Drug addiction is discussed in terms of the mutual interpenetration of an individual with his environment, in this case the black ghetto of Chicago. Epidemiological data obtained by the authors support a psychosocial etiology of drug addiction.

PSYCHOSOCIAL ASPECTS OF ADDICTION

Arnold Abrams, Ph.D.; John H. Gagnon, Ph.D.; and Joseph J. Levin, Ed.D.

A ny serious attempt at an analysis of the problem of narcotic addiction must take into consideration the fact that there exist today two diametrically opposed points of view regarding the etiology and solution to this problem. On the one hand, there is the law enforcement view which approaches the narcotic addiction and all of its attendant problems as a vice involving criminal behavior. The natural consequence of this position, and it has been the dominant one in the United States for forty years, is to punish the addict in the hope that he will be reformed or deterred by the threat of (or actual) incarceration. This hope has been apparently in vain. Incarceration as a matter of fact has been incorporated into the addict’s concept of his role. It is no accident that the addict on the street will frequently say to a peer: “I’m about due for a bust (to be arrested).”

The current study of addiction in the Chicago area revealed that in its sample population of 400 the average addict between the ages of ten and 25 has spent 15 per cent of his life in prison. There was every indication that these addicts on an average would continue to spend this same proportion of a year (about two months) in a prison setting. The recidivism rate for addicts by even the most conservative estimates is extremely high. Of some 9,000 arrests in Chicago in 1957 for crimes involving narcotic drugs, 86 per cent involved persons with previous drug violations. In addition, at least 50 per cent of those interviewed in this sample indicated that they first became addicted in the years 1955, 1956, and 1957. This is at least four years after the so-called epidemic years (1947-51). These interview results were checked against individual arrest records which confirmed former observations.

Theories on Addiction

Thus, there is ample reason to conclude that the punitive approach to drug addiction, especially when aimed at the user, has been ineffective in its task of deterring those addicted or of preventing others from becoming addicted.

In contrast to the law enforcement position, which is unconcerned with the causes of addiction and only seeks its eradication, there is the “treatment” approach. Usually, this approach is only concerned with cause and it defers to the law enforcement agencies’ courses of action. With the law enforcement framework as a “given” in the situation, treatment becomes a narrow-range process of drug eradication within the confines of the prison or the mental hospital.

The psychological treatment of devi-
ant behavior, in this instance narcotic addiction, with few exceptions has been based on what might be called an introspective psychology. The effect of the drug, heroin, is considered to produce behavior which is markedly dependent. The individual at best vacillates between "psychopathic" behavior in pursuance of the drug and withdrawn behavior while using it. This is the usual oversimplified description of the postmorbid state of the addict.

Etiology is inferred from this clinical picture. For example, Abrahamsen states: "In the same way that the alcoholic is looking for emotional security, in the deepest sense an oral longing, so do these persons addicted to drugs. Most of these persons suffer from a character disorder. They not only need to be sexually satisfied, but must achieve a particular gratification obtained only through drugs."1 At another point in this same work, the author remarks: "Through it (drugs) they try to satisfy their oral drives which otherwise have been frustrated. Thus the drug addict is a problem of personality structure, a point which must be kept in mind when it comes to his treatment."2

Along similar lines, Vogel states: "A vast majority of drug addict patients are fundamentally emotionally immature, childlike persons. . . ."3 Thus from current pathology retrospective inferences are made. This explanation centers around the cessation and subsequent fixation at a particular stage of development. Diverse internal psychic forces are perceived as not only inadequately developed or fixated, but also poorly aligned.

This concept of intrapsychic determinism is crystallized in Chessik's description of the pharmacogenic orgasm: "There is a threatened or actual loss of primal love (Balint)."4 The damaged ego of the drug addict reacts to this with panic and regresses to the oral stage. Concomitant with this regression, there is a loss of secondary process thinking and a resomatization of reactions. The urge for passive object love, i.e., to have a nipple in the mouth, is felt as a physical craving for a "fix." The process of injecting the drug is equivalent to the introduction of the ambivalently loved mother, and results in the satisfaction of a primal love aim, where the breast is placed in the mouth and satiation after feeding occurs. This leads to the pharmacogenic orgasm, a phenomenon consisting of a physiologic reduction of sexual and aggressive drives, a possible epileptic-like central nervous system discharge in the alimentary region, and a state of intrapsychic destruction of and fusion with the mother, where she is tucked safely inside of the patient. This satiation of passive aims restores primal love and permits the patient to engage in a primal sleep (Lewin)5 warding off for the time being the threatened loss of primal love by denial in fantasy and a magical act.6

