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Submission to Legislative Council Select Committee inquiry into alternate approaches to reducing illicit drug use and its effects on the community.

This submission focuses on the important goal of prevention, and is informed by the writer's extensive involvement in the psychological assessment and treatment of adult offenders and members of the general community in Western Australia since 1977.

Regardless of how or why people first begin to use illicit drugs, the efficacy of the substance to alter or improve their subjective feelings is at the core of psychological addiction or recurring use of the substance. (This is additional to coping with withdrawal symptoms when physiological dependence is an issue).

Research and clinical practice have identified that an important reason why people use illicit substances is for self-medicationⁱ. It is recognised that different substances have various effects on the individual's subjective feelings: many produce euphoric feelings (including the enhancement or prolongation of sexual pleasure), some reduce feelings of pain, some produce an increase in excitement and tension, and some reduce those sensationsⁱⁱ. Some users come to think that by artificially altering their subjective feeling states they achieve an improvement in wellbeing, and may mistake transient feelings of pleasure for happiness.

When I conducted a survey among prisoners at Karnet Prison Farm decades agoⁱⁱⁱ, the use of drugs for stress-reduction was highly relevant. What could be the reason?

From my involvement in preparing psychological assessments of offenders in the WA Justice system over several decades, I discovered that *the factors that motivate a variety of antisocial behaviours, including offences related to drug use, primarily involve the motivational effects of tensions, upsets and pain recorded in memory from adverse childhood experiences, and triggered or re-aroused by life stresses at subsequent points in time*. This understanding was disseminated in a spectacularly unsuccessful media release by the writer in 2008^{iv} which exhorted the media to share information with members of the community that most antisocial activities had common developmental pathways - being *the after-effects and poor problem-solving in regard to emotional states arising from unmet psychological needs in childhood, which can be triggered or aroused by particular life stresses in adulthood*. Attachment B, below, was the supplement in that media release, which outlines the basic issues in regard to antisocial behaviour in general.

At that point (2008), apart from explaining the basic processes which increase the risk of affected children becoming adult offenders, particular reference was made to applying such knowledge to the prevention of adults sexually abusing children. In due course, after a number of conference presentations to professionals^v, the specific knowledge about the role of affectional neglect in traumatic sexualization contributing to child sexual abuse was shared via the publication of an

information booklet^{vi}, and the contents of an educational webpage on preventing child sexual abuse^{vii}. Related content about causation and prevention was also expounded in a submission to a Senate Committee in regard to the factors that underpin domestic violence^{viii}.

The child sexual abuse work stimulated the formation of the Australian Psychological Society's Child Sexual Abuse Issues and Psychology Interest Group, from which several foundation Committee Members contributed to the organizing and content of the First, Second and Third Perth Symposiums on Child Sexual Abuse Prevention, and are currently planning the Fourth, for 2019.

In regard to domestic violence, the Senate Committee overlooked the information about the childhood origins of domestic and other violence (which is abundantly researched and confirmed in the psychological literature, and by therapists such as Jukes^{ix}), in favour of a superficial and simplistic feminist perspective that says that it is males putting females down and treating them as inferior, which is at the root of that problem. Yet my psychological assessments of persons involved in catastrophic domestic crimes showed that the most violent of men who could not handle rejection or perceived abandonment in relationships were mostly former infants or young boys who carried powerful feelings of powerless and helplessness arising from childhood separation from a primary carer – a type of trauma identified many decades ago by the British Psychiatrist John Bowlby in his work on child care. anxiety, depression, loss, and attachment^x. So men who are controlling and jealous by nature develop that coping style involving jealousy and controlling behaviours to reduce felt vulnerability and anxiety associated with helplessness and an inability to trust, based on early childhood trauma and/or neglect.

