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Addiction and Temporal Bandwidth

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Addiction and Temporal Bandwidth

Daniel Goldin, M.A.

Psychoanalytic thinkers tend to conflate addiction with the use of substances. At any moment of use, a substance can have emotion-regulating qualities and may even appear to be a symbolic substitute for a person or a function (a theory at the heart of the self-psychological approach to compulsive substance use). However, addiction—as opposed to use—is a state that happens over time and represents a loss of choice. It is my belief that far from being a symbolic act, addiction is an anti-symbolic state, plucking an individual from a narrative mode of being, which requires a human context and a broad, dynamic sense of time, to a conditioned mode or a somatic feedback mode, which relies largely on positive and negative reinforcement and tends to narrow temporal horizons. A tenet of this article is that a rigidly narrow subjective sense of time, what I call “low temporal bandwidth,” is the most prominent feature in a person’s vulnerability to addiction, a feature linked to a conditioned mode of being, as opposed to a narrative mode. This article traces some of the early relational pathways to low temporal bandwidth and explores how a new human context in therapy, centered on the elaboration of emotional states into narratives, can allow for more flexible, dynamic temporal bandwidth that often dramatically loosens the pull of addiction.

Keywords: addiction; attachment; intersubjective; narrative; self-psychology; substances

Psychoanalysts have tended to look at addiction from one of two perspectives, either as a symbolic substitute for real human attachments or as a way to manage overwhelming affect-states. Freud saw addiction as a return to primary narcissism, connecting it to masturbation, a substitute for other-oriented libidinal attachments (1905), putting him in the symbolic camp, whereas, Kernberg (1974), Wurmser (1974), and more recently Khantzian (1999), although coming at the problem from different theoretical orientations, view the use of drugs as a way to control primitive affect-states, putting them in the emotion-regulation camp. Kohut and later self-psychologists (Kohut, Daniel Goldin, M.A., is in private practice in South Pasadena, CA, where he treats adults, couples, and adolescents, with a special interest in treating people in recovery.

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1977; Tolpin and Kohut, 1980; Ulman and Paul, 1990) saw drugs and alcohol as “archaic, transitional self-objects,” viewing addiction not simply as symbolic activity but as a kind of stuckness in a symbolic mode, a reliance on fantasy-imbued “ersatz self-objects.”

Both these perspectives add greatly to our understanding of why some individuals compulsively use drugs, yet neither fully accounts for the loss of control at the heart of addiction. At any given moment of use a substance can have emotion-regulating qualities and may serve as a symbolic substitute for a person or a function, but addiction, as opposed to use, is best conceptualized not as an act repeated again and again so much as a state that happens over time, a state that involves a loss of choice. Addiction as a state is fundamentally anti-symbolic, moving an individual from a narrative mode of being, which requires a human context and a broad, dynamic sense of time, to a conditioned mode or a somatic feedback mode, which relies largely on positive and negative reinforcement and tends to narrow temporal horizons. Naturally, the arrow of causality points in both directions, a tight subjective sense of time, what I call “low temporal bandwidth,” greatly predisposing a person to addiction. This article traces some of the early relational pathways to low temporal bandwidth and explores how a new human context in analysis, centered on the elaboration of emotional states into narratives, can allow for more flexible, dynamic temporal bandwidth that often helps untie the knot of addictive behaviors.

The word “addict” comes originally from the Latin “addictus” (Addict, 1988), combining the prefix “ad-” “for” and the verb “dicere” “to speak.” Originally, then, “addicted” meant “spoken for.” A person was “addicted” or “spoken for” in ancient Rome when he was handed over by a judge to a greater authority, usually a creditor, the army or the penal system. So completely was such a person under the control of another that his voice was no longer his own. The historical essence of addiction then is a loss of voice or agency. The addict can’t say no. He is spoken for. He makes no choice. He simply does.

Kohut (1987) comes close to getting at this original meaning when he describes “a quality of urgency, a no-delay-tolerating quality” of addiction (p. 119). Kohut attributes the unquenchable need of addicts to early failures of caregivers to provide mirroring and merging self-object experiences. According to Kohut, these early derailments leave the addict with a fundamental defect of the self, which the addict compulsively tries to correct by ingesting self-object substitutes in the form of psychoactive substances, without ever building the psychic structures needed to make the correction lasting. Kohut (1977) describes the addict as like “a person with a wide-open gastric fistula . . . trying to still his hunger by eating” (p. 11).

The self-psychological view of addiction as a futile quest to receive from symbols what can only be constructed through ongoing interactions with people goes a long way toward describing a phenomenological feature of addiction: Its compulsive, driven quality. However, the theory does not adequately account for the loss of control or fragility of agency an addict experiences when he falls into an addicted state, as the theory focuses on one side of the addict’s internal struggle, his need for drugs, largely ignoring the other side, his intense dissatisfaction at being an addict.

