

Addiction: Contribution of Psychodynamic Insights to Social Measures

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ABSTRACT

In case of addiction to obviously harmful substances as alcohol and tobacco, the persistence of the addictive behaviour is viewed by the author as incongruity akin to that in schizophrenia. A postulate of an underlying masochism in the consumer is forwarded to explain the addictive behaviour as an escape from a relatively undesirable sober state.

In case of addiction to hashish and marijuana, psychodynamic speculation in the behaviour of the decision makers is thought to account for failure of present measures to curb the problem by increasing penalization that make the addictive state more undesirable, rather than being attentive to measures to make the sober state less undesirable. An over-identification with a Western model coupled with an identity confusion in the face of social change makes the decision-maker's behaviour more understandable, though futile in the face of the problem. Deliberate failure to use the principle that learning is more effective by reward rather than punishment seems dictated by the psychodynamics of the decision making process.

Psychodynamic understanding of the addictive behaviour promise to not only break the vicious circle but also reverse it.

The Problem: Clinical versus Statistical Appraisal:

The problem of drug addiction remains one that perplexes the politician as well as the physician. Despite the most complex measures aiming at prevention and cure, the phenomenon increases rather than decreases. Furthermore, despite obvious evidence of the harmful full-

ness of some substances such as alcohol and tobacco, consumers continue to use them. (W.H.O., 1974, Jarvik 1977). And despite the harmlessness of some substances, authorities continue to fight them, witness hashish and marijuana. (Peterson 1976). The question that must pose itself at that point is :

Why does it persist as a problem ?

The first part of the question may be answered with reference to alcohol. The knowledge of the harmfulness of alcohol to physical health as well as its physically addictive potential are no secret for anyone with some culture. Yet, the awareness of the common man of this knowledge seems to be impaired, one could almost say deliberately. People would be either cognitively aware of it, yet affectively and conatively unaware, as in the West.

This statement is based on the concept that full awareness involves a totality of knowledge comprising the intellect, the emotions and the will. Knowledge of the harmfulness of a state is coupled with a feeling of dislike for it which in turn leads to action aiming at avoiding the disliked state. If a person, as in the West generally, is intellectually aware of the harmfulness of alcohol and yet continues to use it, then there is a deficiency somewhere in his awareness that prevents him from appropriate action. This may be a lack of feeling of dislike associated with the knowledge, or if this is present, a lack of will to act in accordance with the implications of this cognitive and affective state. In a sense, there is an incongruity between thought, feeling and action, a state reminiscent of schizophrenia.

In the case of the Orient, it is doubtful that even the intellectual knowledge is generally available. The consumption of alcohol is on the rise, even in the Arab and Islamic countries, where religious injunctions categorically forbid it.

There is reason to believe that figures do not represent by any means the magnitude of the problem. On the one hand, no Islamic government would want to be embarrassed by disclosing its impotence

in implementing Islamic laws, for a very single reason that the elite would have a vested interest in not doing so. Moreover, the consumers of alcohol are the elite who in their eagerness to emulate the West, have taken on the bath with the baby. On the other hand, consumers would be very secretive about displaying their habit, even where the law does not prohibit it completely as in Egypt. The very people who decree any restrictions or public denouncements in this area are very often consumers themselves.

Thus, one can on the basis of observation and clinical experience make a fairly confident statement about the rising incidence of alcohol consumption in Egypt and other Arab countries. In the West, one could estimate the problem from the magnitude of the alcohol industry.

The foregoing would throw some light on the answer to the first part of the question. The alcohol industry has a vested interest in maintaining itself. So long as there is a demand, the supply would continue to persist. The best that governments can do would be to raise taxes, but there are limits beyond which a government could impose restrictions on either the consumer or the producer. Since both parties have a vested interest in maintaining that status quo, they would continue to be a source of pressure on governments. Moreover, if there are limits of taxation beyond which the government could not pressure the producer, the parallel pressure on the consumer also has its limits, including legal, public media, social and medical pressure. If the social sciences can throw light on the nature of interest in producers and consumers as a group, it remains to the behavioural sciences to elucidate the role of the individual psychodynamics.

The second part of our question is why, in the case of relatively harmless substances like hashish and marijuana, such knowledge does not diminish the enthusiasm of governmental institutions for fighting them, disregarding its relative impotence in the face of the problem. Here again figures would be the least representative, as in the case of alcohol. Being highly illegal with severe penalties, for consumers and

even more for dealers, there is no scope for gathering figures for its consumption except by rough estimation via speculations about material traded. The severity of the penalties makes both police and judicial authorities very reluctant to confirm an accusation. Here again, one would make a general statement about its rising incidence as well as the rising efforts on governments' parts to combat it.

Social sciences would throw light on the kinds of vested interests that maintain: (a) the widespread use of Hashish and b) the rising efforts to combat it despite the knowledge of its relative harmlessness, and here too the behavioural sciences would cast light on the nature of the psychodynamics in the individuals that maintain this status quo (Khantzian, 1977).

