Drug Dependence - Family (History)

and Globalization – a Journey to an Unknown World

ImFT
Dr. Ruthard Stachowske
Schlesienstr. 2
21391 Reppenstedt
Germany
Tel.: 0 41 31 / 6 32 00
Mobile: 0160 / 7245784
E-Mail: ImFT@stachowske.de
E-Mail: ruthard@stachowske.de
www.stachowske.de

I should like, today, to undertake with you a journey to the unknown world of this problem – and together with you to study the repressed history and as yet hidden and inexplicable causes of the global drug epidemic.

- **there is a connection to the drug user's family generation system, and if so,**
- **to what extent aspects of contemporary history have influenced the development of the generations.**

The development of drug dependencies in the modern world is, amongst other causes, the result of the repressed historical globalization strategy pursued by European politics and the European pharmaceutical industry.

Fears expressed in the current globalization debate regarding the effects of globalization have long since been exemplified by the dramatic nature of the drug epidemic.

This contemporary reality can only be understood if the cultural history which was generally repressed but was a condition for the existence of drug dependencies, is assessed anew

It is to this, as yet largely enigmatic history, that I would like to introduce you today. We will, then, be dealing with “two histories”

- **with family histories and the repressed elements of these histories**
- **with the history of drugs as an aspect of our cultural history and, again, with the repressed elements within this history.**

It was events in my life which “seemed to be purely coincidental” which led me to discover this “repressed history”

Coincidence no. 1

I then returned to Germany with my son and “the most important things that we were able to carry”.

It was not until later that I realized that I had traveled almost exactly the same distance to Germany with “the essentials I was able to retrieve” as my parents had covered on their flight from the 2nd World War 45 years earlier.

Coincidence no. 2

„The experts heard in two inquiries in 1893 and 1900 were doctors, pharmacists and two industrialists from the pharmaceutical industry. According to Lewin, of the first two professional groups approximately 50% were addicts. Industry was not alone in its interest in high consumption rates of the toxin; from 1893 onwards there was a tax specifically on opium.”

... that in the generations before me exactly the same drugs featured in the lives of our fathers, grandfathers and great-grandfathers as those which figure today, i.e. codeine, cocaine, heroin, Polamidon (methadone). I realized that there had to be a connection between the past and the present – and that this applied more or less worldwide.

I realized that there had to be a connection between the past and the present – and that this applied more or less worldwide.

I should now like to present the scientific part of my discourse, the explanations for the development of the intergenerational conditions leading to addiction and a discussion of the influences of contemporary history.

In 1968 Petzold founded the first European Therapeutic Community, “Le quatre Poids”, in Paris. This is generally seen as pretty much the beginning of “theory and practice” in European drug support. In the years before 1968 we learned the professional approach of our founding years from the USA – and as such I also refer here to North American approaches.

The Paris scheme focused around humanist psychology, a focus which was later adopted by essential elements of the drug support system as a whole (Petzold 1989,4), thus following an approach which centered on the individual.

Such a focus on the individual, however, obscures in a manner of speaking the view of the microsystem family, and the macrosystem society and culture with its sustained influence on the development of individual life patterns.

“Our form of life is connected with that of our parents and grandparents through a web of familial, local, political, and intellectual traditions that is difficult to disentangle—that is, through a historical milieu that made us what and who we are today. None of us can escape this milieu, because our identities, both as individuals and as Germans, are indissolubly interwoven with it.”

(Habermas 1986/1, quoted in Heimannsberg 1992, 18)

- there has been an established form of transgenerational knowledge transfer in European culture since the period of Greek economic science and Roman agricultural teachings.

They rely on the strength of a child's desire and instinct to imitate as something which creates in a child a desire to be "the same" as his parents. […] The parents' example is viewed as a "light", a "rope", a "signpost" or "footsteps". […] The authors are harsh on parents who do not comply with this. Notwithstanding any other efforts they might make, Fischer accuses them of "murdering their own children".

(Hoffmann 1954, 156)

“Illness always occurs when the just balance of the parts is disturbed, in an organism just as in a state” And, further, “The ‘foolish states’ include ‘bartering states’, prosperous and consumer states of all kinds and, last but not least the ‘violent state’ in which everyone’s goal is centered on violence and submission. […], but have lost sight of justice as a goal”.

(Lauer 1994, p. 182)

“Thus, it is not in fact emulation of the parents’ example but of their super-ego which is instrumental in forming the child’s super-ego; it is filled with the same content, and becomes the bearer of tradition, of all the enduring valuations which have been passed down in this way from one generation to the next … Mankind never lives entirely in the present; the past, the tradition of the race and of the people lives on in the ideologies of the super-ego, and only slowly does it give way to the influences of the present, to the new and to change. And as long as it operates through the super-ego the past plays a powerful role in human life, a role which is independent of economic circumstances “.

(Freud in: Massing, Reich, Sperling 1999, preface – own translation)

“What was silent in the father speaks in the son and often I found the son to be the unveiled secret of the father”.

(Friedrich Nietzsche, a German philosopher, 1883)

Intergenerational family therapy

“The evident pattern of disorder in the individual is, thus, simply an expression of an intergenerational process in which this “individual patient seeking therapy is no longer able to cope alone with a historical process of a specific sub-culture”.

(Massing et al 1992, 47)

Conflicts which appear to be current conflicts in the life of individuals are the reproduction of an unprocessed state of conflict which has been passed down unconsciously through the family, the current atmosphere within the family is the reproduction of an earlier condition in the family system. "Basically, the same thing happens over and over again. […] [as] what used to be affects what is today, and the various developmental epochs of the past are still influential in the present"

(Massing et al 1992, 21)

“The entire society of any new upcoming generation may bear the burden of a guilt for which they themselves are not responsible.”

