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# *Durkheim, Mead, and Heroin Addiction*

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The "**social fact**" of heroin use and abuse in the United States today is a particularly tragic and troubling one. In February 2000, The National Drug Intelligence Center reported the "hardcore addict" population to be between 750,000 and 1,000,000. Additionally, there are a large number of "occasional" or "casual" users of heroin. On the streets of Boston today, a bag of heroin costs around $10… less than one Oxycontin (which sells for at least $10 per milligram) or two mixed drinks in a "classy" establishment, and as much as a case of cheap beer. The World Socialist Web Site, in July 2000, printed an interesting statement which may serve as a launching pad for this discussion. Quoting a Public Health officer in Seattle, it reads: "Dr. Oxman thinks he is commenting on the relative cheapness of the drug when he says, 'In today's economy you can work a minimum-wage job and scrape up enough for housing and food and be a heroin addict,' but, in fact, he is pointing unwittingly to a harsh reality of American life. The main point is not so much that young people who work in a convenience store or fast-food restaurant—and see no better prospect in the offing—*can afford* to do drugs, but that so many feel they need to."

Why *do* they feel they need to?

If evaluated rationally, a risk / benefit analysis of heroin use should lead to its total and near immediate extinction. According to a 1997 National Institutes of Health "Research Report" entitled "Heroin Abuse and Addiction," short term medical complications of heroin use include constipation, inability to urinate, nausea / vomiting, lowered blood pressure (which can lead to fainting after using) and slowed respirations. Long term medical complications include "scarred and / or collapsed veins, bacterial infections of the blood vessels and heart valves, abscesses and other soft-tissue infections, liver or kidney disease, lung complications (TB, pneumonia)," and the risks of contracting Hepatitis B and / or C and HIV- not to mention the very real risks of overdose, coma and death.

Heroin withdrawal symptoms, though rarely fatal in themselves, are extremely uncomfortable. Symptoms include: sleepiness, tearing of the eyes, muscle aches and spasms, stomach cramps, hyperventilation, hypothermia, joint pain, vomiting, diarrhea, "goose bumps," anxiety and hostility. S.H., a dear friend who has used IV heroin for almost 30 years (and has withdrawn many times) describes another symptom—the feeling that his "skin is crawling—as if there are bugs and worms inside my skin and they are all moving at once. I can't get away from it and I can't stop it. It makes me want to rip all my skin off my own body." He can tolerate the nausea and vomiting, but one can truly *feel* his panic as he anticipates the moment when his skin will begin to crawl.

The "benefits" of heroin use are, to an extent, related to dose, route, and the purity of the drug used. The peak effects of intravenous heroin are felt within eight to thirty *seconds*. Effects of intramuscular injection are felt in five to eight minutes, while smoking or snorting produce peak effects in ten to fifteen minutes. The initial effect is a "rush" of warmth, well-being and euphoria, and the relief of physical pain, stress

and anxiety. Respirations and heart rate slow, and after the initial "rush," a period of sedation ("the nod") follows, often lasting several hours. In his book *Heroin*, Humberto Fernandez writes, "…all of these effects occur almost immediately, giving the user instant gratification. To the addict, (physical) ill effects… are a small price to pay for the analgesia, or elimination of physical and emotional pain that a dose of heroin provides…. It is no wonder that this euphoria is found to be so compelling psychologically and physically; after all, pain and pleasure are our most primal motivators. Thus, the compulsion to use despite adverse consequences is fueled by very basic brain functions, perhaps the most important elements to consider when trying to understand why someone would use such a dangerous, addictive substance" (Fernandez 57).

The social effects of addiction can easily be seen by walking through Boston Common, or Chinatown, or the areas near St. Francis House or Borders Books on a hot summer night, or worse, on a blisteringly cold winter one. Street addicts, whose **alienation** from family and loved ones and careers of crime and deviance have often left them homeless, are everywhere. Although many have long criminal records rendering them virtually unemployable, their first priority each morning is to "chase down" a fix, impacting their ability to maintain a job even if they can find one. Homeless addicts can be seen "stemming" for money, seeking out the "good product" of the day and a set of "sealed works" for a "safe" injection. This constitutes the most important work of the street addict's day-they "cop," "use," "nod," and wake up, knowing that they have to "cop" again, all the while manipulating friends and lovers, enemies and strangers to secure the money they need.

