believe it helpful to first consider how psychotherapy might benefit from complementary aspects—and reconcile disparities—which exist between these different models. This reframing of the question, I will show, yields the answer to question four.

Postmodern Constructivism and Theoretical Pluralism

It is perhaps helpful to preface the ensuing discussion with a more detailed explanation of the postmodern approach which I touched on in the introduction. Frankel and Levitt (2006) emphasize that the nature of meaning is a construct, usually dictated by the experience of the constructor (p. 219). This contrasts significantly with the modern objectivism of much of science (including the social sciences), that assumes that knowledge and reality are very much the same thing (p. 219). Michael White, David Epston, and others emphasize the value of remaining free to continue to explore alternative ideas and practices rather than to be encumbered by a specific set (Epston & White, 1992).

Hansen (2006) asserts, “the criteria for theory selection should be based on whether a theoretical perspective is helpful in meeting the objectives of a particular counseling situation” (p. 291). This allows for a degree of theoretical pluralism, permitting a practitioner to hold multiple perspectives. To be clear, I am not here advocating for an extreme of theoretical eclecticism wherein a clinician should free to pick and choose modalities/interventions at will, throwing them at the client to see what sticks. I am also not arguing a case here to somehow merge these theories into one. Instead, I endorse the view that it is valuable to access multiple understandings insofar as the “tension between competing theories [can] be sustained in the hope of producing evaluative or integrative solutions” (Goertzen, 2010, p. i).

I posit that the complex, multi-layered nature of addiction requires a multi-layered understanding. Just as the stream cannot rise above its source, so can one limited construct of addiction not fully realize the breadth of addiction, much less rise above it to take a bird’s-eye view of the larger landscape in which it resides (i.e. the role of social connection). I also acknowledge that these two theories are each only small tributaries in that stream. Even so, I believe the understandings engendered within these two theories of addiction to (1) provide only minimal tension when held together and, to (2) otherwise be complementary. I will discuss these points as follow.

1. Point of tension: claims of exclusivity. There is no reason to believe these theorists believed theirs was the only way of understanding addiction. Even if they did, they focus on different things: as has been established in earlier chapters, attachment theory (and with it, the self-medication hypothesis) views addiction as the individual’s attempt to soothe the affective dysregulation that arises from neglect and abuse (Khantzian, 2014), while Alexander’s (2008) dislocation theory claims that addiction serves an adaptive function for individuals who are

dislocated (i.e. those who have suffered a breakdown in meaningful belonging). Both theories posit that there is an unpleasant affective state that needs to be escaped, and both state that this is where addiction comes in. The reason each theory posits as the *cause* for the unpleasant emotional state is different. This is the only potential point of tension. That said, could either theorist assert exclusive claim on affective states in general? Bowlby is very unlikely to have believed, for example, that childhood neglect is the *only* reason for a person to feel badly. How then could he claim that attachment causes are the only way of explaining the action (addiction) of escaping those bad feelings (affective states)?

2. Complementary features. The two theories complement one another in a variety of ways. Attachment theory does not pay heed to societal or political considerations. Dislocation theory, on the other hand, does: it considers the impact not only of more general social disconnection, but also disconnection from culture, history, language, spirituality, and nature. Meanwhile, dislocation theory makes little mention of micro-level factors at the individual level, while that is the main emphasis in attachment theory. Attachment theory holds a wealth of clinical application at the relational level, while dislocation theory recommends action at the global level. Let us consider an example: given that the Syrian refugee crisis taking place as this thesis is being written, it seems appropriate. How might a therapist work with a Syrian client who has been involuntarily displaced from home, culture, religion and belonging, and has now turned to gambling in their state of isolation? I posit that dislocation-informed knowledge would help the therapist to understand the impact of the dislocation, while attachment-based interventions would prove useful in helping the client to detach from addictions and to rebuild a sense of psychosocial integration (and with it, new community).

