A SPECIAL CASE FOR GESTALT ETHICS: WORKING WITH THE ADDICT

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Therapists working with addictive behaviors often do so from a moralistic or medical perspective that ignores the values and immediate experience of the client. Learning to recognize the character of the addict's world from his or her perspective, viewing addiction to a psychoactive substance in relational terms, and understanding addiction as a search for meaning—all contribute to an ethical approach to therapy for addicts.

An understanding of an ethics of process, as opposed to an ethics of content, can be developed by drawing on three paradigms: (a) the emic perspective, which provides a subjective orientation to the experiences of others; (b) Gestalt therapy, which focuses on awareness of immediate experience and the emergent values of the therapeutic interaction; and (c) existentialism, which strives to find the fundamental basis for all human experience. Although an argument will be presented, as it must, in terms of metaphor (subjective observation, therapy, and philosophy), the reader will appreciate that one is, in the end, always left with the metaphors the client presents in session. That is, no matter how elegant one's

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apologia, in the instant of the therapeutic experience, one must abandon all arguments and face the client. That, indeed, is the kernel of the present exploration.

The Emic Perspective

Although the terms emic and etic are part of the basic vocabulary of anthropologists, they are, despite their utility, rarely employed in other related disciplines. Neither psychologists nor sociologists typically include them in their specialized lexicons; and the science that provided them, linguistics, generally ignores them. Each art or science has its own idiosyncratic terms, of course, but it is difficult to see how any human study survives without concepts represented by these two words, assuming of course that no adequate synonyms exist. The linguist Kenneth Pike (1966) is the creator of these terms, although he applied them to the specific sciences of phonetics and phonemics. He seemed, however, to have intended that they be employed to address such global issues as I do in the present discussion. Human behavior, Pike suggested, can be studied by analogy to two linguistic approaches to human speech, the phonetic and the phonemic. That is, humans are potentially capable of making certain sounds; they possess the physical vocal apparatus, the associated wiring, perhaps a universal motivation, to make certain discernible utterances, the study of which is called phonetics. The actual meaning of these sounds, which is the science of phonemes, varies across cultures. Theoretically, anyone can perceive the phonetics of a culture by simply listening; the meaning of these sounds can only be apprehended by entering the culture and, as it were, experiencing it from the inside out. Furthermore, an emic perspective carries with it an understanding that we can never know in advance what emic units — that is, what structural bits of meaningful sound — make up a culture.

This linguistic analogy illuminates all human experience. We cannot, for instance, fully understand a client in counseling for addictive behaviors if we only know what our etic
perspective tells us about drugs and drug users. Unfortunately, addiction counselors usually base their approach on a view of drugs that is totally alien — that is, totally etic — to that of the drug user. The simplest example of an etic value in addiction counseling is, “Drugs are bad” or, the slightly less obvious, “People who use drugs have a problem.” These values are so ingrained in the system of the dominant culture that I feel urged to apologize for suggesting that they are not facts, merely ideas that serve secondary human needs. That is, they represent values of convenience rather than values for growth. From the drug culture, these values can only be understood by drug users who have themselves developed an emic perspective about the dominant culture; that is, drug users are pressed to develop an emic perspective about the outsiders' view of the drug users' world. Surely, an ethical issue emerges whenever an oppressed group is charged with the primary responsibility for understanding the motives of the oppressors.

Although I am often accused of it, I am not just presenting a case for a more tolerant view of drug users. Tolerance implies judgment, since we must exercise tolerance only for behaviors that challenge our goodwill. An emic perspective, at least as I am developing it in this discussion, is not so shallow an idea; an emic perspective carries with it the view of ontological relativism. And, more importantly for the present purposes, an emic perspective in counseling engenders a creative ethics, whereas the etic perspective demands conformity. If counselors encourage conformity, according to May (1983), they are responsible for the destruction of the individual:

[There is a] tendency to use the social sciences in support of the social ethic of our historical period; thus the process of helping people may actually make them conformist and tend toward the destruction of individuality. This tendency, I believe, increases radically with the spread of behavior modification, a form of psychotherapy based on an outspoken denial of any need for a theory of man at all beyond the therapist's assumption...
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that whatever goals he and his group have chosen are obviously the best for all possible human beings. (pp. 15-16)

We now know of course that "behavior modification" is but one of several expressions that identify technological psychotherapy, that is, therapeutic approaches that are designed to alter people's individuality through the use of standardized techniques, rather than through an interpersonal therapeutic process.