Thus, the predominant focus of the treatment approach has been strongly psychologic or psychoanalytic, with an emphasis on intrapsychic states or personality characteristics. The concept of the psychopathic personality has been a useful construct to those facing the apparently intractable case of addiction. The similar concept of character disorder has served yeomen duty in the same way. Failing these, there is the position that the underlying maladjustment centers around excessive oral deprivation, that is, deprivation of nurturance needs during crucial stages of psychosexual development of the individual. To prove the point, the many dependency needs and symptoms of oral craving are placed before one in evidence. For example, the addict may speak of getting "a taste" or he may refer to his room or residence as his "crib."7 The addict's dependency on the drug itself is taken as evidence of oral deprivation.
While much of this argumentation is at first convincing, one can but note that the mass of the observations that led to these conclusions are based upon studies of the postmorbid status of the addict. Studies that have pursued individuals or groups through the periods prior to addiction and then after are unknown to these authors. Since the causes and consequences of addiction are so unclear in these studies, some reservations may be expressed about such concepts as addiction-prone personalities or prodromal depressions.

As an alternative to theories of addiction based on homogeneous personality types, there are conceptions of addiction which are psychosocial in nature. Despite disagreements about specific etiology and the efficacy of various types of therapy, there is the central notion that addiction is an expression of some disorder in the social life of the individual and that drug use is symptomatic rather than the disease itself. Drug addiction may then be viewed as a fever, a danger sign of some underlying disorder. Just as complications may occur, such as dehydration with prolonged or excessively high fevers, so, too, secondary symptoms or complications may arise from the addictive symptom.

From the social-psychological point of view, the addict is seen as responding to certain societal pressures and values. The *modus vivendi* of the addict is construed as group, cultural, and socioeconomic phenomena rather than as a result of the unsuccessful fulfillment of certain primitive urges. Because of the availability of the drugs within a certain substratum of society, experimentation with heroin and its precursor, marijuana, is not uncommon. To a significant number of “experimenters” the drug becomes a means of problem solving. Subjectively, at the onset of addiction, at least, it serves to reduce feelings of anxiety and to block out the world of “harsh reality.” Although the addict at first feels he is getting something (i.e., “a fix,” “getting high,” “taking off”) he is in fact losing something. The drug, as other central nervous system depressants, serves to obliterate momentarily that aspect of brain functioning which has to do with dealing with reality. Instead of attempting to change the intolerable external conditions, the addict alters his internal condition so as to produce the imaginary result that the external world is nontreating, nonstressful, and tranquil. Once having duped himself successfully, the road to continued drug use is wide open. After a while (this could be a few days, weeks, or months, depending on the individual), what was initially a feeling of well-being and euphoria is supplanted by feelings of anxiety, depression, and guilt.

Recent psychological research has demonstrated that contrary to popular notions the drug user who is “hooked” is more depressed than one who is withdrawn. We can assume that these feelings prevail despite the action of the drug because of the cumulative isolation and harassment that is part of the price of a fix. Yet the withdrawn incarcerated addict, by and large, remembers the pleasant effects of drug taking. Whatever unpleasantness is recalled has to do with being harassed by the police or having difficulty in purchasing narcotics. Thus, the incarceration of the addict does little to modify his feelings and outlook regarding further drug use. On the contrary, the jail serves as a clearinghouse for making new contacts and learning new modes of criminal behavior. In a significant number of cases, where incarcerated addicts voiced a strong determination never to use drugs again, most of them returned to drug use when in the free community again.

Relapse to drug use after withdrawal is the expected event. The addict, having simplified his available alternative techniques of adjustment and having only the single problem of withdrawal to face
while addicted, and only one way of dealing with his problem, more drugs, has generalized both the problem and the solution. All problems become identical with withdrawal and all solutions identical with the drug.10 Once a convenient mode of solving the psychological problems of stress is learned, a strong resolve is not sufficient to change the individual's behavior.