(Boszormenyi-Nagy/Spark 1990, 88)

The holocaust and its consequences for later generations, together with the collective repression of National Socialism teach us to understand the existential dimension of intergenerational processes.

Contemporary history as a factor in the family system of generations

This means that the effects of precisely these influences on generational development ought to be understood in therapies. Those involved from a therapeutic perspective are called to take a close look at the historical and cultural historical context in which the processes of familial and intergenerational development of the family has taken place.

The result was the rise of dependence, amongst other things, on the opiates, such as morphine from 1826 onwards, codeine from 1832, heroin from 1898 and Polamidon (methadone) from 1942 onwards; cocaine from 1860 and LSD from 1943. (…) The existence of identical drug substances in the past and today would seem to justify saying that the current drug epidemic has a history which can be traced back to approximately 1826.

It is, thus, evident that the current drug epidemic is not a new one; on the contrary, it is merely an "updated" form of an epidemic which originated in the early 19th century.

“The misdeeds of the fathers will continue to afflict right down to the third or fourth cohort”

(Römer II)

All known drugs and the production of their synthetic derivatives were originally developed and globally marketed in Europe, and here specifically in Germany, and, to a lesser extent, in France.

1.

In the period after about 1500 Paracelsius (1493-1541) was a major new influence in medicine. It was as a result of his “new” teachings on medicine that the use of chemical-pharmaceutical substances became standard in medical practice. Since this time the alchemists, and later the chemical and pharmaceutical industries, have provided the medical world with the substances it has needed for its work.

2.

In the 19th century, considered in Europe to be the century of the sciences, the drug substances we know today such as morphine, codeine, cocaine and heroine were synthesized and later patented. Due to scientific development and the tremendous research drive in this period, new products were developed, manufactured industrially, sold and distributed.

3.

In the course of the 19th century the chemical and pharmaceutical industry developed from small pharmacies to a large-scale industry. This meant that the discoveries of the century of science could be directly realized by the chemical and pharmaceutical industry in the form of products, this branch of industry then producing the newly developed drug substances and marketing them worldwide. Around the year 1900 approximately 750 chemical-pharmaceutical factories were founded in Germany alone.

4.

In 1806 the apothecary Friedrich Wilhelm Sertüner of Paderborn, Germany, synthesized morphine, the actual active psychotropic ingredient of opium. This was the “discovery” of the process by which drug substances are chemically or pharmaceutically synthesized; the process was publicized throughout Europe from 1821 onwards.

5.

In 1826 the German apothecary, Friedrich Emanuel Merck of Darmstadt, Germany, read of Sertüner's discovery and set about large scale industrial production of morphine. Only a few years later he had more than 100 customers throughout Europe to whom he delivered morphine; in the years to follow he also supplied them with codeine and other drug substances.

6.

Up until about 1920 drug substances were either

- freely purchasable/available throughout the world
- or were available on medical prescription and thus obtainable through doctors

It has been proven that the substances were widely available in pharmacies/drug stores and as additives in other products such as snuff, wine, beer, chewing gum, cigarettes etc.

7.

In the 19th century the European chemical and pharmaceutical industries, and German industry played a leading role here, began to produce and market these drug substances worldwide within the scope of a global economic strategy. In the medical literature to which I have access, there is an increase, from no later than 1860 onwards, in the number of unambiguous references to a drug epidemic involving various substances and resulting from the use of these psychotropic substances.

In other words, these factors went to initiate drug dependencies over the five generations before our own, dependencies which could not but arise as a result of this usage of drug substances and which mark the beginning of the drug epidemic.

… The export of coca leaves from Peru developed as follows:

1877	7 955 kg	1899	312 000 kg	1906	2 842 916 kg
1891	123 543 “	1900	566 000 “	1911 [12)]	602 000 “
1894	372 360 “	1901	610 000 “	1920	453 067 “
1897	494 000 “	1904	901 236 “	1921	87 849 “
1898	407 000 “	1905	1 315 825 “	1922	124 357 “
				1923	907 335 “

Source: Redlich “Rauschgifte und Suchten” (Narcotics and Addictions), 1929.

… In addition to Hamburg, New York also became a port trading in coca and importing the leaves from Peru

1905/6	1 183 000 kg	1908/9	491 000 kg
1906/7	676 000 "	1909/10	316 000 "
1907/8	282 000 "	1910/11	548 000 "

Source: Redlich "Rauschgifte und Suchten" (Narcotics and Addictions), 1929.

… Java's export (of coca leaves, the author) developed as follows:

1904	25 836 kg	1911	747 627 kg	1919	994 203 kg
1905	67 000 "	1912	1 065 376 "	1920	1 707 438 "
1906	122 000 "	1913	1 332 311 "	1921	1 072 673 " *
1907	200 000 "	1914	1 353 270 "	1922	1 283 503 "
1908	417 000 "	1915	776 939 "	1923	907 335 "
1909	380 000 "	1916	136 853 "	1924	1 118 000 "
1910	430 000 "	1917	179 172 "	1925	982 765 "
		1918	494 184 "	1926	1 043 613 "

„…

nach	1920*)	1921	1922	1923	1924	1925
Niederlande	1 397 820	677 000	903 290	590 073	791 000	658 850
Singapore		5 000				
Japan	295 428	455 000	378 307	363 619	274 000	309 397
Deutschland			656	8 800	53 000	14 518
Spanien			1 250			
Ver. Staaten				25 843		
d. h. insgesamt	1 707 438	1 137 000	1 283 503	907 335	1 118 000	982 765

…"

Source: Redlich "Rauschgifte und Suchten" (Narcotics and Addictions), 1929.