The principles of an emic perspective are at the base of all understanding. Prejudice is largely a failure to understand another's epistemology, a failure to understand how another person arrives at an apprehension of the universe. Anthropologists as a group and, to a lesser extent, sociologists as a group, are in the business of emic understanding; psychologists as a group have historically been in the business of destroying all emic understanding by attempting to conceptualize human experience in terms of common principles. This is not a judgment against psychologists; I am only defining their traditional role in the human services. Counselors, on the other hand, have assumed, it is hoped, a role in understanding the world of the client.

The World of the Addict

An emic view of the addict's world can be encouraged by focusing on the relationship the addict forms with the drug. Biological predeterminants, underlying psychopathology, and social dynamics, while providing theoretical details on etiology, are not particularly helpful in terms of understanding how the addict apprehends his or her universe (White, 1993). In fact, the concept of etiology encourages alienation, since it is only necessary to explain behavior that is considered deviant. Acts that are considered saintly by observers are usually promoted as free of developmental features; acts that offend observers are often rationalized by an examination of genetics, personal history, or family dynamics. At any rate, by attending to the person-drug relationship, as it exists in the counseling mo-
ment, one avoids much of what falls to the etic view and discovers what is important to the addict.

Of course there are many addict-worlds. Etic perspectives tend to universalize alien experience, to imagine that the basic features of addiction, for instance, are common to all men and women who form these relationships with drugs. Although the demands of forming such addictive relationships in a hostile environment, such as the dominant sociopolitical culture of the technological world, encourages stereotypical responses (e.g., those needed to avoid detection and to maintain supply), the subtleties of each relationship are as remarkable as those of any other compulsive relationship. A willingness on the part of the counselor to surrender preconceptions and to permit individuality to manifest itself is a key attribute in developing an emic perspective. In this respect, the use of diagnostic labels works against an understanding of the client. In fact, as I have noted elsewhere (White, 1993), even the label "addict" is only helpful if the client is the one who selects it. In this culture, "addict" has become both an etic and an emic designation, which does not free it for use in all situations, but does seem to provide a useful term for the exploration of identity. In order for process ethics to function, the counselor, however, must abandon stereotypical identities that set ethical codes.

I have suggested how a counselor might develop an emic perspective of drug users in another paper (White, 1993) and will not repeat those suggestions here. I will emphasize that the Golden Rule for appreciating the addict-drug relationship is the same as that for appreciating any other relationship. That is, the relationship is dialectic, functional, and beneficial to the client in terms of ultimate survival. Although people may kill themselves directly with poisons, or more slowly with poisonous psychoactive drugs, the addictive relationship itself is also an attempt at survival, specifically, spiritual survival. The counselor who appreciates addiction as a desire for meaningful life will tend to be freed of the rigid restrictions of etic codes. Such a counselor will understand that all the client's efforts to maintain a steady relationship with the
bonding substance were made in an attempt to come alive and to stay alive. This knowledge frees the counselor from the content ethics which attempt to govern addiction as disease, deviance, or insanity and the elimination of content ethics always provides a free space for process ethics.

**Gestalt Ethics**

Although Gestalt theory has little to say about addiction (and, unfortunately, what it does say is often curiously antithetical to itself), it carries the spirit of process ethics (e.g., Latner, 1992; Perls, Hefferline, & Goodman, 1951) and suggests, in terms of its open, creative character, an ideal approach to the ethical treatment of addictive behavior. Repeatedly in Gestalt Therapy the axiom is offered, "Focus on what and how, not on content" (e.g., Yontef, 1969). Regarding ethics specifically, the Gestalt view seems clear:

[I]n this process of creating and experiencing one's world, no legal or moral set of ethics and values can be superimposed on personal experience without doing violence to the one who is experiencing. One may make a choice to live in situations accepting such a set of superimposed values; one chooses, in such a case, to violate personally held standards or values for the sake of something or someone with a higher priority or a stronger demand. The valid ethical stance in Gestalt therapy is based on the situation in which the interaction takes place. All persons are responsible for themselves in that interaction, and for the choices made in the existential moment. (Korb, Gorrell, Van De Riet, 1989, p. 19)