The obvious street addicts, of which my friend S. H. is one, are just one segment of the population of addicts. My friend M.S. is an example of another type: A daily user of IV heroin for over 25 years. M. S. maintained a successful construction business for many of those years. He had a home and plenty of money, so managing his habit was easier, less desperate and frantic, and less visible. Those who worked for him *didn't know* that he had a $250 daily habit—until he fell from a roof, shattering his pelvis. During the next seven weeks in the hospital, M. S. lived through multiple surgeries and an intensely painful heroin withdrawal. His secret was out, he felt guilty and humiliated, and many of his relationships with friends and employees were permanently destroyed. Nonetheless, on the day of his discharge from the hospital his two immediate priorities were to send a dozen roses to each of his favorite nurses and to "score some dope." He was addicted again before my roses arrived.

Much has been written and much research done in an effort to understand the phenomenon of drug addiction. The treatment modalities available—medical, behavioral, pharmaceutical, "Twelve-Step"—speak to the many theories that have arisen as a result of research done to date. Yet statistics on heroin use and abuse indicate remarkably low "cure" rates and an ever-increasing number of addicts and "casual" users. Perhaps the field has been waiting for my investigation of the ways in which Emile Durkheim and George Herbert Mead would view the phenomenon of addiction.

## EMILE DURKHEIM

My effort to understand the way in which Emile Durkheim might explain heroin addiction is predicated on an understanding of two important Durkheimian concepts: collective effervescence and anomie.

Durkheim wrote extensively in the later years of his career about religion. In *The Elementary Forms of Religious Life*, Durkheim

studied the "primitive" form of religious practice of the Aruntas in Australia. It was in the context of looking at their rituals and their totemic beliefs that Durkheim developed the idea of collective effervescence.

For Durkheim, **collective effervescence** describes the powerful feelings experienced by a group when in the throws of religious rituals. A description of these "awe-inspiring ceremonial occasions" can be drawn from Daniel Pals' *Seven Theories of Religion*: "In the middle of such throbbing assemblies, individuals acquire sentiments and undertake actions they never would have been capable of embracing on their own. They leave behind what is distinctively their own and merge their identities joyfully into the common self of the clan. In such ceremonies, they leave the everyday, the humdrum, the selfish; they move instead into the domain of what is great and general. They enter the solemn sphere of the sacred" (Pals 104). Durkheim himself describes the essence of these feelings in the *Elementary Forms of Religious Life*, "By what other name (than religion) can one call the state in which men find themselves when, as a result of collective effervescence, they believe they have been swept up into a world entirely different from the one they have before their eyes?" (Durkheim 1995:228)

It is instructive to note Durkheim's belief that religion ultimately represents nothing more—or less—than that society's worship of itself. It fulfills a basic need in human beings and in their societies. In Pals' *Seven Theories of Religion*, it is explained: "Religion's purpose is not intellectual but social. It serves as the carrier of social sentiments, providing symbols and rituals that enable people to express the deep emotions which anchor them to their community. Insofar as it does this, religion, *or some substitute for it*, will always be with us. For then it stands on its true home ground, preserving and protecting the very "soul of society" (Pals 111, emphasis added).

The second Durkheimian concept of which we need an understanding is "anomie."

In *The Division of Labor in Society*, Durkheim discussed the impact of industrialization and the division of labor on society and societal integration. Simple, preindustrial societies, described as those with "**mechanical solidarity**," involved societies bound together by similarities and by the **collective conscience** of the group. The collective conscience consisted of the "**norms**" of that society—the unwritten but universally understood code of moral ethics and acceptable behaviors that directed and maintained life in the community. This "compass" was readily available to all members of the small, close-knit community. "**Organic solidarity**" is Durkheim's term for post-industrial society. Workers are often in competition with their fellow workers, leading to withdrawal from them with the eventual loss of connection between and among people. The small-knit communities gave way to urban areas densely populated with people from many different areas, each with his or her own moral and ethical code. As such there was no "collective conscience"—no universally understood code of morals and ethics. Under such circumstances, Durkheim believed a state of "normlessness" develops-a state he termed "**anomie**.".

