

THE PERSONALITY OF THE COMPULSIVE DRUG USER

by

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We are all by now familiar with the slogan, "drug abuse is just a symptom"; what is meant by it has been rarely explicated however. It might be helpful to unravel the texture of the underlying pathology and thus to tease out relevant threads of causation from a particular point of view – viz. the factor of inner compulsion.

Edmund, Gloucester's depraved bastard in "King Lear," this protagonist of the absolutely anti-ethical, states: "This is the excellent foppery of the world, that when we are sick in fortune – often the surfeit of our own behavior – we make guilty of our disasters the sun, the moon, and the stars, as if we were villains by necessity, fools by heavenly compulsion; knaves thieves, and treachers by spherical predominance; drunkards, liars, and adulterers by an enforced obedience of planetary influence . . ." ¹

Are we any more scientific today if we ascribe our deviations, our "sickness in fortune," to other forms of necessity and compulsion – to the constellations of social and inner causes? Many would derisively deny this and indeed relegate the social sciences into a line with astrology. ^{2, 3}

And yet, I believe most of us who deal with this problem, viz. physicians, judges, social workers, have been struck just by this impression of "an enforced obedience," by this picture of "fools by compulsion" when we dealt at least with one type of people involved with illicit drugs. True – we usually do not have that feeling with those who dabble in drugs – experimenters, occasional users, recreational users. Nor do we probably have that impression with the grand entrepreneurs on the black market, the large scale profiteers. But the addicts we see most frequently as patients, as defendants, as prisoners belong to this category of compulsive users of drugs. We also have learned to our chagrin that for them deterrence, persuasion, punishment are of little avail. May it then not be that it is just the common neglect and our own conviction of this crucial fact of inner compulsion which has filled most of us at times with a sense of hopelessness and helplessness about this problem – "once an addict, always an addict"? This frustration has led to ever more vindictive reactions (like exorbitant sentences), or to fanatical, one-sided postulates of a final solution (like most massive intercepting operations or some treatment ideologies) or to an escape into naively optimistic hopes set on education.

If we study however this problem of compulsiveness, we recognize that compulsive drug use is embedded in a context of other compulsive activities and encompassing problems and conflicts which I will try to explain more carefully now. ⁴

When we explore the life history of compulsive drug users, we find a rather typical sequence of events: a severely disrupted family – either no father, or constant fights, most of the times an atmosphere of deception and manipulation; early symptoms in the growing child: of rage, running away, often of anxiety and loneliness or of vague tension, boredom, lack of inner and outer structure; quite often early though petty criminality – shoplifting, vandalism, stealing a car. Later, in early adolescence, abuse of alcohol, a frantic plunging into premature and promiscuous sexuality, more antisocial acts. Still later, the shopping around for, the trying out of various drugs until they hit usually in the middle or late adolescence, on the drug of choice. We cannot escape the conclusion that the compulsive drug use is the last of the "flowers of evil", (to borrow from Baudelaire's "Fleurs du Mal"), the last of the manifest symptoms in a long series, on a plant reaching with its roots deep into the soil of family pathology, and, through it, into the ground of broader, social and cultural problems.

What are then the underlying causes? Let us work our way backward and, despite the current clamor for easy answers, try to discern the various factors as to specificity ⁵ (with backward: I mean from the symptom of compulsive drug use.).

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1. First we encounter the *physical dependency* on the drug which enforces the continuation of its use – the wish to avoid the physiological withdrawal symptoms. This is a noisy factor, but in my experience almost insignificant as a factor of enduring motivation. The focus on the drugs themselves, on physical dependency, blinds us against the massive problems behind and does not allow us to understand such common phenomena as the easy switch during times of scarcity, e.g. of heroin to pharmacologically entirely different drugs, like barbiturates and other sedatives.
2. Behind it we find (historically) the first encounter with the drug – the peer group pressure, the offer by a friend (alias minor pusher), the curiosity. When we notice that only a small number of those exposed to these first encounters actually go on to become compulsive drug users we have to assign to this factor a low causative specificity. This *adventitious entrance* of the drug functions like a catalyst; it is a trigger event, a precipitating cause.
3. On the next deeper level we meet with what I believe to be one of the two most specific elements in this entire hierarchy of causes, a factor we might call the *addictive search*: an intense, desperate attempt to seek relief from inner pressure and tension in something on the outside. The addictive search may be directed to alcohol and gambling, or to food and television, or to racing and sexuality – it always a frantic running away from a nagging inner sense of distress which we will explore shortly.

