

OPIOID DRUG ADDICTION AND THE FUNDAMENTAL EXISTENTIAL MOTIVATIONS¹

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This article describes how an opioid-addicted person experiences existential reality on the ontological, axiological, ethical, and context (praxiological) levels of existence. My hypothesis is that in failing to manage their being at each of the four existential levels, the opioid-addicted person, "builds" an alternative "drug world" in which they carry out a 'pseudo fulfilment' of their fundamental aspirations and find "meaning".

KEYWORDS: Fundamental Motivations, Drug Addiction Experience, 'Drug World'.

OPIOID-ABHÄNGIGKEIT UND EXISTENZIELLE GRUNDMOTIVATIONEN¹

Dieser Artikel beschreibt wie opioidabhängige Personen die existenzielle Realität auf einer ontologischen, axiologischen, ethischen und praxeologischen Existenzebene erfahren. In meiner Hypothese nehme ich an, dass opioidabhängige Personen auf allen vier existenziellen Ebenen daran scheitern ihr Sein zu bewältigen und daher eine alternative „Drogenwelt“ „aufbauen“ in welcher sie eine „Pseudoerfüllung“ ihres Grundstrebens bewerkstelligen und „Sinn“ finden.

SCHLÜSSELWÖRTER: Grundmotivationen, Suchtmittelabhängigkeitserfahrung, „Drogenwelt“

While studying in an addiction clinic, I decided to research existential aspects of living with opioid dependence. I began my research by analysing the literature in this area. I found many phenomenological studies on this issue. They all highlighted different facets of the addiction experience. For example, one study focused on 'the lived body of drug addiction' (Kemp 2009a), while another looked at 'the temporal dimension of addiction' (Kemp 2009a; Reith 1999). Others examined the drug users experiences of freedom, life, death, and meaning (Wiklund 2008a,b; Zyl 2007; Trujillo 2004 and others).

While examining these papers I realised the data, which had existential themes, could be structured using the theory of the four fundamental motivations (FM) (Längle 2003a,b). In this paper I have summarised this literature and presented it in a new way. In this exercise, novel information has appeared. It became clear that, in failing to manage their being at each of the four existential levels, the opioid-addicted person 'builds' an alternative 'drug world' in which they carry out a 'pseudo fulfilment' of their fundamental aspirations and find 'meaning'.

Below, I will briefly describe the data on which my hypothesis is based.

FM 1 – THE ONTOLOGICAL LEVEL

On the ontological level, an opioid-addicted person lacks the conditions necessary to confront the world in its factuality and potentiality.

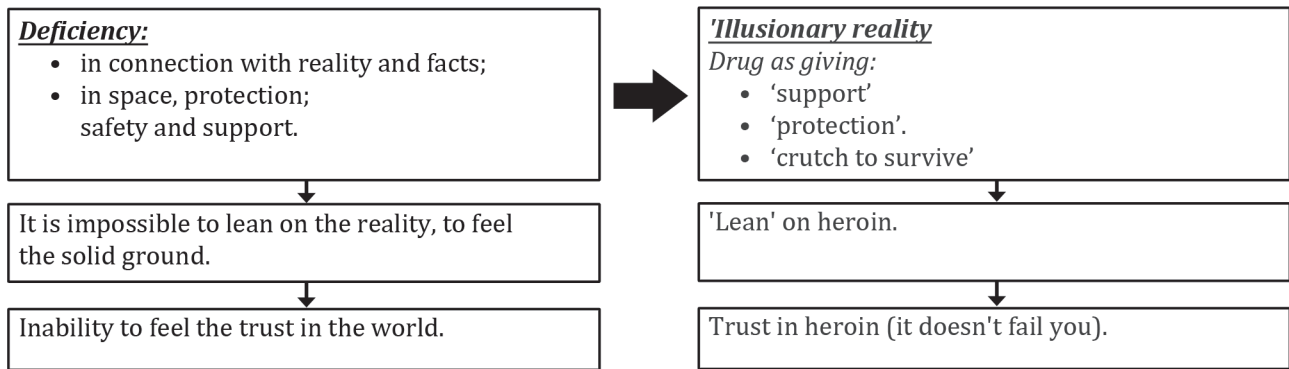
- S/He becomes alienated from the body. The addict's

