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patient. The American Psychiatric Association will refer the physician to clinics, institutions, or private psychiatrists offering group psychotherapy. The fee for group therapy is of course considerably lower than for individual therapy.

Group psychotherapy has the distinct advantage of offering the patient a valuable life experience in a controlled situation. A group usually consists of eight or ten members who meet once or twice a week; their membership is constant and a group may remain in existence from one to four years. The group may be led by a social worker, a psychologist or a psychiatrist, either as part of his private practice or in connection with a hospital clinic. The individual fees range between two and five dollars. Essentially each is made up of people who discuss all their life problems and also their feelings about one another, in an effort to find out what factors contribute to their unnecessary tension. The thought of participating in such a group is perhaps frightening to the average person and doubly so to the drug addict, for he cannot imagine being accepted if his co-members were to know his real thoughts and feelings and what he has done. An addict requires preparation and reassurance before he will feel able to join such a group.

NARCOTICS ANONYMOUS

This organization was founded in 1948 by Danny Carlson, an ex-drug addict. Knowing how difficult it is for post-addicts to stay off drugs, he felt that they would be immeasurably helped by joining some group activity. His intuitive reasoning was that drug addicts would be most likely to gain support from ex-addicts—the only people, in their opinion, truly able to understand their frailties and their tremendous temptation to fall back to the habit of drugs. The organization, still in its infancy, is patterned on and functions very much like Alcoholics Anonymous. Financial problems from the start have cramped their program: outside support has been negligible and addicts themselves are not usually people of means. However, at present there are branches of this group in most large cities throughout the United States and Canada and they hold group meetings twice a week.

Mr. Carlson attempts to contact drug addicts while they are hospitalized for withdrawal or while they are still in reformatories or prisons. His warm interest and understanding form the patient's first bulwark against a future relapse. He is often there when the patient is released and escorts him to a group meeting which has been carefully selected with his best interests in mind. The whole group takes a lively interest in a new member, putting him at ease, urging him to obtain employment and giving him practical help toward that end.

In its early days Narcotics Anonymous was widely suspected of being merely a convenient blind—a place for addicts to meet and share information about drug sources. To counter this propaganda their meetings are frequently opened to physicians and other interested non-members. When a member relapses, the group effort is immediately directed toward getting him off drugs. Often their scanty funds are pooled to help send a member to Lexington or elsewhere for withdrawal treatment. Although members actively on drugs are not retained in the group, they are assured of acceptance once they are off drugs and, even more important, the group's interest does not lessen because they have relapsed. In these meetings, an individual often for the first time hears others discussing their temptations and problems. It is very enlightening for him to hear others using the same rationale he has used so frequently and thought was exclusive with him. Like the alcoholic, every drug addict feels that his problem is unique.

Narcotics Anonymous members are very active; a new member is assigned to the care of an older member, and whenever the going is rough he calls his patron, who usually insists that they meet to talk things over.

The group therapy method in a setting exclusively of ex-addicts is particularly effective for those addicts with a history of antisocial behavior. In general, the group's present membership is of a fairly limited educational and social level, and it does not offer much of a solution for the patient from a middle or upper middle class background. Branches in different cities will of course vary in this respect.

It is too bad that Narcotics Anonymous has had so little encouragement and backing from community leaders that it

must struggle along with insufficient funds. The by-passing of this group is in all probability due to the deeply ingrained and widely held belief that drug addicts cannot get together for any constructive purposes.

NEW ENVIRONMENT

It is unfortunate, although perhaps necessary from the standpoint of administering a probation schedule, that a patient who is arrested must be returned to the place of his arrest. In fact he must remain within the city during his entire probation unless the officer in charge grants him special permission to leave. If a relative in a different city will assume responsibility and if a job the patient feels he would like is in the offing, a talk with his probation officer about the possibility of making a special plan may be worthwhile.

The addict is observed maintaining a kind of facade to impress his old friends. As a rule he displays an entirely different personality with them: he "talks tough," swaggers and has a general air of bravado. He tries to give them the impression that he is a fearless he-man. Appearing before them as a legitimately employed clerk, dutifully going to work in the morning and coming home at night, spending his evenings at the movies or going to dances, would lay him open to insufferable derision. One of my patients really needed eye correction, but none of his drug addict friends had ever seen him with glasses and he felt they would look on him as a sissy. He wore his glasses elsewhere but took them off when he went into his friends' neighborhoods. He took a big step forward when he was able to wear his glasses in their presence—symbolic of standing up to this group and defying them to tease him or decry his newfound values.

Anyone working with drug addicts quickly comes to realize how little encouragement and bolstering they need to break with old patterns which have at best given them only temporary and partial satisfaction.

The difficulty in long-term planning for drug addicts lies in their need to gratify each impulse at the moment.[4] As we have already noted, they want money and prestige immediately

and without effort. One must point out that aside from the entertainment field, a spectacular rise is not the norm; that it is not a mark of inadequacy to have to plug for several years before attaining an adequate salary; that they are in the same boat with everybody else in this respect.

As the drug addict gains more confidence and loses some of his anxiety and tension, his pleasures will naturally increase. When his gratifications have increased to the extent that they constitute a positive force, the drug addict, like anyone else, will be reluctant to exchange the pleasures of reality for the certain destruction guaranteed by a return to drugs.

The final stage in the drug addict's treatment consists of breaking off his dependency relationship with the physician. It will gradually become apparent that the patient is working primarily for his own pleasure, not for the purpose of pleasing the physician by reporting his progress. One or the other of them will then undoubtedly terminate the visits. The physician, aware that a relapse can occur at any time throughout the patient's life, should always leave the door open in the event that further encouragement and help are needed.

It is safe to say that a patient who has actively worked on his life problems for three years under a physician's supervision has probably hurdled the major ones. Any future relapse which comes later on in his life should be relatively easily handled. Far from being a serious threat, it will mean little more than a couple of steps backward, quickly to be regained.

REFERENCES

1. McNickle, R. K.: Drug addiction. Editorial Research Reports. Washington D. C.
2. Vogel, V. H., Isbell, H., and Chapman, K. W.: Present status of narcotic addiction, J. A. M. A. *138:* 1019, 1948.
3. Adams, Walther, A.: Narcotic Drug Addiction and Out-Patient Treatment. Annual Report on the Activity of Medical Counseling Clinic of Provident Hospital. June, 1954.
4. Savitt, R. A.: Extramural psychoanalytic treatment of a case of narcotic addiction. J. Am. Psychoanalyt. A. *2:* 494-502, 1954.
5. Goldstein, Nathaniel L.: Narcotics. A report to the Legislature of State of New York; Legislative Document, 1952, No. 27.