

Ours Is The Addicted Society

By LESLIE H. FARBER

**For all but a few Americans,
says the author, life can't
be lived without drugs.
Even those who reject the
idea spend so much time
'withstanding the chemical
temptations that beset them'
that they are 'addicted
to not being addicted.'**

THIS has been called the "Age of Anxiety." Considering the attention given the subject by psychology, theology, literature, and the pharmaceutical industry, not to mention the testimony from our own lives, we could fairly well conclude that there is more anxiety today, and, moreover, that there is definitely more anxiety about anxiety now than there has been in previous epochs of history. Nevertheless, I would hesitate to characterize this as an "Age of Anxiety," just as I would be loath to call this an "Age of Affluence," "Coronary Disease," "Mental Health," "Dieting," "Conformity," or "Sexual Freedom," my reason being that none of these labels, whatever fact or truth they may involve, goes to the heart of the matter.

Much as I dislike this game of labels, my preference would be to call this the "Age of the Disordered Will." It takes only a glance to see a few of the myriad varieties of willing what cannot be willed that enslave us: We will to sleep, will to read fast, will to have simultaneous orgasm, will to be creative and spontaneous, will to enjoy our old age, and, most urgently, will to will.

If anxiety is more prominent in our time, such anxiety is the product of our particular modern disability of will. To this disability, rather than to anxiety, I would attribute the ever-increasing dependence on drugs affecting all levels of our society. While drugs do offer relief from anxiety, their more important task is to offer the illusion of healing the split between the will and its refractory object. The resulting feeling of wholeness may not be a responsible one, but at least within that wholeness—no matter how perverse the drugged state may appear to an outsider—there seems to be, briefly and subjectively, a responsible and vigorous will. This is the reason, I believe, that the addictive possibilities of our age are so enormous.

LET me be more specific about the addictive consequence of this disability of will which, in varying degree, affects us all. Increasingly, I believe, we are addicted to addiction. This is to say that, with few exceptions, we subscribe to the premise—whether implicit or explicit—that this life cannot be lived without drugs. And those who would repudiate this unpleasant premise by living without drugs are still more or less captive to it, in that so much of their consciousness must be given over to withstanding the chemical temptations that beset them. Withstanding is a lesser evil than yielding, but it is no escape from the issue of addiction, so that I would have to characterize the predicament as one of being addicted to not being addicted. I do not mean to suggest that we choose one course or the other, but rather that both the premise and its negative variation exist in all of us. Even the most debilitated heroin addict retains his pride in the few items to which he has not become addicted.

Not many years ago, we had best remind ourselves, the problem of addiction seemed confined to a few chemicals—narcotics, alcohol and, perhaps, barbiturates—and it was then possible to make fairly clear distinctions between addiction and habituation, based mainly on the presence or absence of physiological withdrawal symptoms. However, today, even the well-publicized and allegedly extreme agonies of heroin withdrawal have been disputed by the Lazaruses who came back. Recently, a member of Synanon expressed to a reporter his disagreement with the fictional clichés which have acquired the status of scientific fact, remarking: "Kicking the habit is easy. It's not like that Frank Sinatra movie, crawling all over the walls. Sure, it's tough for a couple of days, but it's more like getting over a bad cold."

Fearing this view might be as extravagant in one direction as Nelson Algren's violent imaginings were in another, I checked with a friend who had been a staff member at Lexington. He thought the "bad-cold" analogy an accurate one, and added: "We had far more trouble with withdrawal symptoms in barbiturate users."

Our appropriation of the drug-user's vocabulary for our own purposes shows the extent to which the problem of *(Continued on Page 102)*

LESLIE H. FARBER is a psychoanalyst and chairman of the Association of Existential Psychology and Psychiatry. His book, "The Ways of the Will," was published this year.

(From Page 43)

addiction has invaded our daily existence. When our absorption with not only a chemical but a person; an activity, a distraction, an ideology seems to have more weight than is warranted, we say we are "hooked," meaning either that we wish we could be cured of our vice or else that we value the passion contained in our infatuation.

