

The Journal of Orgonomy

major articles

- Wilhelm Reich and Orgonomy

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- Functional Cosmology, Part I

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An Adolescent Comes Out of the Fog of Marijuana

Peter A. Crist, M.D.

Introduction

It is well known that drug use, especially alcohol and marijuana, is extremely common among adolescents (1). The devastating effects of irresponsible and excessive alcohol are obvious to parents, school authorities, and often the adolescent himself. The focus here will be on the use of marijuana because, contrary to the common view that it is a "benign" drug, its varied and adverse effects make it a very serious problem among the young. In contrast to alcohol, however, the nature of its action and subtlety of its effects make it far more difficult for parents and school authorities to identify its use as well as appreciate its detrimental consequences.

Alcohol, for whatever harm it causes in excess, is water soluble and metabolizes quickly, being fully cleared from the body within hours. Marijuana, on the other hand, is fat soluble and remains in the body, taking weeks to be fully cleared even with "occasional" use. Even more important, however, is the fact that for the individual using the drug, marijuana blocks the very perceptions needed to realize that this drug is a problem. For this reason marijuana use and especially its long-term effects are more highly rationalized than other drugs.

Marijuana use, especially among adolescents, has been referred to as an epidemic by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. government (2). Statistics show that beginning in the early 1960s, use in the United States peaked in the late 1970s, with a brief decline in incidence in the 1980s and a resurgence in the 1990s. Despite these figures, a clear sign of society's failure to appreciate the extent of the problem is that for a very large segment of the population, both adolescent and adult, the use of this

drug is not regarded as a problem and many advocate its legalization. Smoking marijuana has even been labeled “recreational,” equating it with amusement or simple diversion.

When marijuana is seen as a problem, the usual approaches have not worked.¹ All too often the issue has become hopelessly politicized because attitudes toward its use and the approaches based on them fall into two basic groups, largely along sociopolitical lines. The moralistic, authoritarian attitude typical of conservatives expounds the “evils” of the drug with appeals to moral will power, faith in a “higher power,” and punitive legal sanctions. This approach fails because rebellious adolescents often respond to displays of authority as a challenge or they see the anti-drug message as a “Big Lie” when they are unaware of obvious detrimental effects in themselves or their friends who use marijuana. On the other side, many who tend to be liberal see no problem with marijuana use and want to make it legal. Even when they do see it as a problem, they try an educational approach with appeals to facts, logic and reason, unfortunately with minimal effect because the source of the problem is deeper than a lack of information. Both approaches, conservative and liberal, fail to address the underlying emotional basis of the problem.

Adolescents are at the peak of their sexuality. Caught between these strong urges and their own fears and inhibitions, as well as being bombarded by the irrational, unhealthy attitudes of the society around them, adolescents experience enormous misery and anxiety. For most, even genuine emotional contact causes anxiety. In the absence of healthy, satisfying ways to do so drug use has become one of the most common means adolescents employ in attempting to contain and allay

¹The one possible exception was the simple and direct “Just Say No” campaign initiated by First Lady Nancy Reagan in the 1980s. The decline during that period may be attributed to her program. However, within a few years of President Reagan’s leaving office and the program’s termination, the incidence of illicit drug use rapidly increased.

anxiety and other disturbing emotions. They turn to whatever they can to dull intolerable feelings in order to get through life.²

Medical orgone therapy focuses on energetic functions and the disturbances that determine the individual's character and behavior. These are addressed in relation to how they interfere with the individual's ability to manage his energy in satisfying ways in life situations. Through character analysis the therapist is able to point out to the patient his characteristic, defensive, self-defeating attitudes. The characteranalytic approach is especially valuable for individuals with a drug problem because the use of drugs can function in the same fashion as any well-rationalized defensive character attitude.

All psychoactive drugs, whether legal or not, to a greater or lesser degree appear to significantly impact emotional contact by their bioenergetic effect on one or both of two basic functions—energetic excitation and perception—that must be integrated for contact to occur (5). The resulting contactlessness can severely affect the individual's ability to function (6, 7, 8). Drug use by young people is especially of concern because drug-induced contactlessness interferes with the adolescent's natural development of healthy ways to handle whatever life presents to them.