Each theory, operating at a different layer of substrate, can serve to complement the other. The whole, however, is greater than the sum of its parts. I believe that something new and useful arises—an enriched understanding—when this subject is viewed in more than one dimension. The result is an enrichment of the discourse on this complex topic, opening a realm of possibilities for research and practice considerations. I will provide the following two examples for this discussion.

Example 1: Case study conundrum. In his 2008 book, Alexander provides five case studies in support of his theory. Three are historical figures, while two are individuals Alexander claims to know personally. He makes the case that their addictions are a response to their dislocation-induced suffering. The explanations he provides make logical sense and seem convincing. There is one interesting point worth noting here, however: at least four of the five individuals whose lives he details would appear to fit the attachment theory explanations just as readily – and for different reasons—than posited by Alexander’s theory.

- Case 1 involves St Augustine, sex addict (prior to conversion) and religious addict (after). Alexander notes Augustine was beaten as a child and forced to choose between his parents (p. 208). He also reportedly experienced the death of both his father and son at a relatively young age (p. 209). Was this a case of broken childhood attachment or of trauma or of dislocation? Or perhaps both?
- Case 2 involves James M. Barrie, author of Peter Pan, and addict to nicotine, work, and fantasy. Barrie’s brother died when Barrie was young, resulting in deep maternal depression. Alexander describes Barrie has having dressed and imitated his brother’s style of dress, his posture, and his whistle, in hopes to earn affection and attention from his mother (p. 216).

- Case 3 involves Raphael, a crystal methamphetamine addict. Alexander details that Raphael had a troubled childhood and that he eventually ran away from home (pp. 224-228).
- Case 4 involves an unnamed university student whom Alexander describes as addicted to a “culturally sanctioned kind of self-improvement”, namely narcissism (p. 231). Her childhood was reportedly marked by death and illness followed by long bouts of depression from which she sought relief through her addiction (p. 229).
- Case 5, Lanny, who appears to be self-medicating depression and anxiety, may or may not also fit the attachment-based view, as no background information is presented.

What does this all mean for dislocation theory—or attachment theory—or both? Perhaps it may imply that individuals with insecure attachment are more susceptible to dislocating factors, in which case an individual’s level of resiliency might be understood to play the role of gatekeeper between attachment-based and dislocation-based understandings (i.e. those with stable attachment styles are less likely to be rocked by a dislocating event or series of events). Or, perhaps both attachment and dislocation are related in other ways that are not yet understood, perhaps as secondary correlates of an underlying third variable. Or, perhaps it is no more than a meaningless coincidence, given the small sample size. Nevertheless, it is at least a curiosity that warrants further examination or, perhaps, some further confirmation of the correlation between belonging and attachment, whatever the model.

Example 2: an exploration of addiction specificity. As was detailed in Chapter II, the self-medication hypothesis asserts that the type of substance being used can be inferred from the kind of affect dysregulation being experienced by those addicted. For example, SMH explains that opiates are sought by those with intense, rageful, and violent affect, while alcohol is

frequently sought for those feeling isolation, emptiness, tension, and anxiety (Khantzian, 1997, pp. 232–233). Dislocation theory, meanwhile, is unable to explain or predict what kinds of addictions will be sought, by whom. Recall also that dislocation theory broadens the scope of addiction to include non-substance behaviours. Might there be value in extending the SMH hypothesis beyond the borders of substance use? I posit that this would be of great value, and that the phenomenological affect dysregulation measures of SMH can prove useful toward further studying this. The self-medication hypothesis does not discriminate between the causes for affect dysregulation: whether such dysregulation is caused by attachment trauma or dislocation is irrelevant. (As such, the self-medication hypothesis can in fact also be seen as a bridge between the two theories.)

These examples would not have occurred to me if I had not undertaken to view the social connection-addiction phenomenon from more than one perspective. I posit, furthermore, that this broadened understanding need not end with having two models in the therapeutic toolbox: addiction, as has been noted, is a vast and complex issue not harnessed by any one theory. And, as has been demonstrated, two theories are not just better than one by a factor of two: taken together, they are more than the sum of their parts, providing a depth and breadth to the discourse which is otherwise not easily achieved.

