Heroin use as a passive behaviour.

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Abstract - This paper initally examines the nature of symbiosis and how heroin can play a part in a symbiosis at least in the users mind. Then it examines how heroin can become an integral part of relationships and how two people get on and structure time. Finally an analysis is made of how heroin effects or touches the soul or spiritual part of some people.

INTRODUCTION

In the field of addiction studies many models of addition have been presented over the years such as the disease model, the pharmacological model, the moral view and the social learning model. Also there is the view that addictions to drugs is paralleled by addictions in human relationships. For example, 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. Others§ who support this model are: Halpern(1983), Ausubel(1961) and Wilkinson and Saunders(1996). The first part of this article concurs with this model and discusses a particular type of addiction where this correlation appears to be borne out. The second part of the article presents two further observations of heroin users.

PASSIVE BEHAVIOURS

In Transactional Analysis theory an individual displaying passive behaviours is wanting to form a symbiosis with another person. A relationship 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.

White(1997) has clarified the nature of symbiosis by noting that there are two aspects to a symbiosis - a transactional symbiosis and an attachment. See diagrams 1 & 2 below.

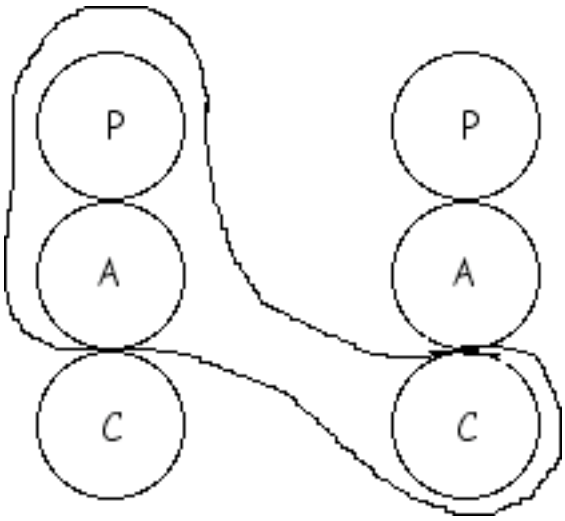

Diagram 1.
Transactioanl Symbiosis
(White. 1997. P 300)

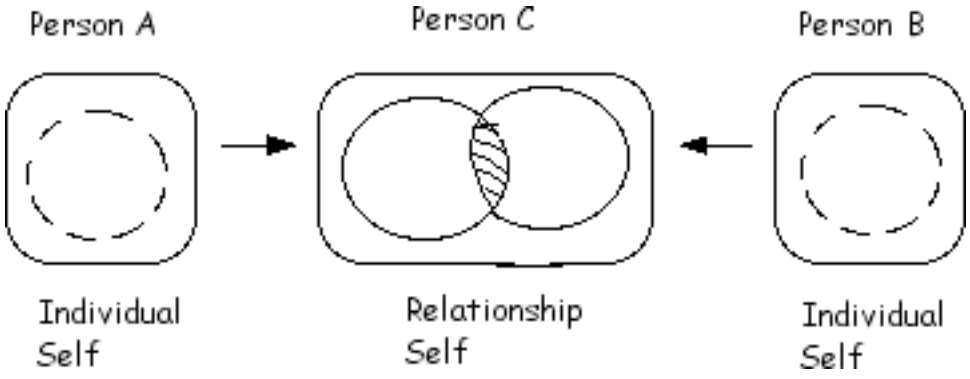

Diagram 2.
Attachment (White, 1997. P 301)

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

Generally speaking when one is incapacitated eventually, somebody or some organisation comes along and picks them up and makes sure they are OK. 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.

RECREATING SYMBIOSIS

In childhood, children are '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 childhood relationship was in some way disrupted then the individual in adulthood will repetitively seek to redôo it, in an attempt to have the original issues successfully resolved. By incapacitating, 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. That is, games.