… Import of coca leaves to the USA:

1918	612 000 kg	1921	175 998 kg	1924	94 927 kg
1919	361 000 “	1922	15 005 “	1925	49 958 “
1920	288 000 “	1923	132 200 “	1926	110 383 “

Source: Redlich “Rauschgifte und Suchten” (Narcotics and Addictions), 1929.

… World opium production in 1906 and 1922 shows […] The following quantities were produced:

in 1906 [79]	
Kleinasien und Mazedonien	480 000 kg
Persien	850 000 “
Vorderindien	7 000 000 “
Hinterindien	5 000 “
China	35 300 000 “
Mittelasien	?
Insgesamt	43 635 000 kg

in 1922 [80]	
Bulgarien	10 000 kg
Griechenland	22 700 “
Jugoslavien	107 000 “
Aegypten	2 300 “
Türkei	295 000 “
Persien	205 000 “
Afghanistan	11 750 “
Turkestan	20 000 “
China (wahrscheinlich viel zu niedrig)	1 997 000 “
Indien (einschl. Burma)	887 000 “
Indochina	4 700 “
Japan (einschl. Korea und Formosa)	5 000 “
Siam	7 000 “
Insgesamt	3 574 450 kg

…“

Source: Redlich “Rauschgifte und Suchten” (Narcotics and Addictions), 1929.

… According to the figures of the German-Turkish Association (Deutsch-Türkische Vereinigung) the following quantities were exported to:

	1923	1924
Deutschland	31 881 kg	54 539 kg
den Vereinigten Staaten	20 473 “	11 533 “
Italien	4 483 “	15 208 “
Frankreich	100 771 “	79 009 “
England	19 331 “	36 999 “
Belgien	--- “	5 608 “
Syrien	--- “	2 005 “
Holland	6371 “	111 651 “
Aegypten	5 169 “	6 266 “
Griechenland	11 607 “	17 635 “
anderen Ländern	--- “	36 946 “
d. h. insgesamt	200 086 kg	377 399 kg

Source: Redlich “Rauschgifte und Suchten” (Narcotics and Addictions), 1929.

Raw opium imports to morphine producing countries in kg

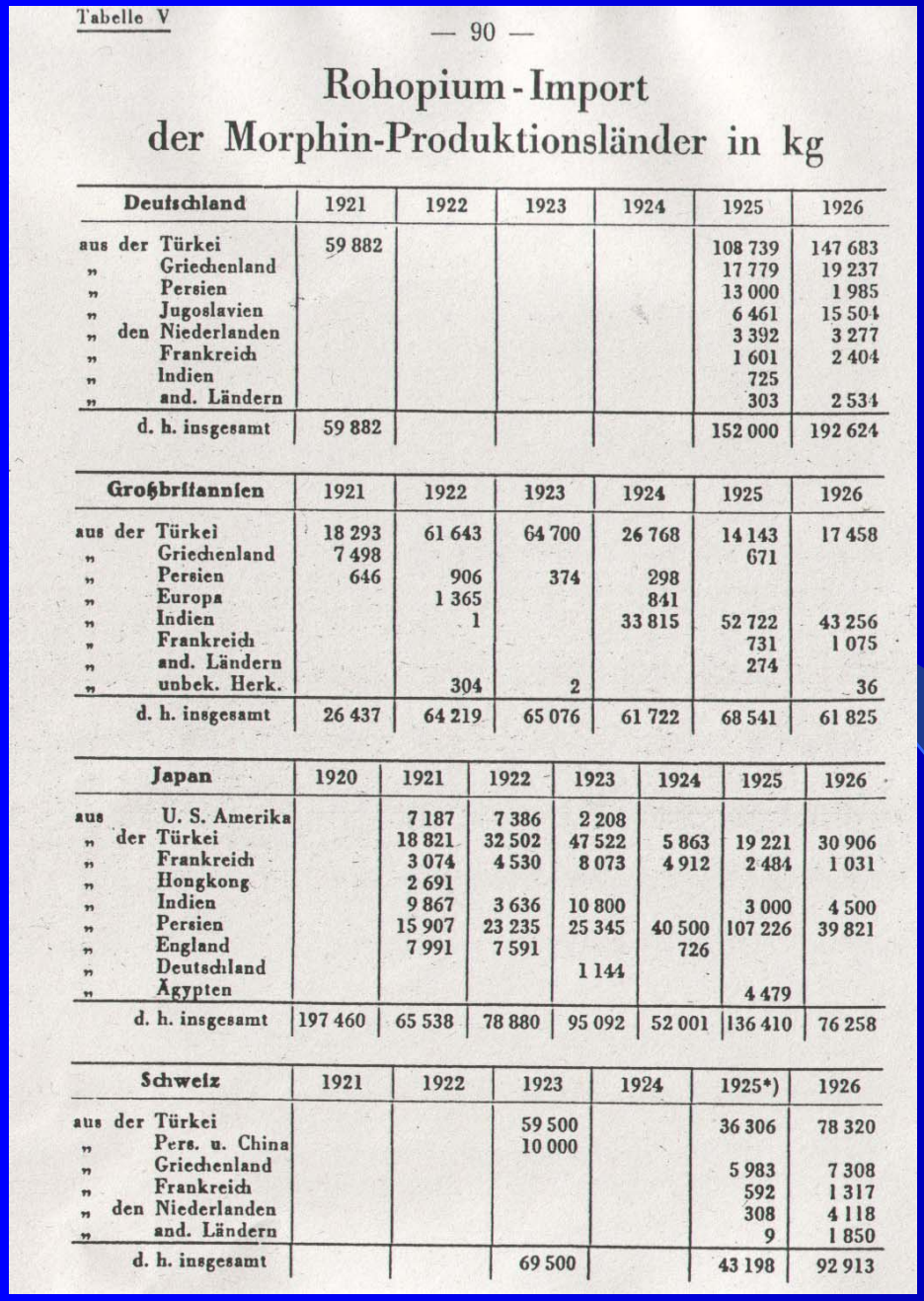


Tabelle V

— 90 —

Rohopium-Import der Morphin-Produktionsländer in kg

Deutschland	1921	1922	1923	1924	1925	1926
aus der Türkei	59 882				108 739	147 683
„ Griechenland					17 779	19 237
„ Persien					13 000	1 985
„ Jugoslavien					6 461	15 504
„ den Niederlanden					3 392	3 277
„ Frankreich					1 601	2 404
„ Indien					725	
„ and. Ländern					303	2 534
d. h. insgesamt	59 882				152 000	192 624

