10-1-1980

Counseling the Drug Abuser: A Christian Approach

David Laslett Pott

Follow this and additional works at: https://scholarsarchive.byu.edu/irp

Recommended Citation

This Article or Essay is brought to you for free and open access by the Journals at BYU ScholarsArchive. It has been accepted for inclusion in Issues in Religion and Psychotherapy by an authorized editor of BYU ScholarsArchive. For more information, please contact scholarsarchive@byu.edu, ellen_amatangelo@byu.edu.
COUNSELING THE DRUG ABUSER:  
A Christian Approach  
by David Laslett Pott, Dip.Th., Sheffield, England  

In the vast majority of cases, drug use is part of a person’s cultural life style. Within the general culture (so-called “normal”), alcohol and tobacco are widely used, while within the counter-culture or alternative society illegal substances (in particular cannabis and LSD) are more popular. The extent of drug use varies considerably from person to person, but what is common to all is a particular cultural set of values. One of the major problems as far as counselling the young drug-user is concerned is that very often the counsellor, although perhaps knowing a certain amount about the psychopharmacology of drug use, knows little about the counter-cultural setting of his client. So, before proceeding any further it will be important to outline some of the characteristics of the drug subculture. It is true that the drug subculture is itself divided into different groups, but nevertheless there are common strands within the whole. It is interesting to note that some of these characteristics are present in a measure within the general culture, but they are not pushed to such extremes, and ironically, such logical conclusions.

We live in an age of relativism in which the absolutes are lost. This is particularly evident within the drug subculture where there is no real concept of any structure. A popular meeting place for drug-users in Sheffield is noticeable for its atmosphere of total randomness and fluidity. The colours on the walls merge and swim as the strobe lights flash, the decibel count is incredibly high and all is designed to create an immediate sense of response. To act rationally in such a situation seems faintly absurd—it seems better to accept the rape of reason and float along with the intensity of the experience.

This relativism has consequences in various areas. Firstly in the realm of morals, there are no sure guidelines. It is the kind of world where someone can write a book called “Steal Me” and that is just what happens! It is the world of “Do your own thing.” Again, in the spiritual realm there is no real truth. Leary advises individuals to start their own religion, and a popular slogan is “whatever turns you on”. Sometimes also the assurance of the reality of the external universe is lost. This leads to profound questioning such as “how can I know that what I see is truly there? Is it all an illusion?” Some counsellors would say these are merely smoke-screen questions, but I believe they are usually sincere; if the counsellor evades these problems, his client will doubt his integrity. The logical conclusion of this state of reality-loss is the LSD trip in which the individual believes he can fly or walk through walls.

Finally, there is considerable confusion within the drug scene about the nature of man. In close relationship to the foregoing experience of reality-loss, many drug users experience ego-loss. Separateness and distinctness are thought to be illusions—“You never existed at all” states on LSD user. Those interested in psychedelic drugs experience states which are almost a mystical absorption into the one, without separateness and identity. Drug-users, whatever their intelligence, ask “Who or what am I?” or will say that they are trying to “find themselves”. Again these are questions which cannot, indeed must not, be avoided. Very often the answer to “Who am I?” will help a person to see how he can relate most satisfactorily to himself, his fellow human beings and to the universe at large. Incidentally, the terminology of the drug scene (“turned on”, “plugged in”, “buzz”, “flash”, etc.) is noticeably machine-like, and it can be argued that drug use encourages a rather low view of man as a machine which is merely programmed by whatever chemical has been ingested.

From this brief outline of some of the characteristics of the drug subculture, it is clear that merely to encourage a person to stop using drugs is almost certainly doomed to failure. If a person’s cultural setting is basically structureless and he believes that “nothing is real”, drug use is perfectly logical. It is vital, therefore, that the counsellor should deal with his client’s basic beliefs.

