MEDICAL SCIENCES PROCEEDINGS OF THE SHEVCHENKO SCIENTIFIC SOCIETY
Register Login
Open Access, Peer Reviewed
ISSN 2708-8634
ISSN 2708-8642
Founded in 1898

No. 1
2025

Proceedings of the Shevchenko Scientific Society. Medical Sciences **2025**, *1 (77)*. https://doi.org/10.25040/ntsh www. mspsss.org.ua

DOI: 10.25040/ntsh2025.01.18

For correspondence: Danylo Halytsky Lviv National Medical University, Lviv, 69 Pekarska St., Lviv, Ukraine, 69000
E-mail: pavenckyj.o@gmail.com

Received: Mar 30, 2025
Accepted: May 25, 2025
Published: Jun 20, 2025

ORCID IDs

Oleksandr Filts:
https://orcid.org/0000-0002-5350-8305
Kira Sedykh:
https://orcid.org/0000-0003-3528-7569
Yuliia Medynska:
https://orcid.org/0000-0002-5688-0903
John Arden:
https://orcid.org/0000-0003-3620-688X

Author Contributions.
Conceptualization: Oleksandr Filts;
Data Collection and Analysis: Oleksandr Filts, Kira Sedykh, Yuliia Medynska, John Arden
Editing and Final Approval of the Manuscript: Oleksandr Filts.

Conflict of Interest: The authors declare no conflict of interest.

Ethics Approval:The study is theoretical and does not require approval from the bioethics committee.

Funding: The authors declare that the study received no financial support from any funding source.

Medical hypothesis

OUTLINE OF THE CONCEPT OF ADDICTIVE DISORDERS AND TRANSFIGURATIVE PSYCHOTHERAPY (THE LVIV MODEL)

Oleksandr Filts[1], Kira Sedykh[2], Yuliia Medynska[1], John Arden[3]

[1]**Danylo Halytsky Lviv National Medical University, Lviv, Ukraine**
[2]**Poltava National Pedagogical University, Poltava, Ukraine**
[3]**American Psychological Foundation, University of New Mexico, USA**

The article presents an innovative concept of psychotherapy for addictive disorders, named Transfigurative Psychotherapy (Lviv Model). The authors word the theoretical foundations of a psychotherapeutic practice that takes into account the neurobiological, psychological, socio-cultural, and existential dimensions of the addiction phenomenon. The proposed model views addiction as a specific state of excessive psychic stability formed on the basis of an ingrained imagination of "paradisiacal" calm. Ingrained imagination functions as a motivational core that determines repetitive, addictive behavior, emotional isolation from reality, and a loss of psychic flexibility. The authors highlight critical directions in psychotherapeutic work: the development of constructive narcissistic regulation (as the restoration of an internal sense of dignity, significance, and self-worth) and the formation of autonomy (the capacity to make responsible decisions based on one's own needs and values). Narcissistic regulation and autonomy are considered key self-regulation systems that are impaired in the addictive structure. A special place in the model is given to the concept of narcissistic drive—a motivational force that complements the classical psychoanalytic drives (libido and aggression). The narcissistic drive is realized in the personality's striving to leave a trace in society, gain recognition, and experience a sense of meaningful existence. Constructive regulation of the narcissistic drive integrates libidinal and aggressive impulses into socially acceptable forms of behavior and self-expression, which are necessary for the restoration of personality functioning. Transfigurative Psychotherapy moves addiction treatment beyond traditional models of abstinence, focusing instead on the deep psychic and symbolic transformation of the personality.

Keywords: transfigurative psychotherapy, addiction, ingrained imagination, excessive stability, constructive narcissistic regulation, autonomy.

The core problem of addictions psychotherapy:

'From enslavement to destructive narcissism to freedom through

autonomous, constructive narcissistic regulation.'

Introduction

The article presents a significant update of the previous publication on the same topic [1]. It aims to supplement and formulate two interrelated parts of a single innovative concept: the *psychosocial theory of addictive disorders* (addictions) and the original psychotherapeutic approach to the treatment of addictions, which we named the Transfigurative Method. We have chosen a sketchy-descriptive way of presenting our work, meaning we will systematically outline the necessary definitions and hypothetical constructs for their critical analysis. Also, taking into account the innovative nature of most of our approaches to the problem of addictions and their psychotherapeutic treatment, we *fully acknowledge all the existing effective concepts* while maintaining our own interpretation of the proposed principles.

A Special Method of Addiction Psychotherapy

We position addiction psychotherapy as an independent and distinct psychotherapeutic method. That is, we are not referring to existing psychotherapeutic approaches, such as behavioral, psychodynamic, humanistic, emotional-stress, etc., in the treatment of addictions. We are talking about a self-sufficient method of psychotherapy in theoretical and practical terms, suitable for effective work on specific problems of addicted individuals even when they have managed to achieve a more or less long-term state of sobriety.