The loss of control central to addiction implies lopsided ambivalence, an irresistible, internal pressure to do what one does not want to do. The DSM-IV (American
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Psychological Association, 2000) lists among its criteria for drug dependence: Tolerance, withdrawal, unsuccessful attempts to quit, using more than intended, and the giving up of important activities, criteria that paints addiction as an unequal internal struggle. Sometimes the addict sees a long-term purpose in not using and may be able to say honestly that he does not want to use, but at many other times, when faced with temptation or pain, this larger purpose fades into the background in favor of quenching an immediate need. Rachlin (2004) explains: “Almost all alcoholics prefer to be sober than to be alcoholics. But they also strongly prefer to drink today than to abstain today; and since it is always today, they drink” (p. 12).

The slip-sliding of intention at the heart of addiction can be terribly confusing to the analyst. How can a patient speak passionately on the destructive patterns of his use, seem so determined to stop drinking, and then on the drive home pick up a bottle of Vodka and drink it in his car before returning to his family?

One dimension of loss of control or preference reversal is physiological. Physical withdrawal from certain drugs can cause a person to go from not wanting to needing very quickly. Changes in the sensitivity of the dopamine or reward system of the brain to cues related to particular drugs and behaviors, it can also wreak havoc with an individual’s ability to hold onto preferences (Berridge and Robinson, 1995). The disease model of addiction has prevailed during this century. Bill Wilson in AA’s Big Book (Alcoholics Anonymous, 2001) refers to alcoholism constantly as “a disease” or as “a defect of character,” something irreversible, dug into one’s DNA, that can at best be managed. The psychiatric community has until very recently looked at addiction almost entirely as “a chronic relapsing brain disease” (http://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction).

But clinical experience and empirical evidence point to another dimension of addiction. In one of the largest longitudinal studies of heroin addiction, the psychiatric epidemiologist Lee Robins (1973) found that only 12% of soldiers in Vietnam addicted to heroin remained addicted two years after returning to the states, without treatment. Other, more recent studies (Anthony and Helzer, 1991) have shown that the great majority of addicts and heavy users quit or cut down in their early 30’s, again without treatment, when families and careers begin to take precedence over more momentary concerns.

How do we square the notion of addiction as “a chronic, relapsing brain disease” with such overwhelming evidence of spontaneous recovery? And what is this other non-physical dimension of addiction? Why do some people slip easily into entrenched addictive patterns of behavior while others can use and abuse and stop relatively easily?

Temporal Bandwidth

I propose that a constricted, subjective sense of time is at the heart of this non-physical dimension of addiction, emerging, in part, from the derailments of development observed by Kohut (1987) but operating on a separate temporal dimension.

All humans tend to discount future over immediate rewards, choosing, say, five dollars today over ten dollars next month, in other words, choosing a smaller-sooner
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reward over a greater-later reward. This tendency was first noted by Adam Smith in his *The Wealth of Nations* (1993) and is known in economic models of behavior as future- or delay-discounting (Frederick, Loewenstein and O'Donoghue, 2002). We all engage in delay-discounting but addicts discount the future at far greater rates. Studies have indicated that heavy drinkers discount the future at rates far higher than light drinkers (Ainslie and Haendel, 1983), smokers at higher rates than non-smokers (Frederick et al., 2002), and heroin addicts at almost twice the rate of the non-addicted population (Kirby, Petry and Bickel, 1999).

The delay-discounting dimension of addiction may help explain why Robbins’ heroin-addicted soldiers quit using when they returned to the states. When faced with a threat to our immediate survival, we sacrifice reflection for speed of response. We do not dwell on our feelings in order to string the events around us into a narrative, but feel and act simultaneously, oriented entirely to the moment. No one thinks about their college education during a firefight. One significant variable correlated to future-discounting in study after study is uncertainty (Starmer, 2000). The less certain we are about the future, the more we devalue it. Hostile, unpredictable environments such as Vietnam, or the ghetto, for that matter, greatly increase our natural tendency to discount the future. When Robbins’ Vietnam veterans returned to America, my guess is that their sense of time opened up again. Feelings for family and career, “big picture” feelings, gradually took precedence over immediate regulation of emotions, and heroin lost much of its draw.

It is worth noting that the 12% of Robbins’ soldiers who continued to use at home corresponds almost exactly to the percentage of combat soldiers who experience significant symptoms of post-traumatic stress (Hoge, Castro, Messer, McGurk, Cotting and Koffman, 2004). One of the most robust symptoms of PTSD is a sense of having a foreshortened future. In ordinary life, we recall sequences of events by re-experiencing symbolically, in a kind of minor-key, the emotions connecting them. Traumatic stress reactions cause us to relive, rather than remember our past horrors. We experience these horrors not as sequences in a narrative from which we emerge intact but in the same intense, uncertain, bodily way that we experienced them originally, and with a similar bias for the moment over the future. It is not surprising that between 25 and 50% of those who seek substance abuse treatment regularly experience intrusive thoughts, nightmares, and somatosensory flashbacks around trauma reminders (Kessler, Sonnega, Bromet, Hughes and Nelson, 1995). Victims of PTSD grossly devalue the future and are at far greater risk for addiction.

For a time, economists tried to find a formula to describe how humans discount the future, the so-called Discount Utility Function, but that proved to be impossible (Frederick et al., 2002). The rate at which we discount the future turns out to depend not only on the nearness in time of the rewards being compared but on the complexity of those rewards, as well as on differences in temperament between individuals, and on changes in context during the course of an individual’s life. A day-trader looks at time in a very different way from a venture capitalist or a psychoanalyst, and all three of these might find their temporal horizons narrowing to the pin-prick of the present moment while being mugged.