If someone or something excites us pleurably, we say he or it "turns us on," but if our response is indifference or boredom, we are "turned off." Our extension of these terms for our own purposes is, to some degree, a fashionable reaction to the notoriety drugs have earned in the mass media. However, my own belief is that we resort to the junkie vocabulary because it expresses a metaphysical or addictive shift in our existence that the older vocabulary did not quite account for—at least in ordinary usage.

Even if we try to restrict ourselves to drug-taking, statistics about the extent and degree of addiction are hard to come by. Certainly we are no longer surprised to learn of the growing proportion of college students who resort to such drugs as marijuana, amphetamines, barbiturates, LSD, tranquillizers. One expert is quoted in *The New York Times* to the effect that about 40 per cent of the students at the University of California use drugs from time to time. This figure falls somewhat short of Timothy Leary's immoderate proclamation: "Today, in the molecular age, the issue is not what books you read or which symbols you use, but which chemicals are part of your life and your growth."

Numerical estimates notwithstanding, on the theory that convicts tend to riot for those privileges society deems essential, such as humane treatment, recreation, adequate food, civil rights, I am more persuaded by this news release:

"WALPOLE, Mass., Aug. 13 (AP) — Inmates rioted outside a medication dispensary at the Massachusetts State Prison in an attempt to steal drugs late last night, injuring nine guards . . . Two guards were stabbed and five others beaten as the inmates pushed their way into the 'pill' room, yelling, thrashing and literally gobbling down as many pills as they could at one time . . . State Police Cpl. James Dunne, who led the squad equipped with 12-gauge shotguns, gas masks

and crash helmets, said about 18 of the inmates were reeling 'on Cloud Nine' when he arrived . . ."

And from industry, where access to drugs is sufficiently relaxed not to require riots, I offer this item:

"LOS ANGELES, Oct. 9 (Los Angeles Times)—Use of illegal drugs in industry, especially among production-line workers, is so common that to arrest everybody who sold or used them would mean some plants would have to hire whole new shifts of employes, according to a police narcotics specialist. The drugs most commonly used are amphetamine sulfate compounds and barbiturate derivatives, which keep workers awake, or put them to sleep . . ."

SINCE it is forbidden to peddle or "push" most drugs, including whisky, on television, Madison Avenue has responded to the double dilemma of addiction by advertising aspirin as though it were the drug for every tribulation we must undergo. On television we are shown scenes in which mothers snap at their children, employers lose their tempers with employes. With only an awkward swipe at the questionable ethics of permitting this poor old headache remedy to carry such a heavy burden, advertisers show these embattled and suffering creatures putting one hand to their heads while a kindly neighbor advises them that this new aspirin combination is the perfect cure for "tension." The happy scenes following their use of the drug are deliberate efforts to imitate the style in which the pharmaceutical companies persuade physicians of the virtues of their products.

Most touching are aspirin commercials in which an aging movie star, long past his prime and no longer regularly employed, sits thoughtfully in his well-appointed study, telling the television audience that movie-making is a hectic and demanding affair. To avoid tension and headache, intrinsic to such activity, he has always resorted to this particular remedy.

Although probably unintentional, such a commercial goes to the heart of addiction, for we must contemplate the pathos of this formerly glamorous creature whose powers have so dwindled that he is reduced to doing headache commercials in which, fooling no one, he pretends nothing has changed. As he holds his bottle of pills to the audience, he seems to say life is really

(Continued)

impossible without these pills. But we know, and he knows, that aspirin is not enough; for the vast restitution he demands of life, more powerful drugs are needed.

SHOULD he seek them, he will not have to resort to any illicit drug traffic. He will have no trouble finding a physician who will prescribe amphetamines or psychic energizers to brighten his mood as he waits for calls from his agent. And if the phone refuses to ring, one or several of the many tranquilizers can be prescribed so that he can endure the waiting. Whatever insomnia may have originally been his lot will now be painfully exacerbated by his drug-



taking so that other sedatives fortified often by alcohol, will insure his sleeping. As he moves from one drug to another, mixing and testing the chemicals he believes his state requires and countering their disagreeable effects with still other chemicals, from time to time the sheer immodest scope of his undertaking will strike him; he has become a deranged chemist, his only laboratory his own poor body.

