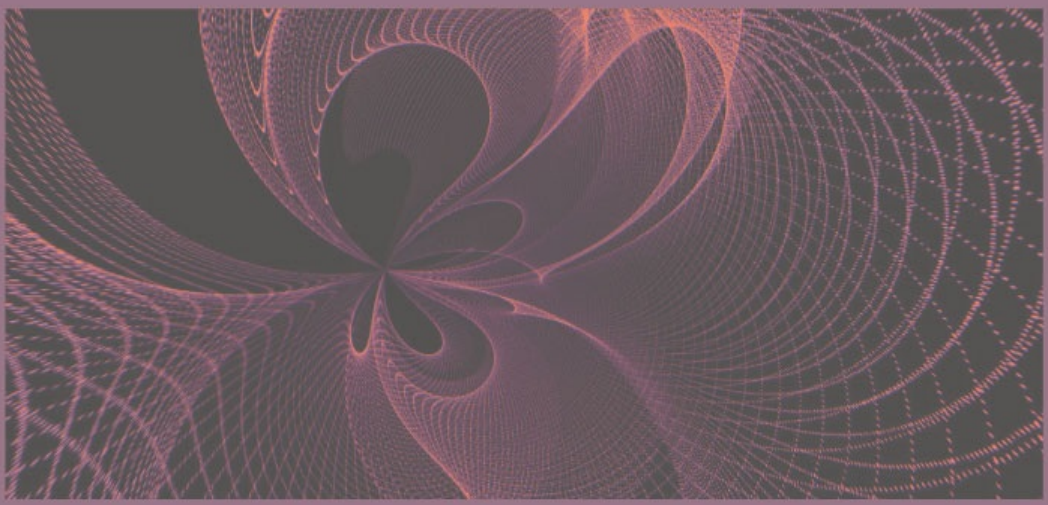
DANCING AMONG THE MAENADS

COMPULSIVE DRUG USE CONCLUSIONS



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Conclusions

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From *Dancing Among the Maenads* by Kevin Volkan

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Compulsive Drug Use—Conclusions

An object relations understanding of drug use leads to two conclusions. The first conclusion is that occasional use by 'normal' individuals is probably not psychologically damaging and not likely to lead to permanent psychological pathology. The catch, of course, is the determination of normalcy. In a strict sense everyone carries the seeds of pathology. Nevertheless, recent research has shown that those who try drugs usually do not suffer any ill effects and may even benefit from the experience (Shedler & Block, 1990). Most persons with satisfactory object relations will probably not feel the need to compulsively use drugs, much as normal adults no longer need transitional objects from their childhood. This is true even for drugs that are highly addictive. An often quoted example is that most of the soldiers who became addicted to heroin in Vietnam gave up the habit once they returned to America (Zinberg, 1975). Once they were away from the stress of the war the need to use drugs diminished. For an individual who has a strong ego formation and mature object relations, experimental drug use may have positive benefits, including increased self-awareness of early object states (Grof,

1985). Like Freud, this individual is not likely to become a habitual user of hard drugs (Jones, 1961, p. 55).

On the other hand, the compulsive drug user is more likely to have had a history of poor object relations. An individual with poor object relations, a weak ego formation, narcissistic disturbances and a history of introjective depression is likely to begin to use drugs as reactivated transitional objects. Instead of developing good object relations, this individual may instead use drugs. At first his outer relationships may even improve as he is accepted into a group of drug using peers (Bentler, 1987). But this is likely to be a transitory phenomena. Eventually, if the individual's use of drugs increases, ego destruction, schizoid pathology and even suicide may be consequences.

Of course, these two scenarios of the normal and pathological are extremes. Most people probably fall somewhere in between and it is important for the therapist to delineate the drug *abuser* from the experimental user (Gottesfeld, Caroff & Lieberman, 1973). As of yet there is no reliable way to determine who is hiding early object relations pathology on a mass scale. Therefore,

drug use remains a game of psychological 'Russian Roulette'. Like Pandora's box, drug use presents a situation where the ills inside are not known until the box is opened and it is too late. On the other hand, opening the Pandora's box of drugs in a controlled and supportive setting, could give individuals a chance to find and work through hidden pathology. For instance, Ling and Buckman's (1965) description of the successful treatment of frigidity with a combination of LSD and Ritalin (see below) is a good example of a positive use for drugs. Although the idea of this type of treatment is now a bit wild for most practitioners in the US (and also illegal), it has been, or is being, tried with reported success elsewhere (Andrizsky, 1989; Grof, 1985; Villoldo, 1977).

