

'Nico'—A lone voyager in Strange Seas

Christa Päffgen died in a corridor waiting for a hospital bed during the evening of July 18, 1988. She was 49 years old. Contemporaneous accounts state that she had cycled away from home in searing midday heat for distant downtown Ibiza hoping to buy hashish. She was found by strangers at a roadside that afternoon, unable to talk. A first hospital turned Christa away as a 'vagrant junkie'; a second declined assessment because she had no health insurance; a third refused admission as she was an 'old hippie'. Staff in a fourth hospital admitted her and ultimately diagnosed a cerebral haemorrhage, but could not insert a needle into her tired old veins: though she was undergoing methadone replacement therapy, she had previously been addicted to heroin for over 15 years.

Christa was more commonly known as 'Nico', and had been a model, actress, singer-songwriter and musician. She sang on four tracks of *The Velvet Underground and Nico* (1967)—including 'Femme Fatale' and 'All Tomorrow's Parties'—with an austere, unornamented, deep contralto voice. Subsequent solo albums pushed against musical and emotional boundaries; and are considered unlistenable by some, ground-breaking by others. *The Marble Index* (1968),¹ with its sorrowful plainsong, bleak swirling harmonium, and distorted viola gradually became regarded as an avant-garde classic. Nico associated with a *Who's Who* of male rock stars of the 1960/70s. Men were captivated by her beauty but threatened by her often scornful disdain: with notable exceptions, most treated her carelessly. In subsequent decades, she was no longer denigrated as a mere Muse or Mannequin, but instead valued as an exceptional though troubled musical visionary. But opiate addiction eroded her output remorselessly, and she spent most of her final years at the margins of the New Wave music scene, living precariously in Prestwich and Salford.

The relevance of the decline of 'Nico' to the concerns of psychopharmacologists and psychiatrists might seem somewhat tenuous: that is, before considering her experience of childhood trauma in wartime Germany, the recurring toll of abusive intimate relationships, and stigmatised attitudes towards drug addiction. The military call-up of her father contributed to her temporary placement in the largest orphanage in Europe, which was run according to mixed arch-Catholic and Nazi ideology. Her father subsequently died from war injuries before Christa could see him again. As a teenager she

had to provide evidence at a court-martial, after being raped by a soldier of the post-war American occupying forces. As 'Nico', she was manipulated by a succession of men who exploited her allure, belittled her intelligence, and demeaned her artistry.

Nico showed the persistent detachment of recurrently traumatised individuals long before her preoccupying persistent concern about securing the next 'fix'. As a single woman with only passing lovers and few possessions, and living in borrowed rooms, she was considered unsuitable to raise her son (Jennifer Otter Bickerdike, 2021). No saint, she could both utter and act upon inexcusably virulent racist observations. The corrosive ravages of heroin dependence caused others to comment pejoratively on her appearance and behaviour, but indifferent 'friends' did not consider her to be either ill or in need of treatment. A recent biography is tellingly titled *You Are Beautiful and You Are Alone* (Jennifer Otter Bickerdike, 2021).

When reading the description of her final day it is easy to be dismayed by the disparaging attitudes and neglectful behaviour of clinical staff, and to think 'surely, that could not happen here'. But we know about this historic maltreatment of Christa only because the patient was 'Nico': we cannot know how many unfamiliar others at that time were treated similarly, in Ibiza or elsewhere. Is it naive to believe that currently opiate dependent patients in the United Kingdom would have a much better experience of medical and nursing care, should they present to emergency services with clinical features suggestive of severe medical illness?

Another question needs answering. Why is it that there have been so few substantial advances in developing enhanced approaches to the pharmacological treatment of patients with opiate dependence over the last 35 years? Since 1965, the mainstay of pharmacological treatment has been opioid substitution therapy using methadone or buprenorphine (Herlinger & Lingford-Hughes, 2021). Responding to the current 'opioid crisis' within the United States, its National Institute on Drug Abuse highlighted a range of potential mechanisms and novel targets for innovative approaches to opiate dependence; including the evaluation of orexin receptor antagonists, GABA-B agonists, muscarinic M5 antagonists, dopamine D3 receptor partial agonists, and cannabinoid CB1 receptor antagonists (Rasmussen et al., 2019). We must hope that these and other approaches

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¹The marble index of a mind forever/Voyaging through strange seas of thought, alone' (William Wordsworth, *Cambridge from The Prelude*, 1850).

together lead to the swift entry of improved medicines into clinical practice: so reducing the tragic plight of those voyaging alone on turbulent waters.

KEYWORDS

addiction, Nico, opiate, stigma

ACKNOWLEDGEMENT

An early abridged version of this appeared within a British Association for Psychopharmacology newsletter.

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