

Psychoanalysis, Mental Health and Drug Issues

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Abstract

This article aims to discuss some of the problems we can encounter in addressing drug issues, especially in Brazil. It also shows, through the work of some authors, that psychoanalysts must go beyond the frontiers of psychoanalysis itself—overcoming elaborations that individualize the problem through concepts such as personality or structure—to enable a new understanding that can guarantee different strategies of intervention. At the end, it points out questions opened from the indicated problems, which are referring to the discourse of capitalism in the present time.

Keywords

Drug Addiction, Consumer Culture, Mental Health, Psychoanalysis' Frontiers, Public Policy's Limits

1. A Controversial Context

The contemporary reality, especially the Brazilian one (Lemos, 2012), where the distance between the official public policy and the culture that guides the common citizen and the actions of some governmental sectors—such as the military police—is abysmal, has placed new challenges regarded to how certain issues have been addressed: generally we are conformed with simplistic positions—because they are reductionist, hierarchical and stigmatizing, besides standardized and moralist.

Currently the objects which we live with, we talk about and on which we intervene, have become much more complex: this is the case of alcohol and other drugs, whose social, psychological, economic, political and philosophical implications are evident and indicate the need for a new approach that is not only wide—considering the tripod: society/drug/individual (Olievenstein, 1984)—but

to where it should converge different knowledge and theoretical and technical contributions, wishing, however, to a radical decolonization of the territory.¹

From our point of view, some problematic factors narrowed and twisted our way of thinking and acting in relation to the theme:

1) It is common to consider such objects (alcohol/drugs) as natural data and not as socially constructed objects: we forget the indications from Michel de Montaigne:

“For everything there is the name and the thing, and that although the name is its word mark and signifies the thing, in the various speeches about it that are produced, the name is not part of it, but it is incorporated to it, is an accessory added to it.” (Pattio, 2009)

Any chemical agent that alters the biochemical or physiological processes of tissues or organisms, circumstantially legal or illegal, is called “drug”. However, when in everyday life we say “life is a drug”² we’re rarely using the expression referring to Aspirin® or Ritalin® effects, for example, but to another discursive context, vastly different. And none of it is innocent.

2) But, distracted of this “small” feature, we fail to realize of what Michel Foucault told us:

“In every society the production of discourse is at once controlled, selected, organized and redistributed by a number of procedures which are designed to conjure their powers and dangers, dominate its random event, dodge their heavy and formidable materiality (...).” (Foucault, 2006: pp. 8-9)

What we see then is that the various relationships with such objects (alcohol/drugs) have been marked by a spontaneous inclination to dualistic thought, to dichotomization—good/bad; licit/illicit; normal/abnormal; the world of the good common life/the underworld of the marginal lives; etc. unable to overcome the opposition body/mind; individual/society; nature/culture; result of thinking and not an already given fact.

Note that, therefore, the various intervention strategies in this field were, as a rule, sealed by a warlike nature: aren’t the often used watchwords in the social movements: fight, combat, war? So, this feature gives us a false impression, it leads us to understand that alcohol/drugs phenomena would be an alien phenomenon, a foreign body to society, a foreign enemy that came from “outside” to settle in our environment, to pollute our good lives!

This conception turned out to establish the ideal of an aseptic society, that is, pure and clean, completely free from all evil. And, what is more dangerous, it can lead us to believe that all the “weapons” would be good and that all the

¹Claude Olievenstein (1984) for more than 30 years insisted that “drug addiction results from the meeting between a product, a personality and a socio-cultural environment”, “it does not happen in isolation... it is a symptom of a malaise in civilization, a malaise of the subject in relation to his own development.”, 19-20.

²In Brazilian-portuguese spoken language, the expression is equivalent to “life sucks!”

“warriors”—family, school, community, police, etc.—as well as “all forms of combat, all wars” would be, if not good, at least, legitimate.

This configuration, this way of thinking and acting, according to our point of view, has three truly dire consequences into the debates on the topic:

1) The first is that one who tries a search for scientific rigor, for a rationally and well argued and ethic discussion, is taken to the position of “*persona non grata*”, because he causes moral panics, power passions and instinctual fury: it is as if he were so enemy as the drug itself! Try to argue, in the context of public health, that although it is true that the drug can kill and addiction can disable many people for studying and working, it is also true that the labor market does not exploit even a half of the workforce available³ and the public schools leave out thousands of children and young people who has never been drugged! Or, if one shows, statistically, that trafficking and drug war kills more than overdose, including children and workers affected by their stray bullets! Even if you are saying that crime and smuggling are the real public health problems in Brazil, apprehensive glances will be directed to you from every corner. Or try to remind the participants of a debate that pharmacies in Brazil, in the past, have already sold marijuana cigarettes for anorexic patients or cocaine drops for toothache, or that the East India Company, a private company, eager to profits, recognized by the English state, was holding the monopoly of opium cultivation and the right to be the only overseeing of its refinement and sale, and that Britain has even defended it declaring war on China for this cause! Even if you are trying to show that criminologists, sociologists and historians need to study more deeply the relationship between legal/illegal, crime/violence, and so on, even in academic circles, suspicion will be the keynote.

2) The second consequence of that configuration is that by transforming others—such alcohol/drugs consumers and dealers into “aliens”—in a patient or a delinquent, we “exclude them inward” to the interior of our institutions through social devices: medical, psychological, legal and criminal. With this operation we mean, among other things, that the label and stigma operate to appease our anxiety and tranquilize us: they are the abnormals and are being treated, they are the criminals and are being punished!

But it turns out that the logic of the drug is the logic of consumption: which means that all soda, automobile, all jeans dream of being a drug, they dream of being consumed without limits as cocaine which, incidentally, has an advantage as it saves on marketing, it is free from the fashion movements, etc. It is the same logic of “the more, the better” which is present in our daily lives! Anything goes to sell more, both in traffic and in the common market. More beer, more speed, more muscles, more sensations, more lust, more adrenaline... why less marijuana?

³The *Reportagem* magazine, in 2005/January, published a research made by the *Instituto Brasileiro de Inovação em Saúde Social* showing that trafficking in Rio’s ghettos, at that time employed more than 1200 young people under 18 years old, compared to over 3 thousand employed in the labor market! “For those people who are left aside, trafficking and crime are not the problem, they are a great solution!” See Kehl, 2003.

In fact, the drug's logic is adored by contemporary industrial societies and also in Brazil; drug culture and spectacle has been exported by the United States ever since; the exciting aesthetics and numbing of drugs are even filmed so that we can consume it.