Großbritannien	1921	1922	1923	1924	1925	1926
aus der Türkei	18 293	61 643	64 700	26 768	14 143	17 458
„ Griechenland	7 498				671	
„ Persien	646	906	374	298		
„ Europa		1 365		841		
„ Indien		1		33 815	52 722	43 256
„ Frankreich					731	1 075
„ and. Ländern					274	
„ unbek. Herk.		304	2			36
d. h. insgesamt	26 437	64 219	65 076	61 722	68 541	61 825

Japan	1920	1921	1922	1923	1924	1925	1926
aus U. S. Amerika		7 187	7 386	2 208			
„ der Türkei		18 821	32 502	47 522	5 863	19 221	30 906
„ Frankreich		3 074	4 530	8 073	4 912	2 484	1 031
„ Hongkong		2 691					
„ Indien		9 867	3 636	10 800		3 000	4 500
„ Persien		15 907	23 235	25 345	40 500	107 226	39 821
„ England		7 991	7 591		726		
„ Deutschland				1 144			
„ Ägypten						4 479	
d. h. insgesamt	197 460	65 538	78 880	95 092	52 001	136 410	76 258

Schweiz	1921	1922	1923	1924	1925*)	1926
aus der Türkei			59 500		36 306	78 320
„ Pers. u. China			10 000			
„ Griechenland					5 983	7 308
„ Frankreich					592	1 317
„ den Niederlanden					308	4 118
„ and. Ländern					9	1 850
d. h. insgesamt			69 500		43 198	92 913

Resulat Germany 1921-1926

404 506 kg

Resulat Great Britian 1921-1926

347 820 kg

Resulat Japan 1920-1926

701 639 kg

Resulat Switzerland 1921-1926

205 611 kg

Total Resulat 1 659 576 kg

Tabelle V Fortsetzung

Rohopium-Import der Morphin-Produktionsländer in kg

U. S. Amerika	1920	1921	1922	1923	1924	1925	1926
aus Frankreich			27				
„ Griechenland			11 016		10 778	9 762	20 434
„ d. Türkei			33 419		11 958	28 030	22 624
„ England			16 809		16 961	7 420	5 549
„ and. Ländern						455	364
d. h. insgesamt	102 000		61 271	5 120	39 697	45 667	48 971

Frankreich	1920	1921	1922	1923	1924	1925	1926
aus England	900	400		500	300		
„ Griechenland	1 600	3 000		1 300	1 400	4 800	6 100
„ d. Türkei	6 800	3 400		5 100	4 800	15 400	30 900
„ Dänemark		300					
„ Deutschland				1 100	100		
„ Italien				300			
„ Jugoslavien				1 000	200	5 200	3 500
„ Belgien					100		
„ Indien				300			
„ Syrien						1 000	
„ and. Ländern	200			200	300	1 000	700
„ Frz. Guyana						500	
d. h. insgesamt	9 500	7 100		9 800	7 200	27 900	41 200

Holland	1921	1922	1923	1924	1925	1926
aus Deutschland	68		234	68	1 446	1 290
„ England	309	39	30	109		
„ Griechenland	2 634	530	561	50	157	924
„ d. Türkei	1 875	3 145	12 146	4 691		226
„ Curaçao			7			
„ Frankreich				25		
„ Niederl. Indien				12		
„ d. Schweiz					540	
„ and. Ländern					82	57
d. h. insgesamt	4 886	3 714	12 978	4 955	2 225	2 497

Raw opium imports to morphine producing countries in kg

Resulat USA 1920-1926

302 726 kg

Resulat France 1920-1926

102 700 kg

Resulat Netherlands 1921-1926

31 255 kg

Total Resulat 436 681 kg

1806 – Sertürner isolates morphine in Paderborn, Germany

1826 – Friedrich E. Merk begins large-scale industrial production of morphines in Darmstadt, Germany

1833 – Codeine is isolated

1856 – First injection of opiates is described in Schlangenbad near Frankfurt, Germany

1860 – Cocaine synthesized by Niemann in Göttingen, Germany

1864 – Eder first publishes a description of physical withdrawal from morphine

(Erlenmeyer, 1888).

1874 – Between 2.3 and 5.4 t of morphine are produced annually in Prussia, Germany.

1874 – Prof. Dr. Lewinstein and Dr. Fiedler introduce the concept of “morphine addiction” to the medical and scientific world.

These were the first recognized definitions of drug dependence in the form of dependence on opiates, in this case morphine addiction as a new and specific disease – explanations of these definitions can be found today in DMS IV.

(cf. Kreutel 1988, p.251; Erlenmeyer 1888)

1875 – Codeine used as a substitute drug for morphine and cocaine addicts throughout the world.

1878 – Bentley, USA, recommends cocaine as a substitute drug for morphine addicts (Erlenmeyer 1888, p.446).

1885 – Love, USA, warns against using cocaine as a substitute for morphine: “The patient who took cocaine to come clean of morphine became dependent on cocaine”

1884 – Laurance, France, writes on “Morphinism among children”. This is, to my knowledge, the first study on the antenatal effects of drug substances.