Thus, this method is based on a *special strategy* for helping people who suffer not only from addictive disorders but also from the broader consequences of addiction-related damage to their life trajectory. This damage, in our opinion, is best characterized by an unconscious position of self-deception (**autapathy**[1]—see below), a kind of illusion of inexhaustible health resources and opportunities, combined with denial of obvious threatening consequences.

To achieve our objective, we needed to:

- filter out existing successful medical, rehabilitation and psychotherapeutic developments in the field of assistance to individuals suffering from addiction;

- identify the problems of personality self-regulation of individuals with addiction that remain unresolved after they have gained sobriety;

- offer a special psychotherapeutic approach to work on and solve these problems.

In its most general form, our strategy is clear: from the self-destructive and stigmatized identity of a perpetually addicted person, even in sobriety, to the mature identity of an autonomous individual with an experience of abuse transformed into a constructive life position.

In other words, from the **restrictive mindset, 'I must not,'** where responsibility for unforeseen circumstances is placed on external constraints such as rehabilitation programs and imposed restrictions, to the autonomous **position** of **'I don't need to,'** where life choices stem from personal responsibility [1].

Brief overview of the problem

Psychoactive substance use has been present throughout human history, ranging from ritualistic practices to casual consumption, abuse and severe pathological addiction. Mold [2] identifies a long period of prehistory of addictions (from the Neolithic to 1800), followed by a stage of their rapid spread (1800–1940s), a short period of formation and standardization of addiction concepts (1950–1980s) and the exponential spread of addictive disorders (from the 1990s to the present). The author notes that the term 'addiction' entered scientific discourse in the 1930s, referring to the problematic use of psychoactive substances when it negatively impacted an individual's economic and social well-being [2]. Research in the early 20th century demonstrated that the effects of drugs extend beyond mere biochemical interactions with the human body and that their impact on the subjective world of drug users and their social life in a broader sense should be taken into account [3].

[1] *Autapathy—self-deception (from Ancient Greek αυταπάτη (autapate)—self-deception, a mistaken understanding of oneself*

Throughout the 20th century, various theories of addictive disorders emerged: Merton [4] emphasized the inability of addicts to achieve social goals through available means; Cloward & Ohlin [5], in their concept of 'double failure,' explained that addicts are unable to use not only socially acceptable but also socially unacceptable means. The manifestations of specific drug culture [6–8], social conditions of substance abuse [9–12], and issues of drug users' identity [13–16] have been studied. Accordingly, Acuff et al. [17] divide all existing models of addiction into three groups: psychologically oriented 'moral models,' biologically oriented models of brain disease, and socially oriented models of choice. The authors attribute the last, third group to the influence of social relationships on the ultimate motivational force of addiction.

Medical and psychological models offer different approaches to the treatment of addiction, ranging from compulsory methods [18] to humanistic developmental and habilitative models [19–20]. The most well-known and well-researched models, in terms of efficacy and effectiveness, are the 12-step models [21–24]. In recent years, new multimodal approaches have been proposed based on the 'synthesis' of different psychotherapeutic modalities, most often a combination of psychodynamically oriented methods with behavioral, humanistic or existential methods in various proportions and combinations [25–30].

The Orpheus program developed in Austria [31–34] deserves special attention, as it is a specific and effective psychotherapy for addictions focused on the 'aesthetic potential' of rehabilitants. The main objective of the Orpheus program modules is to help people achieve a more autonomous and aesthetically fulfilling life. It is important to note, however, that in this program, unlike all other rehabilitation models, abstinence and sobriety are not seen as the sole ultimate goal of therapy; instead, it is a critical stage that opens up opportunities and space for a new life for the patient [34].

The field of the Values-Based Mental Health Practice also has similar features [35–36].

However, the approach that aligns most closely with ours is that of our U.S. colleague and, de facto, co-author-opponent, integrative psychotherapist John Arden [37–39].

Based on these existing approaches, the concept we propose could be defined as a psychosocial model.

The place of addictions among other psychiatric syndromes and concepts

From a psychiatric perspective, addictive disorders characterized by repeated and uncontrolled use of substances or behaviors are, in most cases, closely intertwined with other mental disorders. Ranging from anxiety, panic attacks or depression to psychosis, impaired consciousness, and severe mental consequences of brain damage, addictions can always play a significant role in their comorbidity or exacerbation [40–44].

This is intuitively clear and well-known to clinicians. However, in contemporary psychiatric discourse, the pervasive intertwining of addictions with other mental disorders calls for a distinct classification. This is why addictions are increasingly classified in psychiatry as a 'trans-diagnostic disorder' [45–47].

It is also worth mentioning that in psychiatric terminology, addiction (dependence) is typically defined as a chronic compulsive need to use a substance or engage in a behavior, despite its negative consequences on physical health, mental well-being, and social relationships [48–49].

We believe that describing addictive disorders as 'compulsive behaviors' is inaccurate. The central characteristics of compulsions are a sense of self-alienation, intrusive imposition, and, most importantly, the undesirability of certain states or behavioral rituals. However, this element of undesirability is what fundamentally differentiates addictions from other compulsive disorders. Therefore, we are considering the possibility of a different terminological definition of addictions, namely, disorders that could be called propulsive. That is, to use another medical analogy borrowed from neurology, they are those that uncontrollably 'push' to abuse.