3) The third consequence is that wars are going down, battles are getting empty and losing its senses, because just a few one can support the idea that life, as a benefit by itself, should be maintained at any price. And when the ideal of a "drug free society" shifts to the individual plan—a "life without drugs"—then the problem is more complicated! Because we reached a point in which living without being able to foresee, even remotely, some welfare, happiness or freedom; living submitted to humiliation, indignity or physical and moral misery; existing without the awareness of being alive—as it is the case of severely disabling physical injuries—all those things eventually withdraw from life its precious character. We learn to respect it, since life has a meaning. We cannot live without knowing "what for", that is, we cannot survive if the sense of the existence value goes away, if we are relegated to the socio-cultural futility if, as we have indicated, our life is "grass", if life sucks!

Is it really true that cocaine trafficking problem is in Colombia, in the hills of Rio, in Sao Paulo slums or police corruption? Or the motives that are leading adults and teenagers to become addicted to cocaine are being installed in place of "problems" that we've forgotten, losing interest in everything that is on the fringes of our welfare, whether physical or emotional, but in any case, individualistic?

"Desire for cocaine is not inscribed in the genes, nor it is a latent tendency ready to explode when facing the wrapper. Cocaine desire arises when work humiliate those who do it, despite the 'fat' payment; when being 'grimace' is a shame, since the famous, modern and liberated neighbor is the one who says which are the habits of those who are 'classy'; when life under the weight of competition and greed begins to crack; when the fear of not being among the 'winners' is the chemical excitement that substitutes of the envied grotesque success; when, finally, we've learned that the dirty, ugly, wizened and toothless 'crook drug dealer' is at most a candidate for US\$ 3 or US\$ 5 per hour, so a life that matters as much as a flea from Greenland" (Costa, 1999).

It's more than about time to take a sharp looking to the *involvement* of the development societies; for the *dependencies* of the free societies; for the *servitude* of the democratic societies; for the *malaise* of the welfare societies!

We think that we cannot do that unless we adopt a mediating perspective, because in its exaggeration, the alcohol/drugs phenomenon expresses an "immanent" state of the normal functioning of modern societies. We are not saying it is "healthy", but we do should ask ourselves how are we going to live with drugs, reducing the demands, the risks, the individual, social and institutional damage, inherent to consumption and market. To recover the memory of the production

and consumption of drugs may be a way to understand our vast world. This, then, means abandoning the ideal of a society without drugs! But it also means adopting strategies to extend beyond the promotion of simple individual behavioral changes. It is not noticeable that a pragmatic-technical culture like ours, that is, a culture governed by quick and de-subjectivized solutions; whose motto could be “take the pill and the pain will disappear”; when pathologizing the “individual consumer” is no more than becoming accomplices of the logic that rules nowadays’ culture?⁴

2. How Can Psychoanalysis Face It?

We must abandon *the plan of drug-disease*, since this approach, if it has not inspired actions of discrimination/separation/exclusion of people of their means of living—the environment relegated to a less important plan—promotes a culture that strives to separate the scope of the individual health from the public health field, supporting the individual-centeredness that has marked, increasingly and sharply, our way of life.

Don’t we associate too fast and without much rigor on really scientific works, the theme alcohol/drug to crime, antisocial practices and violence only to protect our sleep? This is the second point of the strategy:

We must leave *the drug-crime plan*, which, according to the way we think, should also be deconstructed. Because in this plan violent actions are systematically explained as resulting from an individual and decontextualized drug use. It seems that a user, without history and in his loneliness, is possessed by the product, which intervenes in his psyche being stronger than him, that dominates and transforms him into another one that is no longer himself. The author of the violence becomes, so, contradictorily, guilty and irresponsible. And depending on the degree of the violence and especially if the drug is illegal, it turns him into a criminal.⁵

Isn’t it a fact that the issue of drugs affects different individuals in different ways, different circumstances and for different reasons? Is the ritual of initiation of the poor children sniffing glue on the central park; the marketing ritual called “happy hour” of the executives in their suits; the celebration of the marijuana harvest in Netherlands or the religious ritual of the Santo Daime, all the same? How do we deal, at least in Brazil, with the fact that the equally and legal treatment to all members of the “organizational chain of the drug world” is uneven in terms of punishment and intervention alternatives? We think that a culture that trivializes the evil has its influence on our considerations, but can a pacifist—and there are so many, with so many different stories—when using a drug—and

⁴There are consumption situations that are irreversible. Such situations put humanitarian and ethical issues. To take them and to answer them involves trials that radically put in question the “taboos” that for decades dominated the discourse and the “tactics” of the fight against drugs (see, for example, the Swiss socio-health trial).

⁵The Drug-Crime Report: Interdisciplinary Studies of Deviant Behavior Science Center, of the University of Porto, by Cândido da Agra (2008), demonstrates that, contrary to common sense, there is no causal relationship between drug use and practice of offenses.

there are so many with so many different effects - become a character of a Rambo type?

If we assume, then, that there is a multiplicity of situations—dependencies, autonomy, knowledge of use, responsible use, abuse, feelings, experiences, types of consumption, lifestyles, etc.—we can also assume, on one hand, that *the abuse does not preclude the use* and, on the other hand and for a better understanding of the problem, that the phenomenon has a “face”, or better, it’s a singular expression of an Other Subject that challenges us, which brings us to the consideration of the drug as *an existential-meaning plan*.⁶

As it can be noticed, in the path traced here by us, there is a code shuffle in this moment. By staying in a pendulum movement between the ill person/delinquent person, the only option for the drug user is remain in the “excluded individual” place into our classificatory systems that are, sometimes, too imprisoning. It is frequent to notice that the proper theory which is accustomed to guide us, that is, the proper Psychoanalysis, is sometimes seduced by explicative models which tend to reduce until the reason boundaries some of the experiences that have the mission of denouncing our irrationality and the point reached by us in our will of enclosing. Or these models tend to refute the subjectivity complexity to the first (childish) experiences, or tend to follow few rigorous notions, such as “structural pre-availableness”, to postulate the vulnerability of certain individuals to the drug use and/or abuse, as well as the chemical dependence.

Each one of some significant Psychoanalytic approaches will be seen to verify whether (or how) is possible to flee from “mind sanatorium”⁷ to which we have gradually been reducing ourselves.