1886 – Dr. Pamberton develops French-Wine-Coca in America. This syrup, which contains cocaine, is sold as a medicine and also advertised as a substitute and withdrawal drug for alcoholics and morphine addicts.

The drink, French-Wine-Coca was re-named “Coca-Cola” in 1886; such is the history of the beverage Coca-Cola.

1898 – As a result of the drug epidemic in the 19th century the chemical and pharmaceutical industry began to look for effective medicines to deal with drug diseases. In 1898 such a drug was patented in Germany; IG Farbenwerke, Germany, now Bayer-Werke, registered a patent on heroin. (It was this same company which produced Zyklon-B, the gas which was used in the murder of Jews, and Luminal, with which children were killed in the euthanasia program).

1900 – Heroin is used in pediatric practice.

1909ff – The Opium Conferences

As a result of the escalation of the drug epidemic worldwide, the first Opium Conference was held in Shanghai in 1909 and the second in The Hague in 1912. In the course of the third Opium Conference held in Geneva from 1920 ff the availability of heroin, codeine, cocaine and cannabis was severely restricted and sanctioned under international law. It is this agreement which explains the current “illegal status” of drug substances. Up until this date these substances were either sold freely or were subject only to the pharmacy laws.

1911- Luminal is developed by the IG- Farbenwerke, Germany. This is the substance with which the post-natal withdrawal symptoms of children are treated today.

But it is also the substance with which children were killed in the euthanasia program.

1926 – As early as 1926 the term “aitsch” was used for heroin in the Hamburg (Germany) drug scene – this term is still used today in Germany and the rest of Europe.

1942 – Polamidon (methadone) is synthesized and produced by the IG Farbenwerke, now Bayer Werke/Germany, who also make other products such as Lipobay and Aspirin.

1945 Drugs and National Socialism

In the immediate post-war period it became evident that the Nazis had produced enormous quantities of drugs, quantities reported in chronicles as being “sufficient for many armies”.

Amphetamines (including Ritalin) were developed in the National Socialist state as a substance with which to manipulate the sleeping/waking pattern of, for instance, submarine or flying staff.

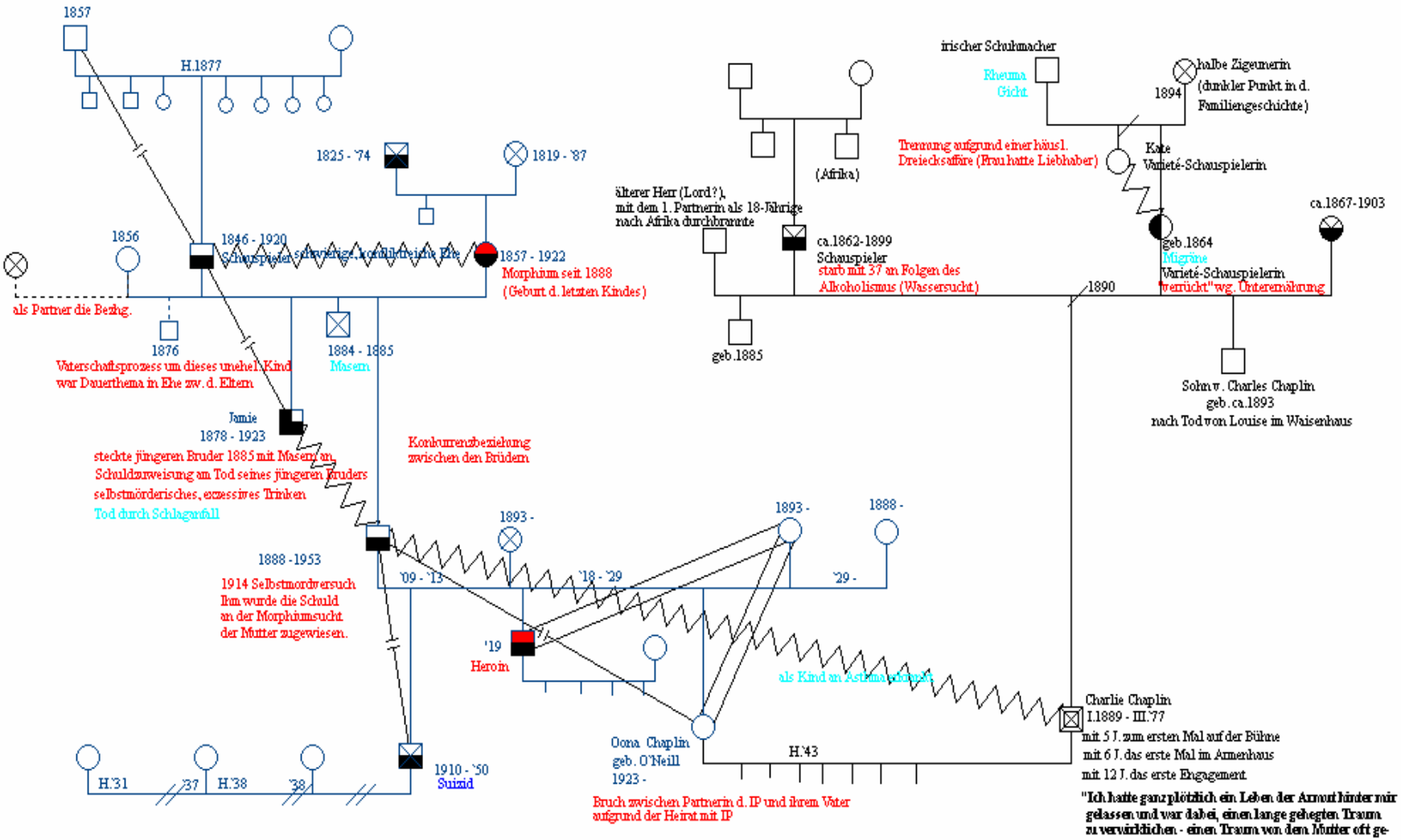
1955 – 1958 Problems of addiction in post-war Germany

“Whilst the morphine group was still clearly prevalent up until 1948 (…) this group is replaced by polamidon in the years which follow; this substance became increasingly popular as it did not originally count as an addictive drug …”

“It is thus that the type of addict evolves who ends up taking an uncontrolled combination of morphine, dolantin, polamidon, eukodal, pervitin and panodrom” (Dobroschke 1955, p.1184)

In this sense, the “old” generation knows what the “young” of today are doing.

