

Brief Strategic-systemic approach to cannabis addiction. Involving the family system to help youngsters overcome cannabis addiction.

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Drugs addiction: a social phenomena

Advanced technology and medical advancement, has induced contemporary man to hold the illusion that his/her objectives (whatever they are), can be reached without linger and with very little effort invested (Nardone, 2003). Even when faced by mundane challenging life-hurdles, we tend to look out for miraculous remedies and potions, entailing very little fatigue from our side, to anesthetizes this 'intolerable pain'. Fat busters, sleeping pills, anxiolytics, concentration pills, anti-aging *elisirs* and pain relief pills, alcohol and other substances such as hashish, marijuana, cocaine etc., even though officially illegal, are still easily accessed and consumed to smoothen out life in a more desirable way. Drug consumption embodies a key paradox of our society. Even though they are considered dangerous and are thus illegal, drugs are amongst the most profitable investments of our times, and unfortunately they are held by their consumers as a prohibited yet privileged means of reaching a state of being, free from pain, fatigue and effort.

The use, abuse and addiction of cannabis is often underestimate, often referred to as "innocuous light-drug". Yet cannabis can become both emotionally and mentally addictive. Addiction to cannabis is severe due to its affect on the user's brain. We are now aware of many facts about cannabis's effect on the body and how delta-9-tetrahydrocannabinol (THC), the major active chemical, acts in the human brain. When cannabis is smoked, THC travels quickly through the body and into the brain where it unites with specific receptors on nerve cells. Areas of the brain with the most receptors affected by THC are parts of the brain that control pleasure, thought, memory, sensory, concentration, time perception, and coordination. This is what induces physiological dependency.

Yet cannabis is highly addictive even psychologically. Once an individual becomes addicted to cannabis it develops into part of who they believe themselves to be. Avoiding their friends who do not use, the addict will gravitate to others that do. Cannabis is a topic that is always on their mind, whether it be thinking about the next time they will be able to get high or where their going to get their next sack. We can call it addiction, when the person no longer do anything without first smoking. Their constant abuse is due to the misconception that cannabis is what they need in order to solve their problems (this will be elaborated further in the section ***Drugs an additional attempted solution: an operative diagnosis***). Sometimes addicts will take their stash with them wherever they go, just in case they need to make use of it to face the situation better. Individuals might keep in contact with several dealers in order to make sure they always have a constant

supply of cannabis.

The cost of cannabis use to the individual (whose addiction tends to escalate), is quite high. Individuals may suffer health and social consequences, memory and learning problems, and high absenteeism might rise problems at work or even result in even losing a job. While they usually end up isolating themselves from friends and family, this often puts a heavy strain on relationships with loved ones. There is a vicious cycle to cannabis addiction in which these problems are often used as a rational or an alibi to smoke even more pot. Cannabis addiction is a no-win situation that many unintentionally fall for to solve the problems, but this is a clear example of when the attempted solution becomes the actual problem.

Drugs an additional attempted solution: an operative diagnosis

Especially during adolescence, where the young adult is easily bored, impatient demanding everything here-and-now, often unprepared for the challenges offered by life, he can easily fall into the illusionary trap set by drugs, that of being able to help him/her overcoming the problem, ending up entrapped in a psychological and physiological dependency which further aggravates his state.

Young people are even more prone to cannabis use since at this phase of life the individual is very vulnerable, very insecure about his self-worth and competence (Erickson, 1963). This seemingly "innocuous light drug" is often regarded by these self-doubting youngsters as an easy and efficient means of managing the emotional tempest (fear, anger, pain and search of pleasure), vividly and intensely lived during this critical age. Often drugs are regarded by the young inexperienced man, as a solution to reach desired yet rather challenging goals of prime importance at this age, such as: to be accepted and respected by one's peers, whose judgment is imperative for the young man; to facilitate socialization and social integration, by overcoming one's fears and inhibitions; to put on a winning transgressive image, who is not afraid to dare rules, norms, authority, etc; to find one's own identity to measure one's own worth in the world; to let go the child image and lose free from his dependency from the adults; to explore unknown aspects of oneself and thus widen one's own identity; to avoid life responsibilities and others. Often faced by these challenges, the young man gets frightened and could believe that he "can't make it on his own". This sense of incapability makes him search for a miraculous effortless solutions and unfortunately drugs can at first, give this illusion. It seems as if the substance is regarded by the young consumer as a rapid means to become "*how I would like to be*" (Rigliani, 2004). But besides failing in reaching this illusionary goal, the use of drugs becomes a true addiction, both physiologically but also psychologically confirming the underlying irrational idea, "I cannot make it on my own", " I need the substance cause I cannot make it on my own". This becomes a clear example of what Watzlawick and Nardone (1997) explained as rational act that confirms an irrational belief. The frequent use of drugs end up confirming the negative self-judgment, the negative prophecy. " As Hobbes (1969) writes in Behemoth, "Prophecy is many times the principal cause of the events foretold",

thus the young before putting his abilities to the test, slave to his prophecy ends up “creating (a self-destructive future) out of nothing” (Anonymous, 1990).