The other quite specific factor, combining with the one just described, is often an *external crisis*, exacerbating the inner tension – usually a crisis of trust and meaning. Of course all adolescents and most adults pass in life through such crises. In our patients, however, these external crises may be more massive – e.g. a severe family conflict – or they are more devastating because they mobilize very intense feelings inherent in what I just described as the addictive search.

4. This brings us to the next, the fourth level in our backward journey, namely the causes underneath this search. Here we have to dwell for a while. The most important aspect of what I hinted at before as the nagging inner sense of distress are various *overwhelming feelings* of great intensity. The search is on for external help to cope with this pressing affect. In other words, the external object serves as a crutch for an internal defect. More specifically the object of addiction, e.g. the drug, helps as an *artificial defense* when the inner defenses fail. And here we begin now to recognize some specificity between drug chosen and affect combated. These correlations which I am going to outline are very tentative and quite incomplete, but I think they present a promising beginning.

The narcotics as well as the barbiturates appear to help specifically against overwhelming feelings of rage, shame and loneliness (or hurt by separation). Every event triggering these feelings serves as an external crisis prompting in turn the search for relief with the help of one of these drugs. In turn, whenever we force or help a patient to reduce, or do without, his sedative of choice, these feelings burst through, at times in murderous violence, at others as suicidal despair or aimless tension and rage. Occasionally what comes forth when the narcotic is stopped is a floridly psychotic rage. This breakthrough of these affects is not an inexorable event. If there is a lot of external support and help, it is sometimes possible for the former patient to cope with these feelings and underlying conflicts.

If we move on to a second group, the stimulants, (amphetamines and cocaine) the affects combated are somewhat different, namely massive depression and self degradation, or a vague though intense sense of incompetence, inferiority and inadequacy. I repeatedly saw patients who had been off amphetamines for many months, move in and out of very severe depressions which reminded them of the states of despair antedating their drug use.

In a last group, the compulsive use of psychedelic drugs – e.g. L.S.D., hashish – the drug effect fills the inner void, defends against intense feelings of emptiness, meaninglessness and boredom, an effect actually very akin to the compulsive watching of T.V. and movies.

There are other factors underlying the addictive search, combining with this element of the artificial defense against overwhelming affects.

An important one is a defect in the formation of ideals and values. The drug and its ambience and the hustling for it serves as a substitute value, a kind of *chemical mythology* and meaning. Other internal factors predisposing for the addictive search are a curious defect in symbolic activities, what I called "*hyposymbolization*," an often intense need for passive *dependency*, very archaic forms of self-condemnation with radical fears of *global humiliation* and retaliation instead of a solidly internal conscience, and finally the search for what we call *narcissistic gratification* — the fantasy of being grand, invincible, omnipotent and provided with limitless warmth and love. And yet of all these the first one, the factor of affect defense, appears to me the most specific one.

5. If we now move backward in history and deeper down in the psychical structure of the patients we encounter in vague contours archaic conflicts of a narcissistic nature, *conflicts about limitations* of the self, of others and the world. The wish is: "I don't want to have limitations, nor should the power of others to gratify me be limited." Every "No," every limitation is an intolerable disillusionment and insult, and leads to despair or rage, to shame or emptiness. Such narcissistic conflicts are again of course fairly non-specific; many other severe emotional disturbances are based on such conflicts.

