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Marijuana's Role in Inducing Social and Individual Chaos: An Orgonomic Perspective*

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About thirty years ago, a couple of weeks after track season ended and just before high school graduation, my friend Jimmy and I hatched a daring and, for us, unusually risky plan: we decided to purchase and ingest an illegal substance. Having never taken this substance before, and fearing that any of our peers, much less our parents, might witness the actual purchase, we carefully coordinated and planned the pickup. We arranged to drive twenty-five miles to a nearby town. You see, even though we would be extremely careful when making the purchase, we were guarding against the disastrous possibility that someone known to us might happen by just as the deal was going down.

We also arranged the trip to coincide with my parents' vacation so we could bring the contraband to my house, try it out, and experience what the effects actually were. Hearts pounding, and with anxious eyes darting, we made the buy and headed home. That night we tried it out. I had to admit that at first I did not like the taste, and it really burned my throat. But I did not want to act like I could not handle it, so I kept going at it, waiting for some effect.

And so it was, thirty years ago, my first experience with...a Budweiser®!

Times have certainly changed. This article is about *how much* in society is different, and specifically how orgonomy, the science of natural energy functions, provides a unique and valuable perspective for understanding these changes on both an individual and a social level.

*Adapted from a presentation of the same title given at the 1999 A.C.O. Annual Conference, "Treating Adolescent Turmoil in the Current Social Breakdown," October 24, 1999.

Today there are many young people all over the United States hatching plans to purchase and ingest another illegal substance. The most recent available data suggest that at least *half* of our sixteen-year-olds will have had the experience of smoking marijuana.

Perhaps one of those teenagers is like my patient Ann, whose parents are financially successful and socially connected professionals in Princeton. Ann's mother discovered that her daughter, like many of her friends, had begun smoking marijuana. However, Ann encountered a reaction from her mother for which she was unprepared: she found that she had to go no farther than her own backyard to find a place where she could smoke. Her mother rationalized that, since "all the kids are smoking pot these days," she should not be worried or concerned about Ann's "curiosity." Having smoked pot herself in the 1970s, like about sixty percent of today's parents (1), she was still not sure whether that experience had been positive for her or not. Ann's mom felt that since she was surely going to be smoking somewhere else without supervision, smoking pot at home would be preferable. She felt she had not encouraged it, but rather that she had given Ann *permission* to smoke marijuana. It gets worse. Later, she even decided to smoke marijuana with her daughter so they could share the experience together.

Ann's incredible contempt and disrespect for her mother came out clearly in her therapy sessions with me. No one was more surprised and shocked than Ann's mother when her daughter was arrested for possession with intent to deliver marijuana at the private school she attended, and from which she was expelled. It was disturbing to see that, at least at first, Ann's mother was much more concerned with her daughter's legal arrest than the fact that her emotional development had also been arrested.

My basic thesis, which will be explored in more detail throughout this article, is that *marijuana disrupts adolescent development and the capacity to develop healthy sexual relationships.*[1] I will also discuss how use

[1]Healthy refers to behavior based on heterosexual impulse, originating predominantly from the core of the adolescent's structure, which are responsible and not separated from feelings of love.

of marijuana contributes to the chaotic breakdown of social structure, and to social destructiveness.

I'd like to share, by way of my professional experience and perspective, why the issue of adolescent substance abuse is so urgent. In this regard, it is important to discuss:

- the widespread, *accepted* use of drugs;
- the lack of appreciation that adolescents and their parents have about what marijuana *actually* does, and what adolescents are doing to themselves by using it;
- the *failure* of all interventions and programs to reverse this destructive epidemic.[2]

First, I am shocked and very concerned about the rising use of psychoactive substances and the long-term effects they have had on *millions* of individuals as well as on their families, and on our society as a whole. It is sad to know that we now have a generation of children and adolescents who have no experience or memory of a society without the widespread use of drugs. When I offered one of my teenage patients the perspective that when I was in high school no one smoked marijuana, and hardly anyone even drank alcohol, his telling response was, "Damn! What did you guys do for fun?" How sad. If only he knew how much fun we had!

