

The Destructive Impulses of a Drug-Addicted Teenager

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Abstract

The study aims to identify the destructive impulses in drug-addicted adolescents. To achieve the objectives of this study. The clinical approach was adopted using the semi-guided clinical interview and the Rosenzweig projective test, where the sample is made of one case. The study reveals that the destructive impulses of the drug-addicted adolescent: Psychological fragility and vulnerability, guilt, self-blame, feelings of inferiority, low self-esteem, and self-directed aggression. The study confirmed that adolescent drug addiction is an expression of a destructive impulse in the form of self-destruction and aggression directed against the self. This is consistent with the test results of the IA responses.

Keywords : Destructive Impulses, Drug Addiction, Adolescent, Drug, Drug Use.

Résumé

L'étude vise à identifier les impulsions destructrices chez les adolescents toxicomanes. Pour atteindre l'objectif de cette étude., l'approche clinique est adoptée à travers l'entretien clinique semi-guidé et le test projectif de Rosenzweig, l'échantillon comprenant un cas. L'étude révèle que les pulsions destructrices de l'adolescent toxicomane : Fragilité et vulnérabilité psychologiques, culpabilité, auto-accusation, sentiment d'infériorité, faible estime de soi et agressivité autodirigée. L'étude a confirmé que la toxicomanie chez les adolescents est l'expression d'une pulsion destructrice sous la forme d'une autodestruction et d'une agression dirigée contre soi-même. Ceci est cohérent avec les résultats des tests des réponses de l'AI.

Mots-clés : Pulsions destructrices, Toxicomanie, Adolescent, Drogue, Usage De Drogues.

Introduction:

Adolescence is one of the most important developmental stages in an individual's life as it witnesses many changes according to Kestenberg. It is considered a stage of long-term psychological reorganisation as it is not separate from other stages of development (Nādiyāh Sharādī, 2006: 239). Adolescence is generally a transitional stage from childhood to adulthood in which the adolescent struggles with social changes and contradictions, which create many frustrations, conflicts and anxiety (U. Mursī Muḥammad Mursī, 2002: 14). which makes the adolescent in a state of emotional imbalance, psychologists agreed that it is a stage of crisis, George Statley is considered as the first to call this description of the adolescent in his famous saying "it is the stage of pressures and storms". These studies addressed the crisis in adolescence as a response to interstitial stimuli, where the adolescent suffers from the pressures and expectations of his group, which makes him tend to stubbornness, emotion and sometimes aggression, as this stage is characterised by a lack of control over emotions (M. Muḥammad al-Ḍasūqī, 2002 : 160), which makes him in many situations resort to the passage to the act in the form of aggression towards others or towards the self and the beginning of delinquency in general and drug addiction in particular. This is what the adolescent considers as a solution to get rid of pressures and gain status among the adult group, because drug addiction in the adolescent's mind is associated with maturity, ability and manhood, or curiosity or trying to keep up with the group of comrades.

1. Problematic of the Study

Drug addiction in adolescents begins with experimentation, then the stage of occasional use, in which the adolescent takes it only when it is available, then moves to the stage of regular use, in which the adolescent seeks drugs in a serious way once or twice a week, so the drug becomes part of the addict's life. The teenager reaches a sense of being a strong, fearless and powerful person, and all of this comes from the inner instinct of the addicted teenager. An individual's instinct either leads him to build (life instinct) or destroy (death instinct). The first is aimed at preserving the individual's life, affecting sex, satisfying erotic desires and physiological needs (such as sleeping, eating, sex, etc.). The death instinct is aimed at eliminating units and destroying their association to return to zero point (annihilation). The death instinct remains dormant, but it turns outward because it is necessary for the individual's life, and when the individual fails to turn the death instinct outward, it is directed towards the self in a paralysis of destruction, as the teenager addicted to drugs is overwhelmed by the death instinct, which is represented by destruction towards others in the form of theft, repeated attacks. We also observe it directed towards the self in the form of cutting, suicide attempts, tattooing, overdosing and all this happens in an unconscious way and from this point of view we will ask the following problematic question: Does drug addiction create destructive impulses in adolescents? To what extent, Adolescent drug addiction can be regarded as an expression of a destructive impulse? The deciphering of the above questions will help us better understand the quintessence of our topic.