The following case history illustrates how medical orgone therapy can address drug use and the resultant contactlessness it produces.

Case Presentation

Justin, age 16, a high school sophomore, was seen at his mother's request because she felt he was depressed and that given his intelligence, his school performance fell far short of his capabilities. She also viewed his behavior as often "just irresponsible." She said that

²The use of drugs to handle emotions is commonly referred to as "self-medication." While this term shows an awareness of deeper problems in dealing with emotions, the term is problematic because in our increasingly medication-oriented society (3,4) it implies and supports the view that the responsible way to handle anxiety and other disturbing emotions is through the use of physician-prescribed medications, i.e., drugs.

Justin could be very responsible and then, suddenly, “mess up” just when things were going well—she frequently used the expression that he was “shooting himself in the foot.” In addition, she reported that her son was often quite changeable in mood. He could be very loving toward her one moment and then become nasty and belligerent the next. She was also concerned that he treated his two younger brothers and her with meanness and contempt, and that he would grow up having trouble relating to women and male friends. She expressed fears that he would have problems like his father, who was “bipolar,” and need treatment with medication for impulsivity and depression. She was also worried that Justin had never faced emotions resulting from her divorce from his father when he was six years old.

When I met with Justin, he denied having any emotional problems. He also denied drug use. He did acknowledge that he was not doing well in school and felt his grades did not reflect his real abilities. He appeared only somewhat concerned about this but was able to rationalize it with the cynical attitude “Why does it matter anyway?” He said, “My mom’s more concerned about it than I am. I guess I’m basically coming here to please her because things are always easier for me if she’s not upset.”

Since his only apparent concern was his school performance and his mother’s reaction to his poor grades, I focused on these issues, waiting to see what emotions might emerge. His consistent attitude was “Who cares? What’s the big deal? Why should I care how I do in school?”. As we talked about school and his lack of interest he began to open up and talk about other areas of his life including relationships with friends, his brothers and mother, and interests outside of school. It became clear that he had the same “Who cares?” attitude toward almost everything except his involvement in sports.

I pointed out his tendency to be self-defeating in how he handled his schoolwork. He was disturbed by this for a short while but returned to his defensive “Who cares anyway?”. He also responded to my consistent focus on his indifference with some mild interest and curiosity but then quickly brushed off what I was saying.

In his sessions it became increasingly clear that he expressed very little emotion when he talked about significant issues such as the implications of doing poorly in school, what he wanted to do with his future, his relationships with girlfriends and involvement in athletics. I said to him, "You talk about these important things as if you are trying to decide whether to drink a Pepsi or a Coke. What's that about?" He said, "I know I don't show much emotion. Why do I need to?" He rationalized this by describing himself as a logical person who tries to avoid getting caught up in "irrational, emotional stuff." "That's like my mom. She gets so caught up in her emotions that she can't react rationally. Besides, being basically a logical person, I sure as hell don't want to be irrational and emotional like her."

He said he did not know what he wanted to do with his life, and the only thing that excited him was sports. I told him that his natural tendency was to learn through using his body rather than his intellect. He acknowledged that he could learn all the details of football plays and even their history, but that he had no connection with his schoolwork. We then looked at some practical aspects about how to improve on this. He came to realize that immediate feedback was most helpful and that having this allowed him to stay with a task for extended periods. He saw, however, the difficulty in using this approach for longer-term goals such as getting into a good college or pursuing a career. Keeping the focus on practical aspects of school resulted in Justin making repeated attempts to do better because "My mom wants me to, not because I really care." His performance there improved for a while but then he returned to "blowing off" his homework or just not turning it in even when he completed it.

Woven throughout his interactions with me was a basic sense of mistrust, which he covered up with a superficial friendliness and an "everything's cool" attitude. It was his "Who cares anyway?" attitude, however, which crystallized as the central defense preventing progress in therapy and in his life. It showed up in his attitude toward school, family, sports, therapy, his future, virtually everything. I pointed this out repeatedly, "There is something missing here. You consistently dis-

connect from your emotions and have this attitude of indifference.” He acknowledged that this was true.

A little over a year into therapy, I continued to wonder if Justin was using drugs and periodically asked him. He always answered that he had experimented with marijuana a few times but could take it or leave it.