Over time, this belief based on a negative prophecy, gets consolidated by the psychological relief and physiological pleasure given by the narcotic, entrapping the young person in a self-destructive viscous circle. The recurring use and abuse of the substance strengthens the negative self-perception to confirm the underlying credence of being incapable to manage life-hurdles with only one’s own resources. In fact every time the Youngman turns to drugs he will be convey to himself two messages, which ensnares him in a double bind (Bateson, Jackson, Haley, Weakland, 1956; Nardone, Watzlawick, 2005; Nardone, Portelli, 2007). The first clear and most immediate message is “*drugs are the solution to my problems*”, while the second which is more subtle yet equally powerful is “*Can not do it without drugs*”. This last message slowly lays its foundations in the person’s perceptions and reactions. This need to delegate one’s responsibilities to the substance starts to grow, spreading like wildfire, granting drugs with an irreplaceable role in the life of the person, who fortifies his distrust in his/her abilities.

Drugs become a reiterated failed attempted solution which like a heavy armour can at first give the illusion of protecting the person but which overtime end up imprisoning its consumer. The person who uses, abuses and/or is dependent on cannabis, is caught in this double bind, which renders himself resistance to change. We can call this subjects content opposite persons (Watzlawick, Nardone, 1997) where the substance offers them numerous advantages (Watzlawick, Nardone 1997; Nardone, Mariotti, Milanese, Fiorenza, 2000; Nardone, Portelli 2005; Papantuono, 2007); advantages given directly from the substance (pleasurable physiological sensations, alienation from life problems, acceptance by the peer-group whose members share the same transgressive ritual, and others) and others which are granted indirectly and paradoxically by the family system (an not only- school, community, etc) around them. This is why involving the family members become a fundamental aspect of therapy. Also because it is they who often lament of the problem and ask for therapeutic and surely not the youngster who is still overwhelmed by the illusion of having found the right solution. There are so many secondary gains, to stop the youngster to look for help (Watzlawick, Nardone 1997; Nardone, Mariotti, Milanese, Fiorenza, 2000; Nardone, Portelli 2005, Papantuono, 2007).

Involving the family system in brief strategic-systemic interventions: reducing secondary advantages

Unfortunately, literature reveals that often when dealing with addictions and other psychological problems, the family system is put into play, or better put under investigation, to find the causes or better to find whom to blame for the youngster’s destructive behaviour. Once more this approach entraps the individual and the entire family system in a vicious circle with no way-outs because as far as we know, nobody can erase or change the past. Moreover, nature has and continuous to offer us, consistent substantial evidence that all

phenomena seem to develop not from a mere deterministic linear causality but actually from a circular one, where all the elements in a system effect unconditionally one another, and the family system is no exception.

Brief strategic-systemic interventions involve the family *in primis* because besides the fact that they are usually the ones to lament of the dependency as a problem, they are, in the great majority of the cases, responsible of offering further secondary gains to the use, abuse and addiction to drugs. In our contemporary society, individuals remain at home with their parents for an always longer period, taking advantage of the situation (attention, money, and home comforts). Often this "free-zone" allows the youngster to avoid taking adult-life responsibilities. Parents, as Oscar Wilde denotes "*with all the good intentions, end up producing the worst consequences*".

Family models: the overly responsible- avoiding responsibility continuum

Usually the coping attempts put forward by the family members to help their children who use, abuse and dependent on drugs can be placed onto a continuum (overly responsible- avoidance of responsibility) with one end co-notated by the parents' belief "*we have to do more because it is never enough*". In other words, these are those families that become always more in-charge of their son's/daughter's responsibilities, taking the place of the "fragile incapable" child so as to avoid loading him/her with responsibilities and difficulties which would require too much effort from their poor sons (Nardone, Giannotti, Rocchi, 2001). As a consequence, the youngster will continue to make use of the rather advantageous attitude, resisting to anything that might sabotage this situation which "after all it is not so bad".

The rigid **overprotected, democratic-permissive** and **sacrificing " family models"** (Nardone, Giannotti, Rocchi, 2001) can be located on this side of the continuum since all tend to act "*overly responsible*" with their children, especially in times of trouble such as their son's addiction. While **delegating** and **authoritarian families** tend to "*avoid responsibility*". These are parents who feel disarmed in front of their son's/daughter's addiction and give up on the situation. Delegating parents belief that they are incapable or inadequate to help their child thus delegate this problem to others: own parents, friends, school, experts, specialists, etc. Authoritarian can not accept the fact that their son has gone against their teachings and failed their expectations, often arriving to renegade them as their son/daughter. They feel that they have failed as parents and often react by giving up on their child. **Intermitting families**, are in continuous doubt and tend to oscillate from one extreme to another.