The medical comprehension of the drug abuse phenomenon states that the substance itself and its impact on the central nervous system have a preponderant role to elucidate the etiology of addictions. Thus, the psychoactive substance acquires a prominent role in setting of the phenomenon, a role loaded by meanings that refer to a totalitarian villainy of the object which removes from the individual his share of involvement with the choice of a drug as an object as a fundamental way of satisfaction in face of complicated plot of his psychic conflicts.

Just as it occurs with other mental disorders also called by Psychiatry—such as eating disorders, depression, panics, psychopathy—the least interesting for the understanding of these “disease” processes is the desire of the subject and its production in a given time and a socio-cultural context. Against this view, psychoanalysis turns its gaze to the subject while a desirous being, made of a complex structure, whose operation he is unaware.

⁶However, the illegality of drug use hinders social legitimate and organized participation of the users of public mental health services, so therefore, getting to know them more closely becomes essential.

⁷This expression was created by P. P Pelbart in *Manicômio mental: a outra face da clausura*. In A. Lancetti (Org.) (1990) *Saúdeloucura* (Vol. 2). São Paulo: Hucitec, pp. 132-140.

This “being” who is ignorant of what is to it the most particular and intrinsic matter, that is, its own desire, it is immersed not only in elements that constitute and structure its psychism, as it also finds itself surrounded on all sides by a historical and cultural background that, largely, is vital for the configuration of its subjectivity, as this latter is daily conceived.

In the Psychoanalytic perspective, the drug does not take the place of the villain, or at least the role of major etiologic factor in triggering of drug addiction. Making a reservation for the chemical properties of psychoactive substances and their addictive potential, Bettarello tries to put it out through the following analogy: “the drug is so responsible for addiction as the hand of the boxer when it punches” (Bettarello, 2001: p. 351).

Discussions that dissociate the drug of particular issues hinder a broader and deeper understanding of the phenomenon. For the same author, the problem which we must face is not the drug itself, but the affair of “drug abuse” and the commitment to it, operated by the subject. In this sense, she reminds us that *Homo sapiens* is the only living being who seeks in a particular way, deliberately and actively, the drugs on which he will, after all, become dependent.

This voluntary choice of the drug object differentiates man from guinea pigs used for laboratory research, in fact, because they are passive beings, they act as mere living wrappings in which the effects of psychoactive substances are remarkable in a certain objectivity. The supposed scientific neutrality used to disregard a dimension of the subject which is so particular, makes difficult the access to an essential knowledge for understanding of his engagement in his addiction.

What we want to elucidate here in an interface with another human conception is that mankind is distinguished from other living beings by a substance that goes beyond its anatomical and physiological characterization as a body, i.e., his uniqueness is crossed by moral, social and cultural determinations, which gives him his own humanity: without this, it is not possible to think the subject and his discomforts in the world we inhabit.

Taking into account the visibility that the phenomenon of drug addiction has reached today, let us try to think a little bit about this problem starting a reflection on the triad subject, society and culture, as proposed by Freud.

As we already know, in the text “Civilization and its Discontents”, Freud points out how human existence is arduous and an inexhaustible source of misfortunes, disappointments and impossible tasks, which put in relief the fabric of our weaknesses. Faced with the harshness of life, in order to be able to support it, the man makes use of mitigation measures. Among them, three ones stand out in particular: “the powerful derivative” as the science that offers hope in the face of misfortunes; the “substitutive satisfactions” as those offered by art, in contrast to the harsh reality attenuates through the role that fantasy plays in mental activity; and finally the “psychoactive substances”, which by influencing the body chemistry, changes his moods, desensitizing the subject when facing his various

grieves (Freud, 1930/1996: pp. 83-84).

About the purpose of life, Freud points out that it is fundamentally oriented according to the pleasure principle that is dominant in the functioning of the psychic apparatus. In turn, this principle follows the contrast logic, that is, when a desired situation by the pleasure principle is prolonged, it produces only a slight feeling of contentment, for we are made in order to only obtain an intense pleasure from a great contrast. With this, our possibilities of happiness are restricted by our own constitution.

The circulation of drugs in psychic experience cannot cheat the dictates of the pleasure principle. Thus, the extraordinary state of intense pleasure obtained artificially through the administration of a psychoactive substance does not escape its opposite, which eventually leads the addicted to a deadly and paradoxical game, having, on the one hand, the idea of the utopian experience of an absolute joy and, on the other hand, the flirtation with the inexorable pain.

Suffering, according to the founder of Psychoanalysis, can reach us from three directions: 1) from our own body, doomed to aging and decay of bones, flesh and organs; 2) from the outside world, before which we are powerless, represented, for example, by the forces of natural phenomena that can turn against us, crushing us mercilessly and 3) from the Other: suffering from this latter source, the relationship with others is, according to the author, the most painful, because it tends to be seen as a “free plus”. However, the latter source is configured as inevitable as the suffering coming from other directions, even if we are tempted to deceive ourselves, thinking about the possibility of calming it.

Among these methods, the most interesting to avoid suffering and also the coarsest and effective, according to Freud, is the chemical method (emphasis added). It alters the proper regulation of our body and modifies its sensitivity, causing pleasure states and blocking unpleasant impulses. It is not surprising that the aid of drugs, as a powerful device for the conquest of happiness and for the removal of the feeling of hopelessness and unhappiness, has been so eagerly enjoyed by numerous individuals and peoples, to the point of “granting a permanent place in the economy of their libido” (Freud, 1930/1996: pp. 85-86). On the other hand, Freud does not fail to point out what is harmful in the consumption of such substances, noting that it is a waste of energy that could be better employed otherwise.

In addition, in the same writing, Freud notes that it is a serious suffering to the individual, when the outside world refuses to satisfy his needs. Further, the author uses the idea of “prosthetic God” to elucidate the role played by man faced with the development of science and technology. But what would Freud say if he were to have any contact to our postmodern civilization! (Freud, 1930/1996: p. 98)

There is no doubt the Freudian discourse expressed in this work offers us relevant subsidies to think about this question, because it reveals extremely current and provocative reflections on the contemporary issues, among them, the drug

addictions.

Technological advances, particularly the advent of an era marked by the virtuality, as well as the scientific achievements, especially in the medical field—through the creation of psychotropic medicines increasingly powerful, which promise to produce a state of happiness, with the reduction of the side effects, i.e., unpleasant states—the design shape of a human being is increasingly identified with what Freud called “prosthetic God”. However, the fallacy of this divinity comes to the fore when it reveals the ineffectiveness of its alleged omnipotence while facing psychological distress.