Our definition of addictions (O. Filts)

To present our concept and the new ideas on which it is based consistently, we have chosen a 'circular' approach: definition of addiction, clarification of the main concepts of the definition, and redefinition.

Definition 1. *Addiction (dependence) is a state of excessive psychological stability (excessive psychological homeostasis) rooted in a fixed (ingrained) imagination—an idea of a carefree temporary conditional 'paradise'—leading to a partial or complete loss of psychological flexibility and full interaction with the external world.*

As one can see, this definition introduces two new concepts: *ingrained imagination* and the *excessive stability* formed on its basis. These two concepts lay the foundation for our definition of addictions and, therefore, require consistent consideration and justification.

Ingrained imagination.

Ingrained imagination is defined according to the descriptive characteristics we have identified in the course of practical work and professional discussions. We position fixed imagination as a mental image of a certain situation, dominant and constantly present either in consciousness or in the subconscious (preconscious), and one that determines the prioritization in the choice of behavioral strategies. In simple terms, an ingrained imagination is an imaginary situation, thought, or experience that 'sticks,' imprinting itself in memory and remaining present even when not consciously recognized.

A common and well-known analogy for such imagination is childhood or adolescent dreams of accomplishments, travel, and extraordinary adventures. We can live with these dreams all our lives without ever making them come true. However, ingrained imagination is fundamentally different from ordinary childhood or adolescent dreams: if a dream becomes reality, it no longer bothers us. In contrast, ingrained imagination, which serves as the basis for addictions, **can never be wholly fulfilled or completely resolved.**

The Ingrained Imagination (II) serves as:

1. A motivational 'force' that drives repeated self-fulfillment.

2. Psychologically, II is experienced as anxiety combined with an unquenchable desire for pleasure as a means of calming down in the face of any worries and challenges of reality.

3. Thus, when II manifests in addictive behavior, it acts as an emotional (or energetic) shield, preventing the individual from fully experiencing reality.

3. II constantly requires 'discharge' (Freud, 1895; Friston 2010; Connolly, 2018; Friston et al., 2023), i.e., 'is looking for' any opportunities for fulfillment.

4. Psychologically, II can be described as ***self-deception***, for which we coined the term **'autapathy'**—from the ancient Greek αυταπάτε (*autapa'the*)—*self-deception, misunderstanding of oneself* (literally: *auto*—self, by itself + a *-pathy*—lack of emotions and inspiration).

5. II creates a kind of 'cocoon' of carefreeness and the search for 'heavenly' tranquility, accompanied by the feeling that all manifestations of life and the reality itself 'lose their emotional colors.'

6. II functions as a 'mortal loop': *from Heaven to Hell—and from Hell back to Heaven*. That is, from the desire for a carefree, conditional 'heaven' to the 'hellish' feeling of anxiety and one's own worthlessness—and this goes on endlessly (as a manifestation of a neurophysiological addictive loop).

7. This loop is deadly because neither heaven nor hell can be attained in real life. They are only possible after death, which is why addictive suicides can be considered worldview-based.

To summarize the described features, we can state the following: When the imagination of carefree heaven becomes fixed and insatiable in its fulfillment, when it forms a 'deadly cocoon' and becomes ***the main principle*** *of existence and behavior, addiction is formed.*

However, in this summarizing wording, another concept appears that we have not previously used—namely, the idea of the *basic principle of behavior*. A justified question may arise: How and by what means does ingrained imagination become the fundamental principle of behavior and existence in addicted individuals?

We found the answer to this question in our conceptual approach, which was defined by the authors as the ***concept of excessive stability***.

Excessive Stability and Addictions

Excessive stability is an unnecessary surplus of stability under normal conditions, but it becomes the dominant stabilizing mechanism in certain circumstances. That is, in general, there is no particular need for excessive stability. However, under certain conditions, it does appear. For example, in the development of secondary gain behavior in chronic illness, in OCD as 'stabilizing' rituals, or in social processes—in the form of state corruption. In each of these

examples, one of the system's needs (such as being ill and benefiting from it, stabilizing anxiety in OCD, or obtaining unlawful personal gain by bribing the 'law' in corruption) becomes one of the central tenets of its existence.

In summary, for full-fledged functioning under normal and balanced conditions, excessive stability is not particularly needed. However, under certain circumstances (e.g., when maintaining 'normal' functioning requires significant effort or resources), it still arises and becomes dominant.

Modern science distinguishes two related concepts: Hyperstability and superstability [50].

Hyperstability refers to the maximally rigid and unambiguous behavior of the system in response to a precisely defined situation. Examples: Medical treatment protocols, diplomatic protocol, or religious rituals.

Superstability is the dynamic resilience of a system: Under any changes, a superstable way of functioning tends to return to its 'lawful' state. Examples: Heart rate or breathing frequency after physical exertion, blood pH levels, or unpredictable fluctuations in the financial market.