It was this point of view and the inadequacy of intrapsychic theories of addiction that turned the authors' attention to the external aspects of the addict's life. The social-psychological or, more specifically, the epidemiological aspects of the project developed directly from a service project at Cook County Jail, Chicago, Illinois. The specific nature of the service aspect, which centered around group therapy technics, is reported elsewhere.11-13

For the purposes of this study, police arrest records, jail records, and the records of previous criminality were available. The source of the data for the incidence of addiction derive from the reports of the Chicago Police Department and of the Federal Bureau of Narcotics, while prevalence data were taken from police arrest slips and jail records. Two counts from jail population were taken six months apart in 1957. The first count yielded data on 167 addicts and the second yielded data on 208 incarcerated addicts. During the same period, 508 persons who were arrested by the police in one month supplied data on arrested addicts. All persons who were duplicated in these counts were eliminated. There were no significant differences in the populations in age, race, and education.

Incidence of Drug Addiction in Chicago

Although drug addiction was observed in Chicago in 1880, it probably existed earlier and failed to get much public notice. The first systematic study of addiction in the city was made by Bingham Dai from 1927 to 1932.14 Over this period, 2,431 unduplicated addicts were recorded from various sources. In 1950 to 1951, when the Illinois Narcotic Addict Registration Act was put into effect, the Institute for Juvenile Research noted slightly over 5,000 registrants.15

Addiction, a hidden secret practice outlawed in every legal jurisdiction, makes a true incidence count impossible. The only current sources of data are the law enforcement agencies. Estimates by experts of the incidence of addiction in Chicago ranged from ten to twenty thousand persons addicted, depending on the state of public concern.

The special branch of the Municipal Court of the City of Chicago was set up in 1951 to handle all cases of persons charged with drug offenses, all those found to be addicted, and addicts charged with other offenses than narcotics. This centralized court processed over 60,000 cases (not persons) in six years.16 In 1957 alone, 9,102 arrests were made of persons charged with narcotics offenses or addicted persons charged with other than narcotics offenses.17 Only 6 per cent of this total were known or identified as peddlers.18 The majority of those arrested were themselves addicted. Since 86 per cent of the 9,102 persons arrested were repeaters, the police uncovered some 1,274 new cases of persons connected with narcotics, the large mass of whom were newly discovered addicts.19

The Federal Bureau of Narcotics, basing its records on a voluntary system of reporting the names of what appeared to be newly addicted persons to the Chicago Police Department, reported that Illinois has the second highest incidence of drug addicts of any state, exceeded only by New York.20 The Federal Bureau of Narcotics composite figure for Illinois for the period from 1951 to 1957 was 6,800.21
Characteristics of the Addicted Population

Of those arrested in 1957, 76.9 per cent were Negro, 19.4 per cent were white, and 4.6 per cent were of other races. This is in sharp contrast to Dai's findings for the racial distribution of his sample taken between 1927 and 1932 when 17.3 per cent of the addicts were Negro. Figure 1 graphically illustrates this reversal.

This radical shift in the Chicago area of the racial distribution of persons addicted is substantially the same in most major urban centers. The complicating factor of recent Puerto-Rican recruitment in New York disturbs only the racial distribution, and not the conclusion that use of narcotics has shifted to the children of the most recent migrants to the depressed areas of the metropolis.

While there are approximately nine males to every female identified as addicts through arrest records, this by no means reflects the real male-to-female ratio. The crime most frequently associated with narcotic addiction in females is prostitution. Prostitution is a crime less easily discovered and less eagerly pursued than crimes against property, notably larceny, most usually connected with the arrests of male addicts. Addicts and surveys of criminal
justice both report that prostitutes with steady incomes may work out a stable *modus vivendi* with the agents of law enforcement more easily than unprofessional or unorganized male criminals. Here, then, is a presumably large source of "hidden" addicts involved in delinquent behavior on whom data are unavailable.  

This unknown quantity restricts many of our findings to the male segment of the population.

The average age of the addict arrested in Chicago in 1957 was 27.3.  
Twenty years ago, the average age of the addict was 36.9.  
McFarland in 1953, studying a group of 100 drug addicts, found an average age of 23.8 years.  
This, in addition to the Institute for Juvenile Research data, suggests that since 1950 we are either dealing with an increasingly older addict population or that older persons are becoming addicted.

Since relatively few older addicts, e.g., age 45 or older, show up on police records, the erroneous conclusion is made that addicts are "burned out" when they become older. Actually, what appears to be happening is that the current addict population has as yet not had time enough to grow into the older age groups. Further, addiction today appears to be a disease of youth and young adults.