No matter how haggard that body becomes, he must unfortunately depend on it for fresh chemical inspiration. And, if everything else fails, there is LSD for instant revelation, if not wisdom, about the pretentious games that have brought him to this impasse, allowing him the death and rebirth that are now accepted pieties of the LSD mystique.

While it is true that the medical profession and the pharmaceutical industry together are the largest and most powerful group of pushers for the new drugs, I see no conspiracy on their part to make addicts of us all. It has long been common knowledge that physicians are the most devoted users of the drugs they prescribe, unlike the

(Continued)

REMEMBER THE NEEDIEST!

more disreputable pusher whose livelihood depends on abstaining from the drugs they peddle. The men who devise and merchandise these pills and the physicians who dispense them are, by and large decent human beings who share the same disability of will that afflicts everyone.

Believing, as we do, that we should be able to will ourselves to be calm, cheerful, thin, industrious, creative—and, moreover, to have a good night's sleep — they simply provide the products to collaborate in such willing. If the satisfactions turn out to be short-lived and spurious and if

“Drugs offer us always new chances—virtually to the point of extinction—to will away the unhappiness that comes from willing ourselves to be happy.”

their cost in terms of emotion, intellect and physical health is disagreeable, these scientists are ready to concoct new drugs to counter this discomfort. In other words, they offer us always new chances—virtually to the point of extinction—to will away the unhappiness that comes from willing ourselves to be happy.

Recently, Dr. Carroll L. Witten, president-elect of the American Academy of General Practice, was quoted in the press as being in agreement with a report issued this year by the United Nations Commission on Narcotics which expressed concern over “the alarming rise in the sale of barbiturates, tranquilizers and amphetamines.”

The report suggested further that the “explosive expansion of the use of drugs... was most likely a result of their being used less as medication than as agents for producing sleep, a sense of happiness and relaxation.” Dr. Witten declared:

“I believe these drugs are not only used wrongly, to excess and without adequate indication, but that in many cases their indiscriminate use has led to dependency, habituation and addiction, with all of the consequent results thereof.”

Dr. Witten said he was re-

(Continued)



(Continued)

ferring specifically to the non-narcotic drugs used as "psychic energizers, stimulators, activators, deactivators, depressants, alleviators, levelers, elevators or in whatever imaginative category one might place them. One must note with a great deal of alarm," he declared, "that the vast majority of cases first obtained their drugs through the prescription of a physician."

IF willing what cannot be willed has led us to being addicted to addiction, it would seem that our addictive appetite will always be more than a match for the ever-mounting number of chemicals that are fashioned to gratify that appetite. And even if we eliminate actual drugs from our consideration, the addictive possibilities are endless: cigarettes, chocolate, detective and spy stories, football on television, psychoanalysis — to mention only a few of my own excesses, which I would unhesitatingly characterize as addictive. Everyone, I am convinced, has his own list, as well as another more prideful list of those objects and activities whose addictive claims he has successfully withstood.

If the term is not to be altogether meaningless, some distinction must now be made between one addiction and another. Concretely, when it comes to putting myself to sleep, how shall I distinguish between detective stories and sleeping pills? Or between watching football on TV and enduring my Sunday with tranquilizers? Or completing a tedious chore on amphetamines and procrastinating as usual?

The first generalization I would make about these sets of alternatives is that in an immediate sense drugs are clearly more effective. Detective stories, for me at least, are not entirely reliable as sedatives. If the story is so poor as to outrage or challenge my diminished sensibili-

ties, I am in trouble, whereas I can always take another sleeping pill.

Watching even an exciting, well-played football game on TV, I cannot entirely obliterate from my awareness the perception that there are other ways in which I could more profitably spend my time. And if the game is inept and boring and still I do not turn the set off, my view of my condition is grim indeed. On the other hand, with tranquilizers, I could achieve a state of not unpleasant relaxation, unruffled by the sort of nagging self-concern which interrupts my absorption with even a good football game.

