
“Before chemically dependent individuals can become attached to treatment, they must first get detached from the object of their addiction” (p. 4). Flores introduces the concept of addiction as an attachment disorder, thus allowing clinicians and scholars alike to view addiction as an attempt at self-regulation and self-soothing. This concept is based on the premise that addicted men and women will continue in their addiction or substitute one object of addiction for another until they learn the skills necessary to regulate affect and develop the capacity for interpersonal mutuality and healthy intimacy.

Flores provides a comprehensive understanding of Addiction, Attachment, Self-Psychology, and Intersubjectivity theories, which all form the basis of this theoretical integration and treatment paradigm. Discussing such topics as addiction vs. mental illness, Flores explores the role of abstinence, character pathology, and the theoretical constructs inherent to this pan-theoretical model. Flores substantiates his understanding of each theory through evidence based research and rich clinical vignettes. Both a theory and practice-reference book, he provides the novice and experienced therapist alike with a complex understanding of the multiple dimensions of assessment, dynamic formulation, individual and group therapy, and an acculturation into Alcoholics Anonymous (AA). Flores is able to integrate several domains of thought and bridge the often dichotomous worlds of addictions and psychodynamics. His writing shows fluidity between the depths of his understanding in each of these worlds, often going back and forth from the addicted lens to the classical dynamic lens to his integrated permutation of contemporary dynamic thought vis-à-vis the addicted individual.

He offers a new definition of addiction based on several theories: attachment, ego psychology, and self-psychology. Believing that addiction is a retreat into a “grandiose-self or false-self personality as a way of avoiding the need for attachment”, thus addiction is a manifestation of unmet developmental needs (p. 83). Therefore, the addicted person is always vulnerable to addictive behavior until the self-structure is repaired. “The patient needs a consistent, nurturing, mirroring, holding environment that can contain and manage negative, destructive impulses while giving the patient the opportunity to identify, internalize, and incorporate a healthy set of introjects and internal object representations” (p. 83).

Flores expounds on his definition of both the problem and the solution by citing examples from AA. The 12-step program addresses unmet needs and offers a facilitative environment via AA group dynamics, slogans, sponsorship, working the 12-steps of recovery, and searching for character defects while
making the changes necessary to sustain long-term abstinence. Continually he cites AA as the adjunct treatment of choice for addicted patients; unfortunately many of his vignettes illustrate a simplified version of one’s motivation to attend AA, and an overall willingness to attend AA upon suggestion. Consequently, it gives the reader a stilted view of the addicted patient’s inclination to access AA and lacks examples of other supports (outside of group psychotherapy) for those unwilling to attend the 12-step program.

Flores shifts from theory to practice in the second half of the book and creates a link between attachment theory and treatment. Discussing the contributions of Bowlby and other attachment researchers, Flores discusses the role of Internal Working Models (IWM) and encoded implicit memory as it relates to one’s nervous system. He cites several clinical examples to demonstrate transference and countertransference enactments that either perpetuates implicit memory and IWM’s or permit them to be modified. “From a psychobiological standpoint, psychotherapy is a delicate establishment of a regulatory attachment relationship aimed at stabilizing physiology and emotions, and revising their emotional memory of attachment patterns” (p. 158). From an attachment perspective, to alter the expression of inherently coded “rules” for being in relationship, the therapeutic stance is fully emotionally engaged and steers clear of neutrality, especially as it relates to the addicted individual.

Breaking treatment down into three distinct categories, Flores discusses (1) achieving sobriety; (2) early recovery/abstinence; and (3) advanced/late-stage recovery. Within these three stages are the overarching constructs of Flores’ premise. (1) The addicted person cannot attach until he/she detaches from the object of one’s addiction, often occurring as a process when the psychic pain of addiction and its consequences outweigh the benefits of the particular “drug of choice”; (2) gratification, containment, and support are vital components of sustaining attachments; (3) deficits in self and character pathology must be modified to sustain an addiction-free life.

The “achieving sobriety” phase occurs when the addicted individual has a moment of crisis and the attachment system opens. “Alcoholics and addicts will not remain abstinent unless they derive more pleasure from a chemically free life than they did from their substance abuse” (p. 169). Therefore, receiving satisfaction from interpersonal attachments whether they are primary relationships, therapy relationships, and/or AA is a necessary component to detach from substances and achieve sobriety.

The “early recovery/abstinence” phase incorporates many of Kohut’s contributions and the treatment strategies of self-psychology. This stage of treatment calls on the therapist to maintain the delicate balance of providing optimal frustration and optimal gratification through emotional experiencing and empathic attunement. Striving for affect regulation, Flores discusses the role of alexithymia, somatization of affect, and vulnerability to relapse. This is also the stage where neurological impairments from substances can surface and have been detected in the areas of abstract reasoning, flexible thinking, and fluid intelligence. These impairments can be seen for up to two years from last use of substances, depending on the length and severity of use. Flores also pays special attention to the role of AA during this time period and advocates matching interventions with the patient’s stage of neurological readiness, level of motivation, and stage of change.