

# Psychodrama with Heroin Addicts Returning from Duty in Vietnam

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## Summary

In summary, we found the psychodrama stage to be a diagnostic clinical laboratory par excellence. We found that in psychodrama we could know our patients' worlds as they really are. "Show us don't tell us!" and "You are there right now" were common reminders we gave to our patients during psychodrama sessions. Many of our patients were impulsive actors rather than verbalizers. Those of us involved with psychodrama for our young heroin addicts will never be the same for it.

## Introduction

Shortly after reporting for duty at Oakland Naval Hospital I learned I was to be the medical officer in charge of a newly established psychiatric unit for substance abuse patients returning to the United States from duty in Vietnam. Psychodrama therapy became an integral part of our evaluation and treatment program.

Perry is a nineteen-year-old man seriously addicted to heroin. Perry tried to quit on his own but could not. A positive urine drug test made his entry into the drug amnesty program imperative. Three weeks after detox on our unit Perry presented to our psychodrama group in an acutely distressed state. He was pale, sweating, restless and extremely anxious and fearful. His urine had been clean for opiates and he did not have cramping or goose flesh typical of physical withdrawal. Perry told the group he had a dreadful dream the night before.

Perry's dream was brought to life on the psychodrama stage. In the dream, he had been discharged from the Navy to return home. At the front door of his house in Detroit he was confronted by his angry father. A staff member played Perry's angry father. The father-son confrontation escalated and violent threats occurred. As director, I stopped the action and asked the patient to reverse roles with his father. I asked him to guess what his father was thinking.

Perry said, "This damn son of mine is just like my kid sister. Love was not enough to stop her heroin addiction. Susie tried to kick her

heroin habit several times. She died of suicide alone and unknown in a far-off city. I am so mad at my son I could kick his butt."

## Perry looked stunned with a realization

The next and final scene of Perry's psychodrama took place as the dream images took place in his thirteen-year-old brother's room. Kid brother Ben had always idolized and looked up to Perry. Perry had always tried to discourage Ben from drug use. Perry had recently learned in a letter from Ben's close friend that Ben was now addicted to heroin.

Now in the psychodrama enacted dream Perry was in his brother's room to try to talk sense to him about quitting heroin. Suddenly in the dream, while Perry was talking to Ben the dream scene shifted again and he and Ben were injecting heroin together with the same needle. "Oh, no, it can't be!" Perry gasped. The last scene had abruptly ended early that morning when Perry awoke in a cold sweat. He awakened a buddy on our unit to tell him about the dream.

As director, I sat next to Perry on the stage as he proceeded with a guilt-laden soliloquy about his dream and its meaning. The spell-bound audience of fellow heroin addicts struggled with words of empathic and supportive feedback. Perry realized that part of his father's extreme anger at any hints of drug abuse was related to his father's pain and agony about the memory of his sister's tragic demise from heroin. Perry always assumed that his dad merely inherently disliked Perry. Some audience group members pointed out that Perry had been a bad example and partially responsible for Ben's heroin use. But there were other factors as well. It was tough enough for Perry to kick his own heroin habit, much less heap Ben's problem on Perry's already sagging shoulders.

A fellow patient astutely observed for himself and for Perry that the upsetting dream best be used now on the treatment unit to help face their problems than at home later, alone and vulnerable to a relapse.

On the unit on subsequent days Perry seemed relieved, more relaxed and motivated for further therapy. Additional psychodrama sessions were used by Perry to rehearse his dealing with his father and brother when he was home after discharge from the navy.

Such dream's as Perry's came to life at psychodramas on our unit. The dreams become a therapeutic opportunity for the entire community of heroin addicts. Better in dreams enacted in therapy than stored up nightmares in the oblivion of things unmentioned.

Nineteen -year-old Mac stopped heroin three weeks ago as he arrived on our unit. He had used heroin for a year previously. Mac's father is a hard worker who is loving and caring towards Mac. Part of their close father son relationship was hunting together. His father taught Mac great care of and safe use of guns. Mac's father was stern and meticulous about gun care and safety.

At the warm-up phase of Mac's psychodrama, I as director was involved in light banter with the audience over the usual topics of sea stories about heroin use and rebellious statements about military authority. I had found that such banter was a test of me as an authority. I tolerated such banter as a warm-up activity. I noticed Mac was seating, shaky, shifting positions, and holding his head in his hands. I asked and Mac said, "I don't feel good but I got to tell you and the community about my dream last night." The dream had awoken Mac abruptly.

A lengthy soliloquy by Mac helped set up the dream scene in detail. Mac and his beloved father were deer hunting. Mac found himself looking through the telescopic sight of a deer rifle. To his abject horror, Mac saw the smiling face of his best childhood friend in the crosshairs. Mac was unable to stop as he relentlessly squeezed the trigger of the powerful weapon. The shot struck his best friend in the left chest. In the heart! Another second shot in his friend's groin. Mac's tears filled his eyes. Astounding to Mac was the twisted but clearly ecstatic smile of his friend who was transfixed in the rifle scope. Mac said, "It was almost sexual doc."