Genogramm der Familie O`Neill
erarbeitet nach McGoldrick/Gerson
1990, S. 80 ff. und Chaplin:
"Geschichte meines Lebens"
1998, S. 11 ff.



“The hat on the crook’s head is burning.” (Yiddish saying)

Each drug addict of today is inevitably bound up in the history of drug epidemics – just as is everyone who deals professionally with this issue!

In this multigenerational perspective, connections become apparent which go far beyond the influence of the addict's family of origin (Herkunftsfamilie). The multigenerational growth of family systems has taken place in a social and cultural context which has encouraged the manifestation of drug-dependent life histories!

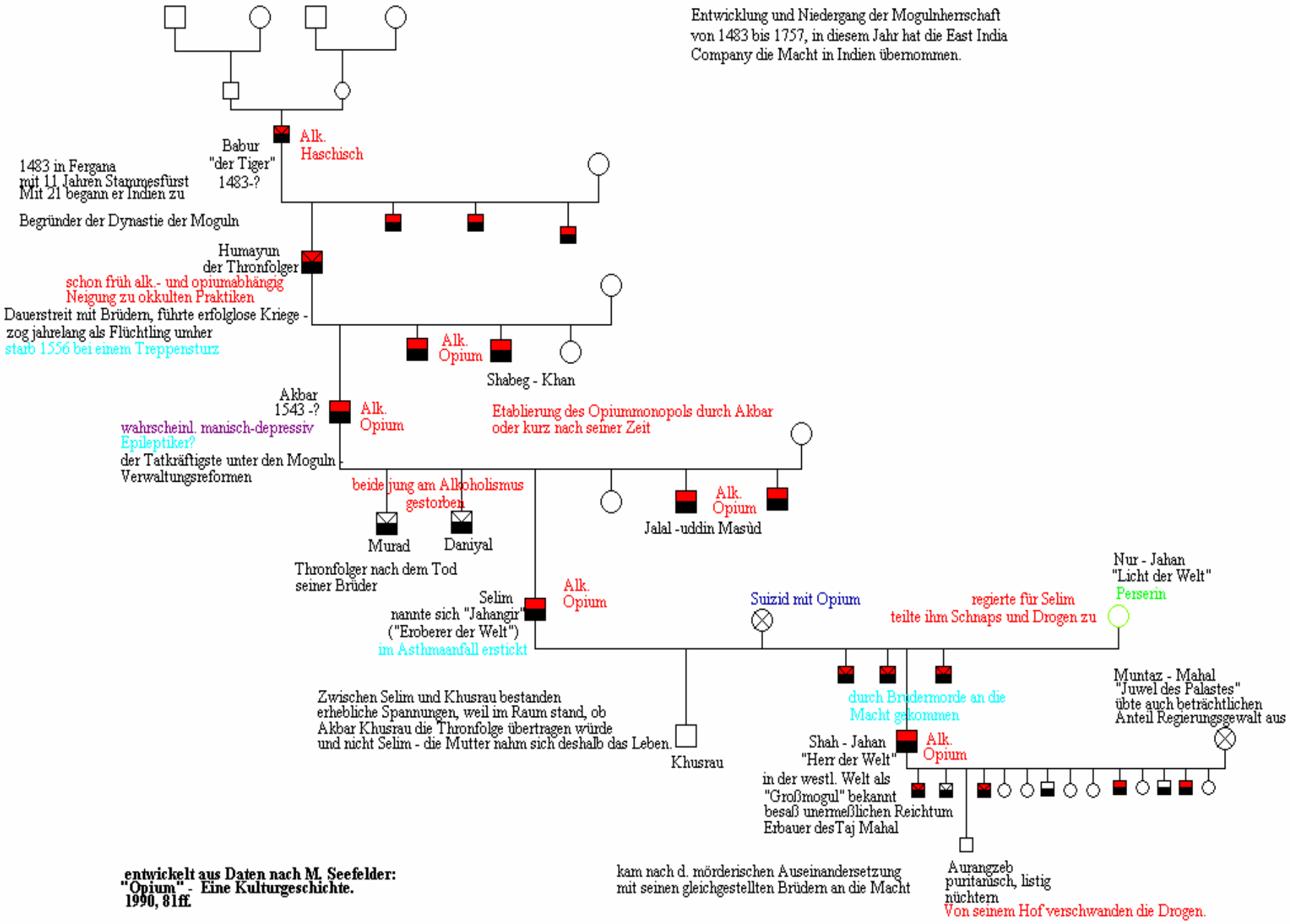
It becomes clear how instrumental the activities and the globalization strategy of the European chemical and pharmaceutical industry were in the manifestation of the historical drug epidemic.