But as Arruda would say, often “omnipotence is a symptom of impotence” (Arruda, 2003: pp. 85-88). We live in an era marked by the end of utopias, ideological certainties, the hope of any possibility of redemption. All this gives different contours from other times to the control society and set up a subjectivity that acts under the sign of immediate pleasures. As Nogueira Filho highlights, scientific and technological progress contributed to the radicalization of individualism with the same extent that emptied the transcendent meanings being those in the social, cultural, existential or even private ones (Nogueira Filho, 1999: p. 69).

According to a Freudian perspective on the records of the instincts and civilization, Birman (2005) calls our attention to the existing epistemological break between the two times of Freud’s work. The first time is represented by the text “Civilized Sexual Morality and Modern Nervousness” (1908/1996). In this essay, Freud proves to be more optimistic, as he pointed towards a possibility of overcoming the conflict between subject and civilization. Thus, the suffering could be minimized, or even “cured” as a result of harmonization between the instinctual records of the subject and civilizational standards.

Still representing a phase in which Freud saw a possibility of overcoming the malaise of human existence, we can highlight the text “The future of an illusion” (1927/1974). In this, although he puts into relief the illusory character of religions—even considering them as a childlike form of dependence on an idea of a heavenly and omnipotent father who can supply human needs in everything—he does not stop only at criticism to religious conceptions, because they are structured in the psyche by way of illusion. On the other hand, he sediments his criticism by showing another way for overcoming human ills, a path not identified with religious illusion but with scientific principles. Thus, science reveals itself, in this Freudian text, as the only possible way for overcoming human dislikes.

However, in “Civilization and its Discontents”, Freud opposites to the initial idea and denounces the impossibility of conciliating the conflict between subject and civilization. In this way, the suffering reveals itself an inherent feature to the human constitution: the situation of helplessness is in the sphere of the incurable, of the insurmountable.

Birman also highlights the recognition of difference between the first moment

of the Freudian works and the second moment is very important, because their theoretical frameworks show relevant contradictions. That author criticizes a Psychoanalysis tendency to “mixing” those two Freudian phases without taking into account their known specificities. From that, his suggestion is to resume the critical parameter of the second Freudian moment to the reflection about the malaise in the present time.

Linked to that malaise, the growing of drug addictions appears as a significant factor, what lead us to question the devices responsible in producing them in a post-modern context.

In order to decipher such production, the author rises to the question about the value ideology that shapes the individualities in the post-modern world. Those values look towards to the *performance* world, to the “self” enhancement, to the expediency of capture the other’s sight through an unbridled exhibitionism that features the current spectacle society, as a place where individualities can be discarded, because they do not represent more than fleeting enjoyment objects to the narcissistic satisfaction of the “self” exaltation. In a society marked by the overestimated appreciation of the image, the individual centered on exteriority becomes a “mask”, that is, what he gains in performance, loses as subject in his interiority. There is no room for other values, especially for those who bring in their core the concern for otherness and intersubjectivity (Birman, 2005: pp. 186-191).

Plastino (2003: pp. 133-134) also questions the paradigms that establish the current civilization, because the drug addiction, known as a mass phenomenon, cannot be seen by a point of view split of the dominant ideology. This author criticizes the main features of the current civilization, specially the worship to the narcissism, the transformation of subjects to objects, the irresponsible individualism, and the fierce logic of a system that does not mind with the survival of the community.

For those individuals who live on the margins of the narcissistic society, the chemical element works as a passport to the inclusion to the spectacle society, even if for a short time and an illusory way. There is an ethic based in the superfluous values of the “liquid modernity” (Bauman, 2001) which increases the social process of producing drug addictions, both through the psychiatric medicalization and through the illegal drug dealing (Birman, 2005: pp. 191-192).

According to the same author, the narcissistic society ethics clashes the Psychoanalysis ethics, because the latter proposes a struggle with the proper desire, without fleeing of bleak finding in respect of the suffering as a constitutive element of the existence. Thus, Psychoanalysis just puts in relief something which is interesting to be forgotten by post-modern civilization.

For Dias (1999: pp. 130-131), however, the notion of drug addiction is based on the refusal of the unconscious subject, as postulated by the Psychoanalysis. More than the obtaining of certain chemical effects in the Central Nervous System through the consumption of a drug, the most important thing is the sexual

meaning given by the subject to its consuming experience.

In this same way, Pacheco (2000: p. 47) places the drug addictions in a perspective resulting of the neurosis clinic, in which that phenomenon is known as a way of enjoyment that does not pass through the Other. It is, therefore, an artificial enjoyment obtained through the own body and the drug which acts as a partner and allows him/her to refuse the deadlocks originated from the “inexistence of sexual relation”⁸.

Bettarello (2001) makes a comparison between the sexual act and the feeding act. For evidencing how the latter is identified to sexual desires, it is highlighted that the verb “to eat”, in colloquial Portuguese, acquires a meaning related to the sexual activity.

In view of this, the same author explains about the relevance of the oral theory to understanding the subject engagement with drug addiction. This theory emphasizes the situation in which, when a baby cries, he/she immediately receives food or a soother from his/her caretaker, regardless of the reason of this cry. Then, the food (or soother) becomes a fundamental way of appeasing several kinds of malaises. From this register, the oral-dependent model of the psychic operation would be structured (Bettarello, 2001: pp. 355-356).

On behalf of a conceptual split, Bettarello will say the drug, through a displacement device, has occupying the place that once belonged to the food and this place is related to an easing of a frustration and discomfort state.

According to the same line of reasoning, Rado (Apud Nogueira Filho, 1999: p. 39) shows that “the food orgasm of child who is nursing is a kind of lost sense which in to drug-addict enjoyment restore to the existential scenario”. With the use of psychoactive substances, a “primitive circuit” would be mobilized.

Rado, cited by Silveira Filho (1995: pp. 23-24), also exposes that, in his basis, drug addiction would be related with a kind of “strained depression”, characterized by intolerance from individual to suffering. Then, the drug neutralizes this grief, producing pleasure senses of euphoria, increasing the self-esteem, in brief, it would be a kind of reunion of the self with the “lost narcissistic satisfaction”; however, when the effects of this psychoactive substance cease, an even worse depression would come, and continuous consumption of the drug would become imperative.

