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Letter to the editor

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Echoing the Patient's Lack of Insight: A Role We Must Avoid Playing

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TO THE EDITOR: Spoken introduction opening Eminem's Relapse album (2009), partly dealing with a "drug problem" with benzodiazepines.

[Dr. West:] Morning, Marshall.

[Eminem:] Morning, doc.

[Dr. West:] So we're discharging you today, how are you feeling?

[Eminem:] Anxious.

[Dr. West:] Anxiety?

[Eminem:] Well, anxious to get home, anxious to get back into the world, Nervous.

[Dr. West:] Nervous? C'mon, Marshall, you're a big boy now. Sounding like a bit of a baby, you can do this. You found a sponsor yet?

[Eminem:] Um, not yet. but I mean, but when I get back...

[Dr. West:] Well, if you find one, you find one. If you don't, you don't.

[Eminem:] Well, yeah, I mean I gotta start going to meetings first and... Wait, what?

[Dr. West:] Well, you don't absolutely have to go to meetings and it's not like a requirement that they fit into your schedule we know you're a busy person.

[Eminem:] But I thought sobriety was the most important thing?

[Dr. West:] So what else are you thinking?

[Eminem:] Um, well, I know I gotta start practising the steps, and I mean learning them, and start being able to apply them.

[Dr. West:] Steps?

[Eminem:] Yeah, steps.

[Dr. West:] There's a lot of them, aren't there?

[Eminem:] Well, twelve.

[Dr. West:(with a spooky voice)] Christ, I don't even know them all.

[Eminem:] Really?

[Dr. West:] Anything else?

[Eminem:] Um, well, I mean the only other question I have was like, what do I do if I find myself in a situation where maybe somebody is drinking around me or something like that and I get tempted to?

[Dr. West:] Take a drink.

[Eminem:] What?

[Dr. West:] Take a drink and y'know, take the edge off.

[Eminem:] Take the edge off? Man, if I ever take a drink I already know what that's gonna lead me to.

[Dr. West:] What, you mean these? *shakes pills*

[Eminem:] Man, what the fuck!?

[Dr. West:(with a spooky voice)] Marhsall, what's the matter, darling? Having some doubts already? Marshall, you can't leave me, you'll never leave me, Marshall. We'll always be together, Marshall. Marshall?... Marshall!?

[Eminem:] Fuck you Man, No, no, no, no, NO!

Eminem speaks as any sensible patient would. Dr. West's superficial and irresponsible attitude is a paradox: the doctor seems to be reasoning as a patient with no insight would, and eventually changes his voice into that of some kind of 'demon' embodying relapse which is

ready to strike. Relapse has somehow possessed Dr. West, leaving no way out, despite the patient's good intentions. Obviously, this is a metaphor for the ineffectiveness of good intentions, no matter if they are theoretically right, against the inner demon of addiction. But why does Eminem depict the doctor as an empty shell, echoing the mistakes of an addict's mind? Is Dr. West a projection of craving coming to the surface in Eminem's mind, or is the patient Eminem an empty shell filled with failing rules for self-reliance? Are dropouts and self-destructive patients real, or are they merely projections of a failing conception which dreams of an ideal addicted patient as one who should not be addicted, and is thus capable of being effective in his struggle against relapse?

This fictional dialogue between two figures, those of a doctor and a patient, is a brilliant representation of some widespread misconceptions about the strategy of addiction treatment. The sarcastic view of self-involvement in staying sober is far more realistic than most of the advice patients are likely to get when being discharged from detoxification-oriented facilities. In our opinion, any treatment that leaves the maintenance of abstinence up to the patient's own skills is not a good treatment at all. The shortening of treatment perspectives in detoxification-oriented procedures seems to be no more than a way of shifting the termination date for the evaluation of the treatment's effectiveness, to make it come earlier than the average latency of relapse. Apart from life-threatening conditions, detoxification serves as a 'politically correct' facility which provides patients with a rapid but generic improvement. In line with the sarcastic tone of the dialogue, one could say that detoxified patients are treated so that their general health condition is good enough to allow them to engage in relapse. In some cases, such as those involving narcotics, relapsing after detoxification bears a higher risk of death and a lower likelihood of finding obstacles to substance use, since the healed body, brain included, and the restored social surface will only go to increase the impact of the subsequent relapse. In fact, as long as general impairment is functional to treatment-seeking, even in the absence of any insight, detoxification may make patients slippery in their rejection of structured treatment and relapse prevention, due to the illusion that addiction can be cured through the improvement of collateral damage, such as tolerance. Doctors should take sides with patients – a response that should not be mistaken for taking sides with the illness. Since addiction splits the patient's viewpoint in two, with a discrepancy between intention and will, no therapeutic alliance can be founded upon the patient's free will. In my experience, a good number of patients feel extremely grateful to doctors who refrained from encouraging any attitude towards abstinence, and gave them the opportunity to rehabilitate in a way that included a reversal of their personal views and opinions about the dynamics of addiction. To their own great surprise, many patients found that their behaviour was controlled by treatment

they adhered to against their own beliefs, and managed to stay off drugs without developing a drug-free attitude as a basis for abstinence. Eminem's Dr. West is what our patients usually perceive in forming an idea of the doctors they get in touch with, that is, a meaningless figure who actually ends up by overlapping with the natural course of the disease by helping them to be ready to relapse, just as they would if they were on their own, by approving of their good intentions, again, just as they would if they were on their own or, even, by giving them good instructions which quickly fade away as soon as they are discharged back on the street and craving is automatically reborn. Actually, physicians and all staff members should support addiction disease treatment rather than abstinence. Otherwise, we are all condemned to play the pathetic and ridiculous roles of our patients' alter egos, by illuding them as they would like to illude themselves, that the achievement of sobriety is the first step towards successful relapse prevention.

The literature had dealt with the issue of abstinence support and motivation. However, when such concepts are applied within real settings, they are often misunderstood. Abstinence support should, rather, be focused on addiction-related anhedonia, which endures even in the absence of craving, as a sign of the twisting of pleasure-seeking pathways by a hypertrophic substance-oriented memory. Otherwise, most abstinence supporters just end up 'sponsoring' a drug-free lifestyle, as if the attitude towards drugs in general was the source of all evil. Also, the risk of relapse tends to be handled as some sort of pitfall in the patient's skills of self-reliance: relapsing is regarded as a stage in an evolving relapse-proneness, which is thought to play the crucial role. In this view, addiction is born from a controllable part of the person's brain, only to become uncontrollable later, once one has "taken the edge off". In other words, the patient's skills in coping are mistaken for actual self-reliance against the dynamics of addiction, while intoxication proneness, rather than primary relapse-proneness, comes to be seen as the real enemy. When motivational treatment is applied, in several cases it is not the stage of development of the patient's motivation to undergo treatment which is evaluated and guided, but the patients' motivation to abstain. Techniques which grant the patient a better degree of control against relapse should never include sobriety or self-reliance as a requirement, since addiction, by definition, robs people of their self-reliance.

In conclusion, we should avoid playing Dr. West's part, directed to echoing the patient's misleading ideas, which are functional to believing that some control is possible, by lying to oneself about the idea that this can come through sobriety. Any Dr. West who suggests to the patient that they are the key characters in their healing process will just build an alibi for them to sponsor their relapse. The only sponsored mental skill will be a persistently low level of insight.

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