While abandoning the reassuring positivistic thesis of the existence of a "scientifically true" knowledge of reality (why is my son into drugs? What induced him to use, abuse and depend on drugs? Was it the school, his friends, are moving house? Are we parents to blame? etc) and a deterministic cause-effect approach, Strategic-systemic interventions are concerned with

identifying operative constructive knowledge, that is to increase what von Glaserfeld (1984) has called "operative awareness": *to discover how things function and how to make them function better* (Nardone, 1998; Nardone, Portelli, 2005).

Without any claim to a priori knowledge of phenomena at hand, the strategic therapist needs to have some "reducer of complexity" available, which will allow him to start working on the reality that needs to be modified, to gradually reveal its functioning and render it more functional. Based on the studies of the Palo Alto school (Watzlawick, Beavin, and Jackson, 1967; Watzlawick, Weakland, and Fisch, 1974; Watzlawick, 1977; Fisch, Weakland, and Segal, 1982), and on twenty years of research in the clinical context (Watzlawick and Nardone, 1997; Nardone, 1996; Nardone and Watzlawick, 2004; Nardone, Portelli, 2005; Milanese, Mordazzi, 2007), such a reducer of complexity has been found in the construct of *attempted solutions*. We have observed that in problematic situations such as their son's substance abuse, the parents' attempts to reiterate the same ineffective solution eventually give rise to a complex process of retroactions in which the efforts to achieve change actually keep the problematic situation unchanged. There seems to be a "circular causality" between how a problem persists and the dysfunctional ways people use to solve their problem (Nardone, Portelli, 2005).

With all the good intentions parents react in a certain way (attempted solutions- overly-responsible behaviour, avoid responsibility) in line with their beliefs (perceptions), but by doing so they will end up confirming their own (my son is weak, I'm no a good parent, nothing can be done) and their sons (I can not make it on my own, I need drugs) often irrational beliefs, giving way to a self-fulfilling prophecy.

Thus strategic-systemic approach focuses its intervention with the family by:

- Blocking the redundant attempted solutions through direct or indirect manoeuvres.
- Using in-session reframing that change the underlying dysfunctional perception, along with between-session solution-oriented techniques to change the dysfunctional prophecy.

In the majority of the cases, substance abusers are reluctant to come to therapy, because they do not perceive drugs as a problem and often they minimise and ridicule their parents preoccupations. And as we have mentioned earlier, drug use seem to bring along various secondary advantages which the youngster is often reluctant to lose. So often therapy involves in-direct intervention with parents, to help them minimise as much as possible the secondary advantages which they were unaware of giving their son/daughter. Often this is enough to make the son take in consideration looking for help, since the negative aspects of his addiction might come to out-weigh the positive.

Yet clinical experience has lead us understand that even when the youngster comes to therapy with a desperate need to be help, he/she is very much resistant to change. We have learnt that most youngsters are oppositive or else would like to collaborate but are not able to. Clinical-

experimental research has showed us that if we had to focalise therapy immediately on the abuse or addiction, defining it as the problem, this would increase the patients' resistance to therapy. First we need to create an adequate therapeutic alliance, by tuning in with the patient's "world", and we can start doing this first by using his own language (Nardone, Loredano, Zeig, Watzlawick, 2006). So to avoid creating symmetry with the youngster, the session will be proposed as a means to evaluate the situation and the actual level of severity of their abuse, which might not coincide with the version presented by the parents. This because in most cases, youngsters do not consider cannabis as a problem. They will only come to "regret" their abusive behaviour and look for help, if the secondary advantages do not outweigh the negative aspects of their addiction.

During the first session, the therapist will try to identify what the youngster considers a problem, which can be his rapport with his/her parents who are too suffocating, his/her school problem, his/her relationship with the opposite sex, etc. The aim of the therapy would be that of helping the patient "*learn better ways to manage his life*". In other words, we start our work by defining with the youngster our objective by following a Chinese stratagem "lying by saying the truth".

If the therapist manages in this mission, to capture the youngster, one might say that a good deal of the work has been done, so that the therapist can then proceed in helping the youngster free himself from his addiction. Aristotle says "a good start is half of the work" which fits well in such cases. The intent is to shed a ray of light for the youngster to follow, so as to come out from this dark seemingly endless tunnel. Indirect-therapy can be the first step when there is high resistance to change. This intervention follows an old saying which states "to block the door with the foot to make space for the rest of the body".

Yet even when the youngster continues to be highly resistant to change, and does not actually arrive to therapy, indirect therapy conveys the whole family system a sense of relief since during the therapeutic process they are given instruments that enable them to handle the problematic situation better, while helping them withdraw from being, with all the good intentions, accomplices of their son's abuse.

The use of indirect therapy involving the parents of the abuser, is the result of an over-twenty-year clinical experience at the Centro di Terapia Strategica of Arezzo and its numerous affiliated clinics around Europe, coordinated by Giorgio Nardone, which has been thoroughly presented in the textbook "*Come Smettere di fumare*"- How to stop smoking edited by Branka Skorjanec (in press). This indirect manoeuvre has resulted to be highly effective and efficient with cannabis addictions in young people since it overcomes the high resistance to change showed by the youngster, while empowering the parents in their often challenging child-rearing task.

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