Having discussed the drug-user’s cultural setting, we turn now to consider the counsellor’s assumptions and methods of approach. Various of presuppositional stances seem to militate strongly against valid solutions. For example, there are those who say that the drug-user is basically not responsible for the situation he finds himself in. He is the victim of circumstances beyond his control—a tragic family background, overcrowded schools or undernourishment. It is not his fault that his life is messed up—he was simply programmed the wrong way. The counsellor who holds
this rigid deterministic philosophy is unable to give any reassuring answers in the area of personal identity, and his solutions are attempts to "reprogramme" the client to respond to external conditions more satisfactorily, sometimes by using further drug treatment. Admittedly some drug-users find these propositions attractive—there is a certain comfort to the undiscerning in the doctrine of irresponsibility, and I know of some individuals who find the label "psychopath" highly satisfying! I recall one addict who knew that his psychiatric report stated him to be a psychopath. This for him justified all kinds of actions. "You see", he explained, "I don't have a properly developed conscience".

At the other end of the counselling spectrum are those who claim that the client has all the resources within himself to cope with his problems. The counselling is consequently non-directive. As Carl Rogers writes, "The non-directive viewpoint places high value on the right of every individual to be psychologically independent". * In this kind of counselling, the traditional meanings of "counsellor" and "client" no longer apply. The counsellor does not give advice or counsel, he merely "clarifies" the client's own thinking, and the client no longer listens (the word client comes from the Greek verb "khuw" meaning "to listen"). Naturally this kind of counselling is attractive because it flatters man that he is autonomous and self-sufficient. I know of two addicts who have been through this type of counselling and stopped using drugs, but had a striking and extremely intolerant attitude to other addicts. "I've come off stuff, so why can't he?" They seemed to value publicity and being the centre of attention. They required a regular dose of ego-boosting to maintain their confidence in their self-sufficiency. They were not using drugs, yet seemed insufficient. I know of two individuals who find the label "psychopath" highly satisfying! I recall one addict who knew that his psychiatric report stated him to be a psychopath. This for him justified all kinds of actions. "You see", he explained, "I don't have a properly developed conscience".

While we cannot fail to sympathise with people who have been illtreated, yet it seems to me that it would have been wrong to have allowed that girl to use the cruelty she was exposed to as a total explanation of and excuse for her addiction. It was necessary to show her gently, but firmly, that she had responded wrongly to a bad situation. The counsellor herself may not have done better in the circumstances than the client had done, yet this is no reason to dismiss her responsibility lightly. I recall one drug-user who was the eighth child of two alcoholic parents. They had lived in the Gorbals in Glasgow. It would have been easy for him to wallow in self-pity, but he asked the questions "where have I gone wrong?", and in so doing he began to find some self-respect.

The fact of man's responsibility is demonstrated by the experience of true guilt. I would distinguish true guilt carefully from guilt feelings which are aroused when people have offended against shifting social convention. True guilt occurs when a person offends the objective moral order which corresponds to the character of God. If a man is in an initial sense created by God, it will not be surprising if he experiences guilt when he does that which is contrary to God's character. Those who do not believe in a true moral order must define all guilt as merely "guilt feelings" but to talk about guilt feelings seems shallow if you are counseling, for example, an addict who has supplied someone with impure heroin which caused his death, and is tortured by a sense of real guilt. Some people attempt to blunt their awareness of guilt by various means, including tranquillisers or alcohol. However, it is noticeable that in a community where people are living positively, a person whose conscience may have appeared to be nonexistent, begins to think differently. The person I mentioned earlier who was at first satisfied with his supposed psychopathic condition, began to develop guilt about the way he was using women as mere sexual objects, without relating to them as persons. Far from harming him, this guilt led him to realise his problems and to develop gradually far more satisfactory personal relationships. Guilt is a normal response to having done something wrong. If a person is unable to resolve the problem, his bad condition and mental torment will increase, but this fault is not due simply to feeling guilt, but failure to resolve his underlying problems. Those unwilling to face up to reality of guilt with its connotation of responsibilities, like to use other words to convey their feelings. One 14 year old boy had been using considerable quantities of tuinol, methedrine and cannabis. "I feel paranoid", he told me. "I feel that people are always looking at me and saying things about me. I just can't understand it." I suggested that perhaps he was feeling guilty about his drug taking and the way he had treated his parents. This was one

suggestion which he had evidently not heard before, and it presented him his problems in a new prospective. Previously he was beginning to accept that he was just another “highly disturbed adolescent”.