Most adolescents, and even their parents, have become desensitized to the use of marijuana, and many have been misled in various ways by how "harmless" and "cool" it is. Recently my wife and I were watching TV, and stopped at one of the new sitcoms. On a popular show, right in prime time for all to see, right in my living room, one of the heroes of the show was being teased about some goof-up he had committed, and his friends were saying, "You were stoned, right? Admit it, you were stoned!" The actor smiled, with much canned laughter from the audience. I could hardly believe my eyes. Another night we looked at two other currently popular shows

[2]The one exception is former First Lady Nancy Reagan's "Just Say No" campaign, which did have a dramatic effect on the incidence of marijuana use but was unfortunately discontinued in the early 1990s.

and saw references to drug use in both. In one, an actress makes a joke about having "forgotten her lines," in that context a clear reference to her use of cocaine. In another, there were numerous references to "bong-pipes" and "stashes."

Have you noticed how many movies include scenes where a character, sometimes the main character, smokes marijuana?—and, of course, it is *never* an essential part of the plot. Why, in such multi-million-dollar ventures, where every conceivable visual detail is carefully considered, are these scenes included? It's almost as if something—smoking marijuana—is being advertised. And, of course, it does not help when the President of the United States claims that he smoked, but never inhaled marijuana, and then, to a different audience—*this time of teenagers*—adds that "he wishes he could have." References to drug use are ubiquitous in the current popular music geared to our adolescents. How many parents have taken the time to really listen to the lyrics of these songs?

Use of marijuana has become so much a part of everyday adolescent culture that they and their parents have largely become desensitized to and accepting of its use as a normal part of "adolescent experimentation." We read editorials in *Time* magazine where parents—still grieving the loss of their son to a heroin overdose—characterize intravenous narcotics as "bad" and other drugs such as marijuana as "harmless or good." We hear students explain they learned in school that marijuana is a "gateway drug" but not really seriously dangerous itself. We see the International Olympic Committee return a gold medal to a snowboarder who tested positive for marijuana, stating that "marijuana is not a performance-enhancing drug"(2). Well, at least we agree about that! However, by extension of that standard, the Olympic committee should also allow the use of LSD, or heroin. They certainly never enhanced anyone's performance!

Research clearly shows that adolescents' use of marijuana is directly related to their belief that it is of no risk to them (3). Yet, strangely, the message being sent to our youth is that its use is of *little* consequence, that it should be overlooked and tolerated, and even that it is "cool" or somehow good for them. In some segments of our

society marijuana is no longer even considered a drug. You hear that it's just a "natural high." I find this frightening, sad, and infuriating.

Even those who see that marijuana is a destructive influence have been ineffective in preventing adolescents from wanting to use it. The "Just Say No" campaign, as simple as it was elegant, *at least* gave teenagers some sense of control, and of options, but was discontinued and has not had any significant long-term impact. After 1992, the data are clear: *more* adolescents, and now *more* children, are using *more* potent substances, *more* frequently, than ever in the history of our society. What has happened, in both the individual and social realms, that has brought about such disturbing changes? And what can be done about it?

What we as students of the science of orgonomy have learned, from our understanding of energy functioning, allows us to have a unique perspective on this issue. It opens the way to increasing our understanding of the individual and of a society that has accepted use of marijuana as being little different from having a beer.

Before I discuss orgonomy's contributions, allow me to underscore the importance of the issue by briefly reviewing some relevant data regarding trends and effects of marijuana use.

Review of Prevalence/Incidence Data Regarding Marijuana

The incidence of regular marijuana use during adolescence rose steadily through the 1970s and, despite a drop in the 1980s and early 1990s, has after 1992 continued its steady increase (4).

Prevalence Rates of Marijuana Use Among New Jersey High School Students (Percentages)

MONTHLY USE			ANNUAL USE			LIFETIME USE		
1989	1992	1998	1989	1992	1998	1989	1992	1998
11.8	13.3	22.3	23.9	23.6	36.9	32.1	27.0	47.3

In the above table we consider New Jersey public and private high school students, looking at frequencies of use as a percentage of the total student population. For example, we can see that in 1989 11.8 percent of the students admitted using marijuana in the

previous month, but by 1998 22.3 percent had done so. These data speak pretty well for themselves (5).