body is no longer a 'lived-body' through which a person can achieve a fulfilling existence. It is **no longer 'a platform for being'**, but a 'painful object' that 'intrudes as pain' (Kemp 2009a). Such a body becomes a cruel master: 'The body craves when it craves, it withdraws when it withdraws. It intrudes and changes on his own terms' (Kemp 2009a).

- Biological rhythms (bodily structures on which a person can lean on in his/her living) are also ruined. Most often addicted people suffer from the disruption of the sleep-wake rhythm (Kemp 2009b). But in general all the natural bodily regularities are substituted for the unusual narcotic rhythms. The basic **rhythm becomes: craving-withdrawal**. 'Addiction does not prefer to move by the normal rhythms of life' (Kemp 2009b, 9).
- An addicted-person does not live within the regularities that frame everyday life. 'Narcotic rhythms' isolate a person from social structures and patterns. For example s/he can sleep during the day or be active at night, s/he usually doesn't have to wake up to be at work, and s/he retreats from social obligations. This 'mis-attunement' (Kemp 2009b) with society does not allow the person to lean on social rhythms, mechanisms, and laws so s/he is unable to find protection and support in the rules and processes that arrange social architecture.
- The 'things' that surround an addict become flat and faceless objects. His being is **rather 'being-with-drug then being-with-World'** (Trujillo 2004). As J. Trujillo puts it: 'The crack abuser is no longer bound by the common truths and habits that structure the everyday world... His concern is not with-World but with-crack; rather, being-with crack in his World' (Trujillo 2004, 179).

¹ This article is a shortened version of an article in russian language: Evstigneeva E.A. (2013) Osobennosti perejivaniya ekzistencial'nich dannostej u pacientov s opioidnoi zavisimostiju. In: Ekzistencial'nyj analiz, 5

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Scheme 1.: Creating the 'illusory reality' as a consequence of a failure in the ability to be (L.änge).

- The difficulty of confronting reality is also posed by the nature of the drug itself: it blocks out 'reality' and replaces it with a **state of dreaminess and unreality** – an 'oneiric state' (Reith 1999, 103).

Thus, the person lacks protection, space, and support. S/he is scared and cannot confront the reality of the World. The **drug creates for her/him the feeling of safety and protection**. One patient describes it in such a way:

'It <heroin> doesn't fail you... You're safe, you're capable of protecting yourself and those you care for; I feel fearless-no fear... heroin is my weapon – a crutch to survive in this world' (Zyl 2007, 65).

The ontological reality of an addict could be generalised in the scheme above (Scheme 1):

FM 2 – THE AXIOLOGICAL LEVEL

On the axiological level an opioid-addicted person lacks relationship, closeness, and time.

- In the drug addicted world people become priceless objects. They can be robbed, cheated without any guilt (Kemp 2009a, 128). The crack abuser **'disregards the existentiality of the 'other' and encounters him as a 'what'**. He dominates, manipulates, and controls the 'other' to realize his drive to be (Trujillo 2004, 179). 'One user recalled how he had lost most of his friends through drug-related deaths, but it had failed to affect him in any meaningful sense: *'Everyone's got to go some time. We'd try to find out where he got his stuff <heroin>, cos if he's gone an'died, it means it's good stuff, strong stuff'* (Reith 1999, 106).

There is also no relation with 'things'. **'Things' are experienced as anomalous drug-focused practical values**. The World is 'filled with things that are used only to perpetuate the addictive process' (Kemp 2009a, 128).

- **The flow of time stops:** the 'relation' with drugs is 'pressing, immediate and compulsive' (Kemp 2009b, 5). It is 'the now' without past and future - lifeless and empty as a black hole.
- **No change occurs.** 'Nothing Ever Happens in the junk world' and ... boredom never troubles the addict' (Burroughs 1982, 41).

