

## **Heroin use as a passive behaviour.**

by Tony White

Jeff Moss (1982) in his article on relationships and dependency states that addiction in human relationships precedes addictions to drugs. If we have addictive love then we can become addicted to drugs. One correlates to the other. This article concurs with this and discusses a particular type of addiction where this correlation appears to be borne out.

Transactional Analysis theory presents the idea of passivity. When a person displays a passive behaviour they are wanting to form a symbiosis with another person. A symbiotic relationship is where both parties are dependent on each other. They need each other to psychologically exist or at least get along in day to day life.

One of the four types of passive behaviours is incapacitation. Examples of incapacitation includes - getting sick, fainting, migraines, having a 'nervous breakdown', vomiting - when these have primarily an emotional basis rather than a physical aetiology.

In our society when one is incapacitated usually, eventually, somebody or some organisation comes along and picks them up and makes sure they are OK. Which it seems is a human way to live. Some one else takes charge. This then can become the basis of a symbiosis. If one wants to be looked after or have someone take charge of them, they can incapacitate self.

In childhood the child is 'incapacitated'. That is they are incapable of looking after themselves both physically and emotionally. So a symbiosis naturally exists in childhood between parent and child.

One of the goals of incapacitation and symbiosis formation in adulthood is to re-establish the original archaic parent-child relationship. When the original relationship was in some way disrupted and dysfunctional, then the individual in adulthood will repetitively seek to redo it in an attempt to have the original issues successfully resolved. To incapacitate, one has a means to re-establish and redo the original parent-child symbiosis again in the hope of getting the original unmet needs met. Occasionally this spontaneously does happen but unfortunately most times it does not and thus we can get into repetitive self defeating relationships and behaviour, which Transactional Analysis calls 'psychological games'. It should be noted that in the great majority of instances this is out of peoples

awareness, so there is no implication here that most people are being manipulative.

Clinical observation seems to show a pattern here with some types of substance abuse. For instance, in some forms of heroin use. When there tends to be solely heroin use [when circumstances permit] in particular symptomatic and dependent use rather than experimental or recreational use [Comm. Dept. of Human Services and Health (1991)] versus regular poly drug use. In some types of heroin use it is almost as though the user forms a symbiosis with the drug. The drug 'takes care' of the user. In one sense it does this by providing the user with relief from what can be a horrible existence, all the day to day worries, any inner emotional turmoil that may exist, and provides good feelings and euphoria.

This is what parents are supposed to do with young children. They are supposed to provide for them so they do not have to worry about going out and earning a living, to allow them to get relief from emotions such as fear and anger, and provide niceness and care such that one can experience the utopia of childhood.

The amount this is provided in childhood of course varies from parent to parent. Unfortunately in some circumstances the utopia of childhood occurs very little and the child is left to fend for itself emotionally and at times physically. [ie. it is neglected].

This is what heroin can do in some instances. It provides a fake utopia or fake protection. It works for a little while. It meets the addict's needs by providing a utopia and easing all the worries, but it does not last. In this sense it also neglects the user. It does not provide long term physical and emotional support.

Thus for some it fits 'perfectly'. They form a symbiosis with the drug in the hope of finally getting the unmet needs met. And they are met by the heroin - in the short term. However as mentioned before many of us will compulsively repeat self defeating behaviour that stops us from getting the archaic needs met, [ie. play 'games']. Heroin fits for this also if the user was neglected in some form. Heroin is very much a neglectful 'parent'. Obviously it provides no long term solution to ones physical and emotional needs and hence the neglect occurs.

Initially the heroin offers so much hope for the user to meet the perfect parent who will provide the needs they have sought for many years. But in the end it provides just another repetition and replay of the deprivation they initially received. The deprivation 'game' is again compulsively repeated.

If symbiosis formation is one of the psychological motivations for this particular type of heroin use. Then it should lend itself readily to a transference treatment modality. Such 'addicts' should readily develop transference feelings in the therapy setting. Should time and circumstances permit, then a transference relationship with the therapist should weaken the attraction of the heroin to the user. Thus another group of treatment options become available.

Reference:

Commonwealth Department of Human Services and Health. (1991). Handbook for medical practitioners and other health care workers on alcohol and other drug problems. Australian Government Publishing Service : Canberra.

Moss, J. "Relationships: the dependency trap". New Parent. Vol 4, No. 5, 1982.