

Natural High Therapy: Encouragement out of Despair

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Now comes the most surprising part of the whole business . . . that you can make any of these cowards brave by simply putting an idea into his head. . . . Man, who in his own selfish affairs is a coward to the backbone, will fight for an idea like a hero. . . . If you can show a man a piece of what he now calls God's work to do, and what he will later on call by many new names, you can make him entirely reckless of the consequences to himself personally. (Shaw, 1951, pp. 622-623)

The Arena

This short report is an outline of a Natural High (the Glass Ark) Drug Dependency Treatment Center (DDTC) outpatient program, now completing its first year of operation. Originally, the program was designed to compensate for the lack of personnel, either trained or otherwise, by combining therapy, training, and research into one program activity. At one time in the program's history, total collapse appeared imminent. Staff was vitally concerned with running a perfect program and in their frustrations appeared to be provoking patients into taking overt and subtle revenge against DDTC rules, regulations, and personnel. The mutual confrontation seemed to be a caricature of an unsuccessful marriage: a holy acrimony in which both sides directed their movements toward the psychological jugular vein of the other. At this time of almost total discouragement, a decision was made to inaugurate Natural High therapy previously described and discussed with staff but never attempted on a large scale (O'Connell, Choren, Wiggins, & Hiner, 1973).

The Final Athlete

The only secure truth men have is that which they themselves create and dramatize; to live is to play at the meaning of life. The upshot of this whole tradition of thought is that it teaches us once and for all that childlike foolishness is the calling of mature men. Just in this way Rank prescribed the cure for neurosis as the "need for legitimate foolishness." The problem of the union of

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religion, psychiatry, and social science is contained in this one formula. (Becker, 1973, p. 202)

The background for the Natural High therapy stems from a 25-year progression in O'Connell's research and therapy with humor, psychodrama, action therapies, death and actualization, and the instrumented lab approach (O'Connell, 1975, in press). Natural High therapy focuses on having participants learn cognitively and experientially the infinite number of ways in which they routinely and unwittingly constrict their sense of worth and their feelings of belonging. O'Connell believes that all psychogenic illness and reactions can be placed within this framework: The contingent and stressful modes of gaining power and self-esteem by becoming hyperdependent on or competitive with other persons. Natural High therapy aims at expanding the individual's sense of significance or worth simultaneously with a growth of cooperation-as-equals with other people. Lecturettes, demonstrations, and role playings focus on the self-training necessary to overcome mistaken negative certainties.

Level 1, the cognitive constriction area, highlights invidious comparisons through which people constrict their happiness; demandments that follow these constrictions; and the negative nonsense of blaming self, others, and life's conflicts for lack of perfection.

Level 2 is similar to Adler's greatly neglected active social interest (O'Connell, 1975; O'Connell & Bright, 1977). The movements of Level 2 correspond to what Adler meant by "courage." On this dimension, persons learn the various ways of encouraging others that are epitomized in a blameless admiration for creative constrictions. In other words, they learn not to preach-and-punish, pamper, and depress themselves over the useless goals of others. Participants learn where interpersonal responsibility, in the way of self-disclosure and feedback (asked for and given), begins and ends. Action therapy, teleodrama, and instrumented lab techniques are used here (O'Connell, 1975).

Level 3 is concerned with transpersonal or beyond-the-ego ideation. Active imagination, guided imagery, meditation, and contemplation are the heart of this level. Level 3 cannot be mastered until the individual has ventured beyond the hyperdependencies, active and passive competitions, denials, and ignorances of Levels 1 and 2 constriction.

Chronic Conflicts

The backbone of the understaffed Glass Ark DDTC has been, since its inception 6 years ago, six ex-addict rehabilitation technicians. The first program director was a psychiatrist. Later, a psychologist, social worker, and two nurses were added, with the former now serving as program director.