Pynchon (1973) in *Gravity’s Rainbow* coined the term “temporal bandwidth” to describe the widening and constricting temporal horizons different individuals
experience in different contexts. I can think of no better way to conceptualize how we humans make choices having to do with time. Our temporal sense is ever-shifting, a dynamic phenomenon highly sensitive to context. The dynamic nature of temporal bandwidth helps explain the loss of control or preference reversal we see so commonly in addicts. In a few situations (perhaps during analysis) those who struggle with addiction are able to access wide temporal bandwidth and imagine rejecting a drink in favor of what’s good for them over time and what’s good for those they love, but in situations of temptation or stress, their temporal horizons drastically constrict, and they choose the immediate concrete pleasure of a drink over a blurry sense of the advantages of sobriety.

When we make ethical judgements, we tend to favor long-term versus short-term thinking, but, of course, there are many situations that call for short-term thinking and even cultures that quite sensibly call for short-term thinking as a way of life, such as the culture that emerged out of combat in Vietnam. In the temporal bandwidth model, no moral judgement clings to any particular approach to the future. However, in most environments, the ability to shift temporal horizons fluidly is a necessary condition for social success and for what we call “integrity,” itself a temporal construct having to do with remaining consistent through time. Addicts and those susceptible to addiction tend to have rigid, narrow temporal horizons across most contexts, which helps explain why they easily reverse tenuous, long-view preferences.

What then influences temporal bandwidth? Why do some people in most contexts ignore or discount anything past the next few days or hours or even minutes, putting them at tremendous risk for addiction? Why do others take their life trajectory into consideration at many moments of choice, sometimes even looking past their life to the next generation, and sometimes even beyond that to something we once called “eternity.” It hardly needs to be said that there are certain hereditary, neurobiological vulnerabilities that encourage people to devalue the future. Bipolar disorder and ADHD are two well-documented disorders associated with impulsivity and addiction. These factors are important and always need to be considered in treatment, but they are rarely the whole story, and they are beyond my scope here. Instead I will focus on how intimate interactions with people both during the course of early development and in the present profoundly affect an individual’s ability to expand and shift temporal bandwidth.

**Dissociation and the Constriction of Temporal Bandwidth**

In a dissociative state, one has the experience that everything is unreal or that one is no longer one’s self, an experience that usually involves a failure to link inner states to outer events. This ungluing of emotion from incident makes it nearly impossible to make sequential sense of stressful experiences. Instead of remembering, one repeats the experience again and again and in the form of visual and somatosensory flashbacks. Since stories are how we humans represent the self persisting through time, the difficulty PTSD victims have in elaborating feelings into narratives has everything to do with their sense of having a “foreshortened future,” their tendency to grossly discount the future and their bias toward the immediate, concrete solution of drugs.
The word “dissociation” comes from the Latin “dis-sociare,” meaning literally “to unjoin from a person or to lose companionship with another.” It is interesting to consider that the modern, psychological meaning of “dissociation,” which has to do with a splitting off of parts of an experience from awareness, comes by metaphorical extension from the breaking of a real human bond, a de-companioning of people. It might be worth noting that I use “dissociation” here to describe the disruption of a mental process, not to describe the related, structural phenomena of multiple self-states inaccessible to each other, a recent usage of the word that has found a prominent place in the relational literature (Stern, 1987; Bromberg, 1998). The kinds of experiences that produce “dissociation” in the procedural, splitting-off-from-consciousness sense of the word are experiences that separate the victim from others. Perhaps this sort of dissociation is best understood as emerging from a perceived failure of human association, from a subjective sense that the social system cannot fulfil its function of protecting the individual in this case. Events are traumatic to us in so far as they threaten to pull us out of the social fabric or reveal that fabric to be illusory.

When a child is abused by a parent, the paradox of needing to seek safety from the very source of danger provoking this need leaves the child in a state of “fright without solution” (Hesse and Main, 2006) for which dissociation provides a last desperate escape. In situations where the trauma arises out of accidental circumstances, as in a natural disaster or a car collision, the crisis is more existential than interpersonal, a revelation that the social system can slip hopelessly out of reach in extremis, rather than a rupture within it. An overwhelming accident in which appealing to others is either impossible or pointless is the exception that disproves the rule of social safety. One shuts down, one dissociates, one loses faith “in the absolutisms of everyday life” (Stolorow, 1999, p. 464).

In large part, it is the strength of the victim’s belief that help exists out there, now or in the future, that keeps consciousness involved in a stressful experience. Freyd (2001) distinguishes between betrayal trauma, including sexual abuse, physical abuse or emotional abuse perpetrated by a caregiver, and non-betrayal trauma, including accidents and single attacks by non-related perpetrators. She found that betrayal trauma produced far more high-dissociators than non-betrayal trauma. In the case of betrayal trauma, Freyd (1999) argues, the child employs various non-conscious strategies to prevent the encoding of abusive experiences in order to maintain bonds necessary for survival.