The point here is not sour grapes about important knowledge being ignored by government committees and the media, *it is just to say, as clearly as can be said, that most personal and social problems don't come out of the blue, but are manifestations of hurt individuals not having healed the pains and tensions within them since childhood that drive them to seek short-term acts or distractions that hold the promise of reducing pain or temporarily making them feel better.* (And this applies to the use of illicit drugs, alcohol, prescribed medications and many aberrant sexual habits that people from all walks of life engage in, some in secret. Repeat driving offences, such as stealing and driving motor vehicles, have similar antecedents). Suggested procedures for the therapeutic modification of the childhood-acquired emotional drivers of habits and addictions are available from the writer^{xi}. An academic manuscript outlining a theoretical model of how adverse childhood experiences are structuralised in memory to influence the development of personality and the motivation of behaviour is also available^{xii}.

By sharing an understanding of the psychological needs of children that require fulfilment we can encourage a reduction in emotionally troubled people by improving the care of the young, and also assist adult sufferers to become aware of, and accept responsibility for, healing their childhood wounds^{xiii}. At present, through a lack of awareness, distress is often externalised and incorrectly blamed on others, with that misconstruing being part of a continuing mental template or perceptual filter formed in response to early adversity. So we need educational programmes via the media and various other formats, advising that when people react with distress which is intense or seems disproportionate to the precipitating circumstances, it is because there are two layers of negative feelings at play, one being related to current need-frustration, and a second being historical distress into which the sufferer often has little or no insight. And information needs to be shared that by developing better coping skills harmful effects to others and/or self can be reduced.

So I would like to emphasise to the Committee that the prevention of substance abuse problems needs to consider a very long-term perspective. That perspective informs that as a community we

need to focus on improving child care practices so that fewer individuals carry into the future unresolved pains and inner tensions that make them vulnerable to using self-medication via illicit substances as temporary and ineffective solutions to their negative feelings. This understanding actually identifies that the needs and wellbeing of children ought to be given higher priority than the accumulation of material possessions and resources for recreation. Government policies need to support those priorities. Secondly, we need to help adult sufferers learn to recognise the real causes of their intense upsets and stress, so that they can learn healthy skills for coping that do not serve as distractions, and do not produce the harmful results that can arise from drug and alcohol use.

Below is a list of important psychological needs that need to be fulfilled or respected during childhood to promote growth and psychological wellbeing. The after-effects in adults of having unmet childhood needs, apart from negative feelings, bad habits and vices, are (a) enduring mental filters involving core beliefs and attitudes related to the unmet need, (b) an enhanced vulnerability to experience stress, a predisposition to experience fantasies that promise a reduction of pain, which can motivate antisocial acts, and (c) behavioural patterns manifesting as either a preoccupation with need-pursuit, or a shutting down reflected as need-avoidance. A simple explanation of those processes is in Chapter Two of my self-help book for improving self esteem^{xiv}.

Important Psychological needs, described as inputs for growth and wellbeing

ACCEPTANCE: A fundamental desire for inclusion, as opposed to isolation, rejection, bullying or being shunned.

ADMIRATION: Being the focus of positive emotion - delight and interest - by the carer). (HM -? "Infavoidance")

AFFILIATION: Relatedness to others: to form friendships and associations. (HM)

APPROVAL: To receive endorsement, support & favourable opinions, rather than criticism or punishment. (HM - "Blamavoidance")

ATTENTION: To be noticed and paid attention, and not be ignored. (HM - "Exhibition")

AUTONOMY: The need for self-direction and freedom. (HM)

COMPETENCE: The need to feel capable and efficacious: to have mastery. (HM "Achievement")

CONTROL OR POWER: The need to be able to impact on the social and physical environment - to make things happen. (HM - "Dominance" may be related)

ESTEEM: To be valued, generating feelings of worth. (HM - "Abasement")

NURTURANCE: Desire to care for others, particularly the young. (HM)

ORDER: A need for environmental contingencies to provide structure and predictability. (HM)

RECOGNITION: To receive positive inputs or feedback. (HM - "Recognition")

SAFETY / SECURITY: To feel protected and safeguarded from potential threats of harm - to feel as being not at risk. (HM - "Harmavoidance")

STIMULATION & PLAY: To have opportunities for exploration, to gain mental, physical and emotional stimulation, & novelty. (HM - "Change", & "Play". Roth & Hammelstein - e.g., 2012, refer to the need for stimulation or sensation seeking)

SUCCORANCE: The need to receive affection, physical touch and care. (HM)

UNDERSTANDING: The need for meaning, to make sense of events and people. (HM - "Cognizance")

Key: HM = Psychological need identified by Henry Murray (1938/2008), *Explorations in Personality*. Murray's original label, if altered, is in quotation marks.