The Glass Ark lacked trained personnel and funding to carry out complex research designs and data collection. In deference to the formidable conflicts posed by patients and setting, a pre/post design based on clinical rather than research findings was instituted. The shortage of group counselors stimulated the proposal to videotape the morning Natural High sessions to replay for the evening groups to discuss. Originally, a control group about one-half the size of the experimental groups met in the evenings and discussed videotape playbacks. The video equipment was borrowed, and the staff slowly learned how to operate it on the job. The control groups themselves began to belie their name. Resistance to the program—which was never forced on anyone—slowly transformed into benign acceptance and guarded enthusiasm. Members of the control group assimilated the jargon of the theory, and such discussions could not be terminated by appeal to the canons of research design.

Air conditioning breakdowns in the overcrowded group room along with citywide bus strikes were regarded as detrimental, discouraging, and possibly fatal happenings during the therapy. Yet, in spite of environmental stressors, the program has prospered.

The Sounds of Serendipity

The theory and practice of the Natural High has superseded forever, we hope, the senseless, esteem-destroying confrontations of yesteryear. The staff no longer foolishly assumes the rigid, autocratic stance of blaming and labeling misbehaviors. Patients no longer slash the elevator carpets, burn the bulletin board material, or write obscenities on the walls as they did with daily frequency in the pre-Natural High days. The staff now has a theory in which they can place their own behavior in relation to patients' actions in a hopeful, optimistic manner. By this theory the staff has been brought closer together since there is no confusion about how to handle particular emergencies. The patient population has, as a whole, picked up on the language. One hears behavior described in terms of natural highs, supernatural highs, invidious comparisons, demandments, and negative nonsense even when patients do not realize that staff members are present. Now, we all simply speak the same language. To quote myself:

For over 5 years we have staffed all patients with drug violations to find the real reasons for addiction. As "deeply" as anyone has ventured, nothing more romantic than self-discouragement has surfaced. (O'Connell & Bright, 1977)

Suspensions from the program are now carried out without endless staffings and bickerings. Consequences are communicated well in advance and are regarded as unalterable as the laws of gravity: "That's unfortunate, but you can always reenter the community." Natural High participants are no exception to Glass Ark consequences, which follow failing to work, to attend groups twice a week, or to give "clean" urine samples.

Patients who have successfully detoxified from methadone will now return on occasion to our program and describe before the Natural High group the pains, vicissitudes, and joys of overcoming—at least temporarily—chemical dependencies. The previous lack of role models from the patient ranks had always been one of the great defects of our program. Patients are now bringing their families to Natural High therapy. Patients now have the option to discuss their own behavior in relation to Natural High theory individually, if they bring at least one relative or significant other. In this way the relatives begin using the language and another bond has been started, this time with family and relatives, around the Natural High theory.

Novel ways of relating the meditation of Level 3 to the Natural High therapy have emerged from this study. Meditation is now practiced with the patients as an indirect way of structuring their lives, becoming gentle with themselves, and giving themselves strokes for effort rather than for perfection. Regardless of the direct positive results of meditation, patients learn to be able to structure certain times for activities and, when the mind wanders, not to be severe and destructive with negative nonsense.

They also learn through staff example that an effort at cooperation, self-disclosure, and openness is the key, rather than waiting for perfection before venturing. Through the Natural High, the expected environment for the addict is not looked at with a jaundiced eye but seen as a challenge for more practice in nonchemical modes of reaching and maintaining one's own high. What other answer do we have to the drug addict's prayer, "Dear God, grant me a magic external substance to overcome my need for a magic external substance" (O'Connell, 1976)?

The time in which Natural High becomes understandable shows great variation. Two patients who had perfect attendance over a 6-month period never spoke in the Natural High session. They were allowed to proceed at their own pace, and both are now the most active in the program. With an outpatient clinic and an addictive population, one realizes that patients proceed with extreme variability between and within the population. By focusing on what the patient can do for himself and why he lacks the courage to do so, without applying blame and punishment, Natural High therapy provides a method that is appreciated. In Natural High therapy there is no assumption that a one-to-one relationship in which the past is analyzed in a sick role theory is necessary. Natural High therapy is explained as a very serious game in which patients must practice their skills; and the best practice field is where there are discouraging persons, places, and things.

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