It may be that a subjective sense that an experience can be shared determines whether an individual will keep online the areas of the brain necessary to make sequential sense of it. This feeling of shareability seems to depend on earlier experiences of sharing with caregivers and important others. Lyons-Ruth (2008) found that “maternal communication errors” in infancy and early childhood were the best predictors of adolescent dissociation, more so even than outright physical abuse. A child who lacks early sharing experiences of internal states will have difficulty turning emotions into narratives and will tend to perceive a lack of social recourse in the face of even small threats to the self. What is at stake is the child developing a story sense of who he is, a belief that his experiences project back into the past and forward into the future. As Lyons Ruth (2003, p. 754) puts it, quoting Bach (2001), a parent “can literally murder time for a child.”
Parents can also foster flexible and wide temporal bandwidth in a child simply by holding his future in mind, sharing internal states and elaborating his emotions into stories. Stern (2004) argues that the attachment system in humans arises independently of what he calls the intersubjective motivational system. Autistic children fall into the same attachment categories as normal children despite having difficulties reading minds, sharing feelings and responding to what goes on “between the lines” in conversations. Perhaps it is useful to think of two related systems arising independently in humans. The first is the attachment system, concerned largely with regulating negative emotion. A child cries. The mother comforts the child, figures out what’s wrong and seeks a resolution to the child’s pain. The other we might call the association system (I use the term in opposition to dissociation) concerned with a more metaphorical, less proximate form of connectedness. The association system has to do with sharing attention, sharing intention and all the other affective exchanges in the infant-mother dyad that Stern (1985) identifies as the origins of intersubjectivity, but it evolves its full “purpose” with the acquisition of language, in the merging of similar but separate points of view into stories.

At around the age of three, the hippocampus and temporal lobes develop sufficiently to allow for the emergence of episodic memory, which enables a child to string incidents together into narratives. This ability can be conceptualized as biologically prepared but experience dependent and timed to meet a developmental need. The child is beginning to spend more time out of the home, away from his parents, and now needs to get guidance and comfort after the fact. One could say he is moving into an associated mode of being, where bonds to protective others depend less on here-and-now attachment experiences, but are sustained through the telling of stories that connect the past to the present and point to the future.

The linguist Labov (2006) argued that personal narratives emerge from a process of what he calls pre-construction. Autobiographical stories start with an emotional appraisal, a slightly shocking feeling suggesting that something unexpected has happened that needs further explanation. Labov refers to this as a “reportable event,” a happening out of the ordinary, a rupture in the-way-things-are that requires backward elaboration to be understood. I would add to this Freyd’s (2001) caveat that the event must also be “shareable.” In other words, the person must experience the happening as both sufficiently out of the ordinary to require backward elaboration and also experience it as something that he can share with others without losing a necessary bond. Incidents of incest are highly reportable but not at all shareable, hence the high level of dissociating among incest survivors. Reportability and shareability are the twin pillars of story-telling.

The first tendrils of association or story telling then may be said to begin in infancy, in early intersubjective experiences that involve sharing internal states, the exchange of smiles and frowns, pointing and noticing together, attuned play, etc. (Stern, 1985), creating a sense that one’s inner experiences are inherently shareable and have a match in the environment. Eventually the simple sharing of internal states evolves with language into the sharing of experiences in the form of stories.
When a child runs to a parent crying, more often than not the first thing the parent says is, “What happened?” Small children are held fast to the present tense. A skinned knee is forever. A temporally attuned, associative parent will reflect back the child’s intense feelings without being overwhelmed, putting quotation marks around them, so to speak. Fonagy, Gergely, Jurist and Target (2002) have used the term “markedness” to describe a here-and-now version of this subdued reflective response, arguing that the baby develops secondary representations of primary emotional states by seeing her own fragmented feelings reflected coherently in her mother’s behavior (Fonagy et al., 2002). Fonagy’s “markedness” is a snapshot-like interaction created between caregiver and infant in the present moment. The mother who asks “what happened?” of a verbal child may be said to begin a process of “markedness” through time. She not only reflects the child’s present pain but feels her way with her child towards earlier, related representations of experience that in turn get linked to other representations and eventually sorted out to generate a sequential story with the child as protagonist, a mutually generated, stereoscopic version of “what happened.” The child in turn will grow used to discussing her emotions as felt vicariously by another (in a minor key, in quotation marks) and gradually learn to re-experience her own feelings vicariously, putting quotation marks around them, and to use this light-weight re-experiencing as a vehicle in which to travel backwards and forwards in time. This process is the opposite of dissociation and might best be referred to as association, a form of connecting that happens on multiple dimensions, a linking of teller and listener, a linking of emotion to incident and of incident to incident to form stories, and ultimately a linking of the past to the future.

Although we have mostly spoken about narrative as a form of reconstruction, it is important to keep in mind that the association system functions ideally by integrating two forms of causality, the deterministic and the teleological. In intimate co-narrative constructions, the dyad explains the protagonist’s particular experiential state, say, by sequencing past events, mental or external, leading up to it (deterministic causality), but it does so with an eye toward the protagonist’s development, assuming an overarching purpose (teleological causality). We make the future the organizing force in how we memorialize experiences into “a past.” Loewald (1960) argues that the parent as well as the analyst must stay in tune with the infant/analysand from the “viewpoint of potential growth, that is, from the viewpoint of the future” (p. 20). This is as true for narrative as for any other growth-enhancing interaction. We co-construct the past around an implicit, provisional model of the future.