Psychological needs manifest in our cognitions - our everyday thoughts and beliefs^{xv}

Some starting-off points for preventing and reducing the use of illicit drugs

Intervention 1. Provide community education about important psychological needs, and that early adverse experiences have long-term effects when they impact on any of those needs^{vi}.

This information can be shared with both adults, and children in schools. For example children need to understand that acceptance is a basic requirement for wellbeing, and that bullying, ostracism and emotional abuse can lead to serious harm in those victimised, including depression and suicide. It is also a factor in retributive violence towards others as has occurred in school shootings in the US, and even local serial murders, such as the case of Eric Edgar Cooke. (I am not suggesting that the latter examples be what is taught children, rather that we all have common needs that need to be respected and fulfilled, because when they are not it can cause long-term suffering which is hard to reverse).

Apart from reducing emotional damage caused by peer abuse, early adverse effects can be reduced by improving the quality of care children receive by prioritising their needs, supporting parents in difficulty, and promoting one-on-one care of very young children who are currently being neglected under the guise of providing them early childhood “education” in institutional childcare settings¹. Relevant reading for every child care worker, child protection worker, politician and parent is “*The Irreducible Needs of Children*”^{xvii}. My own offering, “*Let Your True Self Shine*”, and “*How Childhood Experiences Influence the Lives of Adults*” are also relevant.

QUOTE from “The Irreducible Needs of Children” (Brazelton and Greenspan, 2000)

“... There are no shortcuts.

This basic feature of caring relationships between a baby and a caregiver who really knows her over the long haul is responsible for a surprisingly large number of vital mental capacities. The interactions that are necessary [to regulate behavior, moods, feelings, and intellectual development] can take place in full measure only with a loving caregiver who has lots of time to devote to a child. A busy day-care provider with four babies or six or eight toddlers usually won't have the time for these long sequences of interaction. Similarly, a depressed mom or dad or an overwhelmed caregiver with five children or parents too exhausted at the end of the day may not have the energy for these long patterns of interaction and negotiation.”

Intervention 2. Provide community education to adults that conveys an understanding that vulnerability to life stresses and emotional distress in adults are mostly the results of pain and tensions created in childhood that reside in memory, and these exacerbate felt distress when triggered or aroused by current events. Furthermore, such hang-overs from adverse events in childhood can be managed in adulthood by the learning of improved coping skills, rather than creating altered states of consciousness through intoxication. Examples of natural interventions include cognitive-behavioural interventions that help people to identify and change negative beliefs, healing past wounds and pain by emotional processing, grief work, developing relaxation or meditation skills, and the newly-discovered “miracle cure”, exercise.

Intervention 3. Raise awareness about constructive and destructive pursuits and activities. Community group discussions can be conducted in which participants explore their intrinsic knowledge about what common activities induce feelings of contentment, and those that are negative coping skills that constitute avoidance, distractions or displacement of upsets, and which have negative consequences for the individual or the community.

(See Appendix A, below for details).

1 See Quote above from *The Irreducible Needs of Children*

APPENDIX A

The material below is an extract from Chapter Two, “Wellbeing, stress and childhood psychological needs” in *How Childhood Experiences Influence the Lives of Adults: And Other Secrets Every Adult Should Know* (Cicchini, 2017).