In general, drug addictions have seen as a sum of two elements: subject + drug, which results in the production of intense pleasure. Dias (1999: pp. 130-132) warns us this simplified formula of understanding does not allow to distinguish what are in stake concerning the drug addictions, though. It is obvious the pleasure is present; however, to decipher this problem, it is more relevant to know that the subject, through the drug-object choice, arms itself to get be released of the threads of desire of the Other. Therefore, the necessity of drug

⁸Kaufmann (1996: p. 377) defines the “inexistence of sexual relation” in the Lacanian perspective, from the finding that: if a “sexual relation” would be established only by a “sexual act”, in a sense of completeness between the two sexes, then, it can be deduced this relation does not exist, because there is not a record of an complete relation. The One irreducibly remains Other.

overcomes any fulfillment of desire, becoming itself a way of non-struggle against the Other's desire. In this way, apart from the unrestricted pleasure obtained by consuming the substance, the enjoyment of the addicted subject is even more related with the regain of its... dependence.

According to Dias, drug addiction reveals as the most unbearable thing is precisely the "preference of the individual to a dependent condition". This means that, even though the subject is detoxified, the thickness of its need occurs in a fierce way. It is important to note what marks the drug-addict experience is not the drug precision in itself, but is exactly an inducement of the subject to a perpetual condition of need.

Seen in these terms, finding individuals who consider themselves as cured people is not a uncommon fact, but they do not notice that they only replace one drug to another, such as the affiliation of these people to certain religious groups. For instance, [Bittencourt's \(2003: pp. 271-272\)](#) work analyses the "healing appearance" to the drug addiction proposed by some Pentecostal religions. It reveals the form as certain doctrinal principles offer the God name as a substitutive product, what sets a new outfit to the former dependence, but which the former is not less alienating than the latter.

Clinics bases in conscious and unconscious reasons to predict the adhesion of the subject to the drug object. According to [Charles-Nicolas and Le Coguic \(1991: p. 65\)](#), the conscious motivations are related to the curiousness; to the desire of knowing; to the attraction to the unknown; to the search for pleasure; to the desire of widening the consciousness and reaching an ecstasy condition; the entering to a group, in the same time there is a refusal of a certain value system; of a disturbed family life, of sorrows. The unconscious reasons are linked to "predisposed personalities" who, when they come across the drug-object, express a kind of "love at first sight", i.e., those authors believe that personalities who are susceptible to the drug addiction exist.

It is up to this work to alert about danger of conceptions which point to some kind of predisposition, both a personality one, as cited by Charles-Nicolas and Le Coguic, and a genetic predisposition—as Psychiatry defends. Consequences of those conceptions can imply serious ethical problems concerning the marginalization of groups of people. We know the manner how the science, through manipulation of certain theories, historically has served itself as a tool on behalf of interests of the dominant classes. Eugenics theory is a regrettable example of this.

Regarding the inadequacy of reductionist simplifications, [Bettarello \(2001: pp. 351-352\)](#) highlights the relevance of this issue, and stresses there are not simple concepts in the drug addiction approaches. This author says, however, it is necessary to outline some marks to understand this phenomenon, even though they are an object of reflection and reformulation.

After these reservations, Bettarello discusses about conceptions of psychodynamics and personality. Among several possible meanings, psychodynamics

which is pursuant of Psychoanalytic theories works as an instrument of analysis and also a modality of intervention.

Bettarello explains that psychodynamics is conceptually defined as “a set of theorizations which aims to understand the personality from an articulation among bio-psycho-social factors”. Thus, we understand that, although these conceptions is guided by the psychic, does not allow to be imprisoned by it, because the concept of personality is known as a product of a net of inter-relations between body features, mind representations and acquired experiences throughout the life. Therefore, there is not an aspiration in saying that one of the aspects which compound this triad is hegemonic; the assumption refers to recognition these factors become more or less relevant according to meanings acquired in the individual-functioning dynamics.

In relation to psychological model of a drug addicted, Bergeret (1991: p. 91) faces two contradictory tendencies. The first one refers to a definition of a single model of “drug-addicted personalities”; on the other hand, the second one opposes to reducing from the different ways of drug addictions to a single model of personality.

The first tendency is easily found in court and police environments, and even among education professionals, who believe that, if a simplified model of drug-addicted was available to them, considered a kind of “psychological composite sketch”, they could easier recognize some drug-addicted individual and make an intervention.

The second tendency, according to Bergeret, is found among clinical professionals who have a long path of contact with users of several kinds of psychoactive substances. These professionals know illegal substances are not the only ones to cause dependence and significant damages. In the same way, they know the occasional use and the properly-named drug addiction cannot be confused. Eventually, such professionals know the great variety of reactions that a same substance, even though is be consumed in a same amount by different people, can provoke.

In sum, we can notice the first tendency corresponds to a completely mistaken view, because it is impossible to trace a simplified and fixed characterization of the addicted population. In addition, this tendency brings ethical impairments since, from such survey, an intervention based in stigmatization and exclusion is aimed. On the other hand, the second tendency emphasizes notions which consider the diversity of substances, their ways of using and the singularities of the subjects before the product.

According to Bergeret (1991: pp. 91-92), different Psychoanalytic schools contributed to developing a grading genre which brings closer pathologic criteria to psychological distinctions, considering the external signs as dependent of a set of personality manifestations.

For the same author, after ceasing the identity crisis of the adolescence, the deep structure of a personality does not change anymore, regardless of further

encounters. Then, Psychoanalysis has great interest in the comprehension of this structural constancy, as well as the functional variations of each personality model that can be found in the adult individual.

When the structured set of the personality is discussed, the notion of “normality” comes and is presented by Bergeret in its more functional aspect, i.e., without conveying a value judgment when this idea is used. Thus, the “normal” notion is linked to a structural working way, regardless of the basic model, and is well adapted to the external and internal conditions lived by the subject.

This idea of normality, proposed by Bergeret, seems to echo the conception of Canguilhem (1990; Apud Pelbart, 1989: pp. 211-212), who essentially defines the normative as “anything that establishes a rule”. So, a disease would happen inside a dimension featured by the inability to establish new rules. Then, health would relate to the capacity of adaptation and tolerance to the life mishaps. From these ideas, this author concludes the normal is not a fact in itself, but a value established by life in its own defense.

We can see the Bergeret’s discourse has some contradictions because, on one hand, it seems to echo the conception of Canguilhem regarding the definition of normality. On the other hand, it reveals an evaluating form of comprehension of the subject functioning—as it will be treated further, through the notion of “depressive personality”—with the objective of proposing a critical reflection. Before this, however, it is convenient to scroll a little more this author’s theory, because this way the contradictions shown by him will be more evident.

