

Case Report

Assimilative Integration of Gestalt Therapy in the Treatment of Pentazocine Drug Dependence: A Case Report

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Application of gestalt therapy is not common with Nigerian clients. The more common psychotherapy modalities are the indigenous psychotherapy models of either Harmony Restoration Therapy or Meseron Therapy. This paper presents a case report of Ms. J. E, a 28 year old single graduate, a civil servant. Client was misdiagnosed at the age of 24 years as being anaemic while undergoing her National Youth Service Corps (NYSC) Scheme and was placed on injectable Pentaxocine. Client became addicted to the drug, using it as a stimulant when depressed. Client's abuse of the drug led her to stealing personal belongings of family members to purchase the drug. Client stole her mother's gold trinkets worth about 5 million Nairas, which purportedly led the mother developing kidney failure and her eventual death. Client had gone for previous rehabilitation, which did not achieve positive result. Client was treated with gestalt therapy in order to resolve the unfinished business that she had with her mother. Client improved following treatment and is still stable after two years follow-up.

Keywords: Drug dependence, Assimilative integration, Gestalt therapy, Pentazocine.

Though there is paucity of psychotherapy research being published from developing countries and different forms of psychotherapy is being practiced in the developing countries. In Nigeria, psychotherapy is often not the treatment of choice for mental health problems due to the fact that most people would rather seek drug treatment, visit prayer houses or even engage the services of native doctors rather than seeking psychotherapeutic intervention. Due to lack of psychological sophistication, those who seek help at the mental health centers prefer to have medical treatment than non pharmacological forms of treatment including psychotherapy (Ebigbo et al., 2008) Moreover, there is no distinction drawn between the different causes of the illness-whether it be stress related or caused by the biochemical changes. While the Westerner would be keen to examine the pathogenesis and seek the appropriate treatment, the African in general tend to attribute it to other causes, especially the supernatural ones (Lambo, 1978; Ebigbo, 1989).

Manickam (2010a) and Yontef and Jacobs (2008) opined that gestalt therapy is a process and it can be used effectively with whomever the therapist understands and relates. The basic principles of gestalt therapy have to be adjusted to fit the particular needs of the client. Keeping this in view the therapist can successfully apply the principles of gestalt therapy theory and methodology to any other group of patients with different kind of problems. Struempfel (2004) reviewed empirical research on gestalt therapy that included descriptions and findings of sixty process and evaluation studies conducted covering a number of different clinical subgroups and topics. He found that the evaluation studies that compared gestalt therapy with cognitive therapy or client centered therapy showed the efficacy of gestalt therapy equal or greater than other therapies. Most of the data evaluated also showed the efficacy of gestalt therapy for severe personality disturbances, dependencies and other disturbances.

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With the emergence of large number of therapies, enumerated to be more than 450, the integration movement has also seen the combination of techniques as well as unification of theories. As a result, different combination therapies like the cognitive-behavioural and psychodynamic - interpersonal approaches, relational psychotherapy (Erskine, 2010) emerged and accelerated the movement towards integration in psychotherapy in the West. Different theories emerged during the last three decades and some of the theories that already existed claimed to be the integrative theory, like the theory behind Rational Emotive Behaviour Therapy. However the integration movement was again caught with the dilemma of integration of techniques vs. theories (Manickam, 1992). The different forms of psychotherapy that is practiced in India (Manickam, 1992) as well as in Nigeria (Ebigbo, 1989) show the need for integration of philosophies that are polycentric and to imbibe the theoretical concepts from other philosophies that are considered to be on the periphery.

With the increasing referral of persons with psychiatric disorders to the Department of Psychology, within psychiatric settings, visiting psychotherapists have become more acceptable among both in-patients and outpatients. In Nigeria, most therapists follow an eclectic approach. Eclecticism does not focus only on the Western methods but on the admixture of western and indigenous psychotherapy methods like Harmony Restoration Therapy (Ebigbo et al., 1997; Igbokwe & Ndom, 2008) and Meseron Therapy. Manickam (1992) identified four different types of integration viz: common factors approach to understanding psychotherapy, assimilative integration, technical integration and theoretical integration. The present case was treated from an assimilative integration perspective.

Stricker and Gold (2005) defined assimilative integration as, "...an approach in which the therapist has a commitment to one

theoretical approach but also is willing to use techniques from other therapeutic approaches." The present case was treated using an psychotherapy integration method- 'assimilative integration' which continues to be a preferred procedure by clinicians (Pachankis & Goldfried, 2007). In the present case, gestalt therapy (Manickam, 2010b) was used in addition to motivational counselling, relaxation training, cognitive therapy and family therapy.