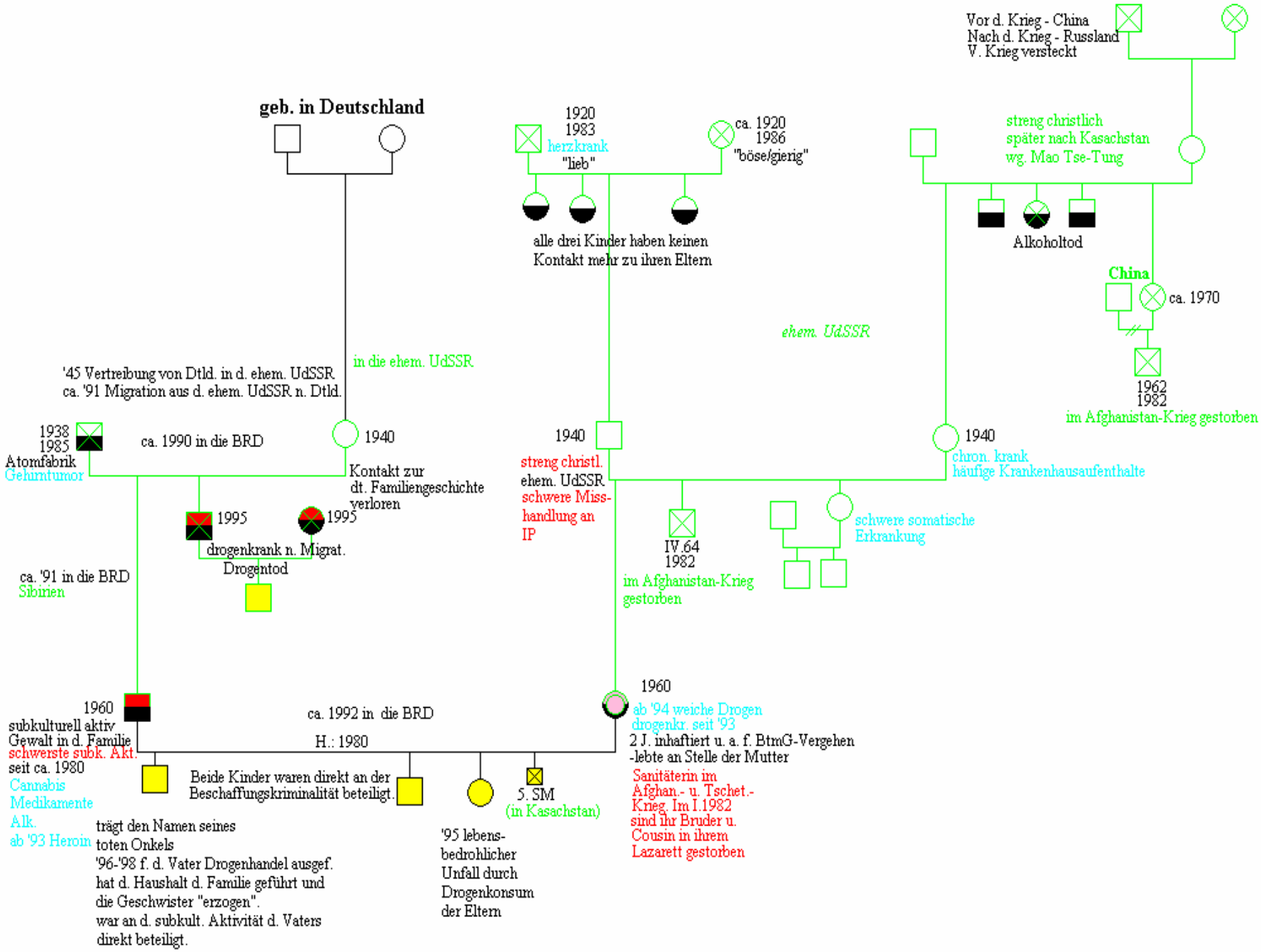
Drug dependencies develop in a specific relationship to culture and are a part of culture!

Time for Questions and Discussion

Break

The intergenerational development of drug dependence


Entwicklung und Niedergang der Mogulnherrschaft
von 1483 bis 1757, in diesem Jahr hat die East India
Company die Macht in Indien übernommen.
Babur
"der Tiger"
1483-?
Alk.
Haschisch
1483 in Fergana
mit 11 Jahren Stammesfürst
Mit 21 begann er Indien zu
Begründer der Dynastie der Moguln
Humayun
der Thronfolger
schon früh alk.- und opiumabhängig
Neigung zu okkulten Praktiken
Dauerstreit mit Brüdern, führte erfolglose Kriege -
zog jahrelang als Flüchtling umher
starb 1556 bei einem Treppensturz
Alk.
Opium
Shabeg - Khan
Akbar
1543 -?
Alk.
Opium
wahrscheinl. manisch-depressiv
Epileptiker?
der Tatkräftigste unter den Moguln -
Verwaltungsreformen
Etablierung des Opiummonopols durch Akbar
oder kurz nach seiner Zeit
beide jung am Alkoholismus
gestorben
Murad
Daniyal
Alk.
Opium
Jalal -uddin Masüd
Thronfolger nach dem Tod
seiner Brüder
Selim
nannte sich "Jahangir"
("Eroberer der Welt")
im Asthmaanfall erstickt
Alk.
Opium
Suizid mit Opium
regierte für Selim
teilte ihm Schnaps und Drogen zu
Nur - Jahan
"Licht der Welt"
Perserin
Zwischen Selim und Khusrau bestanden
erhebliche Spannungen, weil im Raum stand, ob
Akbar Khusrau die Thronfolge übertragen würde
und nicht Selim - die Mutter nahm sich deshalb das Leben.
Khusrau
durch Brudermorde an die
Macht gekommen
Muntaz - Mahal
"Juwel des Palastes"
übte auch beträchtlichen
Anteil Regierungsgewalt aus
Shah - Jahan
"Herr der Welt"
in der westl. Welt als
"Großmogul" bekannt
besaß unermeßlichen Reichtum
Erbauer desTaj Mahal
Alk.
Opium
kam nach d. mörderischen Auseinandersetzung
mit seinen gleichgestellten Brüdern an die Macht
Aurangzeb
puritanisch, listig
nüchtern
Von seinem Hof verschwanden die Drogen.
entwickelt aus Daten nach M. Seefelder:
"Opium" - Eine Kulturgeschichte.
1990, 81ff.