But, I repeat, the application of Gestalt therapy ethical principles to addictive behaviors has been disappointing. For instance, while Carlock, Glaus, and Shaw (1992) deserve credit for making a contribution to a topic generally ignored by Gestalt therapy writers, they unfortunately base their approach...
to working with the alcoholic on the etic assumptions that alcoholism is a disease and that recovering is, basically, delineated by following the somewhat rigid protocol of the program of Alcoholics Anonymous. That “disease” and “program” are concepts of stasis and clearly antithetical to the spirit of free and spontaneous functioning in terms of Gestalt theory, seems to escape these authors. While their understanding of Gestalt theory in general is sharp, they have difficulty applying it to the experience of the addict. This constitutes an ethical issue for them, since it ignores the experience of the addict who will always see his or her relationship with alcohol and other drugs in terms of personal etiologic factors — and will see recovery in terms of personal accomplishments (e.g., Gestalts), rather than programmatic elements. Gordon Wheeler (1992), a latter-generation Gestalt therapy theorist, has fortunately provided us with an initial discussion for escaping this ethical trap.

Wheeler's Questions
In Wheeler's remarkable article (1992a), he calls for answers to questions concerning a Gestalt ethics. Is there an ethics of process which is derived from Gestalt theory or, at least, compatible with a conceptualization of a cycle of experience that emphasizes the formation of figure against — in Wheeler's terminology — an organized personal ground? Further, is it possible to imagine, indeed, to practice, an ethical preference that is thoroughly syntonic with Gestalt theory and is clearly distinguishable from the theory of content-based psychotherapies? In fact, is not ethics the domain that demands that the Gestalt therapist either put up or shut up on the issue of immediate experience? It is one matter to recognize the autonomy of each person in claiming a value preference; it is quite another matter for that preference to actually work in the counseling hour.

Before providing responses to Wheeler's questions (which are only partially rhetorical), it should be noted that he has made quite an issue of the concept of organized ground (Wheeler, 1991), a concept that has not gone unchallenged by
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the old guard of Gestalt virtues (Yontef, 1992). Ironically, an exchange of intellectual gunfire (Wheeler, 1991; Wheeler, 1992b; Yontef, 1992a; Yontef, 1992b) on the subject of ground is suggestive, in more than one way, of the content/process argument developed here. Basically, one theorist, Wheeler, is arguing for the concept of organized, or structured ground (which sounds like content to me) and the other is arguing for the fertile void (which sounds like process to me). Interestingly, the protector of the faith, Yontef, appears to have the view that best supports a process ethics, but the challenger, Wheeler, is the upstart presenting the issue! But the matter is far too complex to resolve in this paper. The important point is, Wheeler has asked, Is there a process ethics? and, If so, what does this process ethics say of the emic perspective in working with the addict?

Let me make a somewhat tedious point about Wheeler's ethics inquiries, but a point that may be critical to the issue at hand: It is not at all clear to me that he is more interested in the development of a higher-order ethics than he is in promoting his case for "structured ground" in Gestalt theory. But regardless of his primary motivation, the issue of whether ground is structured or not is the primary issue for developing an ethics of an emic perspective. That is, what is etic may be precisely what resides in a structured ground; what is emic, from the viewpoint of the counselor, must be derived from the figures which emerge from the client's ground, structured or not. In the end, Wheeler suggests that a Gestalt ethics is understood in terms of the interplay between organized ground (content) and emerging figure (process), although he seems reluctant to establish a paradigm based on this suggestion.

Toward a functional definition of ethics, Wheeler points out that whenever we speak of values we are nearly always speaking of a situation of conflict, of a competition for dominance. That is, ethics only come into play when a conflict requires resolution through rule, principle or, as I am suggesting, resolving process. If a situation requires no resolution, an ethical perspective never appears. This may be somewhat
tautological, or at least it sounds so as I write it here, but the observation leads to an important consideration: Does the therapeutic dyad, by definition, function as a test of perpetual ethical dilemma since it always involves the "conflict" of two people in close interaction? If so, at what point does the therapist step in, saying, Wait a minute, we've just entered an area where my values must dominate. If the therapeutic conflict is perpetual, and the therapist is aware of this perpetuity, must he not believe that no value, certainly no system of values, will not necessarily survive any longer than the next spontaneous dominance?