Meanwhile, late in Justin’s junior year of high school his mother expressed great concern about his lack of progress. She felt therapy was not proceeding quickly enough in getting to his basic problems, that Justin was not dealing with “underlying issues” in therapy. She was continually concerned that he was manifesting many of the same traits of irresponsibility and unconcern that his father had shown. She reported that on occasion when he was particularly upset, he revealed to her deep feelings of vulnerability and fear of ending up like his father, sadness at not having his father around growing up, and regret for making things difficult for her. She wanted to be sure he expressed these same things to me as his therapist. Initially, because he revealed so much emotionally to her, she had difficulty understanding that he had problems trusting. She was apparently the only one to whom he revealed that much.

I told her Justin and I needed to work through his mistrust however frustratingly slow progress appeared to be, and that pushing him to open up faster than he was ready to would drive him away from therapy entirely. Because she had seen so much of it, she understood full well my description of his tendency to get his back up when pushed. She knew that in those situations he did things his own way, even when it was self-defeating.

It became clear that out of her own anxiety Justin’s mother was overly involved in her son’s life. I encouraged her to back off from her entanglement with him and let me handle the process of therapy. It turned out she was relieved to hear this. She reported to me that despite her concerns and his outward, apparent indifference, she felt that Justin really was motivated for therapy. In fact, he had begun to come see me on his own rather than relying on her to drive him.

Gradually, over the months, Justin developed more trust and became more involved in his sessions. He told me that he felt relief just talking about deep, important things, something he did not feel he could do with other people. For example, in a number of sessions we discussed his fascination with how the mind works. He was excited to find that he could discuss this with someone without feeling he would be laughed at. He said most people just dealt with superficial things that didn't really matter. I told him that underneath his "Who cares anyway" attitude he actually cared a lot more than he knew what to do with; that it was healthy and right that he had an interest in and cared about things that were important and also to feel "who cares" about the superficialities and inanities of life around him, including much of what is taught in school. I told him the problem was he often "threw the baby out with the bath water" and used his attitude of indifference to avoid facing and experiencing his own feelings of anxiety, disappointment, and frustration. This struck a chord in him and I felt we had made deeper contact.

I continued to address his lack of emotional expression, lack of feeling, and the "Who cares" attitude. These interventions were successful for a short while, but he then lost interest and backslid. Through all this time I continued to have suspicions that Justin was using drugs; however each time he was asked about this, he acknowledged past experimentation but denied active use in recent months.

In the fall of his senior year, Justin had a knee injury and could not play football. He reacted to this with, "I never really wanted to play that much anyway." Sports had always been the one thing that consistently interested him and I told him I thought his "indifference" was one more example of rationalizing away his emotions. I pointed out that he sounded frustrated and disappointed when he talked about not being able to play. He said nothing but gave silent assent that I was right.

Knowing his frustrations about not being able to be active athletically were close to the surface, it was especially fruitful to focus on his apparent indifference. After only a few sessions he gave up his not car-

ing and became actively and intensely involved in his post-operative rehabilitation and tried to prove that he could recover faster than the doctors had predicted.

By consistently pointing out his indifference, his lack of emotions, and his “cool” facade, I was addressing Justin’s defense of emotional contactlessness. As he became more aware of these attitudes it became harder for him to use them reflexively and he felt increasingly bothered that he didn’t care about anything. This state of affairs, however, came and went without apparent pattern or logical reason: At times Justin seemed bothered by his lack of emotionality, while at other times he appeared unconcerned, rationalizing that he did not need feelings because he could handle everything with logic and reason. Underlying feelings of sadness and anxiety began to surface during those sessions in which he was bothered by his indifference, an indication that he actually cared a great deal.

