Chapter # 7

MORAL MASOCHISM IN SUBSTANCE USE DISORDER: THE PERSPECTIVES OF PSYCHODYNAMIC THERAPISTS

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ABSTRACT
The current study aimed at investigating the manner in which psychodynamic therapists conceptualise and treat moral masochism in patients who use substances. A qualitative methodology was adopted for which five psychodynamic psychotherapists informed by diverse psychodynamic theories and experienced in working with Substance Use Disorder (SUD) were recruited. Five in-depth, semi-structured interviews were conducted with participants and data was analysed using Reflexive Thematic Analysis (RTA). The study yielded several key findings, including the existence of common factors linking moral masochism and substance use-related behaviours, such as the presence of dependency, aggression and a sense of disconnection and emptiness. Themes elicited from the data also included possible motives underlying patients' behaviours, shedding light on how, according to therapists, patients deploy these as coping strategies, defence mechanisms, methods for achieving a temporary sense of control and as attempts to expiate guilt. Essential considerations for therapists treating this patient group were also highlighted, including the relevance of recognising the self-sustaining cycle powering morally masochistic and substance use-related behaviours. Particular transferential challenges faced when treating such patients were also considered. The importance of reflexive practice in order to help navigate specific emerging issues of transference and countertransference was also emphasised.

Keywords: substance use disorder, moral masochism, psychodynamic psychotherapists, reflexive thematic analysis.

1. INTRODUCTION

The concept of moral masochism was first conceptualised by Sigmund Freud in his 1924 paper "The Economic Problem of Masochism", in which he described moral masochists as individuals who experience extreme sensitivity of conscience and moral inhibition that they themselves are not conscious of. Gavin (2010) described how moral masochists, in effect, become confused victims of both their external environment and their own self-sabotaging repetitive behaviour. Within this particular study, this phenomenon was explored in relation to individuals suffering from Substance Use Disorder (SUD), which is defined by the Diagnostic and Statistical Manual of Mental Disorders -DSM 5-TR (American Psychiatric Association, 2022) as "a cluster of cognitive, behavioural and physiological symptoms indicating that an individual continues using a particular substance despite significant substance-related problems" (p. 483).

1.1. Relevance of the Study

This concept of moral masochism is relevant to study in the context of SUD due to the fact that existing literature has often implicitly linked moral masochism to excessive substance use without the nexus being studied in great detail. The goal of studying moral

masochism within the context of SUD is to further clarify dynamics behind these individuals' substance use problems and the relationship that they have with themselves, as observed by the professionals that help them. The rationale behind choosing to investigate this particular research topic from a psychodynamic perspective is due to the fact that moral masochism is a term that was initially coined by the psychoanalytic school of thought, which tends to engage in a more in-depth analysis of the phenomenon. By attempting to add a layer of depth to professionals' understanding of the patient-therapist relationship with these particular patients, this study aims to help therapists treat these patients in a more holistic way, leading to more profound and longer-lasting positive change.

Drug use is proving to be a significant contemporary issue. The UN office of Drugs and Crime (UNODC, 2024) describes how newly emerging synthetic opioids and a record supply and demand of drugs have exacerbated the world drug problem. This has caused drug use to rise to 292 million people in 2022, which shows a 20 per cent increase over 10 years. By investigating drug use and its treatment from a psychodynamic perspective, this chapter aims to generate new creative solutions to this prevalent issue. This aligns it with the aims of the current volume, namely to promote knowledge and apply research to the service of society, thus rendering it appropriate for inclusion within it.

2. BACKGROUND

The following section reviews some of the different views within the existing psychodynamic literature on moral masochism, excessive substance use/addiction and the connections between these two phenomena in order to provide some context for this research.

2.1. The Psychodynamic Conceptualisation and Treatment of Excessive Substance Use

Early psychodynamic conceptualisations of substance use often linked disturbances or fixations in development to addiction (Matusow & Rosenblum, 2013). However, ego psychology took a broader view of the context of patients with addictions, emphasising the role of genetics, co-occurring psychological disorders and the effects of the chemical composition of the consumed substance (Matusow & Rosenblum, 2013). Underdeveloped ego functions, such as judgment, impulse control and reality testing in relation to addiction, are also emphasised by ego psychology (Bellak, Hurvich & Gedeman, as cited in Alvarez-Monjaras, Mayes, Potenza, & Rutherford, 2019).