However, in our case, we are dealing with something different, so we propose the following definition and justification.

Definition 2. *Excessive stability is a state of any living system in special circumstances of reality, where one of the system's local (partial) needs becomes its guiding principle of action.*

Clarification of Definition 2. *Addiction is formed only when the ingrained imagination of a conditional Paradise (immediate satisfaction, carefree existence, or avoidance of 'hellish' concerns) becomes the leading principle of existence—that is when excessive psychological stability is formed.*

In other words, addiction is formed as excessive stability only when the rule of immediate gratification from the addictive factor and carefreeness in response to real-life challenges becomes the dominant principle of behavior and relationships.

Theoretically, it is not difficult to justify another crucial aspect of excessive stability—*the loss of overall system flexibility.* From clinical practice experience, this aspect of addictive disorders is evident. In this publication, we will not dwell specifically on its justification. We can only say that:

a) addiction significantly narrows the range of behavioral and adaptive responses to reality's demands;

b) excessive stability continuously depletes the energy resources of an addicted individual, thereby reducing their ability to respond effectively to unforeseen challenges.

Thus, let us once again reiterate our definition of addictions based on the refined concepts of Ingrained Imagination and Excessive Stability:

Addiction (dependence) is a state of excessive psychological stability (excessive psychological homeostasis), rooted in an ingrained (fixed) imagination of a carefree, temporary, conditional 'paradise,' leading to a partial or complete loss of psychological flexibility and full interaction with the external world.

Practical and Psychotherapeutic Aspects of the Concept

In our clinical and psychotherapeutic work with addicted patients, through extensive discussions with psychotherapists who have personal experience with addiction, as well as through analysis of clinical case descriptions, we have identified that the primary psychological system disrupted in addiction is the self-regulation system in two key areas:

1. Value orientations, primarily self-worth, self-respect, and personal dignity[2].
2. The ability to make independent and self-sufficient decisions.

[2] I suggest treating three important concepts—meanings, values, and senses—as three basic 'regulators' of human behavior. Meaning functions as an internal regulator of psychic integrity and identity. Values serve as a 'sieve' or the main 'channels of the psychic membrane' of the individual's subjective world in its interaction with the external world. And senses act as an external regulator, that is, a set of basic ideas about optimal rewards and reinforcements or punishments that the individual receives from the external world in the process of interaction with it. More on this can be found in a separate work (O. Filts).

We classify the first of these two regulatory subsystems as *narcissistic regulation***,** while we define the second as *autonomy (self-sufficiency)*. Our practical experience shows that even after achieving long-term sobriety or abstinence from addictive substances or behaviors, these psychological self-regulation systems *remain underdeveloped and insufficiently functional*.

Narcissistic regulation of self-worth and self-esteem can manifest in both constructive (socially significant and recognized forms of self-fulfillment) and destructive (harmful to oneself and others) ways. In addiction, it takes on an explicitly destructive form and is further reinforced by *denial-based self-deception (autopathic thinking)* by the addicted individual. Meanwhile, autonomy, as the ability to independently make crucial life decisions and take responsibility for them, is often perceived by addicted individuals as an insurmountable challenge. This, in turn, drives the need to escape into the closed cycle of addiction.

These two self-regulation systems require psychotherapeutic intervention, with the ultimate goal of *achieving a state of recovery***.** Accordingly, three primary focus areas of our addiction psychotherapy method are:

1. Addressing ingrained imagination as the *fundamental psychological phenomenon* underlying the formation of addictive behavior and its impact on self-esteem.
2. Transforming destructive narcissistic self-regulation into *constructive* and socially adaptive behavior.
3. Fostering an *autonomous stance in life*.

Since our approach involves restructuring psychological dispositions ('figures' of mental functioning), we tentatively refer to our method as ***Transfigurative Therapy*.** Simply put, this approach focuses on transforming destructive and self-destructive narcissistic regulation in addiction into a constructive narcissistic regulation of an autonomous personality. In other words, it is about reformatting self-destructive addictive behavior into a dignified social stance.

Constructive Narcissistic Regulation

Psychoanalytic theory has traditionally been based on the concept of two fundamental drives that form the psychobiological foundation of human existence [51–52]. The first is the Libido drive, which embodies the sexually constructive force of life, stimulates the pursuit of pleasure, creative self-expression, and reproduction, and fulfills the innate need to leave a mark on the natural environment. The second fundamental drive, Aggression (Thanatos, Mortido), is responsible for self-preservation, protection from external threats, and, in certain contexts, self-destructive tendencies aimed at the cyclical renewal of the species. The interaction and balance of these two drives ensure a dynamic equilibrium, allowing a body to adapt to environmental changes, preserve vital energy, recover from crises, and sustain itself through offspring [53–58].

Modern neurobiological research supports these largely intuitive psychoanalytic insights, drawing on Karl Friston's Free Energy Theory [59–67].