At this point in the argument, Wheeler begins to speculate, as others have before him, on a dynamic view of ethics, on a view of ethics that follows the Gestalt health code for promoting a "lively progression of configurations." If Gestalt therapy strives to be nonnormative, to be attentive to experiment, to encourage growth through contact and preservation through the organization of ground (as Wheeler emphasizes), where is the residence and what is the purpose of fixed values? Is there, to be blunt, such a thing as healthy values, if by values we mean the pre-established preferences for a rigid mode of behavior? For instance, is a man of "good character" more likely to be an object of admiration or a machine whose only usable attribute is conforming predictability? Is a woman of the presumed fixed feminine traits — say, of sensitivity, warmth, and emotionality — an example to be emulated, or simply an instance from an old template to be avoided by the creative spiritual Amazon? Or is "health," in the Gestalt sense, whatever emerges as one freely, spontaneously responds to the event horizon of human experience?

To these questions, Wheeler pitches the Gestalt emphasis on experiment:

... a full Gestalt definition of dysfunction (and possibly of dysfunctional value systems) would focus on the failure or interruption, not just of figure formation alone, but of this ongoing, structurally interactive, "experimental" stance in living, by which structures of figure
and ground are continually testing against and with one another, in the ongoing process that is creative adjustment, or growth. (Wheeler, 1992, p. 118)

To paraphrase, Wheeler is suggesting here, as I am, that meaningful, healthy values are not embedded in ground, but emerge from the dialectics of the therapeutic dyad, or perhaps in any other interactive situation, by working the figure against ground. This is not to abandon the values of a structured ground; it is to recognize that ground changes figure, figure changes ground, in the discovery of meaningful values.

Working with the Addict

Wheeler tests these questions with a thought experiment involving the hypothetical treatment of Hitler during both pre-Nazi Germany and during the Third Reich. I will refer the reader to this experiment, which, while amusing, is easily dismantled at several points, and provide, instead, my own thought experiment, one which addresses a current conundrum in my own practice. In the treatment of addictive behaviors, one often encounters a common set of fixed characteristics in clients, namely, those associated with the label “antisocial personality disorder.” This disorder does not, of course, actually exist, it’s simply one of innumerable devices for statistically categorizing humans so that they can be tagged, stigmatized, treated, tracked, and controlled. It is a convenience for diagnosticians, cops, and third-party contributors, but provides no benefit to the client and, indeed, has the potential to develop considerable harm. The label, in fact, carries a content value, embedded in hard ground. Nevertheless, people with addictive behaviors are likely to display many characteristics that can be identified as DSM-III-R criteria for this so-called developmental disorder, simply because addictive behaviors are supported by certain other behaviors, such as disregard of authority, failure to learn from mistakes, and a tendency to manipulate others. All these characteristics do not necessarily constitute a particular character, certainly not a character disorder; they exist together only because of syntonic.

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affiliation. On the other hand, certain groupings of characteristics may constitute character in the pejorative Gestalt sense; for example, they may constitute a personality that is characterized by a fixed way of behaving. In an oppressive culture, for instance, drug users may develop a fixed way of behaving in order to survive.

The treatment of people who display these affiliated behaviors presents several ethical dilemmas, not the least of which is whether treatment should occur at all. Indeed, addicts are most frequently encountered in coerced treatment, either within the walls of an institution or as a condition of parole. An affiliated characteristic of many of these people, namely, a good-natured interactive style, complicates the matter even further. That is, many addicts are not only pressured into a treatment they do not desire, they are often amiable about the coercion! We should not pass this all off as a personality defect, as it often is, since this ostensibly cooperative attitude has considerable face value as a personality asset, namely, in terms of its survival function. One has only to think of the belligerent attitudes of countless good old business drunks in treatment, men with long track records of laboring at Kohlberg's third and fourth stages of moral development, to appreciate the hard-core addict who, while seldom rising above the first level of morality, is always ready to enthusiastically engage a counselor on any topic.