**A Closer Look at Association: Local Versus Global Evaluations**

The ability to ask and answer the question “What happened?” allows parent and child to experience incidents simultaneously on a “local” and a “global” dimension (Karmiloff-Smith, 1985; Eaton, Collis and Lewis, 1999). The local dimension is our sense of what is happening when we consider only what is going on right now. This might be the terrifying pain of a skinned knee, if we look to the previous example from the point of view of the
The global is our sense of what is happening when we take into consideration what went on before and what is likely to happen after. The words a parent might use to evoke this global dimension in the above case might be: You fell on wet pavement because you were in a hurry to get home for dinner; your knee stings but a band-aid will make it better. It is not hard to see how moving from a local to a global evaluation might relieve this child, who initially feels his pain as sourceless and endless.

The above interaction activates on a narrative plane the child's self-object experiences of mirroring (feeling his immediate pain in his mother's eyes) and idealization (taking on faith his mother's knowledge that this immediate pain is part of a larger, less dire story). The self-object aspects of this emotional transaction form a kind of pre-reflective call and response, whereas, the movement toward globalizing the local hovers above rather than beneath the intentions of the participants. Considered from the perspective of complexity theory, the child's experience of widening temporal bandwidth can be conceptualized as an emergent property of the more traditional, self-object transactions activated during the encounter. The child feels better; he is soothed in the moment. But on a higher-level, equally unconscious dimension, the child hatches in intersubjective time, a time not delimited internally by the beginning and end of desire or pain, nor externally by regular, observable patterns of change in the environment (such as the rising and setting of the sun), but a time negotiated through the give and take of story-telling. The exchanges that give rise to wider temporal bandwidth are mutual but asymmetric. The parent who asks and elaborates on the question “What happened?” can be said to serve as a kind of temporal self-object for her child. Eaton et al. (1999) illustrated how adults contribute to the child's ability to evaluate globally in a remarkable study. The experimenters told a group of children a contemporary fable accompanied by a silent video. The video described a little boy who goes to a friend's house. At the friend's house, the boy spills his soda, and his friend's mother scolds him harshly. The boy grows quiet and refuses to play. Finally he asks to call his mother. The last image of the video shows the boy crying in the arms of his mother. Children under five, when asked to describe the last picture, tended to say simply that the boy is sad with his mother: A local interpretation. Children over nine tended to understand that the boy is relieved to see his mother after being treated badly: A global interpretation. When the five year olds were cued by the adult experimenters (asked more theory-of-mind questions, shown more narrative information) the five year olds were as able as the older children to reach a global evaluation.

I offer an example from my own life. When my daughter was just four, she tended to pee her bed at night, especially if she didn't go potty before going to sleep. One night, she refused to go potty, insisting that she didn't have to go. I said something to this effect: I know you don't have to go, but sometimes when you sit on the toilet, you end up going, and I don't want you to wake up wet in the middle of the night like yesterday. To my surprise, she sat on the toilet and peed. What did I do in this moment? I was able to be with her on the local level of not wanting to pee and yet also insist on a wider perspective that included a sense of her greater future well-being, i.e., staying dry till morning. I don't claim special skills. This is what most parents do many, many times a day without having to think about it, but it is worth underlining that the process involves for the parent
holding onto a local and a global perspective simultaneously, and for the child it requires faith and trust.

With this in mind, we can conceptualize roughly three types of temporally misattuned parents.

**Type 1: Local indulgent.** This describes the parent who caters to a child’s immediate demands without considering the long-term impact. In other words, he allows his child to dictate from the local level. Such a parent would probably allow her child to go to bed without peeing. This parent can be conceptualized as being unable or unwilling to move past the local level herself and consider the big picture of her child existing through time. The child gets her way but receives back from such a parent a temporally constricted sense of herself.

The child will probably learn on her own after a time that peeing at night prevents her waking up wet in the morning. But she will learn this automatically, through conditioning, without acquiring a flexible, relational sense of time. She will likely grow to favor a conditioned mode of being, which allows her to learn only from experience, over an interpersonal, narrative mode, which requires trusting others but gives her access to the wisdom of the ages. This dependence on conditioning, along with the constricted temporal bandwidth that goes along with it, makes such a child highly vulnerable to addiction later on.

**Type 2: Global strict.** This is a parent who ignores and invalidates her child’s immediate needs and desires to enforce a behavior based on an unshared global perspective. The global strict parent would likely force her child to pee without explaining why.

The child of global/strict parents is in danger of seeing the global perspective as inimical to his needs and desires—something to ignore, discount, or rebel against. He will also perceive much of what happens to him as unsharable, which will make him prone to dissociating in the face of stress. The combination of rigidly narrow temporal bandwidth and a tendency to dissociate puts this child at great risk for drug addiction later on.