Marijuana is the most widely used illicit drug in the United States (6). I will not bore you with lots of statistics, but these data are typical of findings across the country. In 1996 the U.S. Department of Health and Human Resources released data documenting a 105 percent increase in marijuana use among high school students between 1992 and 1994, and another 37 percent increase from 1994 to 1995 (7).

Alarmingly, the age when marijuana is first used has continued to drop over this period of time. Estimates from research data indicate that the incidence of use among children ages nine to twelve was 334,000 in 1993, and rose to 571,000 by 1997. *That's more than a half million children.* In one sample of adolescents in treatment for substance abuse, the average age of onset of marijuana use was $12\frac{3}{4}$ years for outpatients and $11\frac{3}{4}$ years for inpatients (8). Current estimates suggest that among school students, 12 percent of all twelve- to seventeen-year-olds are regular users of marijuana (9). Research clearly demonstrates that the earlier the age of onset the more likely there will be progression to "harder" drugs (10). And as we will see, earlier onset even more profoundly interferes with the natural developmental processes of adolescence.

What does the science of orgonomy have to offer us to understand marijuana abuse in adolescence? I believe that it can help us to observe the facts and understand the use of marijuana without resorting to moralism, which, among other things, is a real "showstopper" when communicating with adolescents. In order to really understand, we need to be able to suspend moralism or judgment while sticking to our observations. We may observe, for example, that an adolescent's experience while smoking marijuana is that he feels "great," expansive, creative, and sensual. The orgonomic perspective can also help us understand some of the seemingly contradictory effects of marijuana on the bioenergetic functioning of the adolescent. It can offer us an understanding into *why* kids take drugs, and why they *keep* taking them despite all the drug education thrown at them. An energetic perspective can help us answer the

question of why they don't seem to notice, or care, that they are functioning poorly. And why some kids are so strongly affected, while others appear to suffer no consequences from using the drug.

Can this perspective really help us see and understand how marijuana affects the individual and our society? Can it assist us, who care so much for young people, in understanding how we can prevent our adolescents from becoming involved with drugs? Clearly, all the factual knowledge concerning the effects of the drug "acting on the brain" has had little impact on adolescents' perceptions of these dangers. Neither have the drug education efforts that are based on misunderstandings, half-truths, fear, and moralism. In most ways, teenagers are smarter than that. They see through it, tune out, and some "turn on."

Can what we know, from an orgonomic perspective, be valuable to adolescents, parents, teachers, and therapists?

I believe the answer to all these questions is yes. For myself, the orgonomic perspective, that is, one based on the functions of *bioenergetic charge, expansion, contraction, and pulsation,* and the consequences of *contactlessness,* has vastly enriched my understanding and ability to treat adolescents. It has provided practical insights that could not have been gained elsewhere. This is what I want to share with you, the reader.

To reiterate and expand on my basic thesis: Marijuana disrupts adolescent development and the capacity for self-regulation by producing an unnatural, and thus pathological, overexpansion. It also disrupts natural pulsation. This intensifies, and also induces, armoring, and thus in turn produces contactlessness. Marijuana use also impairs the capacity to develop and enjoy healthy sexual relationships with the opposite sex.

Because it intensifies and induces armoring, marijuana may continue disrupting rational functioning into adulthood. This effect is even greater if the adolescent continues its use as a young adult. A most important example is the disruption of the mother's ability to make contact with her newborn and developing infant. This weakening of early mother-child bonding, and the ongoing

emotional contact so necessary for the health of the baby, is just one example of how marijuana contributes to the chaotic breakdown of social structure and to social destructiveness.

Simply put, drugs are life-negating. What I am saying is that "pot"—so often thought of as a relatively harmless, natural plant—is in fact *a very serious threat* to our children and adolescents, to our society, and to future generations.

If any of you need to be further convinced, I want to briefly review just a fraction of the scientific information regarding the effects of marijuana.[3] Keep in mind that all this information is available to our teenagers, through the Internet and elsewhere. Unfortunately, there is also information, sometimes pseudo-scientific information, extolling the supposed virtues of marijuana. This is all very confusing, and to the degree that adolescents are armored they are especially susceptible to the confusing effects of the media. Not surprisingly, there has been no decrease in the use of the drug. After I tell you what classical science has determined, I will then address the marijuana phenomenon from an orgonomic perspective.