Meanwhile, about a year-and-a-half and 28 sessions into therapy, he left drug paraphernalia at home where his mother could find it, and had several friends over to the house who she had been told by reliable friends of Justin’s were known to use drugs. In this way he made it clear to her that he was using drugs. She confronted him and he admitted to marijuana and other drug use, but said it was mostly in the past. She called and informed me of what she had learned. At his next session, he said his mother had told him she had talked to me about what she had found. He then acknowledged significant marijuana use for many years as well as experimentation with a wide variety of drugs including “uppers, downers, Ecstasy, and mushrooms.” He also admitted to getting drunk on a number of occasions “just for kicks.” He downplayed his drug usage in recent months, however, saying that he now only smoked marijuana, that he did not really need or use it much, only “socially” and “recreationally.” On detailed questioning, however, he admitted to an increase in marijuana use in the previous few months, typically several times a week. (He did not see this as very much!) I told him a major problem with marijuana is that *it puts the user out of touch with the very things he or she needs to feel in order to know*

that the drug is a problem. I also told him, “The issue is not how much you use but the reason you use it.” I asked him to just try to be aware of what he was *feeling* before he used it and the effect it had on him.

At the next session he reported that he had smoked marijuana only once since we had last met. “There wasn’t any particular reason I used it except to be part of the group.”³ He recalled an earlier discussion we had about the way he often felt unable to understand what someone else experienced or to convey to them his own experiences. “But when you’re with someone else who’s stoned you know they understand your experience and you understand theirs. I guess that makes sense because the effect of a drug is pretty much a physiological thing that will be the same with everyone and not so variable and uncertain as other experiences in life. When I’m using it, I feel like I can connect with people without confusion.”⁴ He also said that he liked marijuana because he felt “mellow” and relaxed, that things seemed easier to him when he was under its influence.⁵ “All the problems just don’t seem to be such a big deal.” I told him that because of this effect, marijuana greatly reinforced his own tendency to take on a “who cares” attitude. The fluctuations in his ability to make contact and whether he was disturbed by his indifference, which had seemed to have no reason or pattern, now made sense. It was determined by his drug use.

³“Peer pressure” is often mentioned as a factor in the initiation and continuation of adolescent drug use. This important social factor frequently takes the form of direct pressure from friends to take the drug. With Justin, however, this manifested much more subtly. With his attitude of independence, he adamantly denied that what others wanted him to do was a factor in his decision to use drugs. He had a strong desire for social contact but was quite sensitive and shy. The pressure to do what the rest of the group was doing came from within Justin, out of his desire to belong as part of a group.

⁴This is an example of “substitute contact,” an attempt to make contact in the absence of genuine contact. It fends off awareness of contactlessness and underlying anxieties and fears of the intensity of genuine contact (9, 10).

⁵This anxiety-reducing effect results from marijuana dulling emotional contact in general.

Justin insisted, "I'm not hooked though." To which I responded, "I think you're more hooked than you think." He countered with, "I can take it or leave it." Knowing the competitive aspect of his character and his love of a challenge, I told him, "If that's the case then show me you can stay off it for at least 24 hours before each session."

An hour before his next session his mother left a message saying that Justin had not come directly home after school as expected and instead had been with some of his drug-using friends. When he did come home he looked "high." She wanted me to know that she strongly suspected he would come to his session "under the influence."

When he came into the session he looked very "out of it," with bloodshot eyes and lacking any emotional sparkle. I was quite certain he was acutely intoxicated with marijuana but when asked about his last use he said it had been two days before. I told him he seemed especially disconnected and "out of it," with all the signs of being high on "pot." He said he wasn't high, just "out of it" from not having enough sleep. I pointed out his red eyes, and he said lack of sleep also explained that. On detailed questioning about his lack of sleep he acknowledged having anxious thoughts which kept him awake at night. He admitted using marijuana earlier in the week in an attempt to relax and fall asleep. This was as far as he went in acknowledging his recent marijuana use. It did, however, provide evidence which he could see that *he was using the drug to handle emotions* and gave me a small chink in his armor of denial about the reason for his drug use.

In the next session Justin immediately started off by saying he had to set something straight. He confessed that he had lied to me the previous week and this was bothering him. He said that he was an honest person and did not like that he had lied. He admitted coming to the last session "stoned" and had been embarrassed to acknowledge that he had been unable to keep his agreement.

Clearly he had lied to my direct questions about drug use many times in the past, but I saw nothing to be gained by pointing this out. The fact that he was now uncomfortable with lying was the important thing and a sign that he was making better contact with himself and

feeling more. I believed Justin's general contactlessness was the basis for his previous lack of concern about not being truthful. My impression was that his denial was so effective that he was quite unaware of lying and that *he truly was not in contact enough to feel that he had lied*. This was one of many small turning points in his being able to get "straight," in every sense of that expression.