The age of reported onset of drug use provides some interesting leads. In an examination of 167 incarcerated addicts at Cook County Jail, half of this group reported initiating the use of drugs since 1952, presumably a year after the peak of epidemic in drugs. One quarter of this group initiated drug use in 1955, 1956, 1957. In a comparable group (208), taken six months later at Cook County Jail, 50 per cent reported first use of drugs after 1950. Twenty per cent reported taking drugs for the first time after 1955.

It has been suggested by many authorities, especially those of law enforcement and students of addiction in the 1930's, that the general relation of addiction to criminality is one in which the latter precedes the former. The function this may serve is to put greater social distance between the addict and the conventional person by making the addict appear to be from a criminal class.

The results of interviewing suggested a different relationship for drug offenders in jail. Since this population by and large comprises Negro males, there are insufficient data to generalize on the female population and white males. However, for Negro males addicted in 1951 and earlier, onset of addiction was predominantly prior to the first adult criminal arrest. For Negro males addicted from 1952 to the present, adult criminal arrests preceded the onset of addiction. Figures 2A and 2B show this difference.

This observed difference, though admittedly with a small number of cases, is suggestive of two factors. The first is the relatively recent advent of a Negro addict culture. The second factor is the quality and price of narcotics. As Lindesmith has suggested, the price and quality of drugs are often artifacts of the intensity of law enforcement activities. Thus illicit drug use could have been supported by legitimate occupational activities prior to the era of increased enforcement.

A supporting fact is the age of onset for the two groups, suggesting a different etiology for the two. What occurs to these observers is that Negro males, addicted in 1951 and prior to that date, were addicted either before or congruent with the onset of delinquent or criminal behavior. As these persons were forced into theft by their increasing need for the drug through the development of increased tolerance, and by the price increases and quality decreases associated with increased law enforcement, they formed the basis for a Negro addict criminal culture. In the jails and
Addicted Prior to Arrest 41
Arrested Prior to Addiction 5
Indeterminate 23

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Grapel 1

Age of First Criminal Arrest  N = 69

Figure 2A—Negro males addicted 1951 and prior

prisons, they have transmitted the mystique of "coolness" and romance attached to the unique experience of the addict. In the free and closed communities, they have served to foster addiction among those who were originally only criminal offenders. As enforcement increased, the amount of drugs in circulation has decreased, so that the persons addicted after 1952 were probably psychologically contaminated in the penal institutions.

There seems to be little real difference between the postaddiction careers of the two groups after criminal involvement. Their careers have involved them in the treadmill of addiction; cold-turkey withdrawal; the punitive activities of the police, courts, and institutions; and readdiction in the community. The drug serves to force them into more and riskier criminal behavior resulting in arrest and further legal involvement.

The treadmill leading to penal institutions has borne heavily on the addict. For the sample of imprisoned addicts the average length of time spent in institutions was 2.68 years. The per cent of their lives spent in penal institutions after age ten was 14.08. This means that these addicts, since the age of ten, have spent two months of every year in institutions. In addition, approximately 10 per cent of all the incarcerated groups studied spent some time in federal narcotic hospitals, either at Fort Worth or at Lexington.

Marginality and Predisposition to Addiction

The data presented above on the race, sex, and age distributions of the addicts
studied suggest that the predisposition to addiction is currently restricted to a male, nonwhite, and fairly young population. The liability to addiction seems especially high in this group of persons.

Data gathered on the rates of addiction lend support to this hypothesis and suggest further that the source of this liability is the social marginality and the blunted mobility aspirations of the addicted population. The sample of arrested persons was located in the community areas of the city in order to examine the community correlates of addiction. Forty and one-tenth per cent of the addicts came from the three highest rate areas of the city.

All of those arrested in these community areas were Negro. If we include the fourth highest rate area, where 75.3 per cent of those arrested were Negro, these four areas contain the residences of 53.8 per cent of all addicts arrested. These community areas, constituting 5 per cent of the city in square miles, contain 72,450 persons in the 1950 census between the ages of 21 and 35.31

The average age of the addict in the high rate areas is 28 as compared to an average of 25.5 in the low rate areas. Two alternative explanations may be available for this phenomenon. As addicts grow older, they may migrate to the high rate areas; or the lower rate areas (27, 38, 69) may be in the process of becoming high rate areas. There is no satisfactory explanation at this time.