**Type 3: Local strict.** This parent disciplines his child to conform to his own local needs. The local strict parent would likely have little interest in the question of whether her daughter pees that night or not but might erupt in rage when she wets her bed and wakes him up. Such a parent is stuck himself on the local level, often with a traumatic history, and often with an addiction problem of his own.

Like the child of local indulgent parents, the child of local strict parents will no doubt favor a conditioned mode of being over an associated mode. He will also perceive much of what happens to him as unsharable, again making him prone to dissociating in the face of stress. Needless to say, this child is at the greatest risk for addiction.

These dramatis personae fall on either side of the ideal of being with the child on the local level and simultaneously reflecting on his past and future, an ideal that is less about mastering an educational process than about having love and wisdom. Anyone can do it, but no one can fake it. Moreover, unlike attachment experiences, association experiences ask of the parent an active, rather than a reactive stance. Framing a child’s successes as the outcome of a process, rather than as an entitlement or luck, interceding
when a child’s mistakes threaten his future and, most importantly, helping a child elaborate emotions into stories—these are ways of being with a child that widen his temporal bandwidth. Such a child begins to see himself as both author and protagonist of his life. The incidents that make up such a child’s life develop narrative depth as they accrue new meanings in the shared moments of story-telling. The child begins to live in anticipation of recollection. He has entered an associated or narrative mode of being, one that is always relationally and temporally situated, as opposed to a dissociated or conditioned mode that needs no others nor requires an enlarged band of time.

I propose that this higher-level mode emerges in the co-construction of stories, starting with the implicit dramas enacted between infant and parent, the regulation/rupture/repair cycles described by Beebe and Lachmann (1994) as well as the “lived stories” described by Stern (2004), and culminating in the production of life narratives. Mitchell (2002) writes:

We are our stories, our accounts of what has happened to us. It is not our memories alone that sustain a sense of personhood. The past is too multifaceted and full of details. To have a self, we need a protagonist, someone who does things and to whom things happen. The past needs to be organized into a narrative, or several alternate narratives. No stories, no self. (p. 145)

At times of heightened emotion, when the horizons of the self constrict around a narrow band of time, we may lose this extended, changing sense of who we are, but we can regain it later by recounting the experience, elaborating on the “now” in the past to include a wider story of the self in time. Ricoeur (1992) describes the inseparable correspondence between having a unified, albeit dynamic identity in time and putting one’s experiences into stories:

[Through narrative] chance is transmuted into fate. . . . The person, understood as a character in a story, is not an entity distinct from his or her “experiences.” Quite the opposite: The person shares the condition of dynamic identity peculiar to the story recounted. The narrative constructs the identity of the character, what can be called his or her narrative identity, in constructing that of the story told. It is the identity of the story that makes the identity of the character. (pp. 147–148)

By elaborating our emotions retroactively in the medium of another’s mind in conjunction with ours, a sense of persistent being emerges out of its very discontinuity: a storied self that has a narrative, interpersonally mediated unity, a wholeness ever open to revision. It is in this associated mode that we have access to wide temporal bandwidth, our greatest defense against addiction.

**Treatment**

When children come to treatment, they come to play. When adults come to treatment, they come to tell their stories. The neuroscientist Damasio (1999) distinguishes between
emotions and feelings. Emotions happen in the body and are a call to action, quite literally a push toward motion: “e-motion.” Feelings emerge out of reflection on emotion. It does not seem possible to expand on an emotion without elaborating it into a story, which requires at its base an interaction between a teller and a listener, actual or imagined.

I offer an example of an emotion translated into a feeling as it unfolded in what may appear to be a rather banal session with a patient. Robert was a white collar worker who came from a working class family obsessed with motorcycles. In this particular session, he described feeling “unsettled” for failing to return his brother’s phone call. We spent some time considering his temptation to go to the liquor store, but gradually I sought more narrative content, a move toward a more global evaluation. I asked what his brother may have wanted him to talk about. He told me that his brother was restoring a motorcycle and wanted his advice, adding that he himself was overwhelmed at work and couldn’t give the time. Consequently, he failed to return the call. I knew Robert’s brother was an uneducated laborer and at times envious of Robert. Did Robert worry about how his brother might interpret his “not having the time?” “Yes, somewhat,” Robert explained, but added that he cared himself deeply about this motorcycle restoration and in fact wanted to control the process. The bike was the bike of his father, who had recently died. Robert had a lot to say about the restoration and was afraid that if he told his brother he didn’t have the time to deal with it right now, his impatient brother might do all the restoration himself. So his feeling of “being unsettled” had to do with fear of losing involvement in a memorial to his dead father. It involved love and a quest for a lost connection. This is an approximation, because the delicate, nuanced feeling cannot be separated from its elaboration, and I have no doubt that a different session with a different analyst might have elicited a different narrative and a different feeling, but I also know my patient felt relieved to have been able to begin to figure out with me “what happened,” that his elaboration turned a diffuse “unsettled feeling,” which a year ago he might have suppressed with drugs, into something meaningful and guiding that extended backward and forward into time. I know that elaborating an emotion into a feeling/story involved a widening of temporal bandwidth. I know also that my being able to feel with him this feeling that could only emerge through our mutual immersion in a story we co-created made me feel more connected to him and him to me, and I also know that this itself is important.