After admitting he had lied, he reported that he had not used any drugs or alcohol for three days. "I feel fine without it. I don't even really like the feeling of being on it. I don't really need it." I told him in a light, easy tone, "That's easy to say. I was born in Missouri. You'll have to show me—by not using anything—for me to believe it."

I told him he looked clearer and seemed more "present" having been off marijuana for just a few days. He reluctantly acknowledged that I might have been right that he used "pot" to avoid feelings. He was becoming more and more aware that he had a great deal of anxiety in many situations. This was very troubling for him because he could not explain these anxieties and therefore considered them irrational and something to be dismissed. I told him that he needed to be able to tolerate his feelings and find more constructive ways to handle anxiety because if he could he would also be able to have more pleasurable excitement.

With his desire to be in control in mind, I further reinforced my challenge by telling him I thought his marijuana use had control of him rather than he being in control of it. He acknowledged that he was disturbed that he had not been able to keep his commitment and was angry with himself about it. He said he thought he might be more "hooked" than he had thought. This disturbed him terribly; he did not want to be out of control. Again I challenged him, "Prove to me that you can stay off 'pot' until I see you next week." With a little smile he accepted, "O.K. I will."

At the next session he looked livelier and reported that he had stayed clean for the entire week. He described feeling better and more alive. He said he realized that he could think more clearly and was especially able to do math better.

Over the next several weeks, however, he admitted to using marijuana several times "at parties," although he twice abstained for as long as a week. He continued to say he felt better off the drug so he knew even more clearly that he had a problem with it. "My mom is driving me crazy. I feel like now that I have been more honest with her about my drug use it's worse for me. She's on me about everything and watching me like a hawk. I had more freedom before, I'm almost sorry I let her know. She's aggravating me so much I've used 'pot' just to calm down and not feel so upset with her. I don't want to be upset with her."

I said, "It's as if you are being punished for being honest and coming clean." I told him his frustration was understandable and his mother's reaction was a real problem that needed to be solved in a constructive way. I asked him, "What do you think about your impulse to use pot to deal with your aggravation?" He said, "I don't have any doubt anymore that I use it to change my feelings. I think there's also some 'I'll show you' in there. But I don't know what else to do when she aggravates me." I told him, "Of course you don't want to be upset with your mother. The important thing is finding a way to really resolve those feelings or continuing to block them out with a drug." He responded, "Well, that's basically it because I have never known how to deal with her when I'm upset with her. If I tell her, she just gets hurt, defensive or some other emotional reaction that doesn't get anywhere. So the only thing I've always done is just appear to go along and cover up my aggravation. When I was little I could do that somehow. Once I got older and was actually more independent the only thing I knew how to do was get stoned. I really don't know what else to do until I'm away from home."

We discussed the possibility of the three of us meeting together to try to improve their communication. He said this made him so on edge that he did not think he could stay rational. He also reminded me that the last time I met with the two of them his mother felt hurt and became emotional and defensive. He was then so upset that he walked out and did not come back to therapy for three months. I con-

cluded, and he agreed, that it would be better for me to meet regularly with her alone to help her gain a clearer perspective on how best to interact with him. In order to address and minimize his mistrust I asked him about any concerns he had about my meeting with her. He said, "I'm O.K. with it as long as you don't tell her details about what I tell you, but just general things about how to deal with me better. I think it's a good idea because I sure as hell don't know how to deal with her or how to make things better."

I called Justin's mother and recommended we meet regularly to help her handle her own anxiety about how he was doing and to deal with her frustrations about Justin with me rather than acting them out with him. She seemed quite relieved and welcomed the opportunity to express her concerns and get some help with him.

In my first meeting with Justin's mother she expressed concern that he was more "edgy" and irritable than usual. I told her that as he reduced his drug intake, the emotions that he was blocking would begin to surface. She wondered if he should be in an inpatient drug treatment program. I told her that inpatient treatment was an option but its effectiveness depended a great deal on Justin's reaction to this approach. I told her I understood her anxiety but stressed the importance of not pushing him: I was certain such efforts would backfire and set Justin against any treatment. I also told her that he was already working hard in therapy to face life emotionally and that his desire to become "clean" was genuine.