Clinical observation seems to show such a pattern here with some types of heroin use. In those instances where there tends to be exclusively heroin use, rather than poly drug use. Also when the drug use is symptomatic and dependent use rather than experimental or recreational use [Comm. Dept. of Human Services and Health (1991)]. In these types of heroin use the user in one sense forms a symbiosis with the drug. This obviously is modifying the explanation of the transactional symbiosis. Heroin is merely a chemical substance with pain killing properties. It does not have ego states. As a result the diagram in diagram 1 could not be used with the addict being the Child ego state and the heroin being the Adult and Parent ego states. There is a misperception on the addict's behalf. He or she perceives the effects of the heroin to fulfil the Parent and Adult functions in solving the Child ego state's problems and needs.

The drug is perceived to take care of the user. It does this by providing the user with relief from what can be a horrible existence such as 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.

The addict forms 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 here alsoØ, 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.

FEATURES OF NARCOTICS USERS

The idea that heroin users are seeking to form a transactional symbiosis and attachment with heroin is supported by some of the research on personality features that are commonly found in such users. O'Connor(1996) notes that addicts exhibit a failure, "...to self-regulate their behaviour"(P13). Bell(1996) states that the use of opioids is based on their "...capacity to attenuate or abolish dysphoric moods, partiécularly anger and fear, and to replace them with a sense of calmness and well-being"(P41). Later on he also states, "People vulnerable to dependence lack the capacity to soothe and modulate their own distress."(P42). Finally Ausubel(1961) notes that common characteristics of drug addicted individuals include such features as passivity, dependence, irresponsibility and motivational immaturity.

These features clearly describe common features of the Child ego state. They need others to help them solve their difficulties. Heroin does this in the short term. In fact, with an intravenous injection of heroin it takes about 10 seconds for the drug to begin acting in the brain. In 10 seconds it 'solves' the individuals painful feelings of anger, panic, or depression. It regulates their behaviour, it abolishes dysphoric moods and provides them with a sense of calmness and well-being, it soothes and modulat«es their distress. All this in just 10 seconds with a simple injection. That is potency! What therapist or therapy can match that potency. They do not even get close. Thus one can see the attraction to the very potent Parent qualities of heroin.

SUMMARY OF PASSIVE BEHAVIOURS

This section of this paper presents the notion that some forms of heroin use are a passive behaviour. They allow the user to incapacitate and feel like they are establishing a transactional symbiosis and attachment with the drug.

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

user. Thus another group of treatment options become› available.

TWO OTHER OBSERVATIONS OF HEROIN USE

In working with heroin users and addicts there has been two other observations that have come to light. The first relates to a drug taking pattern and its role in the interpersonal relationships of addicts. Consider these case notes of a client called Mitch

"Mitch is not what can be seen as the true heroin addict. It was one of those situations where he meets a girlfriend who is a heroin user and they start using together. The heroin becomes an integral part of the relationship. They always get stoned together, they score together, they deal in drugs together, they scam for drugs together. Just like the couple who are in the same profession. The psychotherapist who marries psychotherapist. They can eat, live and breathe psychotherapy. Mitch and his girlfriend were no different, except their profession was heroin".

Often in cases like this one or both parties prior to meeting has non-dependent heroin use. Often poly drug use‹. When they get together they start to use heroin more and more exclusively and it finally becomes dependent use. Often there will be a number of attempts to give up together, but one eventually relapses and then they both start using again. The drug becomes part of the structure of the relationship. The prognosis can be good for the non-dependent pre-relationship user[s]. When the relationship finishes, they tend to go back to non-dependent use or no use.

