

Psychology of Drug Abuse*

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Introduction

Drug abuse in this country and, to a lesser extent, in the industrial countries of Western Europe has become one of the major topics of discussion at all levels of society. Volumes are being written about it, millions of dollars are being spent to control it, but comparatively little effort is devoted to deeper understanding of the phenomenon. It has become part of the age long struggle between the young and the old, between the rich and the poor, between the white and the black, and between the lawless and the law abiding. It has certainly added to the polarization between the younger generation and the establishment. It has evoked numerous presidential pronouncements, appointments of congressional committees, and has given birth to new breeds of martyrs advocating legalizing use of all drugs by all adults, plus saviors of national morals and safety on the other side who advocate even stiffer penalties for possession of marijuana. As a result of prolonged and growing publicity regarding the issue of drug abuse, there has been a direct financial benefit to all news media, publishing companies, illicit drug sellers, and pharmaceutical firms.

While all drugs, in fact, are being abused, I shall concern myself only with those drugs which are being abused because of their potential for producing a change of mood and/or an altered state of consciousness. This group of drugs has been used since pre-historic times; for example, the cannabis group has been known and written about for some 5000 years. The early man, who largely relied on plants for food and medicine, soon found that a number of plants, when ingested, could produce in him altered states of consciousness, abolition of pain and change in mood. These drugs which we now call hallucinogens or psychedelics were used with great ceremony, and some were thought to be sacred. They were not used with levity but were closely guarded and usually used by priests for purposes like religious sacrament, healing, foretelling the future, communication with the gods,

communication with the dead, or foretelling the disposition of the enemy on the other side of the mountain.

Motivation for Drug Abuse

Berger and Porterfield (1969) state: "Persons may use drugs to obtain one or more of the following goals":

1. To achieve detachment from personal problems and troubles and to produce a state of well-being
2. To establish an involvement with the subculture that offers an identity and an identification in society
3. To express hostility towards respectable society and as a protest against the injustices and restrictions imposed by the establishment.

Motivational factors may be divided into personal and societal.

Personal

Personal motivation for drug abuse may center around overwhelming intrapsychic conflict, present especially during adolescence and centered around adult sexuality, hostility, dependency-independency issues, and identity diffusion. Secondary factors, arising largely from this first group, may be:

1. Fear of competition and failure
2. Fear of homosexuality
3. Fear of threatening mental illness or disintegration
4. The need to rebel
5. The need to be caught and punished
6. The need to explore the limits of one's body and psyche and to challenge one's resources
7. The need for a hedonistic or orgiastic experience
8. The need to belong to a group or subculture
9. The need for instant relief or instant answers (chemicals produce the most instant change).

Societal

In the last 20 years, the pharmaceutical industries have made enormous strides in alleviating or even curing a vast number of conditions.

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The information explosion, the constant bombardment that we experience from all the media of communication have drastically altered our concept of time and space and have made us aware of some enormous problems, like hydrogen bombs, pollution and over-population, with the resulting increase in frustration, anxiety and, indeed, despair.

Society is in constant search of escape, one of the quickest temporary means of escape being drugs.

The *television*, from a simple machine, has become the national babysitter, the substitute parent, the teacher, the preacher, the indoctrinator, and almost an extension of our bodies. Children spend an enormous amount of time in front of television before they are old enough to select and judge. Mothers in India may put opium on the children's breakfast and mothers in California may put marijuana on the children's breakfast cereal as a form of tranquilizer. Our children are stuck in front of the television set which then will act as a tranquilizer so that mother can get on with her housework or so that the parents may entertain their friends uninterrupted. On Saturday mornings, for instance, every channel on television is directed at the children, with roughly the same nonsensical horror comics which give the child most bizarre ideas about aggressive behavior. The side effects of television programming are becoming more and more obvious:

1. By the time the child has reached six years of age, he or she may have seen on television over 20 thousand acts of violence. He also learns that violence is all right and that death is reversible because, "If the guy gets killed today, he still comes back next Saturday."
2. The child's fantasies about his own omnipotence are maintained by the fact that he can, at will, change the channel or switch off the program he does not like. Children deprived of communication with their parents or with other children lack the ability to express themselves verbally; their own initiative, inquisitiveness, and exploratory behavior is stifled. They begin to talk in monosyllables and by identifying with the television set, talk in terms of "turning on," "tuning in," "tuning out," "turning off," and "dropping out." This, of course, has also become the language of the new psychedelic generation.
3. Intermingled with the scenes of violence, there are news programs or debates which have primarily to do with the bad news of war, murder, arson, rape, robbery, crime, and drug abuse just to mention a few.
4. A third ingredient on television is *the solution* and includes the numerous and very seductive pharmaceutical advertisements to do with drugs which make you feel more tranquil, happier,

younger, sexier, and more attractive to the opposite sex. The advertising industry has for many years employed some of the best psychologists in order to find out the psychology of buying and selling. They know that the best way to persuade people to buy is to have the product promise to alleviate some of the sources of suffering and the feelings of inadequacy. Sex, strength, youth, and virility are implied; we are further lulled into a delusional belief that chemicals are necessarily safe.