Of course, we can explain the resistant drug addict's "cooperation" in terms of his or her pathology, but that puts us about the task of assigning values to the client, a topic which, while of ethical importance, is not the subject of this discussion. The fact is, we find ourselves in the counseling rooms with these people to either provide presence or not. From the Gestalt perspective (or a more general existential perspective, as discussed below), it really does not matter whether the client wants to be in treatment, as long as he or she retains the power of choice on whether to remain (which, of course, he or she seldom does). At least as I see it, I have no mandate to work against the client's wishes, but only a responsibility to find out whether his or her interactions with me result in some growth.
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As I see it, it is my responsibility to work with the client toward his or her potential to respond, not toward some pet goals I may cherish. And this brings us to the critical ethical issue of this section, and the issue around which Wheeler poses his questions: Does the Gestalt perspective imply a specific outcome which includes an alteration of the client's value preferences, that is, ethics? Like Wheeler, I believe this question will work best at this time if it is left hanging in air.

Finally (although this discussion does not exhaust the issues presented in Wheeler's essay), I need to address an old Gestalt therapy bugaboo regarding, basically, radical autonomy. The old line, and an important line during the formative years of Gestalt therapy, that none of us are responsible for any other one of us should be, at this point, a dead horse. Unfortunately, it is not, it is still being explained, even by Wheeler (1991) in his major work. Indeed, Yontef (1992), in his critical review of Wheeler's work, does not find it frivolous to point out the obvious about autonomy, namely, that each of us, at one level, is a Gestalt, and that all of us, at another level, is a Gestalt. This means that an ethics for one us is never completely isolated from the ethics of another. But that matter can be discussed with greater facility, I think, under the heading of the next section.

The Existential Ground

Sartre's Ethics

To work with these questions of process ethics, we must first complete some basic ontological and epistemological tasks, namely, we must determine what we know, in general, about human values and how we know it. Sartre (1947) was characteristically emphatic:

[Man] isn't ready-made at the start. In choosing his ethics, he makes himself, and force of circumstances is such that he can not abstain from choosing one. We define man only in relationship to involvement. It is
therefore absurd to charge [existentialists] with arbitrariness of choice. (p. 51)

That is, there is nothing random or arbitrary about any person's ethics; personal ethics are never anything more than an extension of the process by which a person is defined. Although this may sound painfully elementary, the reader, I trust, will note that most people reject this notion categorically. In fact, a pervasive human desire is to find an inviolate source for ethical values; the volatile ethics of Sartre are often devalued into concepts such as "situational ethics," "humanism," and "secular morality." But Sartre was not speaking of content, as the absolutists do; he was speaking of process, just as the reader and I are now exploring.

Sartre continued, "... To say that we invent values means nothing else but this: life has no meaning a priori. Before you come alive, life is nothing; it's up to you to give it meaning that you choose. In that way, there is a possibility of creating a human community" (p. 58). This, of course, is one of Sartre's most explicit clarifications of his famous principle of existence preceding essence. If we begin our exploration of the possibility of an ethics of process, we are strengthened by the fundamental existential observation that nothing exists without us, including a system of ethics. This is the specific axiological case of the general principle of ultimate ontological groundlessness. This may lead us not only to an ethics of process but an ethics of figure. That is, what has meaning as a value preference is, simply, that which has emerged as figure.

Sartre's position in history demanded that he overstate his case. His assertion that human nature did not exist provided an orienting point but ultimately conflicted with the existential template underlying all human experience throughout history. The fact is, there do appear to be human conditions, givens that apply to all men and women irrespective of time and location. If, for instance, Yalom's (1981) four ultimate concerns — death, freedom, isolation, and meaninglessness — are universal and eternal for the human condition, then we have a basis for an existential ethics. Whereas Sartre paints himself
into a corner with his rejection of human nature, Yalom and others have identified the features of personality that will support a universal basis for ethical practice. Paradoxically, by identifying universal components of human nature, we avoid much of the dilemma of the modern problem of multicultural counseling — that is, the problem of trying to be all things to all people (Vontress, 1988) — and discover an ethics of process, an ethics of emic orientation.