Later that week I had an emergency call from her saying that she was frightened by Justin's behavior. They had a confrontation, he had gone into a rage, smashed his computer, knocked holes in the walls of his room, and at that very moment was throwing things out the window. She wondered if he might need to be hospitalized and asked if this was a drug withdrawal effect. I told her I thought there might be some element of physiological drug withdrawal but more likely it was further "emotional" drug withdrawal, i.e., the appearance of reactions to anxiety and other emotions previously blocked or dulled by drugs. I also said that alternatively drug screening was the only way to be sure

this was not the effect of drug intoxication. In the state he was in she did not think he would cooperate voluntarily and said when she tried to interact with him he became more agitated. She thought it best to keep her distance until he calmed down and I agreed with her.

Later she called to report that Justin had calmed down and I asked to talk to him. We spoke at length and he said he didn't think he had lost control because he knew what he was doing and was making conscious decisions the whole time. He just felt furious about a combination of incidents involving his mother and brother that set him off. I told him it was important for us to look further into what had happened. He said he was fine at this point, did not want to go anywhere, and just needed to be left alone. He agreed to come for a session the next day.

When I saw him the following day, he had never looked so clear and rational or been so emotionally accessible and in such a positive mood. He said he felt really good, knew that he had been destructive, and accepted responsibility for repairing and paying for the damage he caused. He said, "It was worth it just to get this feeling of relief." I told him, "There might be a less expensive way to get that relief—by getting more of those feelings out in your sessions. At least we should try to find more appropriate outlets for them." He gave me a genuine smile and agreed. He also said that part of his enjoyment of football and soccer was being able to discharge some of his anger in an acceptable way.

At this point (session 38), he had no doubt that he kept down many emotions through his drug use. He felt more alive now than he had ever felt before and knew even more surely that he wanted to stay "clean." He insisted that he didn't need a drug treatment program, saying he felt relief from the sessions and could deal with his problems with therapy. By this time Justin was back in spring soccer practice and reported he was feeling excited about the season for the first time. He also felt glimmers of being excited about the future and had thoughts of going to college. He did not want to give that up and also wanted to try to finish high school on time.

Justin's mother reported that he had gone to his soccer coach and told him he had been "using" and was working on becoming "clean." The coach advised him that if he went to the school administration and volunteered for drug treatment there would be no negative repercussions as would happen if he were caught or reported by someone else. She told me the coach had expressed to Justin how proud he was of him for the open, direct way he was handling the problem.

Justin did agree to participate in an outpatient drug treatment program both because the school requested it and his mother insisted on it. This program consisted of counseling sessions with urine drug screens. He said, "I don't need drug tests to know if I'm clean so it seems like a waste of time." He realized, however, that objective testing gave him credibility with his mother, which would make her less anxious and trust him more.

His mother's continued concern that Justin's therapy might not address many issues quickly enough now focused on the possibility that he might sabotage his graduation from high school and admission to college. Her urgency was pointed out and she was told it was best to have her son address his problems at a pace *he* could handle—maybe he was not ready to finish high school and go away to college. She was advised to take things in the order of priority: First, for him to be clean of drugs; second, for him to come enough in contact with his feelings to become motivated; then to see where that motivation led him. This perspective helped her to ease up on her demands and allow Justin to work through his problems.

Justin came to realize that he had not dealt with many of the anxieties that are a normal part of adolescence. He said he felt he was "behind schedule" in his development as a person. For the first time he described anxieties about how to relate with girls. He was also struggling with what he wanted to do with his life and whether he should go to college.

Over a period of weeks, Justin became increasingly interested in many more aspects of his life. He was more excited about playing soccer, engaged in the sport as a true member of the team, and received a

commendation at the awards banquet for the "most improved player." Justin also reported finding a girlfriend whom he felt was his match: Someone who respected him but who could also challenge him. He said for the first time in his life he felt love for someone outside his family.

He decided he definitely wanted to finish high school and go on to college. He applied and was accepted to a good college and made the decision to become involved in the athletic program there in the fall.