Object relations theorists and practitioners shifted their focus to the importance of early relationships in relation to substance use. Klein (1946) used an object-relations lens to posit that addicted individuals may view their substance of choice as a concretely good object in the outside world in the absence of good internalised objects inside themselves. Jung (1961), writing from an analytical psychology perspective, referred to alcohol as "spiritus contra spiritum", describing how a craving for alcohol can be considered to be a misfired equivalent to a spiritual thirst for wholeness. The modern psychoanalytic conceptualisation of substance use still tends to focus on intrapsychic phenomena as well as the context of the individual using the substance as opposed to viewing substance use from a disease model lens (Matusow & Rosenblum, 2013).

Some contributions that psychodynamic theory has made with regard to modern treatments for SUD include an emphasis on acknowledging the presence of defence mechanisms working against the self (Punzi & Lindgren, 2018) and on maintaining a positive therapeutic alliance built on qualities like empathy, mutual respect and kindness (Khantzian,

2012). Psychoanalysis may help substance users understand the deeper, often unconscious motives behind their addictive behaviours, while also aiding more positive relationship models to become internalised (Matusow & Rosenblum, 2013). Finally, it is interesting to note that Carl Jung's insights about alcoholism are central to Alcoholics Anonymous' cornerstones of treatment that essentially revolve around spiritual transformation (Forcehimes, 2004).

2.2. The Psychodynamic Evolution of the Concept of Moral Masochism

Ego psychology goes beyond Freud's (1924) initial conceptualisation of moral masochism, offering a more holistic understanding of how moral masochism functions in an individual's life by adding the dimension of ego adaptive functions and ego defence mechanisms. From this perspective, moral masochism can be seen as a form of compensated masochistic adaptive functioning that attempts to repair a damaged ego but fails easily under stress (Socarides, 1958).

An object-relations perspective also views moral masochism as a defensive strategy rather than a suppressed destructive drive that seeks gratification (Gavin, 2010). From the object-relations perspective, repression of aggression is once again an important consideration, with the motive for this repression being the avoidance of losing one's love object (Gavin, 2010). The parent-child relationship also becomes an important consideration here, which if too negative due to possessiveness, rejection or indifference, may lead to the internalisation of a punishing inner mother (Lebe, 1997).

The analytical or depth psychology perspective notes the difference between masochism and sacrifice, as masochism, unlike sacrifice, is self-chosen pain for its own sake that does not serve a larger goal or purpose (Gordon, 1989) and poses a problem due to its repetitive nature (Kutek, Hinton, & West, 2006). In her speculative thesis reviewed by Stein in 2015, Gordon (1987)hypothesised that masochism is closely related to human beings' archetypal need to worship a deity, something that transcends the personal self. However, masochism is the expression of the shadow aspect of this need as the experience of pain has become the end to itself rather than a means of surrendering egotistical needs to reach self-transcendence (Gordon, 1989).

The psychodynamic literature also considers the effect of moral masochism on the therapeutic relationship. Freud (1924) first observed what he called the "negative therapeutic reaction" or negative transference in his patients suffering from moral masochism. He described how patients attempt to satisfy their unconscious sense of guilt by increasing resistance during therapy and by sabotaging positive therapeutic progress (Freud, 1924). Gavin (2010) emphasised the importance of therapists being aware of any sado-masochistic transferential dynamics arising during the therapeutic relationship so that they are able to refrain from automatically reacting to them. This author advocated the importance of taking a curious and exploratory stance towards this particular therapist-patient relationship instead.

2.3. The Relationship between Excessive Substance Use and Moral Masochism

The psychodynamic literature reviewed for this study has revealed several relevant factors connecting the phenomena of moral masochism and excessive substance use. For instance, Gavin (2010) referred to the appearance of early relational trauma, particularly traumatic caregiver-child relationships, in the aetiology of both moral masochism and SUD. This author also stated that excessive substance use tends to be familiar in people who present with masochistic behaviour in clinical practice. Rizzolo (2017) mentioned how patients presenting with moral masochism may engage in addictive behaviour due to disavowed narcissistic needs.