6. These conflicts are themselves embedded in *family* deficiencies and conflicts engendering massive narcissistic problems and defects in the handling of overwhelming affects. I have never seen a compulsive drug user who did not come from a family with massive psychological problems. Not only do we see very often broken families, but this fact in and by itself is perhaps less a problem than the overall family atmosphere, again the life style in which the child grew up. I am reminded of the beautiful words of Thornton Wilder:

"Family life is like a hall endowed with the finest acoustical properties. Growing children hear not only their parents' words (and in most cases gradually ignore them), they hear the intentions, the attitudes behind the words. Above all they learn what their parents *really* admire, *really despise* . . ." and: "A man's severest judges are his children and he knows it — severest of all when they are silent."⁶

In line with what I just described on an individual basis I again would place in the center of the family background the problem of narcissism — the problem of self-centered expectations, disregarding the individual needs and rights of the children, and the subsequent massive disillusionment and disappointment on the side of the child.

More specifically, I encountered with particular frequency the constellation of a vacillation between seduction and vindictiveness. On the one side, there are virtually no limits to the living out of material gratification, in form of eating, drinking and sex. Even in many slum families we can see this type of spoiling, a permissive granting of wishes, a curious lack of discipline, an unwillingness to set limits, a going along with all irrational demands. On the other side, the parents engage in wild temper tantrums including physical violence, to enforce a particular limit. They like to justify their outbursts of rage as "discipline", but we clearly see that they are rather the opposite. In all that, there is a pervasive inconsistency.

In other families, an intrusive form of pseudo-love and overprotective "care" is coupled with a complete disregard for the individuality of the child and his real emotional needs.

Still in others, the self-centered preoccupation with success and prestige, an excess of activity, on the parent's part is matched by the self-centered retreat into a drug induced dream world, an excess in passivity, on the child's side.

Very often the parents are themselves deeply involved in using prescribed or not prescribed drugs or alcohol to sustain their own versions of what Ibsen called the "life-lie".⁷ Perhaps we might come closest to the clinical truth if we say that by and large the symptom of compulsive drug taking on the child's side is a derivative of the whole family's attitude of inconsistency, self-centeredness, and very often of inner dishonesty. To put it in a somewhat extreme form the deceptiveness and wiliness of many drug abusers is a reflection of their parents' deviousness, power-hungry manipulations and mutual undercutting, or it is a frantic escape from

disillusionment and anger about the unavailability of their parents as persons during the crises of growing up.

(We hope to start a more systematic research study into the family background of compulsive drug abusers in order to confirm or refute, or to add to and to refine this description.)

What we described as levels 4, 5, and 6, namely the factors directly underlying the addictive search, especially the need for affect defense, the archaic narcissistic conflicts, and the pervasive family problems we may group together as predisposition to compulsive drug use.

7. It will be noticed that I have up to now neglected talking about what so many use as explanations: social injustice, disappointment about modern life, etc. In my experience such *sociocultural* factors are more smoke screen than origin. I concede that they serve as broad background, as a foil, as contributing factors. But only a fraction of those exposed to them become compulsive drug users, and in turn many not exposed to them are addicts. We may classify them as *concurrent* causes, unspecific, auxiliary factors, working through families and peer groups, not directly. Important contributing causes are the following, to select just a few:

- a. A first group pertains to the effects of poverty and discrimination. The *lack of structure*, discipline, tradition and cohesion and the amount of violence, overcrowding and with that of *overstimulation* in the slums; the role of drug traffic as an important stabilizer in the ghetto economy; the emergence of the successful pusher as an ideal in a society of degradation and self-contempt; the value of hustling as an exciting activity if skills and jobs are lacking. Nor should we forget about the latent, though massive rage in this atmosphere of psychological as well as economic deprivation.
- b. A second group encompasses factors in middle and upper class society; a profound doubt in the values of materialistic society, a mystical search for so-called spiritual values, the flight from Western activism and competitiveness into Oriental contemplation and passivity, and quite importantly a protest against hypocrisy and manipulation, double standards and injustice, perceived in the ruling institutions. I would not like to omit however, several often forgotten aspects which may be more relevant than these commonly proclaimed ones.
- c. One is the formative role of television throughout childhood. I often wondered whether the emphasis on narcissistic aspects, deceit and violence, and particularly the enforcement of passive dependency, in form of the unlimited gazing and receptive staring and with that the stunting of symbolic activities and of active fantasy formation,⁸ may not contribute to some of the more specific problems mentioned before. And in regard to the impact of advertising E. Schur very aptly comments: "... any sensitive observer of the American scene recognizes that modern mass advertising at its heart represents a kind of institutionalization of deception and misrepresentation." He calls it "a philosophy of contempt for and manipulation of individuals", inducing "a kind of narcotization to fraud."⁹
- d. Another aspect is the removal of sexual activity from an area of high tension, secret longing and overt titillation, from a field of anxiety and revolt, to an area of routine, of boredom and mechanical performance. The deeper wishes inherent in sexuality (of merger, belonging and sharing, of idealization and renunciation) and with that the whole yearnings of young people are thus torn from their moorings.
- e. There has been little consideration as well of the impact a shallow, technically and pragmatically oriented, but vastly protracted education has. Schooling devoid of most tradition and humanistic values and carried by teachers vastly underpaid, undereducated and held low in esteem cannot provide those values and ideals which could give most of us a badly needed structure in times of crisis – whether in the developmental crisis of adolescence or the historical crisis of demythization and devaluation we are stuck in.¹⁰