Reviewing the Concepts

1.1 Drug addiction:

It is the dependence of an individual on a particular drug on a regular basis with a gradual or successive increase in dosage, which causes psychological and organic effects on the human body (F. drdār, 2005: 19).

3.2 Adolescence:

The term refers to the age that separates childhood from adulthood or maturity. The human being goes through a set of changes from the physical, psychological, mental, neurological, emotional and social level, and several disorders occur in this stage ('A al-Qāsim Abū al-Khayr, 2002: 36).

3.3 Impulsivity:

It is a dynamic process of impulsivity (an energetic impulse, a dynamic factor) that makes the sufferer tend towards a certain goal. According to Freud, the impulse stems from physical arousal (a state of tension) and its goal is to eliminate the state of tension that prevails at the level of the source of the impulse that can realise this goal in the subject itself (Lāblānsh wa bwntālys, 1997: 532).

3.4 The Destructive Impulse:

Freud used this term to denote death fantasies from a perspective closer to biological and psychological experience. It is sometimes used to the same extent as the term death wish, but more often describes the death wish as directed towards the outside world. Freud also uses the term aggression in this more specialised sense as he includes self-destruction in the meaning of the destructive impulse. The term aggression impulse is reserved for destruction directed towards the outside. (Lāblānsh wa bwntālys, 1997 : 532).

2. Methodology

The study is based on a clinical approach, which represents "the in-depth study of specific individuals in a particular situation." The term clinical means the in-depth observation of individuals as well as the psychological understanding of a person's present and past behaviours. The term clinical means the in-depth observation of individuals and also the psychological understanding of the present and past behaviour of the person. The clinical approach is based on the in-depth observation of individuals who are undergoes several ordeals, and the full knowledge of their life circumstances (Sī Mūsá, ibn Khalīfah, 2009: 48). As for the technique, we relied on the case study, which is a scientific technique that enables us to study the case history, personality organisation, relationship with others and defence mechanisms. It is concerned with linking relationships between past events and present situations, as it is characterised by flexibility and gets closer to the truth. The case study is based on the use of a range of techniques to collect,

analyse and interpret information and enrich our knowledge about the case. (Khadija, Hervé, 2003: 126). Due to the importance of the *research means* used by the researcher, we utilised interview, observation, and projective tests (Rosenzweig's test).

The Rosenzweig test is a projective technique designed to assess an individual's personality based on the pattern of responses to frustration, based on a theory developed by the American Saul Rosenzweig in 1934 (Sillamy, 1996: 202). The Rosenzweig test is considered a projective test, as this test revolves around estimating the degrees of aggression response, by presenting pictures of surrounding situations, and studying the responses of individuals to them, i.e. studying the responses of examinees to verbal phrases describing frustrating situations (Rabī' Shihātah, 2009: 387). The test consists of (24) pictures, which contain frustrating situations that, according to Rosenzweig's conceptualisation, are supposed to trigger or provoke the examinee's aggressive impulses. These scenes are like comical situations or scenes ”.

3. Field Interview

Case (K) is a 14-year-old drug-addicted teenager, living in the state of Camp (Algeria), with a stocky physique, dark skin, brown eyes, wearing a clean and neat headscarf. Her manner of speaking is a little tense, she is absent-minded, rarely speaks on her own with a low voice, and avoids eye contact as a sign of shyness, especially when talking about what she has done. Her facial features reflect her feelings of remorse, sadness and unhappiness for her drug use. She stopped her education at the second intermediate level despite her excellent academic achievement, and is now enrolled in vocational training in the field of sewing and is pursuing her studies by correspondence.