Sigalas (2020) made a direct link between excessive substance use and moral masochism, stating that some individuals who engage in excessive substance use present with a sense of worthlessness and with a need for self-punishment. According to Sigalas (2020), the intrapsychic examination of those who use substances may yield the conclusion that the substance users' compulsive drive towards self-destruction is itself driven by a need for self-punishment. In fact, Freud's notion of the "negative therapeutic reaction", where the patient seems to prefer to hold on to suffering rather than recover, was observed by Sigalas (2020) during his clinical work with substance users. Punzi and Lindgren (2018) also described the self-contempt, primitive defences and self-attacking tendencies evident in their participants who used substances. Ernst Simmel, as cited in Matusow and Rosenblum (2013), linked substance use to masochism by stating that addiction was a form of transmuted aggression against an introjected loved yet hated object. Stein (2015) attributed masochism to the demystification of modern culture and also discussed the manner in which this loss of meaning is often replaced by ideology, celebrity, sex, money and even drugs, an interpretation that may provide a common cause for both excessive drug use and masochism.

3. OBJECTIVES

This study aims to investigate the manner in which psychodynamic psychotherapists conceptualise and treat moral masochism in people suffering from SUD. It aims to shed light on psychodynamic psychotherapists' understanding of the phenomenon and the forms in which they encounter it in their patients who use substances. It also seeks to explore the manner in which they manage it.

The study also endeavours to meet several objectives through this research question. One of these objectives is to compare and contrast the various perspectives of psychodynamic therapists, who subscribe to diverse schools of psychodynamic psychotherapy, on moral masochism. Another objective is the exploration of the particular transference/countertransference-related challenges encountered by psychotherapists within this particular kind of therapeutic relationship. The possible role moral masochism may play in the aetiology and perpetuation of SUD from the perspective of psychodynamic therapists and the implications this may have for treatment is also investigated.

4. METHOD

In this section of the chapter, the rationale behind the chosen research design will be discussed, together with an explanation of recruitment strategies, data collection methods and the process of data analysis.

4.1. Research Design

A qualitative research design was deemed the most suitable option for this study due to its focus on eliciting the experience, meaning and perspectives of participants (Hammarberg, Kirkman, & de Lacey, 2016). This is because the focus of this research study is the psychodynamic therapists' perspectives and the way they are able to make their own conceptualisations through blending theoretical constructs on moral masochism and SUD with the understanding gleaned from their clinical experience.

4.2. Participant Recruitment

Bearing in mind the research question and aims of the research study, the inclusion criteria for participation in this study were:

- Being a psychodynamic psychotherapist or a psychologist in psychotherapy working from a psychodynamic approach.
- Having a strong background in any one school or several schools of psychodynamic theory.
- Being familiar with or having some experience working with SUD.
- Having an ability to understand and explain patients' difficulties from a psychodynamic perspective.

Five psychotherapists or psychologists in psychotherapy with a background in psychodynamic theory and who have worked with patients who suffer from SUD were recruited for this study via convenience sampling. Thus, sampling was conducted in a non-random manner where members who met the inclusion and exclusion criteria for the study were selected according to ease of accessibility and willingness to participate (Etikan, Musa, & Alkassim, 2016). This sampling method was deemed suitable for this study due to the specific population being studied, as professionals who have both a background in psychodynamic therapy and experience treating SUD are not very widely available in Malta. The selected participants included therapists trained in different psychodynamic schools. Two of the participants hailed from an object relations approach, while another was more inclined to take a Jungian/depth psychology approach when working with patients. Lastly, the other two participants preferred to take an integrative psychodynamic approach in their practice. Two of the participants interviewed were male and three were female. The amount of clinical experience working with patients who suffered from substance use disorder ranged from six months to 36 years. As the study was concerned with investigating the perspective and experience of all psychodynamic therapists, the variety of participants and their levels of experience only served to render the data richer, rendering demographics such as sex, gender or age irrelevant to the inclusion or exclusion criteria for this study. As the study is more interested in depth of data and perspectives than breadth, five participants were a sufficient sample to allow for data analysis through reflexive thematic analysis to reap valid results.