Although an etic perspective suggests a global view of the human condition, its effect is to deny individuality. Only the imaginary modal man is safe from the etic perspective; all others are eliminated by definition. The apparent paradox found in the view that the etic perspective, ultimately the perspective of the individual culture, leads to an unbiased ethics is resolved in the understanding that only the instance can reveal the true nature of the template. That is, the template of an ethic is an abstraction that finds expression in the etic perspective; the manifestation of the ethic is found in the individual and can only be found through an emic perspective. This is not, of course, an argument for the abandonment of the etic perspective, even if such an accomplishment were possible. The etic perspective is as necessary to the development of an emic perspective as accommodation is to assimilation in the general apprehension of information. The point emphasized here is that in the moment of ethical counseling, the light of the etic perspective must dim in order for the individual to be revealed. Or to be even more blunt, the counselor who bases his ethics solely on the code of his culture denies the existence of the individual client. The client then becomes the template, rather than the instance of existence.

But this is the sophist's argument. The proof of the existential base for process ethics is in the common conditions of life. While recognizing the importance of cultural levels, the ethical counselor keeps as priorities those conditions that both individualize and universalize the client (Vontress, 1988). It is difficult to err against the client when the counselor is grounded in the groundlessness of the existential position. When the primary issues are those that the counselor and
client must share, due to their shared existence rather than their individual essences, the client (or, for that matter, the counselor) remains in ethical care. For example, the counselor who is keenly aware of the most powerful existential condition, that of personal death, will naturally respect the ultimate vulnerability of the client. A counselor who is not bound to a Judeo-Christian ethical system, for instance, is less likely to violate a client’s fears, whether or not they are superficially identified as mortal fears. Such a counselor respects the tentativeness of life and therefore is sensitized to the individual client’s uncertain existence.

Although the intersubjectivity I am discussing here is closely associated with Sartre, in Camus (1956) we find one of the most gracious, heartfelt expressions of this concept of the interconnectedness of human beings. In acknowledging the rebellious nature of a self-conscious organism thrown into a world of temporary existence, Camus discovers the limits of that rebellion in the imperative to relate to others in a humane manner. Only one who is totally aware of his or her own existential limitations — in the terrible limitations of death, isolation, and meaninglessness — can know the limits of rebellion. To strike out against another is to deny one’s own existence. To lie to another is to lie to oneself.

*The Tyranny of Models in the Addictions*

I will make some distinction, perhaps an artificial distinction, between theory and model for the purpose of present illustration. I will define theory, however inadequately, as an epistemologically tentative but functional system of ideas that is more or less organized for a specific purpose; I will define model as a construction that is explicitly or implicitly designed to describe a phenomenon. Although the synonymous relationship of theory and model may be technically strong, the two are delineated in real life by assuming for theory a more speculative character. Models are the ugly step-children of theories, which tend to take on a life of their own, usually outliving their parents.
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That such a distinction is useful, at least in some disciplines, can be supported by a familiar example. Currently, and for over half a century, the phenomenon of drug addiction has fallen under the dominion of the so-called medical model. Although this model has two or three names and several varieties, its essential features are not difficult to identify: Addiction to psychoactive drugs is a disease in terms of its etiology, development, and resolution; it generally operates outside of human will, occurring without prompting by the organism, progressing along a predictable path, and ending in either death or cure (i.e., total abstinence). This model is so crystallized in our culture that, as I write the words to describe it, I am amused at its inflexibility. It clearly has been a great solace to the generations of professionals who sought convenience over curiosity.

But what is the effect of this model on ethical treatment of addictive behaviors? This model denies individual will and, ultimately, human variability. It is the most severe of the Brickman et al. (1982) generic models of helping, the one that denies the individual responsibility for either the cause or the solution of his or her own issue. Apart from the hypothesis that this model is weak in terms of treatment effectiveness, it is fundamentally unsound on existential grounds: an approach to treatment that denies personal responsibility reduces the client to an automaton. An existential approach assures the client of responsibility on the grounds that there is no one else available for the job, that each of us is ultimately alone with his or her own needs and desires, and that each of us bears the task of dealing with existence and nonexistence. It's a terrible responsibility, but one that brings freedom from the tyranny of the models of others.