Justin continued to struggle to keep up with his schoolwork. This was compounded by a flare-up of his "who cares" attitude after his acceptance to college. There was also a return of his spiteful, self-defeating "Nobody's going to tell me what to do" attitude which underlay the once pervasive "Who cares?". It was this attitude that nearly prevented him from passing two classes needed for graduation. When this was pointed out, he completed his work in a final rush and graduated with his class. Although quite proud of graduating, he also downplayed its significance.

Following graduation he came for therapy two more times. He felt he was doing well and requested that sessions be scheduled when he felt he needed them. He thought a routine schedule of sessions was a waste of time and his mother's money. He decided to play soccer in two summer leagues and to get a job, and followed through on these plans.

Because Justin felt so much more alive and was aware how much marijuana had made him emotionally dull and indifferent, he committed to staying drug-free. He succeeded except for one lapse when he smoked "pot" at a party. This lapse actually helped him to realize how easily he could again get involved with marijuana, despite his insistence that he could handle life without it. This realization further strengthened his resolve to stay "clean."

His mother has kept me informed about his progress. She told me Justin loves college and is doing well academically, getting all A's and B's. He did not make the varsity football or soccer team, which was a

great disappointment, but handled this well and was actively pursuing intramural sports. At one point he called expressing interest in a phone session to discuss a few issues, but before we could work out a mutually convenient time he no longer felt the need.

Discussion

Justin's circumstances are not atypical of the modern adolescent in this country: parents divorced when he was six, raised by a single mother with very little contact with his father, growing up at a comfortable socioeconomic level, attending an academically good school with few material wants, and having easy access to all of the modern distractions of TV, VCR, computer and video games.

Adolescence is a time when individuals experience profound life changes. Accompanying the marked physical changes are the need to become independent and the challenge of relating to and establishing social groups. Adolescents must also find their own direction in life—work or college—and they must begin to establish intimate relationships outside their family. Most importantly they must learn to handle sexuality and express it in healthy ways. Even under the best of circumstances, adolescence is an extraordinary period of life accompanied by uncertainty and anxiety. The reality, however, is that very few have reached this stage of development without neurotic character reactions which limit and distort natural emotions and their expression. In moving out into the world the adolescent must also deal with the wide range of neurotic reactions of those around him. As if this were not enough, modern society bombards the adolescent with overwhelming stimuli—unfortunately much that is pathological and distorted. In addition, we are living at a time in which family structure, social structure, guidelines and rules of behavior have broken down. It is not surprising given all these stresses that so many adolescents turn to alcohol and/or illegal drugs to deal with life and their tumultuous emotions.

By the time he came to therapy, Justin had problems that were typical of many teenagers trying to find a course for themselves: confu-

sion and lack of motivation in school. Addressing school issues uncovered his general lack of motivation and excitement. Justin's lack of emotional response and "Who cares" attitude crystallized as his major character defense, and was central to maintaining his emotional contactlessness, which both protected him from painful emotions and became a major obstacle preventing him from finding his way in life. Repeatedly addressing Justin's inability to feel caused him to become disturbed by his emotional deadness. As often happens, the emotional defensive reactions then intensified. To bolster his usual character defense, Justin turned increasingly to drugs. His use of them became more overt and obvious, resulting in his being caught by his mother. At this point he could no longer deny using them even though he continued to minimize that their use was a problem.

In order to overcome drug-induced contactlessness, it was essential to find a way for him to experience and feel the difference between his perceptions and emotional state when under the influence and when off of the drug. An understanding of Justin's character traits—his need to be in control, his need to feel self-sufficient, and his love of a challenge—was used in treatment to accomplish this end.

While the therapist must understand and address the patient's contactlessness, as well as an array of neurotic symptoms and reactions, the actual process of therapy also requires the therapist to recognize, make contact with, and form an alliance with the natural, healthy qualities in the patient in order to help him overcome his problems. The treatment of young people especially calls for their health being supported in every way possible. To do this with Justin, I frequently acknowledged his sensitivity and perceptiveness and supported his other inherent healthy qualities of intelligence, decency and depth.