Review of Data on Health Consequences/Physiological Effects of Marijuana

Unlike alcohol, a water-soluble molecule which is metabolized and passes out of the body fairly quickly, the psychoactive ingredient of marijuana, THC, is a fat-soluble molecule whose metabolites remain in the body for as long as a month after one-half of a "joint" is smoked. Just take a moment to let that sink in: THC remains in the body for as long as a *month* after just one-half of a "joint" is smoked. THC metabolites are stored in the brain, testes, ovaries, and other fatty tissues. Thus, with even so-called "occasional use" of marijuana once or twice a week, THC is continually present in the body and being slowly released. And this is true whether or not the individual experiences a "high."

[3]The health consequences and physiological effects of marijuana are reviewed in more detail elsewhere (11).

How many of you think of marijuana as an addictive drug? Well, despite statements to the contrary, regular marijuana users develop a true physiological tolerance as well as a psychological dependency (12). This simply means that they are addicted to the drug. Withdrawal symptoms are rare because THC is stored in the fatty tissues, and therefore slowly released into the blood stream. This results in a slow detoxification process. Proof that the drug causes a true physiologic dependence is demonstrated by the fact that when the THC receptor sites in the nervous system are chemically blocked, a full-blown withdrawal syndrome occurs (13). In fact, recent data reported in the prestigious journal *Science* demonstrate that marijuana works on the exact same neural substrates as drugs known to be highly addictive, drugs such as cocaine and heroin (14). Tolerance builds and necessitates increased intake in order to achieve the same subjective experience of intoxication. This is all truer now than ever because the potency, and thus the addictive potential, of marijuana can be up to fifty percent stronger than it was in the 1960s and 1970s (15).

In addition—and this is extremely important—marijuana manipulates the nervous system to hijack the primitive adaptive "reward" or pleasure mechanisms that have evolved over millions of years. These ancient brain systems are involved in the modulation of emotion and therefore influence behavior. The user begins to seek the pleasurable sensations of drug use as if they were *on a par with food or sexual pleasure.*

Because THC readily crosses the blood-brain barrier, it also crosses the placenta and enters the fetus. Research with rhesus monkeys who were administered THC early in pregnancy determined that there were higher rates of lowered birth weight, spontaneous abortion, and stillbirth (16). In humans, prenatal exposure to marijuana in the first and second trimesters is associated with lower performance on the Stanford-Binet Intelligence Scale, as measured on three-year-old children (17). Finally, THC and its metabolites have been found in the breast milk of nursing mothers

who smoke marijuana, so nursing mothers are directly intoxicating their infants (18). This is not what we call contactful parenting!

We've been reading and hearing a lot about cigarette smoking for years, but the media rarely reports on the adverse effects of marijuana. Very interesting! Why would that be? Marijuana smoke is well known to produce serious long-term adverse effects on the throat and lungs. With and without cigarette smoking it significantly reduces gas exchange capacity, forms toxic hydrocarbons, and has been linked to an increased risk of lung cancer, bronchitis, and emphysema (19). One joint, in fact, has four times as much tar as a cigarette, and is far more carcinogenic. (This is not an argument in favor of cigarettes.) But I wonder what would happen if the media gave marijuana the negative attention that it deserves, or even half the negative attention given to cigarettes and the tobacco industry. Data also suggest that heavy use of marijuana suppresses the immune system, which may make it more difficult to fight off colds, flu, viruses, and other illnesses and diseases.

Behavioral Effects of Marijuana

There is no doubt that marijuana interferes with complex mental functioning, with emotional processes, and with behavior. Users display more frequent association with other marijuana users, greater instability in conventional roles of adolescence, such as being a student, club, or team member, a boyfriend or girlfriend, and greater use of other illicit substances (20).

While nothing can rival the number of studies on cigarette smoking, the studies on the use of marijuana are quite impressive. Just to highlight this information, marijuana use has been shown to correlate positively with:

- low self-esteem,
- loss of self-identity,
- loss of motivation,
- run-ins with the law, and with
- interpersonal difficulties with peers and, of course, with parents.