However, in contrast to other species, human existence extends far beyond biological survival. Humans create culture—a unique environment that not only facilitates survival but also enables creativity and enrichment of the world with symbols, ideas, and material artefacts [68–69]. This requires additional motivational force transcending the classical drives of Libido and Thanatos. Our school of addiction psychotherapy proposes expanding this traditional paradigm by introducing the hypothetical concept of the 'narcissistic drive.'

This additional motivational force corresponds to *the innate human need to leave a personal trace on culture and society, to experience significance and dignity within a reference group, and to realize* ***inner (self)cognitive potential*** *through symbolic self-expression.* Our hypothesis aligns with Mark Solms' [70] argument that fundamental drives extend beyond those traditionally recognized, with some being more 'emotional'' than purely 'biological' [70–72]. It also resonates with the contemporary psychoanalytic discussions on the existence of a distinct epistemic drive in humans [73].

To summarize the triadic model of fundamental human drives, we can say:

> If the Libido drive ensures the biological need for reproduction, and the Aggression drive ensures survival and the cyclical nature of reproduction, then the Narcissistic drive serves the need for existence within culture as the specific evolutionary environment of human life.

Given this specificity, it becomes essential to describe a regulatory mechanism that integrates all three drives into a single harmonious system. This mechanism is precisely *constructive narcissistic regulation***.**

Constructive narcissistic regulation is defined as *the process of integrating libidinal and aggressive drives in service of narcissistic homeostasis, which enables an individual to manifest themselves within the socio-cultural space with a sense of meaning, dignity, and value.* This process allows not only for the adequate sublimation of internal impulses but also facilitates the development of healthy object relations, which are essential for the harmonious functioning of the personality.

Constructive narcissistic regulation acts as a bridge between primary biological needs and socio-cultural human needs. On the one hand, it helps maintain inner balance, allowing a person to recognize their uniqueness and significance. On the other hand, it opens opportunities for creative self-expression, ambition fulfillment, and the search for meaningful orientation within society.

The practical application of the concept of constructive narcissistic regulation is of particular significance in addiction psychotherapy. After undergoing medical treatment and rehabilitation programs, the final stage of the therapeutic process involves deep psychodynamic work aimed at restoring the integrity of the psychic structure, strengthening the sense of self-worth, and establishing healthy relationships. Achieving constructive narcissistic regulation enables individuals not only to break free from addictive behavioral patterns but also to consciously take control of their lives, face external challenges, and create their own unique life stories. A theoretical perspective that views human mental life as an arena for the integration of Libido, Mortido, and the narcissistic drive opens new horizons in understanding the mind, human creativity, self-expression, and the formation of deep social connections.

Autonomy

By autonomy—literally, 'self-lawfulness'–we do not mean an abstract ideal of absolute self-sufficiency, which in real life can manifest in both positive and destructive ways, such as tyranny, despotism, or the pleasure derived from unrestrained power.

Instead, we define autonomy as the ability to determine one's life path independently, in accordance with one's natural abilities, for personal benefit without harming others.

Autonomy is the ultimate goal of our approach. We consider it in two key aspects:

a) taking *responsibility* for one's self-determined actions and ways of self-fulfillment while respecting the principles of coexistence;

b) achieving psychological *non-dependence*, meaning *freedom* from the rigid dictates of biological urges, while fulfilling needs through constructive narcissistic self-regulation and socially adaptive behavior.

Thus, autonomy holds profound therapeutic value in our approach, as we link the possibility of individuals returning to a self-sufficient life position with the 'transfiguration' of the fundamental addiction rehabilitation taboo '*I must not use under any circumstances'* into the life credo *'I don't need to.'* Psychotherapeutic work with addicted individuals over a one-year period in inpatient settings demonstrates that the internalization (acceptance as an internal behavioral regulator) of such a credo—'no need to'—is perceived by our patients as a key achievement.

Final Remarks

This publication does not delve into specific psychotherapeutic techniques used to implement our concept. These aspects, along with an expanded analysis and the first efficacy results of our approach, will be discussed in future publications.

For now, we note the following:

1. Psychotherapy is performed in an inpatient (24-hour stay) setting for *a minimum of one year*.
2. We define the inpatient setting as a *safe and secure transitional space* for both patients and therapists.
3. The therapy is group-based, conducted twice daily for six months, then once daily for the following six months.
4. Behavioral boundaries are 'liberal,' but linguistic boundaries *(prohibition of slang and profanity) are strictly enforced* in group work.
5. Preliminary results of Transfigurative Addiction Psychotherapy:
    - 29 participants;

- 9 completed the one-year program (all remain sober for over a year);
- 11 continue participation;
- 9 left prematurely, of whom 4 relapsed.

Work on the theory and implementation of transfigurative addiction psychotherapy continues. Our clinical findings contribute to both addiction psychotherapy and comorbid disorders, revealing new perspectives for applying the transfigurative approach to broader clinical contexts. Future publications will focus on these developments.