It is the last set of alternatives that will prove the most troublesome. If I have a group of evaluations of psychoanalytic candidates to write, I am inclined to put it off. The reasons and/or rationalizations for my procrastination will be various: I don't feel well; such reports are too tedious to be endured; I resent the bureaucratic rule requiring these reports; I am reluctant to set myself up as a judge of the performance of these young men; I am convinced I am not equal to the imaginative discriminations that would do these human beings justice.

With a dose of amphetamine, however, my self-concern, with its associated fatigue and hesitations and doubts, will vanish, so that in a single-minded way I shall vigorously engage my task. Within a few hours all the evaluations will be completed. Like a schoolboy who has at the last minute finished his term paper, I shall feel relieved and virtuous to have at long last done what my organization demands of me.

Reading over my reports after I have recovered from the drug, I may be chagrined to note a breathless, assertive and yet self-indulgent quality to my writing that did not trouble me at the time. But I can counter my dissatisfaction by assuring myself these de-

(Continued)

66Practically every drug invented, from opium to LSD, has had its champions who insisted that it actually heightened human potentiality.99

(Continued)

iciencies matter very little, since I have done all that was asked of me. It was my own sin of pride that initially led me to regard my task as such an intricate and demanding responsibility. Besides, I will tell myself, wasn't it a choice between doing nothing and doing something, however imperfectly?

Thus will my mood of accomplishment prevail, helping me to disown my self-criticism and perhaps persuading me, since I won't have to read these reports again, that I had indeed been discriminating in preparing them. And my earlier doubts as to whether these evaluations should have been written at all can be postponed for another time.

THE sensation of being a going, if unquestioning, member of society should not be slighted, because it is hard to come by these days. Nevertheless, we must concede that while the drugs in these sets of alternatives may be more effective, their effectiveness is largely dependent on the chemical deadening of important imaginative and critical capacities, whose privileges are admittedly problematic. Practically every drug invented, from opium to LSD, has had its champions in both science and the arts who insisted that their particular brew was not only not reductive but was actually heightening of human potentiality.

The objective evidence for their claims, however, has always been depressing, and of the same order as my own reports, whether it be the music played under marijuana or heroin, the pictures painted and the poetry composed under LSD, the deadlines met by means of amphetamines, or even—perhaps especially—the perceptions and insights granted by drugs.

At this point, the question must be raised: aren't other addictions — nondrug addictions—also reductive? The answer has to be a qualified affirmative. The friend watching me glued for hours to the television set, isolated from all

(Continued)

Intelligible life, impervious to the claims of my children who have waited all week to have a few moments with me, has to find my human condition bizarre, to say the least.

Far more seriously incapacitating, of course, are those nondrug addictions that involve ideas and habits of thought. Those who over the years develop an addiction to shopworn ideologies — religious, scientific, political, esthetic, psychological — in a sense forfeit, in willful dedication, the very capacities of spirit and intellect that might set them free.

Nevertheless, there is a difference between drugs and no drugs. While disdain and denial of these capacities will cause them to shrivel and grow ever more paralyzed as years go by, there remains the possibility of a response, however minimal at first, to some human claim. Chemical deadening, on the other hand, if pursued, will, by its very nature, render such capacities eventually heedless to any call.

BUT to return to my evaluations of those psychoanalytic candidates—my will, with the help of amphetamine, has had its indiscriminating way in my reports, without the reflective give-and-take between me and my writing that could be called dialogic, causing this enterprise to resemble other headstrong monologic sprees in which the speaker is deaf and blind to those about him at the same time that he is convinced of a singular openness and freedom and mutuality to the exchange.

The nonuser has a dispiriting effect on groups enthusiastically consolidated by such convictions, so that they would prefer him to find his own sober companions. And his response to them will be marked by his discouraged observation that, despite the cries of mutual congratulation, all he can hear are colliding monologues, breathlessly composed so that each participant gives in to