In this theory, the impossibility of a subject to move from a structure model to another can be underlined. This means a subject who has a personality classified as normal, in a certain time, does not change to a drug-addicted personality after his contact with drugs, as well as it does not return to the previous category after abandoning the drug addiction. Actually, Bergeret does not consider the possibility of creating a single drug-addict category, and the “normal” category, as it was already presented here, does not point a specific structural one, but an adapted functioning mode, regardless of the psychological structure of the subject.

Therefore, each classic structural category corresponds to a possibility of drug-addict functioning, the adhesion to the drug, can announce only a symptom of the relation mode of the subject with its own structure, and this mode would be unsuited or even pathological.

In line with the Canguilhem’s propose, we can understand the pathological from its *pathos* prefix, which means suffering: something is pathological when it implies in a countered life sense. Then, in drug addictions, we can verify the existence of some pathology when an individual shows suffering and an impotence sense before the dependence.

However, Bergeret distinctly points the drug-addiction problems and the illness ones, clearing that, although these problems can be interconnected, they cannot be correlated. The author brings an example when says the drug dependence can occur, in several times, to avoid a psychotic episode, acting in a first time as a kind of defense in some individuals. Therefore, adhesion to drugs

would be an attempt, even it is precarious, of recovering some balance. Even in these cases, we can investigate if a being implied in pathos exists; however, for understanding it better, the comprehension of the base structure would be more useful than to know the poisoning symptoms.

In a structural point of view, there is not a specific feature which can characterized the drug addiction, hence, it is impossible to “hold” a drug-addict person inside a particular personality:

Because there is not a structure of personality that is specific to the drug addiction, and because drug addiction cannot present itself as something exclusive, neither a morbid state nor a natural state of the individual’s own structure, we are led to conclude that a drug addiction, regardless of the chemical nature, can, on the one hand, develop at any point in the evolution of this structure if certain conditions are fulfilled. (Bergeret, 1991: p. 94)

The author distinguishes two classic ways of structuring the personality which are established in an adult person, in the end of the identifying integrations done during the adolescent period. In their classical forms, they are neurotic structures and, on the opposite side, psychotic structures. As a likely third possibility, Bergeret highlights those individuals who cannot structure themselves because they had difficulty to affirm their identity during the adolescence crisis: then, those subjects have been in a non-structured status during a long time, and have shown themselves as “immature” people when reached the adult phase, with an essentially depressive background (Bergeret, 1991: p. 95).

This psychoanalyst emphasizes such designations do not necessarily mean there is some morbid aspect in action. In this way, a neurotic structure can be notified both in an individual affected by a neurosis and in another one who has only a neurotic character (a kind of functioning which supposes a normality of this structure). Moreover, the same occurs with psychosis—someone can be structured within a psychotic structure without have psychosis (the properly-named illness).

Bergeret also expatiates on the importance of studying the genre of depressive personality, because epidemiological researches have shown that most drug addicts structure themselves according to this personality model. This author alerts about the fact this depressive framework has been known for a long time in individuals with both neurotic and psychotic personality. However, the evolution of relationship models in civilization and, more specifically, the loosening of affectional bonds within family relations lead to a development of a unique personality, known as “depressive personality”, which is characterized by the affective “immaturity” that hinders the subject in structuring itself in a solid way.

The depressive personality genre corresponds to badly-structured and/or badly-organized individuals in the affective field, without passions or ideals. These individuals are influenced, are afraid the solitude due to a strong inner anguish. As they do not have confidence in themselves, they feel obliged to participate in a group, being susceptible to the command of most structured or

most wicked members of this group. Thus, those individuals evolve quickly to the drug addictions because they can easily succumb to the pressure of groups and drug dealers (Bergeret, 1991: p. 99).

The contradiction previously mentioned stands out in this way, because in a first moment Bergeret makes a discourse based in a non-evaluating definition of normality, in which highlights the impossibility of tracing a set of features which defines a drug-addict profile, and also stresses the impossibility of “holding” the drug addict in a specific structural category, or even considering some of those categories as being predominant or exclusive of the drug-addict functioning mode. However, the notion of “depressive personality”, such as exposed by this author, produces a gap in what he had told previously.

In a disagreement with the previous author, Olievenstein (1985) argues the personality of the drug addict cannot be reduced neither a neurotic type, nor a psychotic one and even a depressive kind, as proposed by Bergeret. Olievenstein (1985: p. 13) criticizes the structuralist perspectives of the personality because he considers them as fixist, whereas his comprehension about the drug-addict clinic “is closer of fluid Mechanics than solid Mechanics” This means such clinics must be characterized by its instability, by its dynamism and by relativity of its concepts.

Olievenstein distinguishes drug users from drug addicts, due to certain childhood events of the latter that will mark, in adulthood, the distinct relationship with the drug object.

For developing his theory, Olievenstein (1985: p. 85) highlights the importance of the mirror stage in the formation of identity, according to the Lacanian model. This stage is characterized by a breaking of the fusion between the child and his mother, and in this moment the child will discover himself as an Other inside a real or symbolic mirror. It is, therefore, a fundamental episode to the formation of the “self”.

From the “mirror stage”, as proposed by Lacanian theory, the author will propose the “broken mirror stage” for referring the trauma suffered by the child, a further drug addict, in this particular moment of breaking to the mother fusion. According to this theory, a drug addict in its childhood would be in an intermediate stage between an impossible stage (psychotic child) and the fulfilled stage (normal child). For this reason, Olievenstein (1985: p. 86) stresses that “the drug addict is, in the same time” a normal and psychotic individual, a normal and perverse one”.

According to this author, the psychic and physical integrity is “shattered” even before it can constitute itself. As if in the same moment in which it looks into the personality-builder mirror, this same mirror is broken. This event marks the drug-addict originality in the following levels:

1) Innerness Level: here, unsolved and insoluble conflicts are accumulated due to impossibility to detect the “raison d’être” of drives. Such reasons oscillate between aggression against other people and, after, against himself/herself: the object

is impossible to be beloved, because it is lived as “not being” anything.

2) Relation Level: in this level, demands made by the drug addict concern “all, right now” is relevant, exactly before the “almost already” and the “never more” senses that are experienced by the break.

3) Law Level: in this level, law is neither enough, nor useful to cease the drug-addict anguish before its need in “going to the other side of the mirror, seeing what is happening, searching it is not well known that hidden echo of an inter-perceived ego”.

Olievenstein (1985: pp. 88-89) exposes that drug consumption represents, in a symbolic plan, an attempt of the drug addict to reconstruct the “lost whole”, working as a kind of “cement put in the cracks of a wall”.