CASE REPORT

Background Information :

Ms. JE. is a 28 -year old, single, civil servant who opted for drug rehabilitation following a threat of dismissal from work because of her pathological dependence on the drug Pentazocine. Though she attained the developmental milestones uneventfully, during early childhood she frequently took ill, making her family identify her as a 'sick person'. She also recalled intense sibling rivalry, a battle she won until her younger sister from the second marriage was born. She is the second of six children, born to a monogamous family. When her father died in 2004, her mother got re-married to a man outside her culture, and she brought up her children from her previous marriage. Her mother died in 2008, leaving the client and her other siblings with mother's second husband who did not have any surviving children of his own. Ms. JE's elder sister was dependent on tobacco and her younger brother was dependent on marijuana. There was no other significant family history of mental illness or related disorders.

Ms. JE attended four primary schools starting from the age of four. She also attended four different secondary schools from age 10 to 16 as a result of her parents' movement from one part of the country to another as civil servants. There were instances of sexual abuse from older family friends and out of one she became pregnant at the age of 16. However she absconded from the hospital shortly after parturition, abandoning the baby in the hospital,

due to the persuasion from her mother and it haunted her since then. Other than these abuses, she maintained singular protected heterosexual relationship.

Presenting Problems :

At the age of 18, she consulted a physician for 'pain in her bones'. As reported by the patient, she was diagnosed having 'sickle cell disease' and was given prescription of injectable Pentazocine, along with other medications. Even after the prescribed period, she procured the injection without further prescription order every one or two months. This behaviour persisted even after she completed the NYSC in 2005. She used the initial prescription form to get the drug for intravenous administration from a pharmacy and used it to relieve her pain. Later she used it whenever she was experiencing low moods. She started abusing this medication weekly and later progressed to once or twice daily. She learnt to inject the drug on herself intravenously and took up to fourteen vials per day. She continued abusing the drug at this dose for 1 year 8 months and could not stop because of the withdrawal symptoms.

Initially she used her personal earnings to buy the medicine and gradually she started begging money from others telling blatant lies. She reportedly stole and sold her mother's trinkets (jewellery) estimated at about 5 million Nairas (Approx 1.65 million rupees) to buy the drug. She regretted that the problems relating to her drug behavior contributed to her mother's hypertension, kidney damage and eventual death. Consequent to the substance abuse, Ms. JE also lost her capacity to write and sing, and reported low sexual desire.

Ms. JE had previously spent about three months drying out period and underwent rehabilitation in the treatment facility. While undergoing rehabilitation, the client continued to occasionally access the drug with the aid of few hospital workers and other in-patients. However, during the withdrawal state Ms. JE developed recurrent seizures in the first

few weeks and she was unconscious for four days and was off the drug during that period. Though she relapsed following this, there was a reduction in her intake of the substance and she was abusing about 8 to 10 vials a day. She came for the second round of rehabilitation program because she was at the verge of losing her job. For her complaints of decreased sleep, Valium was prescribed by the psychiatrist. But this was discontinued when cross-tolerance was suspected. Client's blood sample on repeat analysis indicated an AA genotype. She did not report any significant withdrawal features during the three-week period of observation in the psychiatric ward. Hence, she was referred for psychological intervention.

Formulation :

The history and medical investigations showed that she did not have any physical illness that warranted medication during her training in NYSC, which is a stressful period of paramilitary experience. Her 'sick role' might have helped her to get excused from strenuous training sessions. Besides, her stress-prone pattern could have triggered some immune responses that showed up as pain and swellings, prompting medical attention. It is also likely that to get prescription and excuse from duty, she deceived the consulting physician, who was ignorant of psychological processes. Moreover, abandoning the unwanted child preceding the youth service might have induced guilt and led to increased intensity of depression leading to the addiction to Pentazocine. The sibling rivalry she had in earlier years, the guilt feelings and her inability to cope with stressful situations, in combination with withdrawal symptoms made quitting the substance a difficult task. She was diagnosed to have substance abuse disorder and major depression as per ICD 10.

Intervention :

Psychotherapy for Ms. JE commenced with psycho-education and motivational counselling. She was not aware of the dependence phenomenon and by providing

information about the addiction process; she was motivated to quit the substance that was affecting all areas of life, including the threat of losing her work. Relaxation training was added to reduce her tension and anxiety symptoms and to aid her to get proper sleep. Cognitive behaviour therapy was introduced to overcome her negative thoughts associated with the substance abuse, depressive cognitions and to enable the client to deal with the urge for the substance. Client's current circumstances were interpreted in the light of superiority striving, following individual psychotherapy. Regular sessions were supplemented with self work assignments. Some improvement was noticed in the beginning of the second week. However, Ms. JE continued to harbour deeply ingrained and unresolved guilt and held her responsible for her mother's death. She also felt bad for not having the opportunity to pay back what she stole from her mother. Hence, a Gestalt therapeutic approach was applied.