Acknowledgments

The development of this approach would not have been possible without ongoing discussions with fellow psychotherapists and rehabilitation professionals with experience of addiction within the online 'Brainstorming' group, to whom I extend special thanks: Halyna Biryukova, Anzhela Borshchevska, Lyudmyla Hrebin, Oleksandra Nizdran, Iryna Zhuravska, Viktoriya Zabor, Serhiy Kyrylyuk, Andriy Kotsyuba (†), Maryna Manevska, Yuliia Medynska, Svitlana Mykhayliv, Nataliya Nalyvaiko, Oleh Olyshevskyi, Volodymyr Pryshlyak, Kira Sedykh, Serhiy Sedykh, Olha Sydorenko, Denys Starkov, Oleksandr Fedorets, Oleh Fitkalo, and Roman Yaz.

Additionally, special thanks to:

- John Arden (USA),
- Alfred Pritz (Austria),
- Janos Harmatta (Hungary).

References

1. Filts O. Psychotherapy of addictions: A conceptual sketch. Ukr Psychoanal J. 2024;2(3):90–100. https://doi.org/10.32782/upj/2024-2-3-9
2. Mold A. The history of addiction concepts: from 'addiction' to 'addictions'. In: Cook C, editor. The Sage Handbook of Addiction Psychology. London: Sage; 2024. p. 1–xx.
3. Weinberg D. Sociological perspectives on addiction. Sociol Compass. 2011;5(4):298–310. https://doi.org/10.1111/j.1751-9020.2011.00363.x
4. Merton RK. Social structure and anomie. In: Gangs. London: Routledge; 2017. p. 3–13.
5. Cloward RA, Ohlin LE. Delinquency and opportunity: A study of delinquent gangs. London: Routledge; 2013. https://doi.org/10.4324/9781315007274
6. Bourgois PI, Schonberg J. Righteous dopefiend. Berkeley: University of California Press; 2009.
7. Johnson BD. Toward a theory of drug subcultures. NIDA Res Monogr. 1980;30:110–119.
8. Rosenbaum M. Women addicts' experience of the heroin world: Risk, chaos, and inundation. Urban Life. 1981;10(1):65–91. https://doi.org/10.1177/089124168101000104
9. Sutter A. Playing a cold game: Phases of a ghetto career. Urban Life Cult. 1972;1(1):77–91. https://doi.org/10.1177/089124167200100105
10. Amaro H, Sanchez M, Bautista T, Cox R. Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. Neuropharmacology. 2021;188:108518. https://doi.org/10.1016/j.neuropharm.2021.108518
11. Galea S, Nandi A, Vlahov D. The social epidemiology of substance use. Epidemiol Rev. 2004;26(1):36–52. https://doi.org/10.1093/epirev/mxh007
12. Hunt G, Barker JC. Socio-cultural anthropology and alcohol and drug research: towards a unified theory. Soc Sci Med. 2001;53(2):165–188. https://doi.org/10.1016/S0277-9536(00)00329-4
13. Denzin NK. The alcoholic society: Addiction and recovery of the self. New Brunswick (NJ): Transaction Publishers; 1993.
14. Rødner S. "I am not a drug abuser, I am a drug user": A discourse analysis of 44 drug users' construction of identity. Addict Res Theory. 2005;13(4):333–346. https://doi.org/10.1080/16066350500136276
15. McKeganey JM. Identity and recovery from dependent drug use: The addict's perspective. Drugs Educ Prev Policy. 2001;8(1):47–59.
16. Etherington K. The impact of trauma on drug users' identities. Br J Guid Couns. 2007;35(4):455–469. https://doi.org/10.1080/03069880701594795