Nogueira Filho (1999) considers the notion of a “fluid” clinic, according the explanation of Olievenstein, as interesting. However, he alert the latter author, through his theoretic interpretation presented as “the broken mirror stage”, ends up not to be faithful to his own idea of dynamic (or “shaky”) clinics, because the Olievenstein’s comprehension of the drug addictions is linked to a past determinism and does not emphasize the story told by the patient. Consequently, the possibility of investigating the drug-addiction conditions of a particular subject is lost. In addition, the same author does not recognize the usefulness of the structuralist perspective to understanding the drug addictions, because they are considered by him, in the Psychoanalysis field, as being “unclassified”.

On the other hand, Dör (1994) defends a structural perspective, but we must emphasize his model is not the same than which is proposed by Bergeret, because this latter refers to the personality structure, whereas the “personality” concept is not used by Dör.

This author, when referring to the structural perspective in the psychoanalytic clinics, seems in fact to describe the psychic structures in a non-evaluative way. His propose about the metapsychological marking is related to a comprehension which transcends the *health-versus-illness* classification and is situated on a convergence point which all the people need somehow to lead with the choice of their neurosis. This convergence point refers to the vicissitudes of the Oedipal loves because, according to them, the subject will negotiate its adhesion to the conjunction of the desire and the lack, which sets its own psychic structure.

Dör (1994: pp. 88-89) exposes three psychic structures: psychotic, neurotic (this one is divided in hysterical and obsessive) and perverse. That said, the author highlights the relation of drug addictions with male hysterical structure, because the compulsion to repeat a failure is a remarkable feature of this latter. Before this tendency, certain compensatory processes are stressed, such as alcoholism and drug addiction. However, it is relevant to point out this does not mean all the alcohol and/or drug addicts are hysteric, but it is clearer that, before an unconscious unfitness which leads the subject, before a possibility of a virtual achievement of its desire, to immediately refuse in assuming it through the use of those substances.

Then, the male drug addict is frequently associated to a neurosis with a hysterical background. Drugs allow a hysterical man a compensation in his male being, i.e., open the possibility of this individual in show itself as a man who, in a hysterical condition, claims never could reach to be one. By providing his male condition, the hysterical man creates an illusion in which he owns something expected by a woman—a phallic object. In relation to other men, however, a chemical mediator allows this subject, in a same illusory way, to show himself as a possible and equal rival while he owns a phallic object. In both situations, this hysterical ambivalence between to existing for oneself and an investment in the seeming to the Other's gaze uncovers a sexual problem.

For Birman (2005: pp. 208-224), drug consumption makes arisen an issue about the psychic structuring of contemporary subjectivities. In a structural point of view, this author also makes a distinction between drug addicts and drug users. The former are inserted in a perverse structure, whereas the latter can be found in different structures—neurotic, psychotic and even wicked ones. It is important to point out that, as seen before in the beginning of this chapter, Birman put on relief the role of the narcissistic culture in the production of perverse subjectivities.

This structural conception exposed by Birman about the drug-addict phenomenon is a great contribution because it does not put the locus of the problem in particular individualities, but makes evident, in a contemporary context, new forms of subjectivation, which most of them is connected to the obtaining immediate pleasures and the non-acceptance of the castration.

The difference between a structural perspective and this propose concerns the way of understanding the production of a subjectivity, which is restricted neither to the Oedipal triad, nor a remote register of the first experiences of *infans*, nor any other notion which proposes a “closed” subjectivity in itself. Birman, without ignoring the Metapsycologic markings, situates the drug-addict problem inside the perverse structure, but does not conceal its complexity. In this way, the subjectivity is thought within a context in which aspects of diverse orders, such as economic, political, social and cultural ones, are configured as subjectifyings.

According to Dias (1999: p. 131), we do not neglect the drug-addict phenomenon emerges as a “social symptom” inserted in a “dominant discourse of a society within a determined epoch”. In this sense, we can say that drug addiction is properly inscribed in a hegemonic social discourse that privileges the consumption and the excess in a frantic attempt to deny, at any price, something that is of the order of the own constitution of the subject, i.e., of its inalienable condition of helplessness, as defined by Freud in 1930.

Mourão (2003: pp. 112-114) also highlights the drug as an object is captured by the ideology of the consumer society. Referring to Melman in the same text, it is said that “drug addict shows as the only social alternative to a malaise in culture”, and drugs would be a way to remedy this malaise.

In fact, contemporaneity is featured by a continuous creation of needs; consumption products are exposed in market as being essential to survival. The

proper idea of felicity is identified as a product to be obligatorily consumed. About that, it can highlight a bank advertisement which, by disclosing its eases, appears the following slogan at the end: “Why do you have obligation to be happy?” By considering, on the one hand, suffering as something constitutive and, on the other hand, a happiness ideal which aims to conceal any discomfort state and, at the same time, is linked to obtaining an unlimited enjoyment, the malaise in contemporary days is present and encounter in the artificiality of the psychoactive substances, legal or illegal, a way of overcoming.

According to Mourão (2003: p. 137), by the Psychoanalytic perspective, the subject is thought as being naturally social; however, it does not mean his participation in the construction of himself and the social institutions. As pointed by Plastino (2003: p. 141), we know that to a large extent “we are products and producers of History, that is, producers of ourselves”. However, the same author reminds us that we cannot shape the nature (inner and outside) how we want, without limits, because this would be a demonstration of omnipotence, which could turn back against us. Hence, the importance of resuming the Psychoanalysis critical potency, as expressed in “Civilization and its Discontents”, for recognizing our fragility. After all, even though we could attempt to control everyone and everything (including ourselves), there will be always something ineffable, uncontrollable.

In social terms, we can deny neither our need of alterity, nor the conflicts arising from our relationships. The openness of each subject to alterity can be thought not only as a need of the society, but also as a need of each subject. As a result, it becomes a vital point for overcoming narcissism, which refers to the characteristic destructiveness of drug addiction, the production of an imaginary, no longer identified with the survival of the fittest (Plastino, 2003: p. 144)⁹, but with practices aimed at caring for itself and from the other.

In sum, we can say that the great differential of the proposal of some contemporary authors such as Birman, Dias, Mourão and Plastino is the comprehension of a subjectivity which is not alienated from social, historical and cultural issues, i.e., a subjectivity which is not restricted to certain determinisms originated from itself. On the contrary, this subjectivity is open to the context in which it is produced, hence the need to understand these aspects, because they may transcend certain concepts—such as the Oedipus complex, psychic structure, narcissism, drive—without negating them, though, especially if it is a case in clinical treatment.