- When a drug addicted person **tries to get closer to life s/he feels pain:**

'Although the pain you're feelin' you can't maybe see, like you're not missin' a leg or an arm, but it's like inside you're torn to bits. It's like you've no way of sayin' to the world, to express, it's just like you're tryin' your best just to get through each day without being overwhelmed, so you're usin' drugs as your tool, like they-re the things to help you get through the day without killing yourself' (Reith 1999, 104).

Thus for the drug addicted the stuff becomes a 'tool' of coping with life. However, not a mere tool: the relationship with drugs becomes a personal relationship – the drug becomes personalized.

'You will never understand drug addiction, unless you understand that it is a love story' (Zyl 2007, 30), says one of the patients.

'I fell in love with heroin' (ibid., 36); *'It's demanding and cruel, but sure and nice'* (ibid., 37); *'Heroin worked – like my friend, doing things together. We go hand in hand'* (ibid., 67).

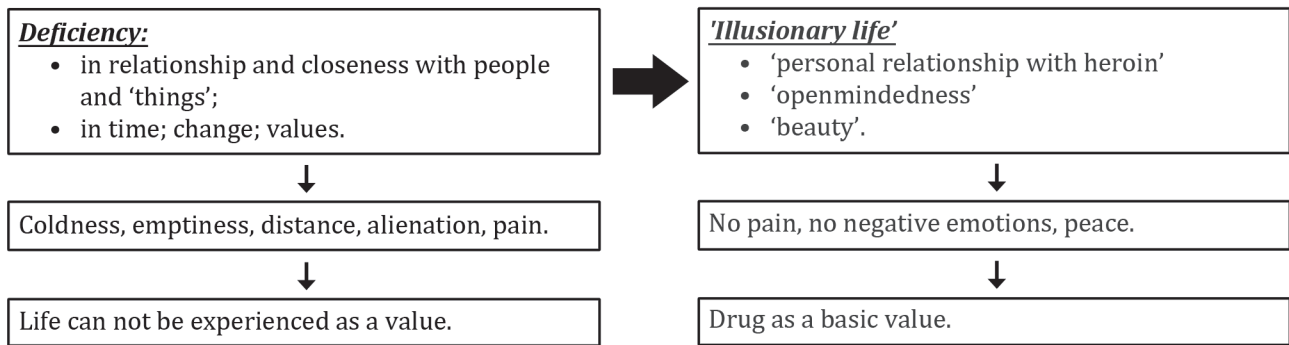
Some patients experience a shot of heroin as *'injection of life'* (ibid., 63):

It's like the whole world, life is beautiful. I feel great. I have a lot of ideas. My mind opens tremendously <...> I feel life is wonderful' (Trujillo 2004, 171).

The axiological reality of an addict can be structured as following (Scheme 2):

FM 3 – THE ETHICAL LEVEL

- The Identity of a drug addicted person is ambiguous. **As though one had two selves – an 'addict self' and a 'normal self'** (Larkin & Griffiths 2002, 291). An addicted person experiences himself as bad, worthless, guilty and 'void' (Wiklund 2008b, 38; Kemp 2009b, 10; Anderson 1998, 246). So, s/he tries to fill the 'void' by creating an 'addict self' – 'as an attempt to gain a grip on one's own self-experience' (Larkin & Griffiths 2002, 296). *'<With heroin> I got a sense of being truly me. This is me – this is what life is all about. Heroin brings out the ultimate best. I can deal with things, I have best coping skills, I am the best I can be'* (Zyl 2007, 73).



Scheme 2.: Creating the 'illusionary life' as a consequence of a failure to live (Längle).

