

DANCING AMONG THE MAENADS

INTRODUCTION



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e-Book 2016 International Psychotherapy Institute

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Introduction

At 3:30 in the afternoon, August 16, 1977, Elvis Aaron Presley was pronounced dead at the Baptist Memorial Hospital in Memphis Tennessee. The cause of death was officially listed as cardiac arrhythmia. Those who were close to Elvis, however, suspected a different cause: compulsive drug use. Although strongly opposed to illegal drugs, Elvis had been a compulsive user of powerful medications prescribed by various physicians. For many years he had used stimulants, depressants and steroids on a regular basis. This drug use eventually took a heavy toll on the body and mind of Elvis Presley.

Just as Elvis' heart failure can be attributed to his history of drug use, his drug use can be attributed to an underlying psychopathological condition. Indeed, on close examination one notices many irregularities in Elvis' personal history such as, being a surviving twin, his father's absence during his infancy, sleeping with his parents until his teens, the need to maintain a familiar and controlled environment, rapid mood swings, poor psychological boundaries, etc. Of course, it is impossible to know

the complete details of Elvis' childhood, including his and his parents' unconscious fantasies. For instance, it is impossible to know what Elvis' parents experienced having one twin die and the other live during childbirth, or what the impact was of Elvis' loss of his father during his early childhood. Although nothing definitive can be said about Elvis' internal intrapsychic world, these irregularities in Elvis' history can be suspected of having a relationship to the development of his drug habit and indeed, are common themes in the lives of many compulsive drug users. Nevertheless, it is not generally known how these psychological irregularities interact to create a compulsive drug habit. Psychologists have searched for the crucial ingredient that causes one person to become a drug addict and another to perhaps try drugs and then lose interest. As Elvis' death indicates, compulsive drug use often has tragic consequences.

While biological and genetic factors are undoubtedly important in understanding drug use, they have of late, been overemphasized. It is my contention that much of our understanding of drug use is seriously flawed and at odds with psychoanalytic theories of psychopathology.

For instance, Shedler and Block (1990) have recently produced research findings which seriously question the prevailing notions of drug use. These researchers investigated the relationship between drug use and a number of psychological characteristics among adolescents who were tracked longitudinally from early childhood to age eighteen. They found that adolescents who had some experience with drugs were the most well-adjusted. Those adolescents who had never used drugs were found to be anxious, emotionally constricted and lacking social skills. Finally, those adolescents who used drugs frequently were found to suffer from a distinct personality syndrome characterized by interpersonal alienation, impulsiveness and emotional distress. Shedler and Block concluded that the psychological characteristics of these three groups of adolescents (occasional users, abstainers and frequent users) were due to the quality of parenting they had received. They also concluded that frequent drug use is a symptom of a deeper pathology due to early childhood trauma and therefore, many drug prevention efforts are misguided because they focus upon the symptoms of drug use rather than addressing early psychological problems.

Since the Shedler and Block study, mental health workers, educators and public health officials now face a peculiar dilemma. They are in the unenviable position of having to respond to the posturing of public officials and a media blitz which, is not only lacking in scientific credibility, but is also of questionable efficacy. This contradiction has led many professionals to become confused about drug use, its treatment, and prevention. Yet, many in the psychological community have been vindicated by the Shedler and Block study. This is especially true for psychoanalytic psychotherapists and psychoanalysts who have held a viewpoint similar to Shedler and Block's since the time of Freud. Given the high cost to society of drug use, it is my opinion that the understanding of the psychology of the drug user is an underlying key issue and should get treatment at least equal to legal, social and political issues.

Freud and Drugs

Freud was the first psychologist to study and experience what we would now label a dangerous drug. This drug was cocaine. Starting in 1884 and extending through 1887, Freud

studied the effects of cocaine. His hope was that the discovery of medical uses for the drug would catapult him into fame and allow him to marry his fiancé earlier than had been planned. In fact, it was Freud who first suggested that the anesthetic properties of cocaine might be useful for eye surgery, although it was Freud's contemporary Carl Koller who successfully demonstrated this use of the drug. Freud's friend and mentor, Wilhelm Fliess repeatedly prescribed cocaine for Freud, who became a regular user. Freud wrote,

If it goes well I will write an essay on it and I expect it will win its place in therapeutics, by the side of morphia and superior to it. I have other hopes and intentions about it. I take very small doses of it regularly against depression and against indigestion, and with the most brilliant success...in short it is only now that I feel I am a doctor. (Jones, 1961, p. 54)

Freud soon became an evangelist for cocaine use and in the words of Jones (1961), he "...was rapidly becoming a public menace" (p. 55).

It was only after he had advised his friend Ernst von Fleischl-Marxow to use cocaine that Freud's enthusiasm for the drug began

to pale. Von Fleischl-Marxow had accidentally contracted a severe infection in his hand during a laboratory experiment. The accident required the amputation of von Fleischl-Marxow's thumb to save his life. Yet he was never quite cured, as the residual infection caused recurrent tumors which had to be removed. Von Fleischl-Marxow had become a morphine addict in his quest to find relief from the continual and severe pain he experienced. Freud suggested that von Fleischl-Marxow try cocaine in order to relieve his pain and to wean him from morphine. At first, it seemed as if the cocaine was successful. It alleviated von Fleischl-Marxow's morphine addiction and provided some relief. This relief, however, was short-lived as von Fleischl-Marxow required increasingly larger doses, until he was taking hundreds of times a normal dose. Freud watched as cocaine destroyed his friend with the realization that it was not the panacea he had envisioned. Freud, at first, blamed von Fleischl-Marxow's problem on the fact that the cocaine was injected with a hypodermic needle, but as reports of cocaine dependence increased he could no longer hide from the truth (Jones, 1961). He later wrote,

I had been the first to recommend the use of cocaine, in

1884, and this recommendation had brought serious reproaches down on me. The misuse of that drug had hastened the death of a dear friend of mine. (Freud, 1900, p. 144)

Freud puzzled over why cocaine, which was seemingly harmless to himself, was destructively addicting to others. He concluded that there must be present in the personality of the addict, some pathological element, of which he was free¹ (Jones, 1961).

Freud's psychoanalytic method has made great strides towards identifying this element of pathology. This book is a further attempt to understand the psychopathology of drug use within the context of the psychoanalytic method. Beginning with Chapter Two, I will discuss ways of conceptualizing drug use and the different types of drugs and their effects. Also discussed in this chapter is the research literature on the external (non-psychodynamic) factors related to drug use. Starting with Chapter Three, I will begin to examine the inner world of the drug user. This chapter will outline the varying psychoanalytic descriptions of compulsive drug use. In Chapter Four I will continue to describe

the inner world of the compulsive drug user, this time from the standpoint of object relations theory. Chapter Five will outline the support for the use of case studies from clinical settings, the published literature, and historical and mythological figures in psychoanalytic research and present case material which is descriptive of the points made in the previous chapters. Finally, in Chapter Six I will further detail the implications of a psychoanalytic theory of compulsive drug for clinical practice and social policy.

Notes

- 1 Of course we know that Freud was severely addicted to tobacco and therefore, was not free of addictive pathology. In fact, Freud suffered greatly from ill-health caused by smoking tobacco and eventually died as a result of it.

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