Academically, users:

- are more often absent from school,
- spend less time on homework and, not surprisingly,
- obtain lower grades in school.

I have on several occasions evaluated adolescents who expressed an interest in taking Ritalin because of their difficulty studying, who turn out to be actively using marijuana. They rarely see any relationship between the two.

In fact, in the neuropsychological realm there is documented evidence in long-term users of an inability to:

- focus and direct attention,
- filter out irrelevant information,
- store information in short-term memory, and
- maintain normal psychomotor reaction times (21).

Speaking of reaction times, perhaps here is an opportunity to dismiss another of the many myths about marijuana. No matter how well an adolescent may feel he has learned to tolerate, compensate for, or handle the effects of marijuana use, more than seventy research studies *demonstrate conclusively* that marijuana-induced driving impairments occur, and that they are dose- and potency-related (22, 23). In other words, the more intoxicated the user becomes, the greater the likelihood of an accident. Marijuana is every bit as disruptive to driving ability as alcohol, it is just disruptive in different ways.

In terms of effects on emotional functioning, despite attempts at self-medication, anxiety and depression are in fact increased over time. All of these effects are progressive and become increasingly severe. It is interesting to note that these signs and symptoms have much in common with those of schizophrenia, a condition characterized by heavy armoring in the ocular segment. In fact, research has suggested that frequent use of marijuana is associated with a unique pattern of mental deterioration often leading to abrupt onset of schizophrenic symptoms, at least in vulnerable individuals (24).

Also of interest is the fact that marijuana users are sometimes well aware of their unsatisfying emotional life and poor general

functioning. They are either not aware of the role marijuana plays in their unhappiness, or are strangely indifferent to its continuing use. This is consistent with every addiction—be it of alcohol, heroin, or cocaine—the individual most often eventually becomes aware that it is ruining their life, but continues nevertheless. It is not uncommon to hear chronic marijuana smokers, who have been in long-term recovery, comment that it took several years into abstinence and sobriety before they became aware of the adverse effect marijuana had had on their functioning (25).

The research is clear: *chronic users of marijuana are more likely to experience serious emotional and mental disturbances.*

In summary, THC readily crosses the blood-brain barrier, directly affecting the biochemistry and neurophysiology of the brain and central nervous system. It is clear that THC is a very potent agent producing initially subtle, yet profound alterations in brain chemistry, and in every aspect of the individual's functioning.

As informative as all this information is, we are nonetheless left with a mass of facts but with little or no understanding of what they have in common, or what underlying process is at work to cause such profound disruptions in functioning. Traditional research has provided us with no explanation, as yet, for *how* this happens.

The Orgonomic Perspective on Marijuana's Effects

Now I want to consider what we know from an orgonomic viewpoint. The use and effects of marijuana can be best understood when seen from an energetic perspective, which allows a view of the individual's reactions to the drug within the context of overall energetic functioning.

Every reaction of the living organism is based, directly or indirectly, on energy pulsation, and how freely energy can expand and contract. This is true on the cellular level, within organs and organ systems, and for the individual as a whole.

The *free pulsation of orgone energy is the basis for health.* Reich discovered this natural pulsation and that it could be temporarily or chronically blocked; he found the cause to be character and muscular

rigidity, which he called "armoring." When armoring becomes chronic there is a loss of natural energetic flow and pulsation, and it is this that produces somatic and emotional disturbances.

Reich also tells us that "self-perception and consciousness are directly related to certain bioenergetic states of the organism, in kind and degree." (26) Because marijuana interferes with the individual's energy metabolism, it disrupts the individual's ability to naturally expand and contract—to pulsate energetically—and it is this that distorts the individual's perceptions and level of consciousness.

All of the research and studies that I cited earlier, and all of the many effects that marijuana produces, can be made sense of when understood in the light of a disturbance of natural energy functions. We know from our observations that marijuana has, at least in the short run, a pleasurable effect—otherwise it would not be used. Most of the time use of marijuana by the adolescent begins as an attempt to self-medicate. He is anxious, tense, sometimes depressed. He longs to relax and, even more, to feel good. His armoring, and everyone is armored to some degree, cannot bind repressed feelings because he is now supercharged with energy.

