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## COUNSELORS IN THE ADOLESCENT DRUG SCENE

A great deal of time, effort and printers' ink have been expended discussing the underlying causes of adolescent drug abuse. Some drug experts will enumerate causes such as rebellion, curiosity, escapism and the search for a sense of identity. Others will suggest that there are as many causes as there are abusers.

From my observations of what is being done with adolescents whose presenting problem is drug abuse, I submit that it is time that more energy be expended analyzing the motives of many counselors, psychologists and social workers who are supposedly helping the abusers: There appear to be at least five categories into which the approaches these professionals take, fall. The first category includes these who enjoy vicariously, the hallucinatory affects experienced by the clients. Perhaps during the interviews they recall rather fondly, their own adolescent "trips" on homebrew.

In the second category the association between the professional and the client is based on what Feist (1968) refers to as a neurotic-symbiotic relationship. This mutual aid relationship has frequently been used in connection with the voyeuristic gratification the counselor and counselee mutually derive from the interview, but it also appropriately describes the relationship between the drug abuser and a certain kind of counselor insofar as the former enjoys his fascinating game of surprising and impressing the counselor with new drug terminology while the latter, impressed with his own "grooviness," memorizes and regurgitates with religious fervor every nonsense-syllable uttered by his game-playing subject. While thinking of new words the counselee moves further away from the topic of self and moves further away from making an existential decision; the counselor in turn moves further away from the problem originally presented. A case in point is a professional who recently said, "Unless I euphemize marijuana with 'pot' in school A and with 'weed' in school B, I lose

Pourquoi les adolescents adonnés aux narcotiques ont-ils besoin d'aide?

Les approches des conseillers travaillant avec les adolescents adonnés aux narcotiques semblent se classer selon cinq catégories. Par substitution, ils jouissent des épreuves hallucinatoires de leurs clients.

Un rapport neurotique-symbiotique se forme.

Ils bénéficient de la reconnaissance de leurs collègues et de parents frustrés tandis qu'ils dissertent sur des solutions d'essai, médicalement non prouvées.

Ils essayent de plaire leurs supérieurs en leur fournissant constamment des informations sur "la scène narcotique", informations qui sont déformées.

Ils accentuent la spontanéité et choses qu'entre l'authenticité, autre, les adolescents demandent des adultes.

Les personnes adonnées aux narcotiques m'ont fait part de leurs besoins

the respect of my clients and a communication barrier develops." Unwin (1968) made reference to such an approach when he said, "Adults increasingly adopt the dress, music, epileptiform dances and even the heroes of youth—thus depriving them of the traditional safe areas of rebellion and challenge and driving them perhaps to unhealthy extremes to find other domains of eccentric exclusivity."

While the drug abuser is frantically seeking adult human kinship and understanding, the professional belonging to the third category is spending his time spreading by every conceivable news medium, his particular theoretical position with regard to the control and prevention of drug abuse. He particularly enjoys the attention given him by his colleagues and by frustrated parents when he holds forth on his highly tentative and medically unproven solutions.

The fourth category is closely related to the third insofar as it is characterized by a desperate need for recognition. Fourth-category counselors possess a peculiar sympathy for their superiors who demand that they know at all times the nature of the drug scene. The counselors, eager to please the administrators who in turn must placate the often angry and frustrated public, become pseudo-researchers with findings that (a) reflect totally subjective observations, and (b) become outdated the day after they are published.

Moustakas (1967) claims that there are therapists who strive to know their patients, who put themselves in the patients' situations and respond to the patients' utterances with their spontaneous selves. They laugh, become angry, give advice—in short, break most of the rules in psychotherapy training manuals. It seems to be an appropriate description of the remaining category of counseling professionals, particularly since it so closely approximates what an adolescent girl (*Superintendent's Bulletin*, 1969) actually requested of adults on behalf of all adolescents, "Adolescence is the time of life when it is very nice and necessary to have someone older and close on whom you can depend to comfort, to praise, to scold, to advise, to boost and to understand you when you need all these things (p. 2)."

The professionals mentioned above, seem to generally agree that it is our mechanized, routinized and depersonalized society that has "staged" the "drug scene", but many fail to see that the scene will not

change unless the actors (drug abusers) are accepted, coached, trained and yes, even directed by people who are not necessarily seeking the lead roles in the scene. I am not suggesting that we discard all psychotherapy training manuals or that we must all fit the Moustakas mold (1967), but I am suggesting that we attempt to develop in our youth, a sense of worth, a sense of social justice and brotherhood, a feeling of confidence and a philosophy of life that embodies love, faith in humanity and in goodness and a genuine devotion to life. Drug users have asked for help in these areas by saying to me: "My mother laughs at the poetry I write," or "I like to talk to old decrepit alcoholics because they seem so lonely," or "I feel so strange when people watch me walk down the hall," or "I don't believe that a God exists but I do pray when I am afraid." My experience, my personal beliefs, my intuition and my common sense dictated my responses at the times the above statements were made: in one case the response was silence, in another it was a series of suggestions, in another it was tears and in still another a personal experience was related.

The professional's response to a drug abuser's statement must always be tempered by the latter's needs, not necessarily the needs of the professional, the client's parents or some anxious superior.

pour: un sens de valeur, un sens de justice sociale et de fraternité, un désir de confiance et une philosophie pour l'existence qui englobe amour, foi en l'humanité et dans le bien, et une sincère dévotion pour la vie. Les besoins des personnes professionnelles, ceux des parents ou de quelque supérieur anxieux peuvent être tout à fait différents et doivent être considérés en second.

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