Our contribution to the psychodynamic component of this study are based on clinical experience as well as general observation.

Why does the problem persist ?

In the case of alcohol, (and what applies to alcohol is applied mostly to tobacco) it is observed that individuals are either oblivious to its damaging effects, or having intellectual knowledge, they do not seem emotionally disturbed by it, or having both, seem to do nothing about it.

In all three categories, one observes addicts (to alcohol and tobacco) persisting in their habits. Their justification is that any physical damage incurred, is balanced by psychological relief experienced. The kind of psychological relief described varies from the simple relief of mild tension of a neurotic calibre in case of tobacco and mild alcohol consumption, to a more emphatic relief of severe tension in case of heavier use. Whereas the damaging effects of mild drinking and smoking are not immediately experienced, in heavier use the case is different. Nausea, vomiting, gastritis and other after-effects are experienced, yet the consumption persists.

It is obvious that the unpleasantness of the condition alleviated must exceed the unpleasantness of these after-effects. Moreover, the behavioural effects in these conditions are also likely to be discordant with the rest of the individual's behaviour.

The conclusion one might draw from this state of affairs is that the state avoided (the sober state) must be an unpleasant state, and the desired, despite its discordance with the avoided state must be a pleasant one. It might seem a contradiction that a pleasant state should be experienced as unpleasant during the avoided state (sobriety) and yet be desired while in that state, which is necessary to explain why the drinker drinks. One must necessarily postulate a form of masochism in the sober state, where this state is experienced as painful and yet persisted in, but beyond a point the individual would require an even more painful state to alleviate it; a condition akin to the phenomenon of itching.

This would explain why the addict would resort to a state (of inebriation) that is discordant with his nevertheless painful sober state. His sober states seems to be like a mild but prolonged unpleasant condition, generally described as boredom or chronic tension or fatigue. Like its ticklishness counterpart, beyond a certain point, it becomes so unpleasant that it requires, like the scratch, a counter state that is similarly unpleasant but more acute and more limited in duration.

The logic would apply to the less emphatic relief, namely mild drinking and smoking, but with a slightly more extended scale of comparison between the two grades of unpleasantness in mild drinking and smoking, as the side and after effects of use are less obvious in these conditions.

The essence of the answer to the question lies in that the abuse exists despite its unpleasantness because of the relative unpleasantness of sober state. This would bring us back in link with the social scientists who can throw light on the nature of problems; social political, economic and otherwise that make the sober state an unpleasant one.

Why does it persist as a problem ?

This aspect of the question as referred may be illustrated with reference to hashish and marijuana. While in the United States the combat against both has declined, probably on the basis of the dissemination of knowledge as to its relative harmlessness, there is another explanation that can account for the decline, namely feasibility. It is a matter of pragmatism that penalties and other social measures would be diminished simply for being ineffective and uncalled for. As a statement has it: the really undesirable complication of Marijuana use is jail. Now there are priorities and limits with regard to the use of jails, and the prevalence of other crimes makes marijuana use certainly a low priority.

In Egypt and other Arab countries, the penalties have indeed increased, yet the phenomenon has not decreased. Here, neither cognitive knowledge nor imitation of Western trends in diminishing the combat against marijuana seemed to have produced any effect in the same direction; on the contrary, the effect was in the opposite direction, namely towards increased penalization.

This is not as contradictory as it first appears. The Arabs in their emulation of the West have attempted to put controls on alcohol and prohibitions on hashish; again in degrees paralleling the West but not resembling it. Controls on alcohol are high, but certainly less than the prohibitions on hashish. The pattern is Western but the degree is not.

There are two aspects of the psychodynamics of the decision maker that would explain this :

1. A general attitude of condemnation of addiction as a social phenomenon.
2. An over-identification with the Western values and standards.

With regard to the first aspect, social scientists would attempt to clarify the relationship of hedonism to culture. Whereas hedonism is a product of culture, it is also observed to be, beyond a certain point, an

indicator of its decline. Society would, therefore, ambivalently condone hedonism, including drug use as an expression of its civilization, while maintaining a guarded, even hostile, attitude to its spread, in the hope of preventing or halting the cultural decline.

This problem becomes more acute in conditions where deprivation is too recently antecedent to hedonism, so that the tendency to rebound would be strong. This is indeed the case with the state of maturity of the Egyptian individual, which has its social parallel in the recent acute curve of social change. In other words, the control measures would also have to be strong.

The second aspect of the question pertains to the first. In this insecurity vis-à-vis change, Arabs would tend to cling rigidly to an identity, whether false or imposed. The direction of change, on the basis of Western hegemony, is in a Western direction. The most feasible model for identification would naturally be a Western one. Because of its alien quality as a novel identity or even a pseudo-identity, one way of attaining its stability would be to over-assume it.

In coupling with the governments' attitudes, however, there is also the consumers' persistence which helps balance the governments' eagerness to curb the phenomenon.