Drug Abuse—Some Important Issues

The Struggle Between the Young and the Old

This is very deeply symbolized by the present drug culture. One of the issues is not just whether drugs are safe but "who tells whom what to do." Another issue is that the young are unconsciously, at least, convinced that the old are jealous of the strength, youth, and virility of the young people and that they send them to wars to be exterminated.

The Stereotype of the Drug User

When people talk about drug abuse, the stereotype which is evoked in the imagination is of a heroin addict from the ghetto who may be violent and sexually deviant. At an unconscious level, drug abuse is linked with self abuse; often the punitive over reaction has to do with our suspicions that drug abuse is synonymous with loose sexual practices, forbidden masturbation, and cannibalism. Adam and Lohrenz (1970) document this well in their recent article.

Drug Abuse and the Adolescent Period

This generation has inherited a world which is vastly different from anything that existed before the second world war. Previous concepts of space, time, distance, feasibility, and predictability have been vastly altered, if not completely shaken, by speed of travel, speed of dissemination of information, the information explosion itself, the contraceptive pill, and the invention of the ultimate weapon—the hydrogen bomb. The fact that we are facing vast and apparently insoluble problems such as prospects of continuing wars, pollution, and overpopulation produces a generation of people who, while certainly more informed and more aware, are at the same time more frightened, anxious, and in need of escape. One method of escape, of course, is drugs. Adolescence has always been a difficult period. In this society the difficulties have been compounded by disruption of family life, by the rapid speed of change, by protracting adolescence for extended education, and by the adolescent's growing realization that the adult world seems unable to cope with the enormity of the problems.

Freud, in 1905, described it as a period of final

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transformation; Ernest Jones, in 1922, stressed the correlation between adolescence and infancy. He pointed out that the adolescent recapitulates developmental stages of the first five years of life and thus the successful or unsuccessful emergence from adolescence will be determined largely by the ease with which the early developmental stages were dealt with. Anna Freud, in 1936, described adolescence as a struggle for survival in which all defense mechanisms are brought into play and strained to the utmost. In connection with this, I feel that adolescence may be the worst period to experiment with drugs because hallucinogens and psychedelics especially further loosen the already brittle adolescent defenses. Anna Freud went on to say, "Adolescents are excessively egoistic, regarding themselves as the center of the universe and the sole object of interest, and yet at no time in later life are they capable of so much self-sacrifice and devotion. They form the most passionate love relations only to break them off abruptly as they began them. They oscillate between blind submission to some self chosen leader and defiant rebellion against any and every authority." Here again some of the motivations for drug abuse become apparent: as a form of self-medication, to allay anxiety, but also as a form of rebellion against authority, and at times as a statement of allegiance to chosen leaders or martyrs. Going back to Anna Freud, I quote, "Their moods veer between lighthearted optimism and the blackest pessimism." Here we can understand how drugs may be used as a form of slow destruction or sudden suicide.

In 1958 Anna Freud likened adolescence to mourning over a previously occupied position in the family. She talks of "the urgency of their needs and their intolerance for frustration." "The height of elation or depth of despair, the quickly rising enthusiasm, the utter hopelessness, the burning or at other times sterile, intellectual, and philosophical preoccupations, the yearning for freedom, the sense of loneliness, the feeling of oppression by the parents, the impotent rages or active hate directed against the adult world, the erotic crushes whether homosexually or heterosexually directed—the suicidal phantasies." These are some of the states of mood and perception that the adolescent may attempt to correct or prolong by the use of the various drugs. He may crave the hallucinogens or psychedelic experience which will give him some relief from pain, some euphoria, some detachment from a hostile and ununderstanding world. At other times, these drugs give a sense of belonging, of understanding, of communion, and of meaning. Some of these are valid, some are delusional, of course.