The community area which appears to have consistently the highest rate is CA 38. This has been an area of Negro
concentration since 1930. That year only 6.9 per cent of Chicago’s total population was Negro. The 1950 census gave the figure of 13.6 per cent of the city’s population as Negro, but more recent estimates have put the figure as high as 20 per cent. Three of the four highest rate areas of the city have been those that have had a long period of Negro settlement. The following list gives the areas ranked by rate of addiction and gives the period of settlement by Negroes.

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>1930</td>
</tr>
<tr>
<td>35</td>
<td>1920 or before</td>
</tr>
<tr>
<td>28</td>
<td>Since 1950</td>
</tr>
<tr>
<td>40</td>
<td>1930</td>
</tr>
<tr>
<td>42</td>
<td>Since 1950</td>
</tr>
<tr>
<td>29</td>
<td>Since 1950</td>
</tr>
<tr>
<td>39</td>
<td>Since 1950</td>
</tr>
<tr>
<td>36</td>
<td>1950</td>
</tr>
<tr>
<td>68</td>
<td>Since 1950</td>
</tr>
<tr>
<td>27</td>
<td>Since 1950</td>
</tr>
<tr>
<td>69</td>
<td>Since 1950</td>
</tr>
</tbody>
</table>

The high rate areas are those of old Negro settlement, also those areas of the city that have the most extensive internal migration. By and large, Negroes moving into new areas of Negro settlement are not southern migrants, but rather Negroes who have had previous residence in the city.

The majority (68 per cent) of the addicts report being born in Chicago or in a northern city (35 per cent of the Negroes in Chicago are Chicago-born). Another large per cent of the addicts were born in the South and moved to the city at an early age. From these facts we can assume that psychologically, if not by birth, they are second-generation northerners. From their marginal role they perceive the vast difference in status between themselves and the white population. Their parents perceived a rise in their status through their move to a northern haven from the South, while their children turn to the sources of status available in the North.

The areas of the city occupied by these persons serve to stimulate their perception of the scarcity of opportunity offered them and the relatively restricted avenues to social success. What Margaret Mead has said of the impact of technical change on the children of migrants holds true for this second generation.

“It is not among the first generation immigrants from country to city, from agricultural country to industrial country, from simple levels of life to complex levels, that we find the principal disturbances that accompany technical change. Rather it is in the lives of their children. . . .”

Further evidence of this social marginality is the educational attainment of the addict population. The average education of 192 of the incarcerated addicts studied was 10.75 years of school completed.

Table of cumulative per cents

<table>
<thead>
<tr>
<th>Years completed</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 or more</td>
<td>3.64</td>
</tr>
<tr>
<td>13-13.9</td>
<td>5.72</td>
</tr>
<tr>
<td>12-12.9</td>
<td>36.45</td>
</tr>
<tr>
<td>11-11.9</td>
<td>58.80</td>
</tr>
<tr>
<td>10-10.9</td>
<td>84.88</td>
</tr>
<tr>
<td>9-9.9</td>
<td>90.09</td>
</tr>
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<td>8-8.9</td>
<td>96.86</td>
</tr>
<tr>
<td>7-7.9</td>
<td>97.90</td>
</tr>
<tr>
<td>6-6.9</td>
<td>98.42</td>
</tr>
<tr>
<td>5 or less</td>
<td>100.00</td>
</tr>
</tbody>
</table>

N = 192

Note that 59.74 per cent of the addicts completed 11 grades of school. Those in the two highest rate areas (CA No. 38 and No. 35) completed on the average 11 grades of school. Of all the addicts, 85 per cent completed 10.9 grades of school. The average years of school completed for the total Chicago population is 9.5 years. In the high rate areas, the average number of grades completed is 8.5. The addicted population by and large has acquired more education than the nonaddicted peers, but this education has only served to heighten the addict's perception of the inequities of his environment. The relatively advanced education of the addicts
can be perceived as a springboard for the development of qualitatively different expectations than the less educated non-addicted peers.

Another evidence of this desire for higher status is the large number of addicts who profess the Roman Catholic faith. Roman Catholicism represents a step from the street-front churches of the Negro ghetto, and so offers an opportunity to distinguish oneself from the lowly status of the Negro rural farmer or peasant. While only 5 per cent of the Negro population of the city is Catholic, 28 per cent of the addicts in the jail samples identified themselves as Catholic.38

Levels of Aspiration

The addicts who reported on their own addiction clearly demarcated their lives into preaddiction and postaddiction periods. Along with this, they differentiated between the original reasons for taking drugs and the subsequent pattern of addiction. A large majority noted as their original reasons for drug use a combination of curiosity and enticement by friends.