Again this would have two aspects :

- a) Favours addiction in general as a desired state, and
- b) Favours hashish in particular.

The first is similar to the situation with other forms of addiction as referred to in the case of alcohol and tobacco. This is its relative pleasantness compared to the sober state.

The second refers to certain qualities in Hashish which make it more desirable. These include its cost (relative to alcohol), its superficial non-contradiction with the religious injunction and its specific pharmacologic which are less disabling than those of alcohol.

CONCLUSIONS

The combat against addiction must take into account the underlying dynamics of the problem to be effective. This applies both to the user as well as to the decision-maker who initiates the combat.

The persistent attempt to make addiction into an unpleasant state that would be avoided (via punishment) do not seem to take account of the relative unpleasantness of the sober state. Rather than increasing the pleasantness of the sober state, concern has been more with increasing the pleasantness of the addiction state. Remedies have been more concerned with combating the manifest behaviour of addiction rather than its underlying causes. Moreover, the principle that learning is more effective by rewards than by punishments seems to be ignored here.

In our view, more concern should be given to enhancing pleasantness in the sober state and thereby minimising its undesirability. At least one would expect the form of reliefs sought would be less emphatic, making the problem of addiction of no consequence thereby. In such a state, there would be less likelihood of marked abuse, in which less and less primitive measures would be required and hence less expenses and effort could be re-channelled into pathways designed to further increase the pleasantness of the sober state. The vicious circle could not only be broken but reversed.

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الموجز

الادمان : ما يمكن أن تضيفه الرؤية الدينامية للمقاييس الاجتماعية

يرى المؤلف أن استمرار السلوك الادمانى فى حالات المواد واضحة الاضرار مثل الكحول والتبغ ما هو الا عدم تناسق شبيه بذلك الحادث فى « الفصام » ، كذلك حاول الباحث أن يفسر السلوك الادمانى يفرض أن ماسوشية المتعاطى لهذه المواد هى التى تكمن وراء هروبه من حالة غير مرغوبة تتملكه عند الافاقة .

أما فى حالات ادمان الحشيش والماريجوانا فان التفكير الدينامى فى سلوك المسئولين عن مكافحة المخدرات يحمل على الاعتقاد بأن أبعادا دينامية هى المسئولة عن فشل الاجراءات الراهنة فى حل المشكلة ، ففى البلاد العربية يستجيب صانعو القرارات للمشكلة بزيادة العقوبة لمزيد عدم الرغبة فى حالة الادمان بدلا من الانتباه الى الاجراءات التى تخفف من عدم الرغبة فى حالة الافاقة ، ومن الممكن أن يكون التقمص الشديد للنموذج الأوربى من جانب رجال مكافحة المخدرات مع عدم وضوح معالم الذات فى مواجهة التغييرات الاجتماعية مرجعا لفهم سلوك صانعى القرارات عديمة الجدوى فى مواجهة المشكلة .

ويبدو أن ديناميات عملية اتخاذ القرارات لحل المشكلة هى المسئولة عن القصور المتعمد فى استعمال المبدأ القائل بأن التعلم عن طريق الثواب أكثر فاعلية من التعلم عن طريق العقاب .

ان الفهم الدينامى للسلوك الادمانى يعطى الأمل ليس فقط فى كسر هذه الحلقة المفرغة بل فى عكسها .

ABSTRAIT

Contribution de la perspicacité psychodynamique aux mesures sociales

Dans les cas de dépendance sur des drogues nuisibles comme l'alcool ou le tabac, la persistance de ce comportement est considérée par l'auteur comme une discordance semblable à celle de la schizophrénie. Un masochisme dissimulé chez les consommateurs est envisagé pour expliquer ce comportement de dépendance comme une fuite d'une condition relativement sobre et peu désirée.

Dans les cas de dépendance sur le hashish ou le marijuana, des spéculations psychodynamiques à propos du comportement de ceux qui prennent la décision de combattre la dépendance (décision makers) proposent une explication à l'échec des mesures actuelles prises pour réprimer le problème de dépendance. Dans les pays arabes, ceux qui prennent la décision de combattre la dépendance réagissent envers le problème en augmentant l'amende, ce qui a pour but de rendre l'état de dépendance de plus en plus peu désiré et non pas malheureusement en attribuant de l'attention aux mesures qui peuvent rendre l'état sobre moins recherché. L'identification exagérée avec le modèle occidental associé avec une identité confuse en face du changement de la société rendent la conduite de ceux qui prennent la décision de combattre la dépendance, envers le problème plus compréhensible, mais en même temps futile. L'échec délibéré d'employer le principe postulant que l'instruction par la récompense est plus réussite que celle du châtiement paraît être dicté par les psychodynamiques du processus de la décision prise (decision making).

La compréhensibilité psychodynamique du comportement des conditions de dépendance promet non seulement la rupture du cercle vicieux de la dépendance, mais aussi de le rectifier.