Addiction and Alcoholism: The Form of the Disorder

DSM-5-TR vs Kernberg and Hoffmann

In my monograph titled "Addiction and Alcoholism: The Form of the Disorder", I outline *the form* of addiction/alcoholism *as a total nosological entity.*

In doing so, I mention how considering the *levels* of problematic personality organization per Otto Kernberg's formulation can help us develop a more complete understanding of anyone with a mild to severe SUD. And how Norman Hoffmann's work on the relative and differing *weight* of the 11 DSM-5-TR criteria for SUDs can also help improve our understanding.

For those that are not familiar with Kernberg's work, his specific formulation of personality structure concerns three elements: reality testing, defense mechanisms, and identity integration. And he proposes that the person's whole personality structure, composed of these elements, varies across three levels of clinical severity. The names he assigns to those three levels of severity use familiar clinical words. But his use of those words is according to their much older, classical definitions that are now out of common use. The least problematic clinical level he calls "neurotic". The most severe clinical level he calls "psychotic". And the intermediate level he calls "borderline", because it sits on the border between the neurotic and psychotic levels.

In that monograph I state my hypothesis that "addiction/alcoholism" is always and only present with a person whose problematic level of personality organization is in the borderline or psychotic range. That is to say, I surmise that a moderate to severe SUD (addiction illness) is never present when the person is at the neurotic level of personality organization and function.

From that hypothesis we could reason in two different ways toward that same one conclusion.

1. If the personality structure is in the neurotic range, then addiction illness is known to not be present.
2. The course of illness in SUDs degrades characterological function, such that when addiction/alcoholism is present, the borderline to psychotic range described by Kernberg is also present.

And by extension then, a premorbid to mild SUD, when present within a neurotic level of personality structure, would be prognostically more positive than if it was within a borderline or psychotic level of personality structure.

Further, Norman Hoffmann, in his exposition of the Big 5 SUD criteria, describes two different cases, each with four DSM-5-TR SUD criteria. And he shows that while their criteria counts are the same (each are "moderate" with four criteria), the *nature* of their disorders might differ in how concerning they seem, based on the presence or absence of the Big 5.

For those not familiar with the Big 5 SUD criteria (DSM-5-TR's SUD criteria 2, 4, 5, 7, and 11), Norm has empirically found each of those criteria, when present on their own, indicate it is more likely than not that six or more total criteria are present for that individual. That is, each of the Big 5 "weigh heavy".

By way of example, consider the following two cases, which are both "moderate" according to the DSM-5-TR:

- Patient A is an undergraduate student in their late teens who drinks more than planned (criteria #1) with friends all weekend (criteria # 3 and criteria #10), and jumps off the roof into the pool when doing so (criteria #8).
    - None of those four criteria are one of the Big 5.
- Patient B is getting out of hospital detox tomorrow (criteria #11), had quit their job when caught drinking on the job (criteria #5), has historically struggled with cravings (criteria #4), and the amounts they consume have increased over the years (criteria #10).
    - Three of those four criteria are one of the Big 5.

Are our concerns about Patient A and Patient B roughly equivalent? Or do we sense that Patient A presents a less significant concern than Patient B?

Hoffmann's work on the Big 5 is helpful in demarcating and differentiating concerns between patients by examining the pattern of positive SUD criteria. This includes otherwise "moderate" patients who may differ markedly in the weight or pattern of their presenting picture.

And Kernberg's work helps in identifying and differentiating the relevant context within which any SUD exists, and the level of those concerns.

Thus, we gain from considering a case from the perspective of both Kernberg and Hoffmann.

I'll note that during my time in graduate school the DSM-III-R was still in use. When we were presented with a clinical vignette we were required to complete a diagnosis using the entire multi-axial system. At that time the multi-axial system included Axis II (which in part examined personality function and defense mechanisms), Axis IV (psychosocial stressors), and Axis V (the global assessment of functioning).

When the DSM-IV-TR was replaced by the DSM-5 I found it unfortunate that the multi-axial system was abandoned. Why? It was helpful to be forced to think through each case with respect to all five diagnostic axes.

The grid on the following page will display various examples.

The grid is comprised of Kernberg's levels of personality organization on the horizontal axis, from left to right, in order of severity from least to most. The DSM-5-TR severity specifiers for SUDs, from least to most, are shown from bottom to top on the vertical axis. And each case, as separately entered within the grid, denotes which of the 11 DSM-5-TR criteria are present. This allows the reader to quickly determine if and which of the Big 5 (criteria 2, 4, 5, 7, and 11) are present or not.

As an aside, I'll say that if my hypothesis that addiction is always and only present at the borderline to psychotic level of personality structure/function is incorrect, and addiction *can* be found at the neurotic level, I suspect it would be someone with a DSM-5-TR "moderate" SUD and no more than one of the Big 5. That is to say, someone might exist who has up to five DSM-5-TR SUD criteria and is in the neurotic range. Regardless, the table below shows my total thinking as outlined in this work, including addiction being above the neurotic range.

SUD Severe	N/A	Hides pre-drinking relapse patterns and return to use for years at a time. Returns to detox and treatment after each major relapse. Criteria: 1, 2, 3, 4, 6, 10, 11	Jaundiced body and eyes with memory problems. Wants a controlled drinking plan to manage cravings. Criteria: 1, 2, 3, 4, 5, 7, 8, 9, 10
SUD Moderate	N/A	Fires 12 step sponsors while struggling to stay sober and work a program. Family knows, but friends and psychiatrist do not. Criteria: 1, 2, 4, 9, 10	15 years of continuous IV heroin use with no treatment or detox. Necrotic arm, abscesses at injection site. Criteria: 4, 5, 8, 9, 10
SUD Mild	Presents for individual counseling at urging of spouse. Unplanned heavy drinking with friends on weekends. Criteria: 1, 3, 6	Second DWI during first year of release from probation following their first DWI. Hates law enforcement. Dropped out of law school. Criteria: 5, 8, 10	Released after 10 years for heroin trafficking. First use was during last year of confinement. Now in drug court and wants to "try" crack. Criteria: 2, 4, 5
DSM-5-TR for SUD **vs** **Kernberg and Hoffmann**	**Neurotic** • Intact reality testing • Rigid defenses (e.g. repression, guilt) • Stable identity	**Borderline** • Inconsistent reality testing • Emotional lability • Splitting (all-good/all-bad thinking)	**Psychotic** • Broken reality testing • Extreme dissociation • Primitive defenses

I hope the reader finds Kernberg's scaling of personality structure/function in combination with Hoffmann's weighing of SUD criteria contributes to a fuller understanding of the individual.

Suggested Readings

Coon, B. (December 7, 2021). What Biases Do You Observe Among Many of the Scientific and Medical Experts in the Field? *Recovery Review.*

Coon, B. (January 26, 2022). A Fresh Look at the "Big 5" Substance Use Disorder Criteria. *Recovery Review.*

Coon, B. (October 10, 2023). The General Factor of Personality. In: "Notes on Resistance In Addiction Counseling". *Recovery Review.*

Dunkel, C. S., van der Linden, C., Kawamoto, T. & Oshio, A. (2021). The General Factor of Personality as Ego-Resiliency. *Frontiers in Psychology.* 12:741462.

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