- A drug addicted person usually does not experience attention, justice, and appreciation from those around him. But **heroin creates a 'possibility' to be 'esteemed' and 'appreciated'**:
'When I quit taking drugs, I had a tremendous identity crisis. "Who am I?" Because when taking drugs I was somebody. But without them, I was nothing, I didn't exist' (Wiklund 2008a, 30).
- While an 'addict self' gains 'appreciation' **the 'true self' becomes more and more isolated**, cut off from the others and from the person himself.

This identity ambiguity can be described as follows (Scheme 3):

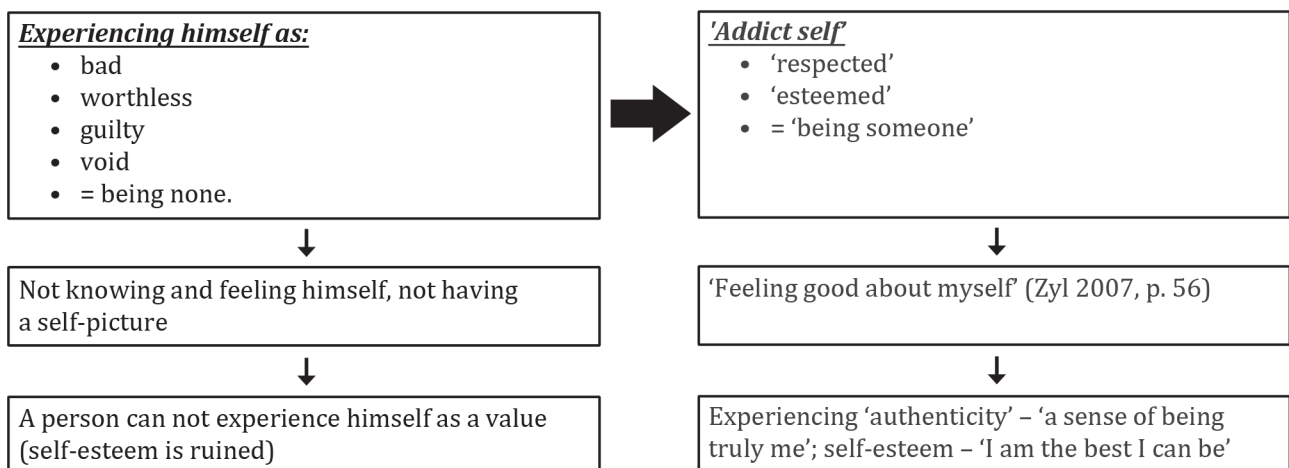
FM 4 – THE CONTEXT (PRAXEOLOGICAL) LEVEL

On the context level, an addicted person falls out of a worthy context of life – a context that structures, coordinates, and provides orientation. His/her field of activity is centered on drugs and shortened by its purchasing and usage. The future is blocked – s/he sees nothing valuable before her/him. As a result the drug addicted life lacks meaning and direction.