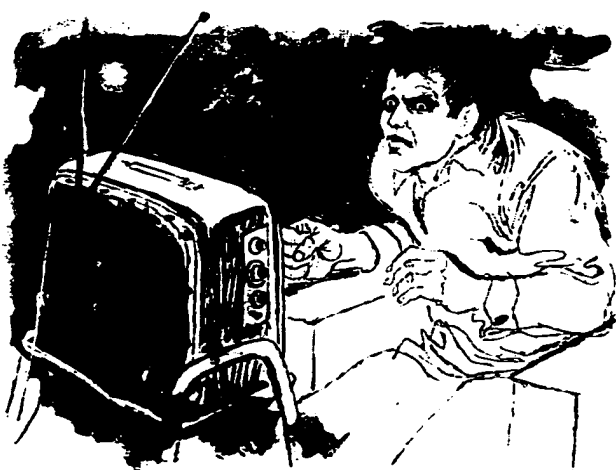
at the mercy of any fancy, much like the subject responding to the commands of a hypnotist.99

his own worst headstrong and literal-minded inclinations.

The person who ordinarily must guard against his habit of vast abstraction now becomes even more abstract in his theoretical pronouncements. The person top-heavy with esthetic sensibility becomes even more indulgent to that side of himself, abdicating his ability to temper such estheticism with moral and psychological discriminations.

The most blatant examples of the literal-minded aspect of the drugged state come from the public writings on LSD, but it is by no means restricted to this particular drug. Under LSD, it would seem one is at the mercy of any fancy that strikes him, much like the hypnotic subject responding to the commands of the hypnotist. Should he note that his hand is ugly, that hand becomes literally swollen and grotesque. Should the thought strike him that he is alone in the world, he will quickly and literally find himself as one small mortal in the midst of an endless desolate landscape. In each instance, what properly should be no more than a beginning metaphor has been exalted, at the behest of the will, into physical reality. Similarly, the death undergone with LSD can be regarded as more deathly than death itself. In a section, jarringly titled "Running Smack Into Your Essence," of "LSD: The Acid

(Continued)



(Continued)

Test," published in Ramparts, one evangelist, Donovan Bess, wrote:

"The psychedelic death is especially lonely—lonelier, perhaps, than for the soldier who physically dies in a Vietnamese field hospital. He at least has the comfort of cuddling up in the image of his mother. Under LSD you have no such bourgeois comfort; you have no familial figure at all. You die grown up. If you can hang onto that, afterward, you can offer society some adult values. You came to this point in a rite of passage as explicit, as terrible and as meaningful as those rites used in aboriginal Australia."

IN considering the addictive state which may result from drugs, narcotic and non-narcotic, I must of course neglect the specific effects each drug has or purports to have on the central nervous system. An unfortunate consequence of such neglect will be to give the false impression that my own addiction to nonaddiction has led me to advocate an impossibly ascetic life, requiring abstention from all chemical assistance, come what may. Let me quickly insist that all the drugs I have mentioned may be taken in nonaddictive ways for reasons that are appropriate to the effects of the particular drug. This is to say, there are times when prolonged sleeplessness can and should be interrupted by sedatives, just as there are painful occasions when morphine is the only answer. Even amphetamines may allow the completion of a low-level chore.

The difficulty, however, here, as indicated earlier, is that the mood of accomplishment may persuade us to disregard the quality, or lack of quality, of our performance, not to mention the disagreeable drug side-effects, so that we turn to the drug in situations that require more of our wits and equanimity than amphetamines will allow. Perhaps a greater danger, as the use of amphetamines becomes more widespread, is that the deadlines asked of us are increasingly determined by the amphetamine intoxications of those who ask. (Another illustration of the manner in which the drugged state influences social values is suggested by the aspirin commercials referred to in this article. The writers of these advertisements seem to be selling not only aspirin but also their conviction—possibly arrived at through their own experience with tranquilizers—that our ordinary difficulties, since they are only subjective and therefore not worth contending with, are best erased



with drugs. Thus, an advertisement for meprobamate, addressed to physicians, shows a picture of an overwrought mother with a child; the caption reading: "Her kind of pressures last all day . . . shouldn't her tranquilizer?")

For the sake of completeness, alcohol and marijuana are two drugs whose object is explicitly pleasure, and which may be used nonaddictively. However, too much has been made recently by the younger generation of the nonaddictive properties of marijuana simply because its physical effects are less dramatic than those of alcohol and other drugs. More dramatic is its effect upon relation: the pleasures of monologue experienced as dialogue under the drug, persist as a habit of tolerance for such illusion—which in a sense is the very issue of addiction.