Erickson (1950) commented on the need that the adolescent has for final establishment of an ego identity. He said, "In their search for a new sense of

continuity and sameness, adolescents have to re-fight many of the battles of early years, even though to do so they must artificially appoint perfectly well-meaning people to play the role of adversaries and they are ever ready to install lasting idols and ideals as guardians of a final identity. Erickson's words have become especially pertinent now. Present adolescent behavior, whether just simply delinquent or drug abusing, is a good illustration of what Erickson talks about. One meaning of drug abuse, as well as dress and hairstyle, is to form a sense of group identity, a sense of belonging; but also to reject parents and parental standards as well as to provoke a punitive response. This need to provoke, to argue, to destroy, to ridicule, and generally to "bug" the older generation brings the question frequently asked by adolescents, "If you have legalized alcohol, why don't you legalize marijuana?" It can be easily seen that this sort of question is not posed to be resolved but to continue the conflict; both the young and the old fall into the trap of using this senseless argument in order to "clobber" each other over the head.

To survive and remain sane in the face of external pressures and eruption from within, the adolescent must use a vast variety of defense mechanisms, some of which have been well established and some of which have become available more recently, namely drugs. Instead of gradual detachment from parents, they attempt to leave them suddenly and altogether. They may seek out parent substitutes or leaders or may form passionate new ties to members of the opposite or their own sex. Here again, escaping to drugs aids this type of defense. The user may achieve either actual or delusional feeling of closeness or belonging. He may also identify with charismatic and messianic figures such as Timothy Leary; these figures, in every case, will be as unlike the drug user's parents as possible. Love for parents changes into hate, dependency into revolt, respect and admiration to contempt and derision. All this is done in order to ease the separation. Others may show ideas of grandeur or suffering which may assume Christ-like proportions with corresponding phantasies of saving the world (Freud, 1958). This defense again can be closely linked with drug abuse, especially drugs of the psychedelic type. These drugs aid in the dissolution of ego defenses and give rise to depersonalization, derealization and oceanic feelings with transcendental or mystical experiences. Some adolescents, at the beginning of the psychotic state, are to some extent aware of threatening disintegration and are profoundly anxious about it. They may use drugs as a form of self-medication or as an unconscious or even conscious suicidal attempt. The conflict areas of the adolescent are: coping with aggressive feelings, adult sexuality, dependency-independency issues, and identity diffusion. The adolescent defenses tend to be brittle

and a whole host of auxiliary defense mechanisms have to be brought into action. The adolescent may be tempted to use drugs in order to deny or mortify his impulses. Here, the powerful drugs of addiction as well as hallucinogens may be used. Heroin is a drive suppressant, modifying primarily sexual and aggressive feelings as well as thirst and hunger. Prone to use heroin will be those who are already in physical and psychic pain and those who tend to cope with problems by withdrawal and oblivion. Some of the psychedelic users are good evidence for the use of these drugs in order to control aggression and deny hostility. If we listen very carefully to what they say, they will claim that these drugs make them more at peace with themselves, more at peace with the world, more tolerant, more understanding of the other man's point of view. These are the "flower children" and the "love is all children" who insist that the way to solve problems of modern materialist oriented, war addicted society is to withdraw into communes, return to the uncomplicated life and organic foods, and to share all possessions. They may live in communes which are closely knit incestuous communities devoted to peace. Some provoke aggression in the surrounding community. Occasionally this massive denial of hostility may fail and allegedly one or more members of the commune will break out and commit some bizarre murder in the community. For some individuals prolonged use of strong psychedelics produces profound attitudes of passivity and dependence. Many of them may see it as a result of insight gain, but in many cases, it is obvious to the psychiatrist that the picture is that of profound regression, precipitated by the drug use and maintained by normal stress of life. If in college or at work, this person may become a "drop-out." He will rationalize his action by claiming that work is uninteresting or that his study is irrelevant. Privately, he will admit that he has difficulties in concentration and in relating to other people. He may also begin to have sleep difficulties and hypochondriacal concerns.

The Need for and Fear of Isolation

Winnicott, speaking on adolescence in London in 1962, said, "The adolescent is essentially an isolate . . . in his respect, the adolescent is repeating an essential phase of infancy."

The hallucinogens or psychedelics may be used in order to deny isolation or produce an illusion of sharing and communion with others. For many it may be a valid interpretation and experience. But for the prepsychotic, or the already anxious adolescent, the feeling of unity with others is illusory and transient and he may be tempted to repeat again and again the drug experience in order to recapture the feeling which escapes him as soon as the drug action is terminated. If he should progress to the hard narcotics

and become addicted, he may have achieved profound regression and, in Winnicott's view (1953), the drug may be used as a transitional object.

Savitt, in 1963, gave an excellent description of the addict: "The addict is unable to experience love and gratification through the usual channels of incorporation and introjection. Because of the inability to tolerate delay, he seeks an emergency measure which by-passes the oral route of incorporation in favor of a more primitive one, the intravenous channel."