Treatment

The early history of the psychoanalytic treatment of compulsive drug use is valuable for both its historical perspective and its relevance to modern modes of therapy. Many early analysts believed that compulsive drug use, like the psychoses, was not amenable to analysis. The early psychoanalysts who wrote on the treatment of compulsive drug users unanimously

reported that these patients are difficult to treat. Most recommended treatment in an inpatient setting. This would allow for the medical treatment of the effects of the drug, leading to abstinence. A patient under the influence of a drug was not felt to be a prime analytic candidate until he stopped using the drug or began to use it in a controlled fashion. It was thought that the inpatient setting should not be too controlling, rigid, or punitive, however, as the patient may experience this as a punishment which might exacerbate his condition. Some psychoanalysts, like H. Rosenfeld (1965), felt that the psychoanalytic method could work with compulsive drug users. Other, like Knight (1938), believed the analytic approach to treatment, in these cases, must be modified.

For more modern psychoanalytic clinicians, the main initial task of therapy with drug users is for the therapist to maintain a supportive neutral presence while helping the drug user to re-establish healthy object relations dynamics. It is important for the therapist to maintain this presence throughout the chaos engendered by transference and countertransference phenomena. Charles-Nicolas, Valleur and Tonnelier (1982) express this

eloquently,

> A partir de la trame imaginaire et symbolique que nous tissons pour tenter d'organiser le chaos, nous nous heurtons á la course du toxicomane aprés l'inatteignable reel qui n'est pas sans rappeler la quéte de l'object primorial. (p. 209)
>
> [In our effort to organize chaos in our imaginary and symbolic frame, we hurl ourselves along the course of addiction towards the unobtainable reality that recalls the existence of the primordial object.]

For compulsive drug users, it would be expected that treatment efforts which engender a transference relationship with a positive role model would be the most successful. If the course of treatment proceeds well, the therapist will take on the transitional object aspects of the drug. As suggested by Brill (1977), a relationship with a therapist who represents a consistent good transitional object may have the best chance at compensating for the use of drugs. Only when this relationship is established is there a chance to release or integrate the bad internalized object representations. As Fairbairn says,

> At the same time there is now little doubt in my mind that

> the release of the bad object from the unconscious is one of the chief aims which the psychotherapist should set himself out to achieve...The bad object can only be released, however, if the analyst has become established as a sufficiently good object. (1952, p. 70)

The therapist in the role of a transitional object can help an individual attain a controlled release of the bad internal object representations. In more modern parlance, this would be seen as healing the split between the good and bad object representations. It would, therefore, not be surprising to find that treatment efforts incorporating some level of transference or identification with the therapist would have a high degree of short-term success. As Dodes (1990) says,

> ...the use of Alcoholics Anonymous and its central concept of a "higher power" may be understood as examples of a search for an idealized object and an omnipotent transitional object, whose powers are utilized in exchange for a loss of power entailed in giving up the drug. Likewise, the therapist or analyst may also be quickly created or perceived to be such an idealized narcissistic object, leading to the rapid achievement of drug abstinence, (p. 417)

Programs such as the twelve-step or co-dependency groups which include elements designed to bond drug abusers to a

positive environment and role models may work for this reason. Experienced therapists like Khantzian (1990) and Wurmser (1985) have suggested that psychodynamic treatment be supplemented by involvement in self-help groups. Although it is recognized that some severely pathological patients may not tolerate the self-help approach, many patients will derive benefit from this type of supportive, contained environment. Also, as Khantzian (1990) reports, self-help groups like AA (Alcoholics Anonymous), NA (Narcotics Anonymous) or CA (Cocaine Anonymous) force compulsive drug users to face the defensive denial and narcissism associated with their drug problem. Both the admission of addiction and the storytelling of drug experiences by patients in self-help groups may play a valuable psychodynamic role in overcoming these defenses. Nevertheless, without the deep insight engendered in psychoanalytic therapy, the success of the self-help approach alone may be transitory. Without the support of an external agency (e.g. a supportive therapist or self-help group) the drug user will likely fall back into his old habits. Because the addict has relied on an external, reactivated transitional object for support, he does not necessarily have the