In working with addicted behaviors, it is important to assign responsibility where it belongs. The human relationship with drugs has been developed for personal reasons related to the human search for meaning in life. There is nothing frivolous, certainly nothing devious, about this search; it is as noble as the searches that occur in academies and seminaries. Each of us does the best we can, given our individual circumstances, to
deal with the givens of life. The person who has formed an addictive relationship with a psychoactive substance is no less noble, in terms of the urgency of his or her needs, than the scholar or the priest. In the counseling room, ethical treatment of addictive relationships is based on this humane principle.

Rosenheim (1988) has suggested an ethological existentialism for dealing with addictive behaviors. In this approach, the compulsive use of alcohol and other drugs is seen as a free decision within biological limitations. While Rosenheim strikes me as somewhat etic in his pathological conceptualization of drug use, his approach to treatment is generous: ethology provides a ground against which one can understand human nature as it relates to problematic drug use; logotherapy provides the existential principles on which recovery can be based. Within this context, an ethics of process dominates, inasmuch as the individual is given responsibility for his or her own relationship with drugs. Furthermore, this relationship can be seen not as deviant but as functional, as operative in one's desire for survival and one's search for meaning. Although Rosenheim may have some work to do in developing an emic perspective, he has offered one of the few contributions to an existentially ethical approach to addiction.

Final Comment

The poet Charles Olson (1950) observed that "Form is never more than an extension of content." A paraphrase of this axiom of projective verse might be: The raw material of one's experience assumes meaning only in its organization, that is, value does not reside in things, only in the structure of the relationship of things. Although this principle — the validity of which is the central theme of this paper — is often expressed with a shift in componential emphasis (that is, that content emerges from process), the issues remain essentially the same: Is the genesis of values, particularly those values we call ethical, discovered through dynamic or static search? Is
the residence of values firmly planted in personal ground, organized or not, or do we find them only in figure? If values are figural phenomena, does not process determine both valence and intensity?

But in order to pursue the issue of ethics in addiction counseling, one must recognize that the clinical concern exists not in drugs but in the relationships that people develop with them. Given this, ethical issues begin to generate around relational dynamics rather than content. Then the therapist's work involves helping the client identify the nature of the relationship and eventually consider whether that relationship needs to be redefined or, perhaps, just defined. The therapist then is likely to find himself coming to terms with the Jungian concept of separatio, the alchemy of "differentiation," of distinguishing the drug from the person (Moore, 1992). What has occurred in addiction, I suggest, is a boundary disturbance. The addict has lost identity by permitting the drug's boundaries to serve as the boundaries of the self. Addiction to a substance (or a person, or a thing, or an idea) is wild confluence, total dedication to the other at the expense of the self. Although addiction may always begin as a search for meaning, for a sense of soul through biochemical enhancement, it eventually ends in undifferentiated bonding.

The ethical risks in addiction counseling emerge when the therapist works solely from a content orientation, that is, when the client is seen only as a conglomeration of contributing components. Biopsychosocial factors may serve to soothe the therapist's intellectual exasperation about the client's addictive relationship, but they are virtually meaningless to the client. In my own practice I am not aware of working with any client who viewed himself or herself as "diseased," except of course after introjecting this idea from abstinence-oriented authority. Addicts are usually so enmeshed with the drug — and that is how I am defining addiction — that they are unaware of the relationship, sensing its existence only when the threat of abstinence appears. In other words, abstinence means death to the addict, since elimination of the drug is identical to elimination of the self. The ultimate therapeutic question for
the client is, How do I deal with my own death, the death that will occur if I differentiate myself from the drug? The ultimate ethical question then becomes, How do I, as a therapist, deal with the death of this client?

The answers to this ethical question only appear in the dialectical experience of the therapeutic dyad. The ethical handling of this differentiation — which the client knows only as personal oblivion — can only be known to the therapist as the drama of the relationship unfolds and the therapist gains some emic understanding of the world of the addict, not just any addict, but this addict. Only through creative adjustment and a release of pet values can the therapist discover the guiding ethics for working with someone who has found a new existential condition, namely, the relationship with the psychoactive substance. The therapist who enters the counseling experience with the willingness to acquire emic understanding, the skill to respond to the client's spontaneous needs, and an awareness of the existential meaning of addiction, will be ready for the therapeutic differentiation that will lead to increased freedom, responsibility, and awareness for the client.

References