Psychiatrists, psychologists, and sociologists have for a long time been trying to determine a personality pattern which would be common to all drug abusers. There are some basic differences between addictions and psychological habituation, even though we insist on lumping all of these together now as drug dependence. The diagnostic and statistical manual of mental disorders treats drug dependence as a personality disorder: "characterized by deeply ingrained, maladaptive patterns of behavior that are perceptibly different in quality from psychotic and neurotic symptoms. Generally, these are life-long patterns, often recognizable by the time of adolescence or earlier."

Fenichel (1948) classified drug addiction with the impulse neurosis. They show "the need to get something that is not merely sexual satisfaction, but also security and assurance of self-assertion and as such essential to the person's very existence." He further said, "Persons of this kind react to situations that create the need for sedation or stimulation differently from others. They are intolerant of tension, they cannot endure pain, frustration, situations of waiting." And, he added, "All other strivings become gradually more and more replaced by the pharmatoxic longing. Interests in reality gradually disappear, except those having to do with procuring the drug. In the end, all of reality may come to reside in the hypodermic needle." The sexual symbolism of the repeated penetrations by injection is obvious; as one addict mentioned to James Mathis (1970), "You know Doc, the addict screws himself."

Ewing (1967), writing on non-narcotic addictive agents, says, "Often the patient can be characterized as a passive-aggressive personality, passive dependent type. A history of weak or absent father and an indulgent, but rejecting, mother is common. A tendency to be manipulative of others is often observed as the patient seeks gratification from the environment."

Wikler (1970) expresses the importance of primary reinforcement in conditioning leading to drug abuse: "Thus, alcohol, barbiturates, and minor tranquilizers may be used to release inhibitions; narcotics to reduce aggression as well as hunger, pain, fatigue, sexual desire, and fantasy; and amphetamines to reduce hunger, fatigue, and depression. Hallucinogens may be used to intensify fantasy."

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Blachly (1970) considers drug abuse as a seductive behavior and says, "Seductive behaviors have the following qualities: (1) The victim actively participates in his own victimization; (2) Negativism (he knows the danger but does it anyway); (3) Short term gain; (4) Long term penalty." Among seductive behaviors he includes drug abuse, sex deviations, truancy, rape, robbery, smoking, rioting, gambling, alcoholism, and divorce. Persons engaged in one seduction are likely to be involved in others. He points out that different persons have different seductive thresholds. There are also different seductive thresholds for each individual during different stages of life. Risk is increased during *traumatic periods* in which are included adolescence, marriage, job loss, menopause, retirement, and debility. When speaking of adolescence, there are also periods of greater danger of exposure to seduction. These are parental divorce, move to a new neighborhood, loss of school satisfaction, persuasion by peer consultants, and the release from jail.

Maurer (1970), speaking about students and drugs, says, the drug user feels, "The society has not provided me with the emotional competence to cope with the world without the chemical." He further says, "It indeed is a society in which the pursuit of escape by chemical and other means is a well entrenched value." He documents it by saying that in 1968, Americans spent 794 million dollars in amusement parks, 30 billion dollars on vacations, 14.4 billion dollars on alcohol, and 420 million dollars on headache remedies. They smoked 500 billion cigarettes, and tranquilizers were the most prescribed drugs in 1968.

Conclusion

The history of drug abuse is as long as history. While all drugs are being abused, this paper has attempted only to elucidate some of the psychological reasons why the western adolescent might be attracted to excessive drug use or experimentation. There has grown in the past 8 years a great interest in drugs which produce an altered state of consciousness. It is the opinion of this writer that the adolescent years may be the worst years to experiment with the strong hallucinogens like LSD, mescaline, or psilocybin. The adolescent is already under enormous pressure, both from within and without, and any drug which further loosens ego defenses may produce flooding with little opportunity for integration. Early drug experimentation is usually haphazard and involves numerous drugs at the same time. There is some evidence that different individuals may eventually become dependent on a drug or a combination of drugs which particularly suits individual psychological needs. Wieder and Kaplan (1964) try to document this in their article "Drug Use in Adolescence, Psychodynamic Meaning and Pharmacogenic Effect."

Another complicating factor in our society is the extent to which adolescence is being prolonged, especially through the educational system. Peter Blos (1962) says, "The term prolonged adolescence as used here refers to a static perseveration in the adolescent position which under normal circumstances is of a transitory nature. A maturational phase which is intended to be left behind after it has accomplished its task becomes a way of life."

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