It is not difficult to view our modern world as being in—or at least contributing to—a state of anomie. In "Addiction as a Social Construction: A Postempirical view" published in the *Journal of Psychology*, author Franklin Truan writes: "… modern society has become a mass of isolated individuals conforming to and **oppressed** by a central society which is **depersonalizing**, manipulative, and oppressive in character. Humans live without a positive relationship to the center of their own society. The center has become either fragmented or opaque, thereby cutting individuals off from an active and enhancing relation-

ship to tradition and to a sense of community… hence, the phenomenon of the 'lonely crowd': consisting of masses of isolated and lonely individuals" (Truan, p. 493).

I believe that Durkheim would see the social problem of heroin abuse as resulting from the anomic state of modern society combined with the hunger of the people living in this state for those powerful experiences of collective effervescence.

People are suffering from loneliness and a sense of powerlessness. In addition to having lost the guideposts provided by the collective conscience, they have also often lost the community connections that provided them with opportunities to experience "rituals of collective effervescence." Alone, lost and empty, with no firm set of societal norms to guide them and no close community to protect them, the promise of "euphoria" may well be too tempting for some to refuse. An addict I know once said; "forget every explanation for this that you've ever read —it's all about the euphoria, honey—plain and simple."

Once in it, the drug subculture offers a sense of **community** and solidarity. There is a hierarchy. The members of the "clan" all know one another-—they eat the free dinners at the churches together, sleep on the streets together, end up in shelters and detoxes (and sometimes jail) together. For example, my friend S.H., a native of Rhode Island, appears to know every junkie in the city of Boston. Walking the city streets with S.H. is nothing short of a social event. Handshakes, hugs and introductions abound: "We were on the Island together…" "I know him from jail…" It's not like Beano on Saturday night back home, but it is a sense of community for those who desperately need one.

## GEORGE HERBERT MEAD

Our examination of the way in which George Herbert Mead would view the issue of heroin addiction requires an understanding of his basic concepts—and the use of a little "creative license." First, the basic.

Mead believed that the "**self**' arose as a result of the **socialization** process. In *Mind, Self and Society* he wrote: "The self is something which has development; it is not initially there, at birth, but arises in the process of social experience and activity, that is, develops in the given individual as a result of his relations to that process as a whole and to other individuals within that process" (Mead 135). The self, then, develops as a result of interactions with the environment, from the earliest actions and reactions of parents to the larger social world of one's community and school experiences. Mead said the development of mind and the self occurred through three forms of activity—***language, play*** **and** ***the game***. Briefly, language involves the use of **gestures** and **significant symbols**, play involves the development of the ability to see events from the vantage point of another, and the game involves the further development of play to include being able to understand the position of many others in a situation. Regarding the game, Mead wrote in *Mind, Self and Society*: "What goes on in the game goes on in the life of the child all the time. He is continually **taking in the attitudes** of those about him, especially the roles of those who in some sense control him and on whom he depends… There are all sorts of social organizations… into which the child is entering, and he is playing a sort of social game in them… He becomes a something which can function in the organized whole, and thus tends to determine himself in his relationship with the group to which he belongs. That process is one which is a striking stage in the development of the child's morale" (Mead 160).

Finally, our discussion requires a brief mention of the **"me" and the "I."** Mead wrote that the "self" consists of two components: the "me," or the socialized self, is

that aspect of the self that is aware of, and concerned with how others view and judge it, it is the "conscience," the internalized norms; the "I" is the spontaneous, creative, impulsive and sometimes unpredictable component of the self. The "me" and the "I" interact to guide and control behavior, with the "me" providing the control to keep the "I" in check.

Mead did not include in his writing any consideration of the potential effect of pathology in developing the "self." My understanding of his writing is that it assumes a healthy and adaptive relationship between the child and his "significant others" as the child's "self" develops. Using Mead's belief that the self is a blank slate that is "filled in" through actions and interactions with society, I believe that the quality of those interactions might be the basis for an explanation of heroin abuse based on Mead's concepts.