17. Acuff SF, Strickland JC, Smith K, Field M. Heterogeneity in choice models of addiction: the role of context. Psychopharmacology (Berl). 2024;241(9):1757–1769.
18. White W, Miller W. The use of confrontation in addiction treatment: History, science and time for change. Counselor. 2007;8(4):12–30.
19. White W. The historical essence of addiction counseling. Counselor. 2004;5(3):43.
20. Brooks F, McHenry B. A contemporary approach to substance use disorders and addiction counseling. Hoboken (NJ): John Wiley & Sons; 2023.
21. Lindeman RS. The efficacy of the twelve steps of Alcoholics Anonymous in the treatment of alcoholism. J Psychoactive Drugs. 1993;25(4):337–340. https://doi.org/10.1080/02791072.1993.10472292
22. Kaskutas LA, Subbaraman MS, Witbrodt J, Zemore SE. Effectiveness of making Alcoholics Anonymous easier: A group format 12-step facilitation approach. J Subst Abuse Treat. 2009;37(3):228–239. https://doi.org/10.1016/j.jsat.2009.01.004
23. Kelly JF, Abry AW. Leave the past behind by recognizing the effectiveness and cost-effectiveness of 12-step facilitation and Alcoholics Anonymous. Alcohol Alcohol. 2021;56(4):380–382. https://doi.org/10.1093/alcalc/agab010
24. Leurent M, Ducasse D, Courtet P, Olie E. Efficacy of 12-step mutual-help groups other than Alcoholics Anonymous: a systematic review and meta-analysis. Eur Arch Psychiatry Clin Neurosci. 2024;274(2):375–422.
25. Perrotta G. Affective dependence: from pathological affectivity to personality disorders: definitions, clinical contexts, neurobiological profiles and clinical treatments. Health Sci. 2021;2(1):6.
26. Feingold D, Tzur Bitan D. Addiction psychotherapy: going beyond self-medication. Front Psychiatry. 2022;13:820660. https://doi.org/10.3389/fpsyt.2022.820660
27. Carreno DF, Pérez-Escobar JA. Addiction in existential positive psychology (EPP, PP2.0): from a critique of the brain disease model towards a meaning-centered approach. In: Wong PT, editor. A second-wave positive psychology in counselling psychology. London: Routledge; 2023. p. 145–165.
28. Sharma MK, Anand N, Tadpatrikar A, Marimuthu P, Narayanan G. Effectiveness of multimodal psychotherapeutic intervention for internet gaming disorder. Psychiatry Res. 2022;314:114633. https://doi.org/10.1016/j.psychres.2022.114633
29. Yılmazer E, Çınaroğlu M. Transformative emotional journeys: reconceptualizing guilt, shame, hope, and compassion in addiction therapy. Meriç Ulus Sos Stratej Araşt Derg. 2024;8(2):123–156. https://doi.org/10.54707/meric.1473774Nuryono W. Cognitive behavioral counseling vs family counseling: which motivational interviewing is more effective to reduce game addiction in adolescents? Edu Consilium. 2024;5(1):1–16. https://doi.org/10.19105/ec.v5i1.12469
30. Nuryono W. Cognitive behavioral counseling vs family counseling: which motivational interviewing is more effective to reduce game addiction in adolescents? Edu Consilium. 2024;5(1):1–16. https://doi.org/10.19105/ec.v5i1.12469
31. Musalek M. Social aesthetics and the management of addiction. Curr Opin Psychiatry. 2010;23(6):530–535.
32. Musalek M. Ressource-oriented treatment of addiction – the Orpheus Programme. Eur Psychiatry. 2011;26(S2):2017. https://doi.org/10.1016/S0924-9338(11)73720-8
33. Musalek M. Ressourcenorientierte Suchttherapie: Grundlagen und Methoden des Orpheus-Programms. Stuttgart: Kohlhammer Verlag; 2024.
34. Musalek M, Bernegger G, Scheibenbogen O. Social aesthetics and mental health. 2022. https://urn.fi/URN:NBN:fi:aalto-202203222323
35. Stoyanov D, Fulford B, Stanghellini G, Van Staden W, Wong MT. International perspectives in values-based mental health practice: case studies and commentaries. Cham: Springer Nature; 2021. p. 436. https://library.oapen.org/handle/20.500.12657/43274
36. Poltrum M, Musalek M, Galvin K, Saito Y. The Oxford handbook of mental health and contemporary Western aesthetics. Oxford: Oxford University Press; 2024.
37. Arden J. Mind-brain-gene: toward psychotherapy integration. New York: WW Norton & Company; 2019.
38. Arden JB. Rewire your brain: think your way to a better life. Hoboken (NJ): John Wiley & Sons; 2010.
39. Arden JB. Brain2Brain: enacting client change through the persuasive power of neuroscience. Hoboken (NJ): John Wiley & Sons; 2015.
40. Schuckit MA. Comorbidity between substance use disorders and psychiatric conditions. Addiction. 2006;101(Suppl 1):76–88. https://doi.org/10.1111/j.1360-0443.2006.01592.x
41. Palomo T, Archer T, Kostrzewa RM, Beninger RJ. Comorbidity of substance abuse with other psychiatric disorders. Neurotox Res. 2007;12(1):17–27.

42. Brady KT, McCauley JL, Back SE. The comorbidity of post-traumatic stress disorder (PTSD) and substance use disorders. In: el-Guebaly N, Carrà G, Galanter M, editors. Textbook of addiction treatment: International perspectives. Milan: Springer; 2021. p. 1327–1339.

43. Fiorentini A, Cantù F, Crisanti C, Cereda G, Oldani L, Brambilla P. Substance-induced psychoses: an updated literature review. Front Psychiatry. 2021;12:694863. https://doi.org/10.3389/fpsyt.2021.694863

44. Watts AL, Watson D, Heath AC, Sher KJ. Alcohol use disorder criteria exhibit different comorbidity patterns. Addiction. 2023;118(8):1457–1468. https://doi.org/10.1111/add.16121

45. Roefs A, Fried EI, Kindt M, Martijn C, Elzinga B, Evers AW, et al. A new science of mental disorders: using personalised, transdiagnostic, dynamical systems to understand, model, diagnose and treat psychopathology. Behav Res Ther. 2022;153:104096. https://doi.org/10.1016/j.brat.2022.104096

46. Özdemir O. Transsemptomatic diagnosis as a replacement for transdiagnostic approach in psychiatry. Psikiyatride Guncel Yaklasimlar. 2024;16(1):138–145.