Early on he and I also identified a specific aspect of his nature: That his approach to life was more physical than intellectual, that he made contact with his body and that he learned best by being physically involved in activities such as athletics. Justin's physical rather than intellectual nature was the healthiest way for him to handle his anxi-

eties. As long as he had an outlet in sports he felt better. When a knee injury made effective physical discharge of energy impossible, his anxiety intensified and his need to use drugs escalated. In addition, his defenses were more likely to include physical reactions of muscle tension or simple avoidance such as walking away rather than a tendency to go “up in his head” with complicated, intellectualized explanations. Similarly, he was more open to direct appeals to logic and other verbal interventions because his rationalizations were simpler, more straightforward and less elaborate than someone who primarily defends intellectually. Justin’s physicality was also useful therapeutically because once he recovered from the injury he was encouraged to exercise and handled his anxiety that way.

As described by Apple (6, 7) and Harman (8), marijuana tends to alter perception by transforming emotion to sensation and thought. The individual under the influence of marijuana develops “remarkable” sensations and “amazing” thoughts—all at the expense of emotional contact. This had been Justin’s experience. Once off marijuana, he quickly became aware of just how much he had been out of touch with his emotions. He was fortunate. Individuals with strong intellectual defenses more highly rationalize their drug use and are more entangled with it than was Justin. Even though he had used it for a long time, he gave up marijuana with comparative ease. Once off marijuana, Justin’s emotions intensified and he reacted again with a physical rather than intellectual response as witnessed by his explosion of rage. Rather than being seen as a problem, his intense emotional outburst was actually an indication that he could recover more quickly than those whose defenses are predominantly intellectual.

Justin’s mother also helped greatly in his treatment. She had a strong commitment to her son and a sincere desire to see him do well. She had little hesitation in asserting her parental authority laying down the law that drug use was unacceptable. She also was willing to accept my authority as his therapist and follow my advice in approaching him in ways that were neither permissive nor moralistic. It also

helped greatly that she was willing to look at herself and her own difficulties in relating to Justin.

As for contactlessness, it is the most serious and difficult problem that must be dealt with in any treatment (9,10). Character analysis, which entails pointing out the patient's attitudes and manner of expressing himself, provided the tools to address Justin's contactlessness. In the course of this process, Justin's hidden drug problem was revealed. Through character analysis, the relationship of Justin's drug use to his character structure became clear and was addressed. Understanding the biophysical effects of marijuana was also essential to Justin's treatment: His lack of concern and absence of strong feeling about anything were not symptoms of depression but instead resulted from the dulling effect of the drug. Justin's drug-induced contactlessness could not be overcome directly by characteranalytic technique, a major difficulty in treating the drug-using patient. Someone under the influence simply cannot take to heart and fully integrate verbal interventions. Successfully challenging Justin to stay off marijuana long enough to feel its emotional effect, so necessary in overcoming his denial/rationalization that emotions played no part in his drug use, was thus an essential, key component of his therapy.

Marijuana use by young people is of particular concern because during this crucial stage of life its dulling of natural emotions interferes with the development of a range of healthy responses to emotions. This results in a constricted emotional life. The individual so affected is often referred to in street parlance as being a "pothead" or in clinical terminology as having the "Amotivational Syndrome." Under the influence of marijuana and without even realizing it, Justin had gradually and increasingly slid into and was acting out the attitude of "Who cares?".

Conclusion

The individual's general contactlessness and his specific drug-induced contactlessness must be overcome so that the individual can see that

he has a problem. This essential first step must be accomplished in order to have any chance of helping him resolve his difficulties. Likewise, societal contactlessness about drug use, especially that of marijuana, must be addressed before any program to solve drug problems in our society can be successful.

It was gratifying to work with Justin, a bright, capable, young man. Character analysis informed by an orgonomic perspective was especially well suited to deal with contactlessness in someone such as Justin who is not highly defended intellectually. The therapy helped him see the drug's adverse effects and addressed his problems so that he no longer felt the need to use it. Once off marijuana he poignantly described his sense of being behind in his development because he had been so out of contact as a result of using drugs. When no longer deadened by marijuana, Justin's healthy emotional responses revived and reasserted themselves, resulting in a renewed excitement and interest in life, sports, relationships, and the future.

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