motivation to internalize this support. This internalization comes about through introspective psychoanalytic work, which requires some ability to tolerate painful affect (Federn, 1952). Of course, this is why psychotherapeutic treatment with compulsive drug users is reported to be extremely difficult (Fine, 1972; Wurmser, 1974). For this reason, it is perhaps best to do introspective work in combination with psychotherapies or self-help modalities which provide some external support. Although there is no good evidence which delineates the effectiveness of different types of drug treatment programs, this type of multimodal approach may have the best chance of success (Schiffer, 1988). Wurmser (1985, 1987) suggests a comprehensive approach to treatment along these lines, which he calls a "combination treatment" (1985, p. 95). Wurmser conceptualizes this approach as follows,

> Psychoanalysis has a great deal to offer in a situation of despair. But again as in the early days of Freud's work we often have to combine the analytic, uncovering approach with other measures. It is as if the vertical approach of analysis needed to be supplemented by a horizontal approach. (Wurmser, 1985, p. 164)

Wurmser goes on to describe a patient who in addition to

analysis five days a week, was also concurrently treated with counter-phobic behavioral methods, AA meetings, Antabuse, and, for a short time, anti-depressant drugs. Wurmser does not believe that every type of approach is needed in all cases. Nevertheless, in his view, the successful treatment of compulsive drug users through analysis alone is the exception, not the rule. The analytic part of the treatment may also need to be slightly modified, with the analyst providing some suggestions. The classical analytic stance of the analyst, however, should not change. This does not mean that the analyst's technical neutrality should equate to being cool, aloof, or indifferent. Instead, the analyst should maintain his neutral stance while simultaneously maintaining a "strong emotional presence" (Wurmser, 1985, p. 94). Khantzian (1990), while agreeing with much of Wurmser's position, suggests that the therapeutic stance should be much more supportive, providing structure and containment.

Other psychoanalysts have reported successful treatment outcomes through the sole use of psychoanalysis (Berthelsdorf, 1976; Fine, 1972). Berthelsdorf (1976), for instance, does not greatly modify the classical psychoanalytic approach. He does,

however, take care not to frustrate the compulsive drug using patient and hence, takes on a more supportive role than is usually found in classical analytic treatment. No doubt level of functioning and motivation play a large role in determining whether or not analysis alone is indicated for a specific patient. Therefore, some generalizations can be made about the treatment of drug users from a more or less psychoanalytic point of view.

For those drug users who are more regressed and present a more overt psychotic or borderline pathology, a regimented, protected environment with a high degree of support may be beneficial in the first stages of therapy in which the users begin to abstain from the drug. As Kernberg (1975) suggests, "...psychotherapeutic treatment may best start out with a period of prolonged hospitalization" (p. 191). This supportive, structured environment can provide assistance and auxiliary functions to the patient's ego as well as suitable (good) external objects. It has also been recommended that sexual issues be addressed in this supportive environment. Healthy sexual strivings should be supported and consensual relations among patients should not be suppressed. After the initial phase of therapy, outpatient

treatment may be attempted as long as a high level of support is maintained. (DeAngelis, 1975).

For higher functioning drug users, underlying issues and pathology related to the character of the patient and the drug of choice should be addressed. For instance, introjective depression, rage and lability of affect should be considered in a patient who is addicted to opiates. Likewise, issues of meaninglessness, existential ennui and mourning should be addressed in the user of psychedelics. Stimulant users should be examined with a eye towards underlying depression and feelings of extreme inadequacy. Moreover, in all drug users, defects in object relations should be suspected. Issues related to anaclitic object needs and separation-individuation should be examined. Oedipal conflicts should be carefully scrutinized for underlying preoedipal pathology. The father may have taken over the maternal object role, failed to mediate the separation of the infant from the mother, or both. The therapist should look to his or her own countertransference dynamic with the patient for evidence of defective object relations (Boyer, 1979a, 1983, 1992; Boyer & Giovacchini, 1993; McDougall, 1984,1985). Additionally, the

transference between the patient and the drug of choice should also provide insight into the patient's object relations pathology.