4.3. Data Collection

Each participant took part in an in-depth semi-structured interview which lasted between 60-90 minutes. This interview style, with its blend of open- and closed-ended questions, encourages follow up "how" and "why" questions to interviewee answers (Adams, 2015). It offers the opportunity to address both the specificity of the topic of interest and the need to allow sufficient space to explore the participant interpretations and meanings, thus imbuing the study focus with new significance (Galletta, 2013). The interview schedule included questions that were guided by theory and open to lived experience (Galletta, 2013). The structure of the interview consisted of asking participants questions regarding clinical experience and professional background, such as patient groups they work with and the psychodynamic theoretical framework that informs their practice, and regarding more specifically their experience with patients who engage in excessive substance use and behaviours related to moral masochism. Questions about what they think moral masochism means and how they feel it relates to SUD were also asked. During the concluding segment of the interview, participants were asked to talk about how they believe moral masochism affects the therapeutic relationship and on implications for treatment.

4.4. Data Analysis

The method of data analysis chosen for this study was Reflexive Thematic Analysis (RTA) as proposed by Braun and Clarke (2006, 2016, 2021). RTA can be defined as a method of analysis and interpretation of patterns across a qualitative dataset through engagement in

the process of data coding for the purpose of developing themes (Braun & Clarke, 2021). The rationale behind choosing RTA to investigate this particular topic is its usefulness in identifying patterns both within and across data when it comes to different participants' experiences and points of view (Braun & Clarke, 2016). It was therefore deemed suitable for this study since one of the objectives is to compare and contrast participants' different conceptualisations. The RTA process entailed data familiarisation and verbatim transcription of all the data collected, with a noting of any interesting meaningful patterns. This was followed by the collating and labelling or coding of data into meaningful groups. Finally, codes were sorted into potential overarching themes through the use of a thematic map (Braun & Clarke, 2006; Campbell et al., 2021).The final phase of the RTA process consisted of the reviewing of elicited themes and the identification of any coherent patterns at the level of the coded data and the whole data set, appropriately refining codes and themes, collapsing overlapping themes into a single theme and making sure there was enough data present to support each theme (Braun & Clarke, 2006; Campbell et al., 2021). Six main themes were elicited from the data, each subsuming its own unique set of sub-themes. These themes and sub-themes are presented in the table hereunder and will be discussed in further detail in the following section of this chapter.

Table 1.
Table showing the themes and subthemes elicited from the data.

Themes	**Subthemes**
The ego and the self	Dependency
	Splitting
	An inadequate self
Aggression in and out	Rejection of love
	Punishment towards self and other
	Envy
A sense of disconnection	Dissociation
	Existential emptiness

Themes	Subthemes
Underlying motives	Coping strategy
	Mechanism of defence
	The quest for control
	Guilt and reparation
	The shadow self
	Religion as fuel for moral masochism
Essentials for therapists	Recognising the self-sustaining cycle
	The importance of personal life history and context
	Different transference-related dynamics within the therapeutic relationship
Growth and transcendence	Mourning as growth
	Strengthening the ego
	Religion as a support system

4.5. The Ego and the Self

Throughout several of the interviews conducted, it became increasingly clear that the ego, its mechanisms and its level of strength play a central role in the origin and perpetuation of moral masochism and substance use in individuals. The low level of ego strength and the tendency towards dependence exhibited by these patients was discussed. Participants mentioned how in certain patients, the ego becomes dependent on *"turning against the self"* and/or on its drug of choice *"to maintain its stability".* This aligns with Gordon's (1987) and Gavin's (2010) descriptions of people who engage in moral masochism as compliant, passive, helpless and dependent. Participants who work from an object relations perspective also mentioned how these patients tend to engage in *"excessive and aggressive"* splitting mechanisms. This brings to mind Klein's (1946) view that during excessive substance use, the substance being used represents good external objects in the absence of good internal objects. Participants mentioned how patients presenting with moral masochism and SUD often feel inadequate and *"not good enough"*, in line with Punzi and Lindgren (2018) and Sigalas' (2020) reference to the presence of self-contempt and a sense of worthlessness in individuals suffering from excessive substance use.

4.6. Aggression In and Out

The concept of aggression towards the self or others was often mentioned, echoing Freud's (1924/1961) view that moral masochism results from the turning inwards of destructive instinct. Love is rejected in both moral masochism and in substance use, with one participant mentioning a notable *"twist between Eros and Thanatos, love but painful"* in these patients. Another aspect of the presentation of moral masochism and SUD that was

discussed was punishment towards self and others. This sub-theme corresponds with Sigala's (2020) statement that the seemingly compulsive drive towards self-destruction of the person engaging in substance use may indeed be fuelled by a need for self-punishment. When conceptualising these phenomena from an object relations perspective during interviews, the presence of envy was considered an important aspect, especially when discussing the nature of the therapeutic relationship that can arise with such patients. Participants revealed how sometimes patients attempt to damage the therapeutic relationship out of vindictiveness, bringing to light the therapeutic dynamic mentioned by Klein (1957/1975), who postulates that an envious attack might be carried out by the patient against the analysts when their interpretations provide them with relief.