geb. in Deutschland
1920
1983
herzkrank
"lieb"
ca. 1920
1986
"böse/gierig"
alle drei Kinder haben keinen Kontakt mehr zu ihren Eltern
Vor d. Krieg - China
Nach d. Krieg - Russland
V. Krieg versteckt
streng christlich
später nach Kasachstan
wg. Mao Tse-Tung
Alkoholtod
China
ca. 1970
1962
1982
im Afghanistan-Krieg gestorben
ehem. UdSSR
in die ehem. UdSSR
'45 Vertreibung von Dtld. in d. ehem. UdSSR
ca. '91 Migration aus d. ehem. UdSSR n. Dtld.
1938
1985
Atomfabrik
Gehirntumor
ca. 1990 in die BRD
1940
Kontakt zur dt. Familiengeschichte verloren
1940
streng christl.
ehem. UdSSR
schwere Miss-handlung an IP
1940
chron. krank
häufige Krankenhausaufenthalte
1995
drogenkrank n. Migrat.
Drogentod
1995
IV.64
1982
im Afghanistan-Krieg gestorben
schwere somatische Erkrankung
ca. '91 in die BRD
Sibirien
1960
subkulturell aktiv
Gewalt in d. Familie
schwerste subk. Akt.
seit ca. 1980
Cannabis
Medikamente
Alk.
ab '93 Heroin
trägt den Namen seines toten Onkels
'96-'98 f. d. Vater Drogenhandel ausgef.
hat d. Haushalt d. Familie geführt und die Geschwister "erzogen".
war an d. subkult. Aktivität d. Vaters direkt beteiligt.
ca. 1992 in die BRD
H.: 1980
Beide Kinder waren direkt an der Beschaffungskriminalität beteiligt.
'95 lebens-bedrohlicher Unfall durch Drogenkonsum der Eltern
5. SM
(in Kasachstan)
1960
ab '94 weiche Drogen
drogenkr. seit '93
2 J. inhaftiert u. a. f. BtmG-Vergehen
-lebte an Stelle der Mutter
Sanitäterin im Afghan.- u. Tschet.-Krieg. Im I.1982 sind ihr Bruder u. Cousin in ihrem Lazarett gestorben

Insights gained

The development of drug dependence and the analogy to family (history)

All the clients were socialized in family systems with distinct addictive and/or drug-related problems. This means that the manifest drug dependence was simply an expression of a familial reality which has, as a rule, been repressed.

These cases provided obvious parallels with the history of the drug epidemic, with clients consuming drug substances which were also consumed in “their generations”. So, trans-generational patterns of consumption of identical or pharmacologically similar substances were observed.

Traumas and family history

In all the therapies an analysis of the genograms and the clients' individual development showed significant traumatic effects in the life development process.

It should be mentioned that there was a predominance of multiple traumas in these biographies, and that no case was observed in which single traumas alone affected a life pattern.

These traumata, did not affect clients merely as situation-based experiences in a specific phase of development, but were inherent conditions of socialization, and in this sense an expression of the familial climate.

Transgenerational and unprocessed traumata and conflicts became apparent in all the family systems analyzed, all forming a pattern in the form of very similar conflicts “repeatedly” re-lived through the generations.

Here an unrecognized transgenerational drama becomes evident through the repetition of the generation system's unprocessed traumata, with the clients unwittingly living the role of a deuteragonist.

History in the generation system

History was seen to have had a significant influence on all the family histories. Patterns in the family systems became apparent which, in my view, could lead to completely new insight into the intergenerational development of drug dependence.

In the family histories with which I became acquainted it became evident that perpetrator and victim generations of the Second and sometimes even the First World War formed marriage liaisons. Thus, family systems were founded in which the “children” of National Socialist “actors” in turn married the “children” of victims from this period.

It became clear that incompatible situations were linked to one another in marriage only to re-emerge at a later date causing an escalation in the family's development. In their turn it was the children of these newly founded family systems who became dependent on drugs and who were in therapy.

It seemed as if some inner truth which was forcing its way into the therapy session was finally to be uttered here.

“In our time anyone who persists in remaining behind the couch joins the army of those who through their inactivity make/made the horrors of this century possible.”

(Semmi Speyer 1992, 34)

Drug diseases are the expression of a cultural and not of a sub-cultural process. The sub-culture of the “drug scene” is a part of our culture and must be understood as such.

It is necessary to incorporate political and cultural action into the complex process of therapy. An understanding of the pre-conditions of drug dependency which centers primarily on the person conceals, by definition, responsibilities for the existence of the problem - these lie beyond the responsibility of the multigenerational family system and cannot be mastered by this system alone!

Furthermore, it must be recognized that the development of drug dependencies is a consequence of both politics and of the global activities of European chemical and pharmaceutical companies – this must be recognized as an example of an uncontrolled globalization strategy.

How can we use the insights gained here to provide synergies for therapy procedures in addiction support programs?

We can and must broaden our explanation for the manifestation of drug addiction problems.

New models of prevention are conceivable. For instance, the idea of the therapy chain could be expanded if future therapies, including in-patient therapy, were to involve family systems and generations as soon as it became clear that a patient was developing a drug dependency.

Thank-you very much for your attention so far.

ImFT
Dr. Ruthard Stachowske
Schlesienstr. 2
21391 Reppenstedt
Germany
Tel.: 0 41 31 / 6 32 00
Mobile: 0160 / 7245784
E-Mail: 15048@mail.rz.uni-lueneburg.de
E-Mail: ruthard@stachowske.de
www.stachowske.de