DIAGNOSING THIS CONDITION

The DSM-111 and the DSM-111-R discuss a condition known as the - Shared paranoid disorder. "The essential feature is a persecutory delusional system that develops as a result of a close relationship with another person who already has a disorder with persecutory delusions"(P197) [DSM-111]. The DSM-IV discusses the shared psychotic disorder. A 'Folie a Deux' - "...a delusion that develops in an individual who is involved in a close relationship with ano”ther person (sometimes called the "inducer" or "the primary case") who already has a Psychotic Disorder with prominent delusions". (P305)

Mitch had a "shared substance use disorder". He had a heroin habit because of his close relationship with his girlfriend. He did not have one before knowing her and since she left he has detoxified himself and only uses heroin occasionally. There has been no dependent heroin use since the relationship with her ended.

As mentioned before the prognosis for a shared substance use disorder is good if the relationship ends. That is, it is good for the pre-relationship non dependent user. One of the treatment goals could be for the user[s] to see that the relationship only leads to further heroin use. Often the client is fully aware of this and presents as a treatment goal the need to extract themselves from the

relationship. They are often quite aware that the heroin addiction is just causing them numerous problems in terms of theirƒ health, legal consequences, financial difficulties and familial problems.

This is OK if the relationship is a fairly casual relationship. However if the parties are married, have been together for some time and there are children, then there are further problems if the therapist is to suggest the ending of the relationship. If neither wants to finish the relationship then the prognosis is worse than the single heroin user. It goes to the lowest common denominator. If they detoxify together then it usually only takes one to relapse and then they are both using again in a short time.

HEROIN AND THE SOUL

Finally I wish to comment on another feature of heroin use that appears from time to time. Consider these two recent comments by clients who were both dependent heroin users. The first is from a female who has been using heroin regularly for three years and the second a male who has been using regularly for ten years.

Susan - "One of the most intense‡, intimate things that I can do with my boyfriend is that we both go and score together, and then we come home and inject each other. The whole ritual of the thing. It is almost a spiritual thing and a real turn on".

John - "Heroin gets your soul, it kills your spirit unlike speed which gets your mind. Heroin addicts are like the walking dead. Unlike other drugs heroin attacks and kills the soul - your very essence".

This has been mentioned elsewhere such as by Stewart(1987). He notes that heroin users can become people whose souls are lost (my italics). Heroin has often been compared as a lover. He also notes that heroin has always had a mystique that has been used by pop stars, writers and musicians. It is sought out by publicity and is seen as glamorous.

This would indicate that for some users, heroin attacks or touches some part of the personality that some other drugs do not. [ie the soul or the spiritual part of us.] It should be noted that the use of drugs for spirituÈal reasons has been well documented, Bell(1996). An example is the use of wine in Christian ceremonies. In addition the use of marijuana along with LSD and peyote have a long history of use for mystical and sacred reasons, Andrews & Vinkenoog(1972).

Thus it appears that some drugs are capable of accessing the spiritual part of the personality, or our soul as it has been referred to. Heroin it appears is one of these at least to some users. However heroin may eventually have a particularly destructive effect on the soul or spirit, unlike it appears the hallucinogens do. With heroin users who report this effect of heroin it would seem to indicate a treatment approach which addresses the soul or perhaps each individuals meaning such as with Logotherapy, Frankl(1959). Alternatively one could examine a Transactional Analysis

approach similar to what James(1973) calls dealing with the spiritual self.

CONCLUSION

This paper presents three observations of heroin users. It should be noted thatÿ people use heroin for a wide variety of reasons. So the observations presented here are not meant to be true for all heroin users. The first observation is that some addict's heroin use is a passive behaviour. By incapacitating with the use of the drug the user can let the drug solve all his problems. It achieves this in the short term. Then however the drug becomes a very neglectful parent.

Secondly, it is observed that some couples use heroin as a important part of the structure of their relationship. Hence the clarification of a shared substance use disorder.

Finally it is observed that heroin can attack or destroy the soul of the addict. This provides some insight into possible treatment planning where the individual's essence or meaning can be addressed.

Biography.

Tony White is a psychologist in private practice who runs a TA training programme. He also works part time in a drug rehabilitation centre.

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