47. Tenekedjieva LT, McCalley DM, Goldstein-Piekarski AN, Williams LM, Padula CB. Transdiagnostic mood, anxiety, and trauma symptom factors in alcohol use disorder: neural correlates across 3 brain networks. Biol Psychiatry Cogn Neurosci Neuroimaging. 2024;9(8):837–845. https://doi.org/10.1016/j.bpsc.2024.01.013

48. Hasin DS, O'Brien CP, Auriacombe M, Borges G, Bucholz K, Budney A, et al. DSM-5 criteria for substance use disorders: recommendations and rationale. Am J Psychiatry. 2013;170(8):834–851. https://doi.org/10.1176/appi.ajp.2013.12060782

49. Roberts LW, Louie AK, editors. Study guide to DSM-5®. Washington (DC): American Psychiatric Publishing; 2014.

50. Brzdęk J. Some comments on the superstability of a general functional equation. Symmetry. 2024;16(12):1654. https://doi.org/10.3390/sym16121654

51. Freud S. A general introduction to psychoanalysis. Auckland: The Floating Press; 2014.

52. Bateman AW, Holmes J, Allison E. Introduction to psychoanalysis: contemporary theory and practice. London: Routledge; 2021. https://doi.org/10.4324/9780429355110

53. Freud S. Esquisse/Entwurf. Document de travail. Hommel S, translator. 1895. Available from: https://bulk.lutecium.org/mirror/www.valas.fr/IMG/pdf/sigmund_freud_oeuvres_pas_toutes_1.pdf

54. Freud S. On narcissism. In: Literary theory: an anthology. Oxford: Blackwell; 1914.

55. Freud S. Beyond the pleasure principle. Vol. 18. London: Hogarth Press; 1948.

56. Freud S. Three essays on the theory of sexuality: the 1905 edition. London: Verso Books; 2017.

57. Dravers P. The drive as a fundamental concept of psychoanalysis. Psychoanal Notebooks. 2011;(23):117–149.

58. Berzoff J, Schamess G. Drive and beyond: Freud's psychoanalytic concepts. In: Berzoff J, Flanagan LM, Hertz P, editors. Inside out and outside in: psychodynamic clinical theory and psychopathology in contemporary multicultural contexts. 4th ed. Lanham (MD): Rowman & Littlefield; 2016. p. 14–46.

59. Friston K. The free-energy principle: a unified brain theory? Nat Rev Neurosci. 2010;11(2):127–138.

60. Friston K, Da Costa L, Sajid N, Heins C, Ueltzhöffer K, Pavliotis GA, Parr T. The free energy principle made simpler but not too simple. Phys Rep. 2023;1024:1–29. https://doi.org/10.1016/j.physrep.2023.07.001

61. Parr T, Pezzulo G, Friston KJ. Active inference: the free energy principle in mind, brain, and behavior. Cambridge (MA): MIT Press; 2022.

62. Rabeyron T. Beyond the death drive: entropy and free energy. Int J Psychoanal. 2021;102(5):878–905. https://doi.org/10.1080/00207578.2021.1932514

63. Rabeyron T. Psychoanalytic psychotherapies and the free energy principle. Front Hum Neurosci. 2022;16:929940. https://doi.org/10.3389/fnhum.2022.929940

64. Salas C, Turnbull O, Solms M, editors. Clinical studies in neuropsychoanalysis revisited. London: Routledge; 2021.

65. Sikora G. An economic model of the drives from Friston's free energy perspective. Front Hum Neurosci. 2022;16:955903. https://doi.org/10.3389/fnhum.2022.955903

66. Holmes J. Friston's free energy principle: new life for psychoanalysis? BJPsych Bull. 2022;46(3):164–168. https://doi.org/10.1192/bjb.2021.6

67. Kernberg OF. Psychoanalytic object relations theory revised: affect systems and the notion of drives. Int J Psychoanal. 2024;105(5):790–803. https://doi.org/10.1080/00207578.2024.2397282

68. Spencer-Oatey H, Franklin P. What is culture? A compilation of quotations. GlobalPAD Core Concepts. 2012;1(22):1–21.

69. Fox RG, King BJ, editors. Anthropology beyond culture. London: Routledge; 2020.

70. Solms M. Revision of drive theory. J Am Psychoanal Assoc. 2021;69(6):1033–1091. https://doi.org/10.1177/00030651211057041
71. Kernberg O. Comments on the "New Project for a Scientific Psychology: General Scheme" by Mark Solms. Neuropsychoanalysis. 2021;23(2):111–114. https://doi.org/10.1080/15294145.2021.1983453
72. Solms M. Reply to commentaries. J Am Psychoanal Assoc. 2022;70(6):1169–1181. https://doi.org/10.1080/15294145.2025.2512523
73. Blass RB. A psychoanalytic understanding of the desire for knowledge as reflected in Freud's Leonardo da Vinci and a memory of his childhood. Int J Psychoanal. 2006;87(5):1259–1276. https://doi.org/10.1516/AV50-5C24-YLHN-HBX5