As I have shown, guilt is an indicator of some underlying problem(s). The task of the counsellor is to help his client to resolve those problems. It is human nature to try to avoid facing up to the problems. Perhaps at this point a series of diagrams (2) might help to clarify the different reactions.

Each circle represents the problem (P). The first diagram shows the response of the person who says “This isn’t really an important problem, I’ll avoid it altogether”. The second response is that of inventing a false problem (PF) in order to avoid facing up to the real problem, and the third response is of hopelessness and despair. The only valid solution is a direct confrontation with the problem as shown in diagram 4.

A vital aspect of sorting out a problem is action. Counselling which does not lead to some kind of action is unlikely to be very productive in the long term. I recall one evening spent with a married couple who were both addicts. The husband was dashing back to London frequently to obtain drugs. We talked for about three hours, and although some aspects of the discussion seemed valuable, very little was different by the end of that time. It was very obvious that one difficulty was a basic listlessness and an unwillingness to keep the home together. The place was in a mess. I suggested that we might tidy it up. We all set to it and by midnight the home was transformed and so too was the situation of the couple. They had felt completely unable to do anything, but the evening had shown them that something could be done after all.

So often counselling focuses on delving into the past and into childhood, yet it is vital to meet a person’s problems as they stand in the present, even though the problems probably have origins in the distant past. To correct the wrongs of the present frequently sheds light on the errors of the past. Two girls who had previously been for rehabilitation at the Coke Hole, were living together in a lesbian relationship. One of them who was very unhappy about the situation asked my advice. I suggested that she should stop living with the other girl and stay elsewhere. It would have been possible to spend a long time discussing the ins and outs of her lesbianism, but basically she knew that things were wrong and she needed encouragement to do the right thing. The right action rather than extensive self-analysis and introspection helped to resolve this girl’s difficulties.

Of course not all people’s problems are basically of a moral nature, but finding solutions to, for example, intellectual questions, can affect behavior beneficially. One friend of mine who had been using LSD had lost any concept of reality, as so often happens. He could not be sure that the trees and the flowers he observed were really there. When he came to understand that all things were created by God who had also created his own senses to appreciate the world that He had made, LSD became illogical. Not surprisingly belief in a personal God, and the cessation of LSD use, led to a profound behavioral change.

Counseling is an ongoing activity—it is not a matter of a few pre-arranged sessions and then an abrupt end. Many people with drug-related problems never go to professional persons for help, while counter-culture organizations like Release, BIT and PNP (People Need People) are crowded with clients. The atmosphere in these places is very relaxed, and people are not afraid to relate to each other—a far cry from the extreme detachment of the type of counsellors whom hippies call the “grey world”.

There is, of course, a cost to be paid for involvement. You cannot stick to a nine to five routine, and if you are married your family will become involved too. There is the risk, too, of developing an unbalanced and unhealthy absorption in another person’s problems—this occurs when the counsellor’s involvement becomes selfish and demanding. Counselling can only be effective when the counsellor himself holds firmly on to the structures of reality, and is not falling into the same traps as his clients. There have been times when I have been unable to counsel because of “the beam in my own eye”. As a Christian, I would claim that I am not my own authority, but subject to God’s authority, and when I fail to measure up to God’s standard in counseling, I must admit it to my client. Frequently, it is reassuring for the client to realise that you too are a person with hang-ups and frailties.

In conclusion, it is not the object of counselling to help a person to become completely independent. Often to be independent is to be lonely. The most contented and fulfilled people in this life are neither the heavily dependent nor the totally independent, but rather the inter-dependent who fit in satisfactorily with their whole environment having relationships both of giving and receiving.