Gestalt Therapy Application :

Ms. JE was helped through Gestalt approach that included the principles of awareness, responsibility, here-and -now, the principle of unfinished business and the empty chair technique. Since she was hospitalized, 45 to 60 minute, bi-weekly session was conducted. One of the issues the client brought to the session was the 'hurt feeling' that she carried all along her life as she was not able to apologise to her mother before her death. Initially the client was educated on the principles and procedure of gestalt therapy and how it will assist her in resolving her issues.

Awareness :

Ms. JE was made to be aware of what she was experiencing at that particular time. Manickam (2010b) positioned that, "... all experience is always an experience 'of' something." She was made aware of her own experiences in order to facilitate the process of achieving insight and she taking

up responsibility. She was exposed to her own unexpressed abilities to self regulate and take charge of herself. She was able to perceive her past experiences that were traced to the period when she was undertaking her training in NYSC in 2004. With this awareness and insight into her issues, she was prepared to own responsibility.

Responsibility :

Responsibility is one of the key concepts in Gestalt therapy (Manickam, 2010b). Responsibility is defined as, "...the ability to find an answer or to respond one's own issues or to an environmental situation in a given moment" (Joseph, 2010). Ms. JE was made aware that she was responsible for her behaviours and actions and therefore she took steps to resolve them. She internally resolved her issues with her siblings who she said were mistreating her. She decided to take up once again her role as the first child and stop playing the 'sick role' and the 'attention seeking' behaviour. In treating addiction using Gestalt approach White (1995) also emphasized the importance of responsibility. White observed, "Gestalt therapy 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." (White, 1995)

Here-and-Now Approach :

Here-and-now or 'present-centeredness' (Manickam, 2010 b) was initiated. This was to assist the patient deal with her past that included, abandoning her child in a hospital at the age of sixteen, family conflicts, the issues that arose when her siblings told that she was responsible for her mother's death, stealing her mother's jewellery and other issues stated earlier. She was able to focus appropriately on the here-and-now or present realities about herself and situation. In treating alcohol dependence, Manickam et al. (1994) had incorporated the gestalt concept of here and now in group therapy

and was found to be very effective. Closure was initiated to resolve her recurrent pain and to overcome the regrets through further awareness of some of her unfinished businesses.

Unfinished Business :

One of the hall marks of gestalt therapy is the assertion that, “Human beings are motivated by a fundamental impulse to finish what is unfinished” (Manickam, 2010 b). Through the understanding of her unfinished businesses, client was in a position to take responsibility to achieve closure by resolving and completing these patterns in order to reduce energy diversion. This was achieved through empty chair approach.

Empty Chair Technique :

Ms. JE was facilitated to do the empty chair technique and it was meant to address the most pertinent issue that she was facing- that of her mother’s bitterness towards the client. During the session, the client was able to dialogue with her late mother on the empty chair on two issues bothering her. First, she apologised for stealing her jewellery and second she could get over the concern to convince her mother that the client did not sleep with her step father. The client entered into a state of cathartic release during which she emotionally let out her mind amid tears. After the session, client was able to re-interpret her experiences and achieve closure after which she felt relieved. Finally, a family session was called to resolve existing family conflicts and prepare the client for reintegration into the family.

Outcome :

By the end of the third week the client became very calm without the benzodiazepines and her sleep also improved. Over a period of six weeks, her craving came down drastically. Memories of her mother no longer elicited guilt in her and she could relate to every area of her personal life without becoming anxious. Her writing abilities as well as other interests were revived and at the time of discharge, she began writing songs and prose. Two years of

telephone contact showed that Ms. JE. was free of substance use as well as other symptoms and was leading a sober life.

Conclusion :

This case report underscored the need to address to the different aspects of a case with diverse intervention strategies, notwithstanding the current emphasis on evidence-based treatment that tend to favour the use of specific intervention strategies for specific problems. Gestalt approaches may come in hand as a useful augment when unresolved guilt constitutes a problem in therapy. While highlighting the strengths of gestalt therapy, Manickam (2010b) observed that “...there is also considerable freedom granted to the therapist to trust one’s own creativity” when gestalt therapy is used. It was this flexibility that came to the fore in assisting the client achieve closure. The Gestalt therapeutic approaches may form part of the assimilative integrative psychotherapy even when applied to clients in Nigeria, a culture different from where the Gestalt therapy originated. The change process that has occurred in the present case tend to validate the proposed theory of integrative change based on the Indian concept of the person (Manickam , 1992).

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