3. Final Considerations

What must be kept in mind is that we live in a totally medicalized society (Bauman, 1998). Brazil is one of the countries in the world where an immense amount of alcohol is consumed and also tranquilizers—among them there are the drugs for the treatment of depression and medicines to control anxiety,

⁹Reference to the transposition of Darwin’s Theory of Evolution to the Social Field.

including remedy for the treatment of insomnia—all this consumption exceeds the consumption of illegal and forbidden drugs (Castro, 2013: p. 40).

We believe that the drug, anyone, shows in the West history, its contradictory nature: a way of living and a way of dying.¹⁰ In this sense the drug issue can function as an analyzer of our society, our culture, our history, that is, it can show us the problems and their solutions: it depends on how we will approach it!

In fact, what psychoanalysis, anyway, indicates is that the postmodern human being wants to avoid conflict and pain at any cost: it is understood, in the model of neurochemical cure that the disorders are considered “external” to subjectivity, which defends itself from all that can cause concerns. But psychoanalysis precisely proposes bringing the conflict to center of the stage, leading the subject to take the discomfort as of his own. And what is the result of thinking about the subject from the conflict? The most important ethical question to be answered here is that the elimination of tensions and anxieties, always vital, leads to a subjective impoverishment. Valuing the conflict is to keep alive the tension, and that if on one hand it brings trouble, on the other it is what enables the relationship with the Other.

The neurochemical model of psychotropic engineering thinks the body-subject as a sovereign and autonomous, which fits perfectly with the deterioration of the relationship with the other and with the weakening of the social bond that we have witnessed today. The value of psychoanalytic ethics, betting on the hosting of the conflict is, in our point of view, what gives us the hope of continuing a human being!

But we cannot face contemporary issues with manichaeistic concepts and whether we do not realize what has been setting up in the horizon of this “bio-politically planned” society. As any cultural object, drug has a potential and teaching to respect this power is, at least, an urgent educational task.

It is also necessary to make clear that our objective is neither to vitimize, idealize or mystify this “nutcase of nowadays”—the drug user—, nor to sacralize or demonize the object “drug”, but to put into operation,

(...) in the core of the thinking act and the social practices a new form of relation with the Hazard, with the Unknown, with the Force and the Ruin. It is a way not to bureaucratize the Hazard with secret causes or probability calculi, but to do the Hazard an invention and unpredictability field, and not to crop the Unknown with the scalpel of the explicative rationality. It is a way not to do from the Ruin a moment of a dialectic overcoming, but a micro-political leakage line. Finally, a way of thinking that does not transform the Force into accumulation, but in Difference and Intensity (Pelbart, 1990: p. 136).

¹⁰Not long ago a weekly magazine published a tiny article—compared to its competitor who made the cover story exalting the new antidepressants (on the cover, a beautiful and smiling woman in the clouds!)—showing that many of these drugs cause suicidal ideation. It is the modern paradox: you become non-depressive and have happy suicide!

On the other hand, our (psychological) theories are committed with values that must be explained and purified if we do not want to act naively and unconsciously towards maintaining the post-modernity project untouched. Regarding to psychoanalysis, perhaps Freud could not imagine that, on a so large scale, so many people might come to lose the meaning of life. Nor that the threats of nature would be almost all governable, but those resulting from the modern ways of life, from governments' systems, etc. would be so intense. Nor that the frustrations infringed to subjects would be as omnipresent as today, especially considering the ideals (eternal youth, uninterrupted happiness, pleasure now and always) constantly renewed by the media!

Thus, as we tried to show along this article, the contributions of recognized psychoanalytical authors oscillate between, on one side, considering addiction as a symptom—likely to occur in any person, therefore, understandable in a singular existence, that is, “the druggie makes the drug”; and on the other side, others that qualify such phenomenon itself, meaning that it already indicates a specific configuration—or a structural character, a personality type—, susceptible to various generalizations, that is, “the drug makes an addict”.

Several are, therefore, the aspects that require more careful considerations and that's why the “addiction” phenomenon or the “drug issue” would be a sensitive topic to point out distortions like the instrumental and psychologizing use of psychoanalytic concepts that when directly applied to behavior, it falls into the trap of the normative thinking that plays, as well, the role of a needed inquirer to psychoanalysis, making it considers its borders with greater accuracy.

However, there are also those authors who defend the idea that “what was said yesterday about the phenomenon, no longer applies to nowadays”, because now we'd be something like “all junkies”! A consumer society made up of citizens who buy a lot more legalized drugs (consider alcohol, coffee and medicines) than the illegal ones: the fact is that we live in a state of drug use to *combat* a drug abuse state and all this guided by the scientific speech, inherent and engendered by the Capitalist Discourse!

Let's also remember that shortly after his studies on cocaine, Freud went on to indicate that addiction, habit or dependence, would not be located in relation to a substance, but in the context of the link and relationship between a hypnotist and hypnotized, what in 1921, was understood as a “multitude made of two”, where the ego would have given up before a single object. In this sense, the addiction only intervene as a second time, both to extend and to limit a dependency. Thus, the true toxic would not be the drug itself but an excess that places the body “under an influence”, an excess understood as a particular manifestation of the sexuality—a passion.

He also classified intoxications under the frame of the actual neurosis, which would mean that such manifestations do not let themselves decompose as “formations of the unconscious”, because in them the sexual encounter is reduced to a toxic or behaves like a pure toxic! Let's remember that Freud characterized the

“actual neurosis” as those in which the conflict came from the present time (a second time) of the subject and not from his childish story (a first time) and in which the symptoms do not manifest themselves in a symbolized way, but in a somatic order.

But what particular manifestation would that be? How can we describe this second time today? What dimensions of today would be implicated in this emergence of a population on the fringes of social ties, outside the production system and consuming a substance almost in epidemic form, which places the greatness of the subject as social rest, waste, simply degraded object and putting the dimension of the acting out, different from what we witnessed in the past, because more than a transgressive act, it seems to treat itself as an homicidal passage à l’acte! And if death does not come, it is because in capitalism “nothing is lost, everything is transformed”. Here is another trail opened to research—the drug taken as a gadget and the place, equivalent to the human being, it comes to occupy in the speeches nowadays.

It seems that all those questions remain for further investigation, but looking at them is also useful to refining both public policy and culture that the media, as a fourth potency, disseminates everyday.

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