To consider more closely how the clinical situation offers an opportunity for a new temporally expansive experience, I offer the following clinical vignette.

**Derek**

Derek is an African-American man who came to me because his wife had discovered his addiction to crack and wanted a divorce. A stroke had left half of Derek’s face paralyzed, which, at certain angles, left him looking like a stone cold killer. Usually he stared away as he spoke, his voice metronomic and flat, but at times he met my gaze in a spontaneous smile that seemed to come straight from childhood. It wasn’t long before inconsistencies in his story brought him to telling me that actually his wife had not uncovered his
addiction. Rather, he had told his wife on his own because he was sick of leading a double life. He added that he was ashamed and disturbed that his wife had not picked up on the obvious signs of his drug use and also by how easily she had gotten over a revelation that revealed five years of dangerous duplicity. His shame at his wife’s non-reaction led us gradually to a history of misattunement and neglect from early childhood, where little good or bad that he did attracted notice.

Derek’s mother and step-father were inveterate alcoholics, and when he remembered them he remembered them lying around in various states of unconsciousness. Derek had been brought up largely by the TV. He described learning to tell time by network programming: When such and such a show was on, he knew his mother would be home soon, or he knew it was time to go to school, etc. Otherwise, there was little to demarcate his day.

How does one come to understand an absence? The eliciting of Derek’s history was a painstaking non-linear process of moving from the local to the global level of evaluation, with Derek’s frequent relapses and temptations pointing the way. Derek’s drug-use came out of moments of emotional suppression and forgetting, and by exploring these moments, gradually we were able to elaborate backwards and get an almost palpable sense of what had been missing in his life. In one session Derek explained that he had “gotten angry for no reason” and had been wanting to use all weekend. He described riding a bike with his son earlier that weekend and “getting high” off of his son’s sheer joy riding with his dad, but later he had fallen into a deep funk. We elaborated a little on his pleasure riding with his son. While he was riding with his son, he found himself reminiscing about riding a bike as a boy himself. He remembered the wind rushing across his face and pretending to be a super-hero. Then it hit him that his pleasure had always been a solitary one. His father had not been around and he had had no adult with whom to share his joy. By allowing his son to share his bike-riding joy with him, Derek only realized more powerfully what he had missed, and he later found himself irritable and angry. We decided that he used the word “for no reason” to describe a state of anger that arose from something that hadn’t happened, rather than from something that had. These were the kinds of sourceless-seeming feelings he tended to want to suppress with drugs, gaps that led to absences in his past. By co-creating narratives that elicited in both of us a sense of the very particular hole he sometimes felt inside of himself, we were able to turn dissociative experiences into associative ones and increase the store of emotionally fraught happenings he considered shareable. Derek was more easily able to expand his temporal horizons even in the face of confusing negative emotions.

One day, Derek sat down on the couch and without looking me in the eye, nearly trembling, told me a story he said he had never told anyone. When Derek was seven years old, he had been sexual with his five year old girl cousin. He did not remember the details, but recalled being discovered naked with her and recalled the rage hurled at him by the family. No one spoke to him about the incident again. He grew up believing that he had committed the most horrible act a person can commit: Sexual abuse of a child. Derek was locked on the local level, stuck in the moment of having been caught naked with this child. I found myself wondering “what happened?” not so much the particulars of the incident itself, but rather what gave rise to it? I asked about his cousin
and what he remembered of her, dredging for context. Gradually, Derek painted a picture
of himself and his cousin being left alone together, without parental supervision, for days
and sometimes nights at a time. He remembered believing that he loved this girl and that
he had begun to think of the two of them as man and wife. It was possible to begin to
speculate on how the two might have found solace from loneliness and fear through each
other, and have made use of the concrete physical pleasure available to them through
their bodies, just as Derek later made use of drugs. We discussed Derek’s shame in relating
this incident and how he would not have been able to share this with me even a month
earlier. He also described his relief in discovering that I did not dismiss what happened
categorically as “sexual abuse of a child” but helped him make contextual, particular
sense of the incident.

Derek returned to treatment the next week and told me he was done using; he
hasn’t used to my knowledge since, for over a year. I do not believe that Derek is cured.
I know, and he knows, that he remains at risk of relapse, and he has had some close
calls since. Nor do I believe his relief at getting this event off his chest is what made the
difference. I do believe that making story sense with a person he grew to trust out of a
particularly shameful event allowed him to see his experiences as intrinsically shareable
and as projecting in a meaningful way from the past into the future. When Derek first
came into my office, he experienced emotions largely as discrete, disorganized, and dis-
continuous self-states. By turning these states into feelings and by relating them one to
another and to another person, the purely local experience became part of a dynamic
ever-changing story that allowed Derek to live in time and to put aside the immediate,
concrete solution of drugs.