The ‘Just Therapy’ model. As has been mentioned, the two disparate models presented in this thesis view the connection between social belonging and addiction through two separate lenses, permitting an understanding which engages multiple strata. It is worth mention that there exist real-world cases that do this very thing. One such exemplar, the Family Centre of Wellington, New Zealand, employs an inspiring approach wherein both the personal/individual (i.e. attachment) and the global/social (i.e. dislocation) levels are addressed (Waldegrave, 1990,

Waldegrave & Tamasese, 1993; Waldegrave, 2009). A detailed exploration of their work is beyond the purposes of this paper, however a mention of their influential work is warranted within the context of post-modern, collaborative approaches to therapy.

Other Considerations for Future Research

The social connection to addiction. As has been mentioned, there is very little clear research demonstrating that social connection is in fact a mediating factor. As has already been noted, there is research showing that social isolation is correlated with anxiety and depression, and that both anxiety and depression are correlated with increased addiction (see, for example, DuPont, 1995; Kassel & Evatt, 2010). The ways in which addiction can undermine relationships has also been researched (e.g. Juhnke & Hagedorn, 2013), as has the value of strengthening social connection in its role in assisting recovery from addiction (e.g. Kelly, Stout, Green, & Slaymaker, 2014). Even the importance of breaking off problematic social ties for the purposes of overcoming addiction has been studied (Dingle, Stark, Cruwys, & Best, 2015). Still, there is no clear research that conclusively determines the mediating role of social ties in addiction. Such research would admittedly be a massive undertaking to achieve. Which kinds of addiction would be included in the research? What might the threshold be for determining who is addicted? How can social ties be measured; is it the quality of ties or the number, or perhaps proximity is relevant? How would one separate *causation* from *correlation* (i.e. how to prove that it is somehow isolation contributing to addiction rather than the other way around)? How might the role of social ties be isolated from multiple other factors at play? As stated, a conclusive and wide-ranging research design would be a huge amount of work. I posit, however, that smaller, more specific designs could provide much-needed insight on this topic. Perhaps one of the following would serve well for such a venture.

Internet/social media/online gaming/pornography addictions. While each of these is already a topic of much research of late, they might all be *especially* interesting subjects for research with a focus on the role of social ties, for each can be understood as providing the mere *illusion* of connection. The need for meaningful social connection can never be fully met by the mirage, leaving the addict ever hungry for more... and yet, they are provided with just enough to keep returning.

Connection: Beyond the social focus. A final word before proceeding to the conclusion: while the focus of this paper has centered largely on *social* connection, it is worth note that there are many other objects of connection that may play equally important roles in mediating addiction. One's connection to nature, to spirituality, to tradition, or to purpose/meaning, are but a few examples. Each, it can be argued, can serve to help inoculate against addiction, and each would appear to be under either threat or pressure in our rapidly changing, globalized times. While a detailed exploration of these is beyond the scope of this thesis, a complete omission of their mention here would, in my view, have been remiss.

Conclusion

Attachment theory and dislocation theory are vastly different models, and yet each speaks to the interplay between social ties and addiction. Both theories explain addiction as arising from emotional pain, and both underscore the importance of healthy social connection.

Attachment theory's lens focuses on individual phenomena, while dislocation theory's scope is vast, primarily indicting societal factors as the underlying cause of the emotional pain. I have explored the connection between belonging and addiction from the perspectives of both these theories, complete with a detailing of the main tenets of each. I described how each theory informs the discourse of addiction with an emphasis on role of social connection.

Both theories were evaluated for their strengths, limitations, and clinical contributions. I demonstrated the ways in which each theory complements the other, and proposed that addiction is best viewed through multiple lenses, detailing ways in which doing so serves to enrich one's understanding of this complex phenomenon. Finally, prospects for future research were explored with respect to the mediating role of social ties in addiction.

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