A diurnal pattern of crime based upon drug need was specified by a significant number of addicts. When they awaken, they feel mildly ill and very much in need of a “shot.” This first shot is frequently described as a “taste.” It is intended to take the edge off their drug hunger. The crime that results from this need is usually not thoroughly planned, but is rather impulsive; e.g., purse snatching, usually in an adjacent neighborhood. Later in the day, shoplifting and other larcenous crimes are committed, mainly in the Loop and adjacent shopping areas. A judge recently attached to the narcotics court attributes 50 per cent of Chicago’s crime to addicts. Fifty million dollars’ worth of goods is shoplifted yearly in the Loop area. This is directly attributed to the addict population by the courts. The Loop and areas adjacent to the high rate areas are the most highly victimized areas of the city.

In addition to placing great stress on their previous or current urge for drugs, the addicts interviewed and in therapy specified desires for material things and status considerably out of their reach. For example, in answer to the question, “What do you most want when you get out of jail,” 80 per cent, in addition to a good meal, listed a car as essential to their happiness. The cars most desired were Chryslers and Cadillacs, obviously status cars. Of the men in therapy, 70 per cent expressed the wish to become businessmen, professionals, or semiprofessionals. All but a few looked upon manual labor as degrading and a waste of time.

Lazarsfeld mentions that a low level of aspiration performs a useful service in making life tolerable for the lower status person. He stated that too wide a discrepancy between what one has and what one aspires to would create frustration and discourage effort.39 One might add that the Negro drug addict in Chicago has all of the earmarks of this discrepancy. Hinkle has stated that “reaction to stress perceived, but not directly experienced, may heighten susceptibility to illness.”40 The male Negro addict has all of the preconditions in his environment and in his own background for perception of stress that would predispose him to drug use. He comes from the areas that are the most depressed economically and socially. He is by and large not a migrant who can visualize areas 28 and 38 as oases. He is better educated than his peers and probably more sensitive to things he does and does not own. The drive for vertical mobility is strong, as evidenced by his more frequent affiliation with Catholicism than the Negro population at large. This drive for vertical mobility is also unrealistic, as witnessed by the wishful thinking noted above.
A further aspect of the lack of belongingness is the Negro addict's very inadequate identification with his own race. Although all Negro addicts noted racial prejudice as part of their lives' experience, few gave evidence of "positive identification" with the Negro people, either in terms of the history, current problems, or future concerns of their race.

Their sensitivity to a ghetto area, their "second generation" position which predisposes a marginal man concept of self, their unrealistic vertical socioeconomic strivings, plus the availability of drugs, create the proper ingredients for the prevalence of addiction herein described. The use of drugs in the high epidemic areas, at least since 1951, appears to be part of the constellation of a delinquent and criminal pattern of behavior.

Summary

Our data suggest the following conclusions about the nature of the development of addiction, at least in the segment of the addicted population studied.

Sociologists traditionally have investigated the social conditions which promote drug addiction in the individual. Psychologists, on the other hand, have focused on intrapsychic phenomena in their attempt to come to grips with causal factors. Our own work seeks to bridge the gap between these two divergent approaches. The individual addict is overwhelmed with the necessity to "shut out" certain aspects of reality which are intolerable to him. In this sense, drug addiction can be conceptualized as one of the myriad defenses that individuals use to deal with intolerable aspects of their existence, both real and imagined. That there are ethnic, class, religious, age, and sex differences in the utilization of defenses is well established.\footnote{41}

Here we conceive of the defense not as a passive mechanism aimed simply at "shutting out" reality, but rather as an aggressive assault on reality. What predisposes one individual or group of individuals to select one defense mechanism rather than another? Any number of explanations have been advanced, among them early childhood deprivation, trauma, organ weakness or deficiency, mimicry of the host population, availability of agents such as alcohol, social acceptability, opportunity for experimentation and reinforcement. These and the symbolic meaning of a particular defense are but a few of the explanations offered. One cannot help but note that suicide, which is an ultimate defense against reality, is the defense of choice that occurs most frequently in high income and high status groups (dentists, physicians, lawyers).\footnote{42}