Case (K) is the eldest child of her parents and lives in a conservative family home with her parents, sister and younger brother. Based on the interview data, it is clear that the case has a good relationship with her parents, which is characterised by trust, according to the case's statement "My relationship with my parents is good, they were very trusting of me, even when I said something to them, they forgave me and stood by me until the next day." The relationship with companions was beneficial and revolved around the drug, according to the case: "It was an empty company." As for her relationship with the other sex, she had a relationship with an older man for about one year, which developed into a sexual relationship under the influence of the drug, until her parents discovered her drug use.

The case started using substances at the age of 11, where the first experience was smoking (tabac) at the rate of one or two cigarettes per week, as the case testified in her statement: "I started to change my girlfriend's cigarettes until I liked them every time." The situation evolved to the point of addiction to smoking, which lasted for about a year, until she turned to the consumption of narcotic drugs (Lyrica) at the rate of two tablets per week and smoking (Tabac) on an almost daily basis out of imitation of friends and the search for pleasure "I wanted to try it, I liked it, so I started with a couple of pills in the navel and after that, I developed and did not need it to feel the

euphoria". The case began to increase the consumption of narcotic drugs to obtain a greater euphoria and enter the stage of dependence on the substance.

Case K obtained drugs through her friends in middle school who would use them together either in the middle school toilets or on the street, and the person she was romantically involved with would provide her with Lyrica tablets "every time I met him, he would say, 'Let's get high'".

The addictive substance has become a large part of the examinee's life, after it was initially just a desire to discover something unknown that she wanted to know, and its effects later on her psychological health and relationships, especially in the absence of the drug, as the case acknowledged this through her statement: "It was unconventional so as not to show my weakness in front of my friends, but it has become necessary, and I have to take it to control my psyche and behaviour." This indicates the case's low self-esteem and the emergence of psychological and physical dependence on the drug, which made the family in a state of constant suspicion through the case's unfamiliar behaviours, such as demanding more money, frequent leaving the house on holidays for unconvincing reasons to the parents.

In addition to the isolation and introversion favoured by the case and avoiding any family gathering, according to her statement: "My family started to suspect me when I started asking for more money and going out of the house for no reason, but they couldn't find evidence against me because I was taking precautions very carefully, which encouraged me to continue using." The family's suspicions persisted until they were in a traffic accident, which made them go to the hospital and undergo tests, where the parents confirmed after the results of the case's analyses, which showed a high level of drugs in her blood. The case's addiction to narcotic substances disrupted her relationship with her family, suspending her from her studies in the third year of middle school, in addition to constantly questioning her every behaviour and limiting her freedom to the point of preventing her from going out on her own. It also affected her psychological and physical condition through the appearance of symptoms such as body tremors, rapid heart palpitations, shortness of breath, in addition to fits of anger in the case after withdrawal from narcotic substances, with the appearance of aggression directed towards the outside through her behaviour with her parents and brothers, as the case reached the point of verbal violence with her mother and physical violence to her brothers, as the case explained: "I was having severe fits of anger for the slightest reasons due to the deprivation of narcotic drugs "

In addition to the aggressive self-directed behaviour that manifested itself in the form of intentional body injury that we observed during the clinical interviews and her feelings of guilt, self-blame and remorse as the case stated: "Every time I remember, I hurt my body because of the people who got me into this situation." This statement proves the presence of self-destructive tendencies in the case, in addition to suicidal thoughts, as the case committed suicide by taking a large number of medications "I wanted to commit suicide and kill myself because I brought myself to this state" .The request for treatment was made by the parents, with the case also insisting on

treatment to overcome this addiction and the effects it has had on her life and behaviours towards herself and her family.