Conclusion

Loewald (1972) highlights the importance of time in the work of psychoanalysis:

... the individual not only has a history which an observer may unravel and
describe, but he is history and makes his history by virtue of his memorial activ-
ity in which past-present-future are created as mutually interacting modes of
time. Psychoanalysis is a method in which this memorial activity ... is exercised,
reactivated, and promoted. (p. 408)

An important dimension of our experience of time involves the dynamic expand-
ing and constricting of memory and forethought, which I have called, after Thomas
Pyncheon, “temporal bandwidth.” The ability to maintain flexible temporal bandwidth,
perhaps our greatest protection from addiction, is both fragile and plastic. Developmental
crises and lapses, as well as other psychological factors (such as PTSD and drug use itself)
can tighten and stiffen one’s subjective band of time. At the same time, the elaboration
of emotions into future-oriented stories, in the context of an intimate, meaningful rela-
tionship, not only helps regulate affect states that in the past would have been a call to
use drugs but expands temporal reach, often dramatically loosening the pull of addiction.
References

Addiction and Temporal Bandwidth


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Translations of Abstract

Los pensadores psicoanalíticos suelen mezclar la adicción con el uso de substancias. En cualquier momento del consumo, la substancia puede tener cualidades reguladoras de la emoción e incluso puede parecer que es el substituto simbólico de una persona o una función (teoría que está en el centro del abordaje de la self psychology al abuso compulsivo de sustancias). Sin embargo, la adicción—como opuesto al uso—es un estado que se da a través del tiempo y que representa una pérdida de la elección. Mi idea es que, lejos de ser un acto simbólico, la adicción es un estado anti-simbólico, que arranca al individuo de un modo de ser narrativo, que requiere un contexto humano y un sentido del tiempo amplio y dinámico, para arrojarlo a un modo condicionado o a un modo de feedback somático, que en gran manera se sostiene en el refuerzo positivo y negativo, y tiende a estrechar los horizontes temporales. Un principio de este artículo es que un sentido subjetivo del tiempo rígidamente estrecho, lo que yo denomino “un bajo ancho de banda temporal,” es la característica más prominente de la persona vulnerable a la adicción, una característica ligada al modo de ser condicionado, como opuesto al modo narrativo. Este artículo describe alguno de los caminos más tempranos al bajo ancho de banda temporal y explora cómo el nuevo contexto humano en la terapia, centrado en la
elaboración de los estados emocionales a través de la narrativa, puede permitir un ancho de banda temporal más flexible y dinámico que a menudo reduce de forma clara la atracción de la adicción.

Les penseurs en psychanalyse ont tendance à confondre dépendance et consommation. Une substance, à tout moment de sa consommation, peut avoir un effet de régulation des émotions et apparaître comme le substitut symbolique d'une personne ou d'une fonction (vision centrale de la psychologie du soi). Par contraste, la dépendance est un état qui survient avec le temps et représente une perte de choix. Je crois que, plutôt qu'une action symbolique, la dépendance est un état anti-symbolique, arrachant un individu à un mode d'être narratif ancré dans un contexte humain et dans le dynamisme d'une temporalité large, pour le reléguer à un mode d'être conditionné, ou de rétroaction somatique, lequel repose largement sur le renforcement positif ou négatif et le rétrécissement de l'horizon temporel. Cet article cherche à montrer qu'un sens du temps subjectif restreint, ce que j'appelle «bande temporelle étroite», est un aspect saillant de la vulnérabilité à la dépendance d'une personne, un aspect relié au mode d'être conditionné, par opposition au mode narratif. L'article retrace quelques trajectoires relationnelles précoces qui mènent à cette étroite bande temporelle et explore comment, en psychothérapie, un nouveau contexte humain centré sur l'élaboration narrative des états émotionnels assouplit et dynamise la bande temporelle, ce qui a pour effet de réduire l'attrait de la dépendance de façon marquée.

I pensatori psicoanalitici tendono a coniugare le dipendenze con l'uso di sostanze. In ogni momento in cui se ne faccia uso, la sostanza può avere qualità di regolazione emotiva e può addirittura apparire come un sostituto simbolico di una persona o di una funzione (secondo la teoria che è alla base dell'approccio di psicologia del sé all'abuso di sostanze). Tuttavia la dipendenza—in contrasto con l'uso—è uno stato che interviene nel tempo e costituisce la perdita della libertà di scelta. E' mio convincimento che ben lungi da costituire un atto simbolico, la dipendenza da sostanze sia uno stato anti-simbolico, che strappa l'individuo ad una modalità narrativa di essere, la quale richiede un contesto umano e un senso ampio e dinamico del tempo, e lo vincola ad una modalità condizionata o comunque ad una reazione somatica fortemente ancorata a rinforzi positivi o negativi tendenti a restringere gli orizzonti temporali. Una considerazione centrale di questo lavoro è che un senso soggettivo del tempo rigidamente circoscritto, che definisco “una fascia temporale di bassa ampiezza” è la dimensione più significativa della vulnerabilità di una persona a condizioni di dipendenza, una dimensione connessa ad una modalità di essere condizionata, contrapposta ad una modalità narrativa. Il lavoro identifica alcuni dei percorsi relazionali precoci che portano ad una bassa ampiezza della fascia temporale ed esplora come un contesto umano nuovo in terapia, incentrato sull'elaborazione di stati emotivi e la loro trascrizione narrativa consenta l'accesso ad una fascia temporale più flessibile e dinamica che spesso allenta in modo dirompente la presa della dipendenza.