- f. Finally in this group we may consider the importance and impact of a general spoiling, of the wilting of authority and limitations, and with that of challenge, expectation and aspiration. The shallow hue and cry about the permissiveness of our society may have a shred of reasonableness if we look at this last point.

As said before these are merely contributing factors, pointing lastly to philosophical value conflicts.

How relevant is such an analysis if we try to intervene — especially since there is often no correspondence between the amount of knowledge about causes and effective treatment?

We can quickly recognize that the two commonly propagated approaches attack the problem from the one, superficial end. The *law enforcement* approach steps in on the uppermost levels, that of the symptom — menacing proclamations of harsh sentences and measures to block availability. Yet, with the ready access of everyone to other agents of addiction or other avenues of addictive search and with the known ineffectualness of deterrence vis-a-vis such compulsive activities, this approach not only renders scant help in suppressing the symptom, but in its own right causes severe problems; crimes without victims lead to secondary criminality which in turn drowns courts, police and jails under a tide of incurable felons; they contribute to corruption of law enforcement personnel and the misery of the victims of such secondary crimes.¹¹ The laws as they exist now precisely prepare the ground for what the former Chief Justice Earl Warren so poignantly phrased: "Organized crime can never exist to any marked degree in any large community unless one or more of the law enforcement agencies have been corrupted . . . The narcotics traffic of today, which is destroying the equilibrium of our society, could never be as pervasive and open as it is unless there was connivance between authorities and criminals."¹² A system of regulation and medical treatment, much like the one used in Great Britain, though far from good, and much falsely maligned seems the lesser of two evils by far.

Secondly, we hear the sirens singing of prevention in the form of *educational* efforts. This is the same as to call for sex education to prevent later rapes and sexual perversion — a naive attempt to solve with cognitive means a deep emotional problem.

In turn, our professional *revolutionaries* call for their radical remedies, approaching the problem from the other end, from that of the concurrent, unspecific causes. I submit though that to exchange revolutionary mythology and violence for the chemical mythology and destruction would be a poor bargain indeed.

In regard to the important practical and rational approaches on the levels between these two extremes I limit myself to some conclusions from my explanatory construct.

Withdrawal with methadone and other forms of *detoxification* approaches the problem on the first level viz. of alleviating the inevitable withdrawal symptoms. Unless it is coupled with very vigorous psychological assistance on other levels it is usually doomed to fail. It is preferably carried out now on an out-patient basis, but only within a specially structured program encompassing ample supportive services.

To put the patient on a *maintenance* regime — whether with narcotics (like methadone) or tranquilizers, like Valium, or with stimulants — re-establishes above all the artificial defense against overwhelming affects.¹³ In very many cases such a protective barrier is the only practical help which can be rendered and is absolutely invaluable. In others, it may be a temporary assistance or a long term support during a period, when a more thorough restructuring of their lives and with that a better adaptation to the underlying narcissistic conflicts can occur. With the help of this "crutch", the patient is assisted in avoiding additional external crises which might evoke these unmanageable affects, and in living better within the limits of the defects described before. This is facilitated in particular if the patient knows he can depend on the program and the person of the counselor instead of having to depend on the drug.