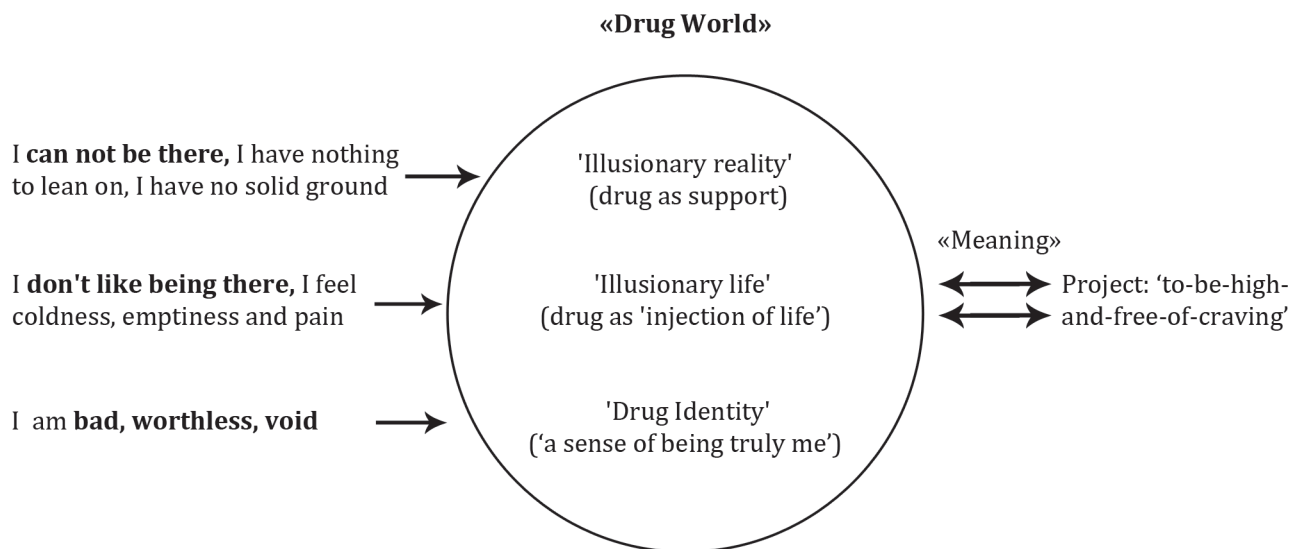
- **Nothing that could provide a context** and give orientation **matters**. Family, job, friends and even money – everything except the drug loses its meaning.

'He lost his home. He lost his wife. He lost his kids <...> He no longer values. That occurs with the hit. The hit's value is more important than his shares in Microsoft or his car. The hit's value becomes greater than anything else material he might hold (Trujillo 2004, 179).

- Thus, **any framework** in which an individual can 'project himself forwards in time' (Reith 1999) **becomes demolished**. 'All the avenues which normally make up the panorama of the future – plans, projects, ambitions – are secondary to the overriding need for drugs' (Reith 1999, 105).
- **The drug 'eliminates the future'** (Reith), closes the perspective with the next hit. 'One is no longer grotesquely involved in the becoming. One simply is' (Troccoli 1992, 11).
- To this weak and exhausted 'is', drugs offer false might, life, and identity. However, **drugs also establish a context**, with 'drug-specific languages, drug-related merchandise (e.g., magazines, music), activities of the drug lifestyle (rituals, patterns of use, ways to purchase drugs)' (Anderson 1998, 248). This drug-context allows a project to appear. As J. Trujillo states it: **'He is the project to-be-high-and-free-of-craving'** (Trujillo 2004, 176). So, an addict unfolds an activity to carry out his project – he robs, steals, comes out with 'brilliant', 'unbelievable' (Trujillo 2004, 181) ways to get the drug.
- Hence **the drug provides a replacement of 'meaning' to the existence** that a drug addicted experiences as meaningless. 'Perhaps addiction is a desperate attempt to ac-



Scheme 3.: Creating an 'addict self' as a consequence of the failure to be allowed to be one's self (Längle)



Scheme 4.: Creating a 'Drug World' in which fundamental aspirations are 'fulfilled' and the 'meaning' is found.

quire meaning' – proposes R. Kemp (Kemp 2009b, 13).

On the basis of the data described above, it could be assumed that addiction is a desperate attempt to acquire not only meaning but to achieve a fulfilled existence by creating a 'Drug World' where the four fundamental realities could be 'lived through':

Thus the drug addicted 'I want to' is based on 'I can', 'I like it', 'I have the right to do it' and 'I should do it' transposed to the 'Drug World'. S/He can not be there but 'Drug world' offers her/him an '**opportunity**'; s/he doesn't like being there, but 'Drug World' offers her/him '**good life**'; s/he feels that s/he is nobody, has no right to be, but in the 'Drug World' s/he finds the '**true self**'; s/he feels that the life has no meaning, but 'Drug World' offers her/him a '**meaning**' (Scheme 4).

'That rush becomes greater, more of an obsession than anything else in his life'. And the more that he knows that he shouldn't, the more he wants to' (Trujillo 2004, 179).

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Further literature can be asked at the author.

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