Let us consider briefly the addictive course—from initial pleasure to ultimate disaster—that will result from prolonged and excessive use of any of the drugs I have mentioned, singly or in combination.

The first subjective experience of wholeness and the pleasure accompanying it will acquire its intensity partly through contrast with the discomfort which preceded the use of the drug and partly through the manner a particular drug answers a particular person's need at a particular time. Thus, users are labeled according to their preferences as "Up-Heads" or "Speed-Heads," "Down-Heads," "Acid-Heads," "Pot-Heads," "Lushes," "Junkies."

With further sophistication and availability, and the cooperation of the medical profession, drug-users already are specializing less and availing themselves more of other products and mixtures of products. But the initial feeling of well-being is difficult to duplicate precisely, regardless of the ingenuity of the user. As the drug and the state associated with it begin to wear

(Continued)

(Continued)

off, the user returns to a world which has lost none of its oppressiveness and with which, in the midst of the drug hang-over, he feels less able to cope.

The distance between himself and the wholeness he sought has grown somewhat, so that he is now vulnerable to the beginning belief that the relief the drug afforded is an extraordinary sort of transcendence which his usual life with others cannot provide, except in the occasional unpredictable and surprising manner in which such moments arise. In other words, he has been burned by the demonic and addictive notion that he need not wait on life for the transcendence he seeks, that he may invoke it whenever he so decrees or wills by returning to the drug or drugs which first allowed him this remarkable feeling.

With this seeming triumph of his will, he will be more impatient of the often frustrating give-and-take of life without drugs, willfully demanding his well-being of those about him and thereby suffering even more the penalties of such willing. In a sense he insists futilely that life now be his drug.

Needless to say, his mounting impatience will be inimical to the exercise or development of such qualities as imagination, judgment, humor, tact. And should he glimpse, however dimly, his impoverishment, he may wish to believe these qualities at least can return with drugs, disowning the evidence accumulating to the contrary. However, without these qualities he is more and more confined to the exigencies of the moment, for he can no longer really remember his drug experience in the past nor can he imagine what may follow. As his intolerance for life without drugs increases, his competence for such life diminishes, so that with every return to

(Continued)

the drug he is, in the spirit of Heraclitus, a different and lesser person who attempts to cross the same stream twice.

What seemed the feeling of transcendence at the beginning has long since been abandoned as his drug goal in favor merely of getting from one moment to the next, in favor of mindlessly and minimally staying alive. What began with his will to decree well-being for himself without having to wait on life now culminates in almost a paralysis of will for every trivial action, even getting dressed or feeding himself. It is as though all the taken-for-granted stream of activity had disintegrated into a swarm of tiny yet insurmountable enterprises for his will, every one seeming to require further drugs for its accomplishment.

As a result of the bombardment of his body by such large dosages of drugs, his physical debilitation grows extreme. Yet even this bodily exhaustion and derangement offers a last resort to the will which is now unequal to practically every small movement in his world. Unlike other depleting illnesses that mysteriously overtake us, this one has been induced by himself and seems to be within his control. That is, he may try to assuage his agonies with more chemicals or he can withdraw the noxious agent so that his body can slowly recover its strength.

All other dramas in which his will has been involved have given way now to the one small immediate drama of whether he shall live or die to this world. It is a far cry from the transcendence he sought originally, but every addict knows the drama of his failing body is the last plot his will must confront. Unlike the proponents of LSD, he is beyond metaphysical conceits about the meaning of dying to this world, nor will he glamorize recovery, to whatever degree it may occur, as spiritual rebirth.

Nietzsche, I believe, was not as interested in theological argument about the disappearance of the divine will in our lives as he was in the consequences of its disappearance. Today, the evidence is in. Out of disbelief we have impudently assumed that all of life is now subject to our own will. And the disasters that have come from willing what cannot be willed have not at all brought us to some modesty about our presumptions. Instead, we have turned to chemicals, which seem to enhance our willful strivings. It was only a question of time before man, in his desperation, would locate divinity in drugs and on that artificial rock build his church. ■