The drug addict, particularly the urban Negro male who is the subject of this study, like all men in their existence, attempts to come to terms with his reality, both with the contemporary stresses and the cumulative ones. Their reality consists not only of their objective existence, but their existence as they perceive and experience it. Not unlike the delinquent in other studies, they have introjected middle-class goals and strivings. The gap between their fantasied existence and the reality of their existence may well be the intolerable aspect of life that is defended against, assaulted through drug use. Perhaps, given the same conditions, what predisposes one person to stick with drugs while others seek out still other defenses, tolerate, or struggle against the intolerable aspects of their existence, is partly determined by excessive dependency needs and/or arrested emotional development. Our study has been critical of those studies that seek explanations of the drug addict solely in the latter terms. That other conditions of life must come into motoricity for a pat-
tern of drug addiction to develop and spread in a particular population is strongly suggested by our data.

One is reminded of Claude Bernard’s explanation of causality: “Events and facts succeed one another, are bound up with each other, and interpenetrate according to a law that is the condition for their existence. But they do not endanger each other and they do not stand in a relationship of necessary cause and effect.”

This approach enables one to perceive drug addiction in terms of the mutual interpenetration of an individual with his environment. The addict in his interpenetration with his environment becomes dehumanized and, in turn, he dehumanizes others; he becomes brutalized and brutalizes others. That the drug-user (in this particular study), once he has entered the treadmill of addiction, begins to resemble his fellow drug addicts in an existence that compels a conformity in ethos, modus vivendi, mores, and even in diet, is readily observed.

Once the addict enters the cyclical pattern of arrest, incarceration, release, and readmission, the resultant personality makes the addict’s role practically irreversible except through certain specific modes of therapeutic intervention, “burning out” and/or active involvement in social change.

The potential for addiction is widely spread through the children of the migrants in the deprived areas of the city, and the ultimate use of drugs by any specific individual depends on many fortuitous circumstances. The high rates of mental disease, alcoholism, and other social pathologies which are sown by thwarted desires are the harvest of the same social conditions.

Zimmering, et al., described the effect of the addicts’ social condition on their self perceptions.

“... Negro and Puerto Rican boys... all suffered psychologically from discriminatory practices and attitudes directed against their racial groups. They feel more keenly than other national minorities that they live in an alien hostile culture that considers their racial characteristics as stamps of inferiority. They suffer almost continuous injuries to their self esteem.”

Epidemiological data obtained by the present authors support the psychosocial perceptions of the addict. The present authors suggest that the addict has a clear perception of the nature of the slum environment and that this perception, disagreeable as it may be to the middle-class social scientist, may lead young people into addiction. The marginal inhabitant of the slum has several alternatives open to him in his attempt to cope with intolerable external conditions which he clearly perceives:

1. He may adopt a delinquent or criminal pattern.

2. He may become a drug addict and consequently a criminal.

3. He may passively accept his lot in life or divorce himself from it as the latent schizophrenics do.

4. He may reject the Horatio Alger myth that appears as a primary ingredient which predisposes him to the above solutions, and he may instead struggle for change in the external intolerable conditions. In so doing, the individual would change himself and the whole world around him.

In all of these solutions, an assault against certain intolerable aspects of reality is involved. Scrupulous arguments for either psychological or social causation exclusively can be abandoned. Instead, one can conceive of certain objective aspects of life as the necessary conditions for the potentiality of addiction.

Acknowledgment—The data on which this article are based were collected during a research and service project at Cook County Jail. Appreciation is expressed for the encouragement and support of Dr. Joseph Lohman who was the Sheriff of Cook County at...
that time, and the Northwestern Medical School under whose auspices the project was initiated.

REFERENCES

2. Ibid.
17. Ibid.
18. Ibid.
19. Ibid.
21. Ibid.
25. Nondelinquent users and addicts of middle and upper classes who are supplied legally undoubtedly exist, but in what numbers it is impossible to say.
32. Ibid.
33. Ibid.
34. Ibid.
38. Father Hogan, Holy Angels Parish, Chicago. Personal communication.

Dr. Abrams is Professor of Psychology, Chicago City Colleges (64 East Lake Street), Chicago, Ill. 60601. Dr. Gagnon is Research Associate, Kinsey Sex Research Institute, Bloomington, Ind.; and Dr. Levin is Associate Professor, Department of Psychiatry, Chicago Medical School.

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