

ÁTJÁRÓK

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MENTAL HYGIENE ASSOCIATION „ANTROPOS“

Case description 2***Imi's request for help****– Short summary –*

The helping work with Imi began when he was still in the pre-decision phase regarding his drug use. Imi was a medium height, thin, pale young man. He came to the first consultation with dark circles under his eyes and a sunken face, and his subsequent physical condition changed depending on whether he took the medications accompanying his (methadone) treatment. It happened that he arrived in a sleepless state, but there were also instances where he managed to arrive after an adequate amount and quality of sleep, then the above symptoms were not visible. His clothes were orderly, his speech coherent, and due to his long stay abroad (he finished the retail and wholesale vocational high school in Germany), he sometimes couldn't remember some words in Hungarian.

Although he did not deny his drug use, he did not attribute a major problem to it either. He experienced the fact that this was a problem for his environment rather than for him. His only motivation for quitting was to please his father. The first few conversations revealed that the tangled web of his family relationships contributes a lot to his drug use. As the family picture unfolded, so did Imi's position regarding drug use. He entered the stage of determination, but his motivation was still often driven by the ambivalent feelings towards his father. The stage of action and maintenance occurred several times with Imi, as does the decline, almost by law. We know from the literature that relapses are almost inevitable, especially in the methadone program. A noticeable blockage in Imi's self-development could be attributed to the time around the formation of object constancy. He was three years old when his younger brother was born. This is the age in which the process of splitting the object and self into good and bad takes place. Sibling jealousy, which is otherwise naturally present, is amplified by the pseudo-motherly attitude, which does not know what to do with a healthy child - we can assume that she could not with Imi, either - but takes care of her younger child suffering from severe diabetes with full devotion and attention. Imi's reaction was splitting, as a result of

which the object does not integrated. The image of the mother remained permanently split between the "bad mother", who only cares about the younger brother's excessive diabetes, resulting in all her attention being focused on caring for the younger child, and the image of the "good mother", who is only a desire.

Later in his life, he constantly invoked this image every time he injected the heroin into his vein with the same movement as the insulin was injected into the arm of his sick brother. The choice of heroin as a drug was not accidental either, as it is the drug that protects the individual from bad experiences: physical and mental pain. The dynamics of the helping relationship were actually constantly determined by the relationship with Imi's parents. Juxtaposing the memories that emerged during the sessions and understanding the connections helped him to realize his true situation.

If we had to place on a scale of 1 to 10, how we got to where we were, then we started with a 3, reached a 5, then fell back to a 2, and from there we ended between a 4 or 5.

During the presentation Imi's case, the other professionals shared the view that there are relatively few tools for external motivation regarding complete cessation or long-term treatment. Especially considering that in the case of Imi, even the support of the environment is ad hoc in relation to the dysfunctional family. It has been said that working with the family can result in some progress, but this obviously requires the determination of the family.