4.7. A Sense of Disconnection

Participants referred to a sense of disconnection in patients, denoted by descriptions such as *"detachment from reality"*, *"derealisation"* and *"almost like entering a trance state"*. There was an emphasis on the importance of clinically assessing these patients' level of *"control"*, capacity for *"inner reflection"* and ability to *"remain responsible"* during emotionally stressful situations. Existential emptiness was another aspect of disconnection that was discussed as a *"primary common trait"* between substance use and moral masochism by one participant. They stated how this emptiness has to do with *"satisfaction or meaningfulness"*, bringing to mind Stein's (2015) assertion that one way of replacing loss of meaning was to resort to substances.

4.8. Underlying Motives

The possible motivations behind morally masochistic behaviour and substance use discussed during interviews may provide some indication of aetiology, thus informing the approach that needs to be taken in treatment. The use of moral masochism as a long-term maladaptive coping strategy and defence mechanism was discussed, such as the use of turning against the self *"to, consciously or unconsciously, gain pity or privileges"* or to *"escape and sweep pain under the rug"*. Moral masochism and substance use were also explored as attempts for gaining control, resonating with Klein's idea of the morally masochistic individual employing projection and introjection as a way of attempting to control external aggression and frustration (Socarides, 1958). Guilt and its expiation were also discussed as drivers for both SUD and moral masochism, corresponding with Freud's (1924/1961) discussion about how excessive ego and superego conflict may give rise to guilt and masochistic pathology, especially in cases where there is a cultural suppression of instincts. This has implications for the Maltese cultural context where the Catholic religion is often practiced as a means of glorifying turning against the self as a *"virtue"* by certain scrupulous individuals. This is in line with Gordon's (1989) and Stein's (2015) discussions about masochism being possibly linked to the misfired attempt to fulfil the archetypal need to worship and venerate. This archetypal Jungian shadow aspect was mentioned during interviews with therapists taking a Jungian perspective, with roles such as the *"helpless victim"* often being observed during therapeutic encounters with both morally masochistic individuals and sufferers of SUD.

4.9. Essentials for Therapists

Throughout the interviews, several issues were discussed that act as important pointers for therapists who work with and treat moral masochism and SUD. One of these is the importance of recognising the self-sustaining cycle of moral masochism and addiction. This is characterised by maladaptive repetitive patterns of behaviour that often feed off each other,

with addiction leading to self-sabotage and self-sabotage leading to addiction as a way of seeking relief. This highly correlates with what Freud termed the repetition compulsion, a term referring to patients' compulsive, repeated exposure to situations resembling their original trauma (Gavin, 2010). Fear of or the unwillingness to change were also discussed as factors that can keep people stuck in this vicious cycle. The different kinds of transference-related dynamics that arise in the therapeutic relationship and the importance of understanding and addressing them in the treatment of this particular patient group was also discussed. Transference-related issues addressed during interviews include the arousal of anger within the countertransference and the emergence of helper-victim dynamics within the therapeutic relationship, both of which could potentially impede therapeutic progress if not understood and addressed.

4.10. Growth and Transcendence

Throughout the interviews, therapists explained the various ways in which they attempt to help individuals transcend and relinquish SUD and morally masochistic behaviours, informed by their own theoretical background and clinical experience. Helping patients learn how to mourn and deal with loss emerged as a possible path towards growth, as this may help patients learn from experience and change their undesirable patterns of doing and being. Participants also emphasised the importance of assessing these patients' ego strength, and that the extent of explorative depth that can be reached in therapy without harming the patient greatly depends on how "essential turning against the self is for the survival of the ego." Leading patients towards gaining awareness of their own difficulties, helping them have more successes in life and bringing to their awareness any of their unacknowledged personality strengths within the context of a safe, strong and respectful therapeutic relationship were all considered as possible ways of increasing ego strength. The support one may experience through forming part of a religious community and the sense of meaning in life that may arise from practicing some form of spirituality were also both discussed as possible healing avenues. This observation echoes Jung's (1961) conceptualisation of the craving towards a substance being a misfired equivalent to a spiritual thirst for wholeness.