Role reversals and further soliloquy with returns to the scene with doubling to expose Mac's unconscious feelings helped to clarify Mac's feelings. During the "love-back of audience feedback a perceptive fellow patient observed with striking clarity, "It takes no shrink to see that best friend of yours is really you man! Each time you shoot up heroin, you shoot up yourself. Another patient described his girlfriend's ecstatic smile as she shot up heroin with him. Our psychologist pointed out to Mac that the bullet in the groin as well as the heart fit in with recent ward lectures by a physician who described cardiac and sexual complications associated with IV drug abuse. Mac had been in fact impotent during his chronic heavy heroin use. His girlfriend had gotten SDT while prostituting for money to support her habit. Mac expressed gratitude for the help he got from the psychodrama therapy group. He in turn helped other patients in their work on issues in their lives brought to life at psychodrama. Mac commented often that helping others at their psychodramas helped him maintain strength about his sobriety.

## Discussion

In the active small groups and psychodrama group therapy sessions in our hospital program we found ourselves talking to

patients about "turning on to life" or seeking a "natural high". The abuser of marijuana, hallucinogens or heroin first chose to enter an Alice-in-Wonderland or soothing world. Then over time they habitually seek refuge in the vivid, but artificial land of the trip or the rush. In time, they find the everyday experience of living a blur or boring. Our treatment team has sought ways to jolt the young addicts from their tragic world of self-induced anesthesia to life back to reality. We sought to help them substitute a healthy addiction for a destructive one. Heroin is hopefully replaced by addiction to creative experiences in living with people.

The cornerstones of psychodrama theory described by Moreno 1964, came into vital focus in our treatment endeavors with heroin addicts. Moreno talked about spontaneity and creativity in living. Moreno said we call response to a new problem situation with ancient ways of wisdom and, a new creative response to an old habitual situation---spontaneity. Spontaneity Moreno said is the factor animating all psychic phenomenon to appear fresh, new and flexible. It gives situations the quality of momentariness (without drugs) ...With a total loss of spontaneity goes a total loss of creative existence.

Young heroin addicts because of their retreat into the drug haze are in fact rigid, despite their youthful age. Psychodrama treatment can provide an opportunity to turn on to life, not slow death. At a, less theoretical level psychodrama is useful. Very practical life situations can be vividly and helpfully approached via the psychodrama stage. We found that military duty situations, future job situations, and home, marital and family situations could be set up on stage to be looked at and dealt with in new and creative ways. We hoped there would be a psychological desensitization to future stressful situations to avoid the return to heroin use. With one young sailor, we staged his return home to confess to his heroin addiction and recovery process to his wife. His unknowing wife had been waiting patiently for him at home. Her tears, anger and fear pervaded the stage as we helped him prepare for the event at his homecoming.

As a fellow patient said that day, "Even though this psychodrama upset you man, it is better for you face that stuff here and now on the unit." To face it later at home alone without preparation might be too much to face without return to heroin."

On our heroin addiction treatment unit, we found that "Acting-in" at psychodrama reduced acting-out behaviors on our unit. Hopefully the long- term impact of creative action in psychodrama helped patients maintain their sobriety after discharge from the military or back at a duty station. Letters we received from former patients supported that hope. Military life helps many young men work through their authority conflicts. Many of our patients for various reasons however had intense anger and bitterness towards the military and American society in general. This appeared to involve what Gruenberg called a negative transference towards an institution. Because the military is perceived as an agent of discipline and real authority as well as a total care institution (Providing food, clothing, pay and shelter), it tends to rekindle buried or smoldering conflicts with parents. In a significant number of cases a parent had been directly, vicariously, or indirectly involved with substance

abuse. The alcoholic parent seemed to be the most frequent depicted at psychodrama sessions. But, a parent as a physician, pharmacist, drug salesman or drug store clerk walked our psychodrama stage at therapy sessions. Many substance abusers start out at their parent's medicine cabinets or home liquor cabinets.

Unfeeling, unjust discipline is occasionally found in the military. This sad abuse of power usually comes from those who feel inadequate and use the system of military discipline for their own psychological security operations. As we explored such situations at psychodramas we often found that behind such hassles with authority were disguised remnants of either cruel, uncaring, rigid

or uncaringly permissive experiences with parents or perceived as such. Thus, the military is hated or rebelled against or paradoxically sought after to set limits or to care as parents were not experienced helpful in that way. Those who successfully found the good parent in the military we rarely encountered on the unit.

### **Acknowledgement**

None.

### **Conflict of Interest**

No Conflict of Interest.