“... Substance misuse has long-term psychosocial consequences apart from the immediate ones shown [Table omitted], which I won’t go into here in any detail, including depression arising from withdrawal, delirium, as well as anxiety and agitation, amnesic episodes, psychoses, suicide ideation and attempts, loss of friends, relationship stress, separation & divorce. It can intrude on occupational performance and progress & dismissal, financial problems, legal problems arising from driving offences, assault or crime, the neglect of children and prostitution, to name a few².

Interestingly, research and the practices of illicit substance users show that people choose substances that have a desired effect on their baseline undesirable feeling state – sometimes seeking to increase arousal, and sometimes to reduce it. This is commonly referred to as “self-medication”. A variety of underlying negative feelings from childhood can motivate substance use – including boredom, guilt, loss, shame, disappointment, or loneliness. Many addicts can report on the negative feelings they experience as stress that they avoid through intoxication. Mostly, however, their capacity to tolerate negative feelings is under-developed. A poor capacity to tolerate negative tensions and feelings arising from psychological need-frustrations underlies impulsivity and acting-out in both children and adults. In only a small percentage of the thousands of cases I have assessed do biological or neurological deficits play a significant role.

An important observation here is that the problems we have as a society reflect both the presence of unmet childhood needs (which can drive impulsivity and **poor problem-solving as attempted solutions to stress**) and other kinds of **inappropriate strategies people use for coping** with those pains and stresses.

Identifying constructive and destructive pursuits

In the following list of activities do you think it is possible to separate those which produce contentment and wellbeing (**good** activities), and which might serve as distracters to, or pacifiers for stress (**bad** activities)? Have a go: indicate – “good”; “bad” or “can’t say”.

Composing a song; having a meal with family or friends; doing Reiki; smoking cigarettes; going to a raunchy dance performance; smoking heroin; smoking cannabis; going to a concert or play; injecting amphetamines or heroin; skiing; gardening; snorting cocaine or amphetamines; painting a picture or a building; bricklaying; jogging; participating in water sports; joining a vigilante group; having drinks with colleagues after a conference; going to a party; reading a novel; writing graffiti; watching porno movies; selling flowers; selling sexual favours; learning to fly an aeroplane; gambling; reading pornographic magazines; downloading internet pornography; peeping; hiking; accusing a partner of infidelity with no evidence; stealing; helping a stranger; engaging in graffiti; committing rape; window-shopping; spying on an ex-partner; donating to a charity; running a brothel; volunteering your time or skills; setting up a “tit-for-tat” justice group; working at a job; making a porno movie; reading a non-fiction book, paper or magazine; fighting in order to make up.

I expect there would be consensus about most activities that might be distracters to pain or stress, and those which are positive actions that produce contentment, without a negative consequence. Maybe a few activities can belong to either category - its true function depending on what is

² Saunders, Dore & Young (2007).

happening inside the individual's mind. But I'm certain that most of our vices are relatively easy for each of us to identify, if we consider their function and effects (before we choose our responses)".

I can provide supplementary materials explaining the relationship between unmet childhood needs and adult functioning and the experience of stress, and how this knowledge could be disseminated.

Reference in Appendix A

Saunders, J.B., Dore, G., & Young, R. (2007). *Substance misuse*. In Bloch, S., & Singh, B.S. (Eds.) *Foundations of clinical psychiatry* (3rd ed.). Carlton, Vic.; Melbourne University Press, pp. 296-332.

APPENDIX B.

(Supplementary material circulated with media release, Cicchini, 2008)

"Why do adult offenders commit acts that harm others?"