5. IMPLICATIONS FOR PRACTICE

One of the main implications for psychotherapy that emerged from the study is the importance of helping patients presenting with moral masochism and SUD find meaning and connection in their lives. Despite this not being a direct aim of psychodynamic psychotherapy, this implication places further emphasis on the need to address this element in treatment. The importance of helping patients gain ego strength through several interventions, together with helping them gain a more internal, rather than external, locus of control, was emphasised. This is significant as both SUD and moral masochism emerged in this study as two different yet coexisting and interlinked forms of an attempt to gain temporary control. The importance of considering patients' life history, personality, issues of impulsivity, childhood trauma, societal and cultural backgrounds, adverse social conditions (e.g. bullying, social rejection and isolation resulting from neurodivergence) was also emphasised. Another therapeutic implication that emerged from this study is the importance of addressing any guilt patients may be experiencing. This is particularly significant given that in the research findings, guilt emerged as a bridging factor between moral masochism and excessive substance use. Helping patients deal with guilt may help decrease the vicious cycle of aggression against the self and the need to seek relief through substance use. Finally, appropriately addressing any transference-countertransference

dynamics also emerged as an important determinant of the quality of treatment received by these patients. Therapists' commitment to maintaining constant sensitivity and genuine, appropriate curiosity when working with these patients was considered crucial. Additionally, therapists' sufficient awareness of their own personal issues and blind spots, attained through personal therapy, supervision and appropriate reflexivity were considered fundamental. They considered these essential in helping them avoid becoming mired in any undesirable transference-countertransference dyads that would impede therapeutic progress.

6. FUTURE RESEARCH DIRECTIONS

Findings elicited from this study offer some interesting possible directions for future research. These include the possibility of a more specific qualitative exploration of the sense of existential emptiness that, as participants agreed, is found in patients presenting with SUD and moral masochism. Another avenue for future research could be the exploration of patients' actual experience of psychodynamic therapy. Comparisons between what patients believe helped them and what their therapists deem therapeutic would also shed further light on the treatment of moral masochism and excessive substance use.

7. CONCLUSION

The key findings gleaned from this study include a number of common factors linking moral masochism and SUD and a number of overlapping motivations underlying these patients' behaviours. These findings also highlighted important issues that therapists must keep in mind regarding the transference-countertransference relationship with such patients. The rich tapestry of complex, coexisting factors highlighted by these findings may help provide psychodynamic psychotherapists with a deeper understanding and clearer direction when treating substance use sufferers who present with elements of moral masochism.

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KEY TERMS & DEFINITIONS

Archetypes: Ancient images present within individuals that have a biological basis and have their origin in the repeated experiences of humans' early ancestors.

Countertransference: The therapist's feelings towards the patient.

Defence mechanisms: Strategies deployed by the ego to avoid dealing with the anxiety that accompanies sexual and aggressive instincts.

Ego strength: Defined by Karush, Easser, Cooper, and Swerdloff (1964) as one's capacity for successful psychological adaptation.

Moral Masochism: Originally defined by Freud (1924) as a "need for punishment" and as a form of "sadism against the self".

Shadow: Morally objectionable tendencies as well as some constructive and creative qualities within individuals that they have repressed and are often unwilling to face.

Splitting: A term derived from object relations theory which refers to a psychological defence mechanism in which a person, usually an infant or child, subjectively separates contrasting aspects of the self and external objects into "good" and "bad", leading to what Klein (1946) termed the paranoid-schizoid position.

Substance Use Disorder (SUD): Defined by the Diagnostic and Statistical Manual of Mental Disorders-DSM-5-TR (American Psychiatric Association, 2022) as ""a cluster of cognitive, behavioural and physiological symptoms indicating that an individual continues using [a particular] substance despite significant substance-related problems" (p. 483).

Therapists: A term used in this specific study to denote psychotherapists or psychologists with a background in, and an understanding of, psychodynamic theory who have worked with patients suffering from SUD.

Transference: Any strong, undeserved positive or negative feelings that a patient may develop towards their therapist that often stem from earlier experiences with parents.

ACKNOWLEDGEMENTS

We would like to thank all the participants who voluntarily dedicated their time to take part in this study which would not have been possible without their valuable contribution.

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