Dodes emphasizes that narcissistic transferences are to be expected in treatment. The therapist may be seen as an omnipotent transitional object, "whose powers are utilized in exchange for the loss of power entailed in giving up the drug" (p. 417). This narcissistic transference can result in a rapid abstinence from drug use because the addict has the power and ego functions of the therapist to help him abstain. Removal of the therapist and his auxiliary ego before the addict has internalized these functions can result in a relapse. As has been mentioned, this quick cure, which Dodes calls a "transference cure", should not be a substitute for a longer course of therapy in which unconscious processes are interpreted in the light of the problem of drug use. The interpretation of drugs as transitional objects may become a central issue in the treatment and understanding of compulsive drug users, giving them insight into their affective states.

Last but certainly not least, the importance of countertransference in treating the compulsive drug user should

be emphasized. As the therapist takes over the role of the good external object, he or she may begin to feel treated like a drug. As D. Rosenfeld (1992) reports,

> ...the therapist's most difficult task regarding his countertransference is to stop feeling like, and being, the drug or inanimate object, since this is the role these patients continuously force on him. (p. 209)

When the therapist begins to experience countertransference with the compulsive drug user he or she will begin to feel like an inanimate object, answering the patient mechanically, and speaking according to the patient's wishes. The therapist may then begin to take on an inflexible, rigid attitude and the therapy itself stagnates. D. Rosenfeld (1992) suggests that the therapist can escape the pitfalls of countertransference by engaging in a 'complementary style' of psychotherapy, which consists of taking on a role that is the opposite of what the compulsive drug user experienced from his parents. D. Rosenfeld (1993) also suggests that the countertransference is an important tool for understanding and decoding the early family dynamics of the compulsive drug user. When speaking of the countertransference

with his patient George he says,

> ...I understood that these were the types of messages George received daily at home. In other words, I was the object of maddening messages and guilt-generating accusations: the stepmother was doing to me what she did to George every single day. The technical use of the countertransference was very effective in helping me discover the family structure and the sick communication system in which George was ensnared. (1993, p. 224)

From countertransference reactions like these, Rosenfeld was able to formulate more precise interpretations. This use of countertransference phenomenon to guide interpretation has been championed by Boyer (1992).

Prevention

With regard to the prevention of drug use, it is unfortunate that many educational drug abuse prevention efforts use standard informational approaches, or 'scare tactics', which are not effective (Moskowitz, 1983; Pickens, 1985; Wurmser, 1978, 1985, 1987). Some researchers have taken the position that drug abuse prevention should be with children at very young ages (Hawkins,

Lishner, Catalano & Howard, 1986; Hawkins, Jenson, Catalano & Lishner, 1988). This especially makes sense from a psychoanalytic viewpoint. What is needed are programs that present the reality about drug use without value laden messages. This should be combined with strong educational and therapeutic practice related to development of positive external object relations.

Psychoanalytic play therapy, Play Analysis (A. Freud, 1946; Klein, 1959) or some form of art therapy (Kramer, 1971; Lowenfeld, 1979; Naumberg, 1973; Ulman & Dachinger, 1975) can be invaluable in correcting and maintaining the object relations health of young children. Luzzatto (1987) has suggested art therapy may be extremely valuable as a treatment modality for compulsive drug users, who might otherwise have a negative therapeutic reaction. While valuable as treatment modalities, these techniques can and should also be used in a prevention context. While not all art therapies are strictly psychoanalytic, they rely without exclusion, on the development of a transference relationship, in which the therapist can be seen as a good and consistent object.

Of course techniques and approaches such as play therapy and psychotherapy cannot take the place of good parenting. The best drug prevention effort would be to provide parenting education to people before they have children. This education effort should include material on the emotional development of children so that potential parents will have a better understanding of the consequences of their actions as parents. While such programs may be expensive in the short term, the amount of money saved in the long term could be tremendous.

General Implications for Society

It is important in a discussion of drug use to take a wider view of the problem. So far, the etiology of the individual drug user has been the focus of the arguments presented here. This focus has followed from the third definition of the psychopathology of drug use given in Chapter Two. It may be useful at this point to touch broadly upon the societal viewpoint implicit in not only this third viewpoint, but the other two as well. Consider the following scenes:

Sometime in the early 1960s a man crossed the border from California into Mexico and went to the town of Tijuana. His purpose was to have a night of drinking and carousing in the border town. Regardless of his intention that night, this man was not a degenerate character. He was a Marine veteran who had seen action in Korea. He had been awarded the purple heart, had an excellent military record and was currently married with two children. Sometime during the evening this veteran was given three or four marijuana cigarettes. Whether he had smoked any marijuana or not is not known. What is known is that when this man arrived at the border drunk, he was thoroughly searched and the marijuana cigarettes were discovered. He was immediately thrown into jail. It was recognized by the court that this man was not a drug dealer and was not a habitual drug user. Nevertheless, sometime later, this man who was a father and a war veteran, was convicted of felony charges of drug possession and sentenced to five years in the penitentiary without the possibility of parole (Smith, 1968).