What are the subsequent effects of raising a child in an atmosphere of abuse or neglect? What are the consequences of sending children to board away from their home and community—or of leaving a child to roam freely within that community as a result of the lack of childcare—or of a simple lack of interest in the child? What kind of interactions would that child experience? What would the content of his "*game*" be? How does a poorly-developed or under-developed or totally **dysfunctional** "me" control an impulsive, unpredictable "I"? Mead wrote in *Mind, Self and Society* that while playing the *game*, the child "tends to determine himself in his relationship with the group to which he belongs" (Mead 160). If a child is abused, neglected or just plain ignored, what impact might that have on the way in which that child "determines himself"?

I believe that the consequences of such treatment are negative and quite profound. In "Becoming a Problematic Consumer of Narcotics" (2001) from *Substance Use and Misuse,* Ted Goldberg suggests that problematic consumers have "many of the following factors in their backgrounds: poverty, at least one parent with a high level of alcohol consumption, corporal punishment, serious conflicts in the home… unclear demands, inconsistent use of punishment… sexual abuse, overcrowded living conditions… these factors play an important role in the development of the individual's self image…" (Goldberg 1303). Later in the same piece, Goldberg writes, "In their early contacts with society, children who have been labeled by their parents exhibit the beginning stages of the provocative behavioral patterns recognized by everyone who has worked with marginalized people. Although the child's self-image is not firmly established, he can consciously break rules he is aware of, and in doing so provoke negative reactions which serve as a confirmation of what he believes he knows about what kind of person he is. The more frequently a child receives confirmation of his developing negative self-image, the more strongly established it becomes" (Goldberg 1312).

I believe that, if asked to examine the question of heroin abuse in society, Mead would feel the most appropriate place to start would be in the development of the "self." While his extensive writings on the relationship between the child and the parent(s) in relation to the developed "self" and the "socialized me" did not explore the possibility and consequences of pathology and dysfunction, this appears to me a logical extension of his work.

M.G., a friend who has abused every drug imaginable, recalls the experience, as a 5 year-old, of finding his father dead. Obviously, he didn't know what to do. Thirty years later, when Mark discusses his drug use and abuse, the story always begins with his having found his father, his inability to save him—and his mother's subsequent withdrawal and depression. In M.G.'s life, all roads lead back to his parents. Perhaps I now have a better idea of why that is so.

I will conclude this paper with a final excerpt from the Goldberg piece since it is the most powerful and the most fundamentally *true* description of the thinking—and the *life*—of an addict that I have read during my research. I shared it with a friend who, like me, has had a long painful relationship with a "problematic consumer" of heroin and she agreed—***this is what they do***. Goldberg writes:

> Due to labeling, problematic consumers of narcotics have drastically negative self-images, initiated prior to their starting to take illegal drugs. Others have judged them unworthy and they have accepted the ruling. They try to flee, for instance with the help of psychoactive substances, but they have already internalized the condemnation, and no-one can escape from what they bear within. Due to all the negative experiences problematic consumers endure, as an integral part of the life they lead on the narcotics scene, they confirm for themselves that they deserve to be severely punished: after all they destroy for others and have devastated their own lives. As time passes and the quantity and magnitude of negative life experiences escalates, they become all the more convinced that they do not deserve to exist. Their life-pattern increasingly becomes a process of insuring that justice is done. Others have condemned them, they have accepted the verdict, and they become their own executioners. BUT, at the same time, by stealing from them, frightening them, giving them a bad conscience, etc., problematic consumers wreak revenge on those who have passed judgment. (Goldberg 1314)

This has been a deeply personal and difficult project for me. So much of what I have read on the topic of heroin has hit "close to home"—too close, at times, for comfort. Ultimately, I prefer my "Durkheimian" answer to this question. Perhaps as a mother, I hate the thought of adding the layer of guilt to a parent's burden of responsibility that comes with the "Mead" response. Perhaps as a trusted friend and (at times) co-conspirator of S.H.'s parents, I know their love, patience, exasperation and desperation for their son, all of which I have shared, and can't bear the thought of even suggesting that they in any way contributed to his destruction. Ultimately, though, regardless of what causes it and perpetuates it, heroin addiction is a true tragedy.

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