In this context, I would like to stress the importance of certain attitudes in the treatment personnel which may decide success or failure. They are *firmness* without rigidity — a clear setting of limits in the program; *honesty* — a refusal to play games of any kind, including to

manipulate and deceive patients; and a basic *respect* for the patients and the realness of their inner and outer problems.¹⁴

Needless to say a methadone maintenance treatment regime requires a broad basis of ancillary services and strict rules to protect against diversion.

If we look over the many levels of causation, we cannot escape the conclusion that *combined forms* of treatment are far superior to one-track approaches. For example methadone is not very helpful just as a medication, but only in combination with intense counseling, vocational retraining, work with the family, and sometimes psychotherapy and a residential sojourn. The either-or approach which is so popular today may be justified in basic research, but not in treatment. We may draw on very similar analogies in the therapy of schizophrenia of leukemia and tuberculosis. As in these instances, we have to combine two, three, and more modalities for one given patient, and often simultaneously, instead of the one-track model so welcome to intellectual laziness.

In the present climate where the air is filled with a clamor for fast and simple solutions and where "reason panders will" it is not always popular to emphasize again that theory, no matter how complex, is needed as the beacon for practice.

REFERENCES

- ¹ King Lear: Act 1, Sc. 2, 127-135.
- ² Karl R. Popper: *Conjectures and Refutations: The Growth of Scientific Knowledge*. New York, Harper and Row, 1963. pp. 37-38.
- ³ T. S. Kuhn: *Logic of Discovery or Psychology of Research in: Criticism and the Growth of Knowledge*, ed. by I. Lakatos and A. Musgrave. Cambridge University Press, Aberdeen, 1970, p. 7.
- ⁴ The following is based on my experience with intensive psychotherapy of about 40 drug abusers of various categories of all social classes (between 10 and 400 hours) and more extensive, though more superficial experiences with about 1,000 patients in group therapy, family counseling, evaluations.
- ⁵ For the following cf. Freud's varying concepts of the "etiological equation", first in the early paper, "A Reply to Criticisms of My Paper on Anxiety Neurosis", 1895, Standard Edition, III, Hogarth Press, London, pp. 135-139, where he develops the distinction of specific, predisposing, precipitating and concurrent causes; later in "Inhibitions, Symptoms and Anxiety", 1926, Standard Edition, XX, pp. 154-156 where he presents a hypothesis about quantitative factors in the genesis of neurosis in general; similarly, in less specific logical terms, in "An Outline of Psychoanalysis", SE. XXIII, pp. 201-202.
- ⁶ Thornton Wilder: *The Eighth Day*, 1967, Popular Library Edition, Toronto, pp. 261-262 and 290.
- ⁷ H. Ibsen: *The Wild Duck*, Vol. VI, Oxford University Press, New York, 1960
- ⁸ Cf. M. Grotjahn: *The Voice of the Symbol*, Mara Books, Los Angeles, 1971, pp. 1-24.
- ⁹ E. Schur: *Our Criminal Society: The Social and Legal Sources of Crime in America*. Prentice-Hall, Englewood Cliffs, N. J., 1969, pp. 168-170.
- ¹⁰ To this point cf. my paper: "Drug Abuse: Nemesis of Psychiatry" in *The American Scholar*, 41, Summer, 1972, pp. 393-407, and W. Jaeger: *Paideia, "The Ideals of Greek Culture"*, B. Blackwell, Oxford, 1965. Introduction to Vol. I.
- ¹¹ Cf. E. Schur: *Crimes Without Victims. Deviant Behavior and Public Policy*. Prentice-Hall, Englewood Cliffs, N. J., 1965
- ¹² *Washington Post*, Nov. 14, 1970
- ¹³ Cf. my paper: *Methadone and the Craving for Narcotics: Observations of Patients on Methadone Maintenance in Psychotherapy*. Presented at the 4th National Methadone Conference, 1972 and at the Annual Meeting of the American Psychiatric Association, 1973
- ¹⁴ For details, see our paper: E. Flowers, C. Weldon, and L. Wurmser: *Methadone, Discipline and Revenge*. Presented at the 5th National Methadone Conference, 1973