During roughly the same time period, two psychiatrists who were frustrated with the treatment of frigidity with conventional

psychotherapy, embarked on a promising new treatment of the disorder. This treatment involved the administration of LSD-25 and Ritalin (a central nervous system stimulant) together with psychotherapy. In a test case, a women suffering from frigidity without other neurotic or physical complaints was successfully treated in six sessions using the new LSD/psychotherapy technique. In all, sixteen such cases were successfully treated. Although frigidity had been known as notoriously difficult to treat, the psychiatrists felt that "...Given good motivation, superior intelligence, a reasonable stable personality and a cooperative potent spouse, psychotherapy with LSD can help these cases by the recovery of early sexual fantasies or traumatic experiences responsible for symptom formation" (Ling & Buckman, 1965, p. 239).

These two vastly different outcomes of the use of drugs give an idea of the lack of consistency towards drugs and drug use in our society. Although the harshness of marijuana laws in most states have been reduced, LSD psychotherapy is now illegal even under the care of a qualified physician. Therefore, even though there has been some change in our societal view of drug use, we

are still confused.

Drug use has historically been a highly emotional issue in America. Even in the very earliest days of the U.S. war on drugs, emotional and hysterical responses often outweighed scientific evidence which did not support the claim that drugs were responsible for a variety of societal ills. For instance, the first clinics for the rehabilitation of opiate addicts which opened in 1919, were closed down a scant four years later. This loss of support for the clinics was largely a result in a change of attitude toward drug users by society. Before 1919, drug addicts were seen as the unfortunate victims of a serious malady. After 1923, the same drug addicts were seen as hardened criminals. Later these attitudes were extended to other drugs. For example, in the middle of the 1930's a government committee heard testimony from Dr. William C. Woodward, legislative counsel for the American Medical Association. Dr. Woodward opposed the passage of a law to make marijuana illegal. The committee's response was to severely question Dr. Woodward's credentials and to criticize him for being uncooperative. Finally he was rebuked for trying to get in the way of something the government wanted to do (Smith,

1968).

Not much has changed since the 1930's. Drug use is still an emotionally charged issue. The only differences are that the government's 'War on Drugs' has taken on an even higher media profile. Nevertheless many scientists have come to agree with Dr. Woodward's lone message. In fact, many in the scientific community advocate the legalization or decriminalization of potent drugs, although this is still a hot topic for debate (Inciardi, 1991; Nadelmann, 1989). There are many reasons why some scientists favor the legalization or decriminalization of drugs. Perhaps the most important reason for those in the psychological community is to once again attempt to understand the problems of compulsive drug users in terms of psychopathology. Without a doubt, a societal view which sees drug users only as criminals impedes this type of understanding.

Although the legalization of drugs is not likely to occur in the near future, Americans collectively continue to consume vast amounts of drugs. The impulse to use drugs is no doubt present to an extreme degree, especially given the statistics on drug use. Yet,

this impulse is excluded and severely repressed from societal consciousness. The wish to use drugs is vigorously denied and rigid prescriptions have been established to guide societal authorities. These prescriptions, unfortunately, deny many of the most basic truths regarding drug use by individuals. Many of these so-called authorities suffer from what might be termed reaction-formation symptoms. These can be seen in the health educator who rigidly preaches the evils of drug use, while consuming large amounts of alcohol and coffee, or the appalling number of addicted physicians and nurses. Included in our mass denial of drugs are the reasons driving us to use these substances. For the urban poor, environmental and economic influences undoubtedly play a large role. As this review has indicated, the impact of the family on early intrapsychic development is important among all types of compulsive drug users. The roles of intrapsychic family dynamics have, unfortunately, been all but ignored in much of the sociological and social psychology research on drug use.

Like the Maenads in their wild dance, we are too entranced by our bloody feast to see that it consists of our children. Perhaps on a societal level we will someday be able to take energy away

from our defenses against drugs and invest it into insight into the phenomena. Until this happens drug use will continue to be a dangerous, frightening and poorly understood problem.

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