- People who hurt others in adulthood have invariably been hurt in childhood, though neglect, abuse, ignorance and insensitivity, or misadventure.
- A basic recurring process prior to an offence is that current life stresses activate, or bring to the surface, deeper pain from childhood.
- In the lead-up to the offence, there is usually a loss, crisis, stress, threat, or negative experience which produces a state of dysphoria (negative feelings, which could include anger, depression, tension, helplessness, or anxiety).
- When distressed before offending, most offenders have difficulty separating the past and the present in their pool of upset: they lack insight, and usually attribute their feelings to recent events, not the past. The lack of insight contributes to bad problem-solving, or a failure to recognise they have a deeper-seated emotional problem that needs attention. ***Offending acts could be prevented by an increase in understanding that bad feelings can contribute to bad decisions and bad actions.*** (Alcohol and drug use can make such bad decisions more likely and diminish self-control).
- Most offending acts, as well as the abuse of drugs and alcohol, and gambling addictions serve to temporarily improve feelings of wellbeing by reducing pain, and offering a more positive feeling state, but the consequences are destructive in the longer term.
- Some offending behaviours become habitual because they provide short-term relief, pleasure, or excitement, which are inappropriate ways of escaping from distress. Such acting-out can start in childhood or adolescence.
- In the case where violence is involved, deep pain of powerlessness and helplessness is present. These vulnerabilities mostly derive from maternal separation and loss in infancy or childhood, which may be due to a variety of factors, many of which no one can be blamed for. Individuals with such histories can learn controlling behaviours or violent behaviours in childhood or adolescence that reduce feelings of helplessness and insecurity. Such activities improve felt potency and the feeling of being able to have control or make things happen – that is, reduce vulnerability and felt powerlessness.

- Pain and vulnerability of childhood origins influences the experience of thoughts and fantasies which give the appearance of being a solution to the felt distress – including, in extreme cases, thought of self-harm or suicide, or violence towards others.
- ***Offending can be prevented by a shared understanding in the community that emotional upsets require emotional solutions, not practical ones.***
- People who are reactive (impulsive), and feel they have to fix things instantly are at greater risk of attempting to solve upsets through acts that harm others. Some individuals have learnt such acting-out coping styles in earlier life.
- All addictive behaviours (sex, gambling, substance abuse, smoking, stealing, fraud, aggression) can become psychologically habit-forming if they displace negative feelings arising from the frustration of psychological needs with more positive ones which serve either to increase or decrease arousal in a way that feels rewarding.
- With support and guidance, people who suffer emotionally can learn to handle upset feelings and resolve their troubles in wholesome ways. A problem that is shared is often relieved; emotional pain does not last forever, and there are experts (clinical psychologists) who can help to develop coping skills and tolerance.
- Offences can follow from acting on fantasies that are reactions to pain and upset, as the ideas and thoughts of acting on such possibilities can make the person feel more potent and less vulnerable. However giving in to such impulses or desires does not solve the underlying emotional problem, it only creates pain for others and oneself. Remember, emotional upsets require emotional solutions (healing), not practical ones (acting out, revenge, or selfish behaviour).
- The probability of an upset person acting-out their fantasies (losing self-control) is enhanced by intoxication with alcohol or drugs, cumulative or severe stresses, indulging in pornography, and insomnia.
- Such urges are reduced by staying sober, learning to put up with or tolerate emotional pain, sharing burdens with others, and getting professional help from a specialist psychologist who understands the link between childhood events and current behaviour, and is knowledgeable about the motivational role of intense emotion.
- The hurts that people experience in childhood and which they carry forward into adulthood ***are the result of negative experiences impinging on important psychological needs*** – attachment needs, affection and nurturance, safety and security, attention, approval, esteem, autonomy, and control/power, etc..

..... *More information on this important subject can be provided to interested professionals by way of training. This information explains how negative experiences in childhood produce enduring mental representations involving negative feelings and core beliefs that shape personality development, preferences and dysfunctional feelings, attitudes, thoughts, and habits”.*

Reference in Appendix B

Cicchini, M. (2008). “There are ways to prevent the sexual abuse of children”. Media release (May, 2008) via Media Monitors to over 100 Australian media outlets, & subsequently submitted to relevant WA Government Ministers.

2018 update regarding Appendix B

The above dot points (which apply universally to a variety of antisocial behaviours) were subsequently adapted and included in the booklet, *“Preventing Child Sexual Abuse: A Guide for Health Professionals and Members of the Community”* (Cicchini, 2012), which can be downloaded as a pdf document from www.PreventingChildSexualAbuse.org

Publication of the printed booklet was funded by a small group of WA Psychologists who also volunteered to provide treatment services to members of the public. Booklets were, and continue to be, distributed to GP’s and other local agencies.