Through clinical observation and interviews, one notice that the case (K) is very soft-spoken and speaks in a low voice and most of her answers are stereotypical, accompanied by gestures of sadness, remorse and shame with always blaming herself, guilt, low self-esteem, isolation and introversion. She sometimes gets angry and speaks impulsively with continuous crying during conversation, especially when she mentions how she entered the world of drugs and addiction, which she did not care about the risks at first, in addition to avoiding any eye contact, speaking with her head bowed, with trembling hands, anxiety and tension, and initially trying to hide the effects of the wounds she had inflicted on her body. This reflected the expressive image of the case's death wish, which translated in the form of aggression directed towards the self, through the case's statements, the wounds, the suicide attempt, and her subconscious endeavour to destroy the self.

4. Discussion of the Results

Based on what is formulated in the theoretical aspect of the study, the methodological and technical aspect and the tools of the study, and through the presentation of the case (K) through both interviews and observation and analysis, and the results of the Rosenweg projective test, it was confirmed that drug addiction in adolescents is an expression of a destructive impulse, as the case showed through the interviews a death impulse, in the form of destruction and self-destruction and aggression directed against the self, in the form of self-destruction and destruction. This is consistent with the test results of the IA responses indicating self-directed aggression, as well as the I, i, and M responses indicating guilt, avoidance, self-blame, and feelings of inferiority. This is confirmed by matching the study (Oshikh Noura, 2021) entitled "A clinical study of some personality traits of drug-addicted adolescents, namely aggression and inferiority, whose results revealed that they are characterised by feelings of inferiority as an expression of a negative self-evaluation. In addition, externalised aggression is directed outwards in the form of verbal and physical aggression, and internalised aggression is directed inwards through addiction and suicide attempts. Freud (S. Freud) confirmed this by considering that the tendency to aggression is the result of the death drive, defining it as a tendency towards self-destruction in the first place (Jacques Van Rillaer, 2019); he explained that death drives directed outwards can merge inwards (S. Freud, 1981), on the one hand there is a tendency to be directed towards the self.

The Aggression does not only apply to the relationship with the subject or the self, but also to the relationship between the components of the psychological apparatus through a conflict between the superego and the ego. This explains the psychological fragility that characterised the case (K) as a result of the dominance of the continuous conflict within the psychological apparatus caused by the death fantasy, which was invested by the ego in the form of aggression directed towards the self and its destruction. This indicates that the ego is unable to control the individual's emotions

and attitudes, which was found in the test results through the low percentage of ED responses, which indicated the weakness of the ego.

Marsay and Brunor (2011) emphasised that "the process of addiction is seen as a protection of the ego, which is characterised by fragility and threatened in its perfectionism" (Samir Mohannad, 2018). On the other hand, psychoanalysis has emphasised the role of drug in protecting the ego from disintegration, as Fenichel acknowledged: "There is a correlation between the weakening of the ego and the need for immediate gratification in the addict." (Marcelli, Braconnier, 1988: 319); meaning that an individual with a fragile ego resorts to addiction in order to strengthen it, but it is considered as a destructive behavior that is unconsciously directed towards him. This agrees with Hoggett, Kugler, (1991: 62); that the drug addict has a weak self, a fragile psyche and maladaptive emotions, characterised by anxiety, constant stress and an inability to satisfy their needs. This is consistent with Benoni's explanation (Benony, 2004: 43). He explains how emotional dysregulation contributes to the formation of self-destructive behaviours due to the reduction of the attachment process at psychological level, or due to the unsuccessful management of the individual's internal conflict. This reflects the triumph of the destructive impulse (death impulse) and is based on self-aggression as its means of expression. Self-aggression here represents a force of disintegration and fragmentation, as Klein (1943) pointed out (Klein, 1943).

In addition to what Bergeret (1979) points out, aggression appears complex among them (physical and conceptual), and manifests itself in the desire to dominate, fission and disintegration, and here the relationship with the death wish appears; primitive aggression appears as an expression of the death wish, such as automutilation, i.e. deliberate cutting of the body, biting, head-banging, cauterisation with cigarettes. This is also the case with the delinquency of suicide and addiction. In addition to guilt, self-blame, self-flagellation, feelings of inferiority and low self-esteem, isolation and introversion, maladjustment to the external environment and disturbed social relationships.

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