Endnotes next page

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- i Heshmat, S. (2017). *7 Common Reasons Why People Use Drugs*. Psychology Today, Nov 28, 2017.
- ii Ghadirian, A.M. (1989). *Alcohol and drug abuse: A psychosocial and spiritual approach to prevention*. Oxford. George Ronald.
- iii Cicchini, M. (1986). *Substance Abuse in Prison: A Prisoner Opinion Survey*, June, WA Prisons Department, Perth.
- iv Cicchini, M. (2008). “There **are** ways to prevent the sexual abuse of children”. Media release via Media Monitors to over 100 Australian media outlets, May, 2008.
- v **Conference Presentations:**
- Cicchini, M. (2009 a). *New directions for the prevention of child sex abuse derived from an understanding of the psychological needs of adult male perpetrators. Children & the Law International Conference, Prato, Italy, September 7-10, 2009.*
- Cicchini, M. (2009 b). *A psychological needs model of how negative and positive childhood experiences are carried forward through the lifespan. Children & the Law International Conference, Prato, Italy, September 7-10, 2009.*
- Cicchini, M. (2009 c). *Preventing child sex abuse: A new approach derived from understanding the unmet childhood needs of adult perpetrators. Asia Pacific Conference on Child Abuse & Neglect. Perth, Western Australia, November 15-18, 2009.*
- Cicchini, M. (2009 d). *Unmet Psychological needs during development and the prevention of child sex abuse. Australian and New Zealand Society of Criminology Conference. Perth Western Australia, 22-25 November, 2009.*
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- Cicchini, M. (2009 f). *Childhood origins of self-esteem. Australian Psychological Society Child, Adolescent & Family Interest Group Annual Gathering, Fremantle, Western Australia, October 15-17, 2009.*
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- vi Cicchini, M. (2012). *Preventing Child Sexual Abuse: A Guide for Health Professionals and Members of the Community*. Kelmscott, Western Australia.
- vii www.PreventingChildSexualAbuse.org
- viii Cicchini, M. (2015). "Childhood origins of domestic and other violence". Submission to Senate Committee on domestic violence.
- ix Jukes, A.E. (1999). *Men who batter women*, London: Routledge.
- x Bowlby, J. (1953). *Child care and the growth of love*. Harmondsworth: Pelican.
- Bowlby, J. (1969). *Attachment and loss: Vol 1. Attachment*. London: The Hogarth Press.
- Bowlby, J. (1973).
- Attachment and loss: Volume 2. Separation: anxiety and anger*. London: The Hogarth Press.
- Bowlby, J. (1980).
- Attachment and loss: Volume 3. Loss: sadness & depression*. London: The Hogarth Press.
- xi Cicchini, M. (2017 a). *Processing the feelings that drive habits*. Hand-out for professionals.
- xii Cicchini, M. (2018). A psychological needs model of the origins and influence of affective attributions (core beliefs) in personality, wellbeing & psychopathology.
- xiii Cicchini, M. Strategies for a better future: Healing the wounded heart. Included as Chapter Six in Cicchini (2017).
- xiv Cicchini, M. (2009). *Let Your True Self Shine: How to recognise and overcome the Barrier that maintains low self-esteem*. Kelmscott, Western Australia.
- xv Cicchini, M. Wellbeing, stress and childhood psychological needs. Chapter Two, in Cicchini (2017). Chapter based on Conference presentation, "Wellbeing, Stress and Psychological Needs", STAWA Future Science Conference, Murdoch University, Western Australia, November 28, 2008.
- xvi Cicchini, M. (2017). How childhood experiences influence the lives of adults: And other secrets every adult should know. Unpublished book manuscript.
- xvii Brazelton, T.B., and Greenspan, J.I. (2000). *The Irreducible Needs of Children: What Every Child Must Have to Learn, Grow and Flourish*..Merloyd Lawrence Books.