In the adolescent, hormones flood the biosystem and sexual desires are at their height, seeking expression. Unfortunately, the individual is armored and has also grown up in an armored society and culture that, although permeated by sexual imagery, are nonetheless rejecting of healthy, adolescent sexual expression. Thus, most adolescents are no better prepared emotionally for the pleasure and responsibility of a full sexual relationship than their parents are to allow them this pleasure.

In addition, adolescents wherever they go are being constantly bombarded and overstimulated by high-tech, hypersexual stimuli. So, not surprisingly, they are anxious with the opposite sex, and also often confused. It is a most difficult period. We can all think back to our own turmoil during adolescence, and how trying this period could be. And, if anything, conditions are much more difficult now.

So, what does the adolescent do? He seeks some way out of his armor, out of the trap. He longs for a cessation of anxiety, for some peaceful relaxation, some fun. He will try almost anything, especially if it is encouraged by his peers, and they will do it too. Its not surprising in a current cultural climate that increasingly knows only chemical solutions for all emotional problems—taking Paxil® for shyness, for example—that he turns to substances, and marijuana is often one of the first.

What are the energetic effects of the drug? Once taken into the body marijuana produces an initial, temporary excitatory or expansive reaction, particularly in the brain. We know that every expansion is followed by a contraction, and we observe that a reactive brain contraction does follow. Further use, in order to re-experience the pleasurable expansion, results in further contraction. And so the process continues and the contraction increases over time, and becomes chronic. With this, there is a concomitant decrease in the individual's overall energy level, his bioenergetic charge.

Of interest, there is data from traditional science which parallel and support these observations (27, 28). General cerebral blood flow (CBF) is increased for about forty-five minutes following ingestion of marijuana. This corresponds to the energetic expansion. After this, CBF drops below the baseline level, corresponding to the energetic contraction. After prolonged use, the CBF baseline decreases so that the marijuana user's CBF baseline is lower—on average eleven percent lower—than nonusers of the same age and sex. When chronic users smoke again, there is a temporary increase in CBF, reflecting the re-expansion, but the increase is still lower than the typical nonuser's baseline. Let us now consider our hypotheses and orgonomic observations in more detail.

Marijuana induces a brief, unnatural energetic excitation or expansion in the ocular segment. This occurs both through drug-induced excitation, and the temporary breakdown of brain armoring. To many adolescents this feels great, exciting. They report an increased sense of "openness,"

a greater sense of contact with themselves, heightened sensations, and expanded consciousness as well as complex thoughts, which they experience as "deeply meaningful." They feel themselves to be more creative, more aware, and often have unusual and pleasurable visual perceptions and heightened auditory sensations. The behavior of others and the neurotic aspects of society are sometimes seen more clearly, at least temporarily. And with this "false expansion" there often comes silly talkativeness—sometimes an endless stream of words—and, of course, giddiness. Everything can seem to be funny. Clearly, this is a relief, or at least a temporary distraction, from their anxiety.

It is important to note, however, that there are some vulnerable individuals who experience anxiety, sometimes terrifying anxiety, or become acutely psychotic after smoking marijuana. The orgonomic perspective allows us to understand this reaction as well. Usually these individuals are most heavily armored in the ocular segment, and are thus quite vulnerable to the disorganizing and disorienting effects of marijuana. They become terrified by the expansion, and contract down sharply and abruptly. Again, this may not stop them from smoking marijuana again. Nonetheless, most people, at least in the early stages of use, experience pleasurable sensations.

By the way, I believe that *not* acknowledging these pleasurable reactions to marijuana has done much to make drug education the failure that it is. The picture painted by the anti-drug organizations totally ignores the pleasurable effects produced. This damages their credibility. Adolescents know that what they are being told isn't the whole story, and have rightly become suspicious of "drug education." There is an old saying, "Not to tell the whole truth is to tell a lie." We do not tell them the whole truth.

For example, how many of you have seen the old film called "Reefer Madness"? It was the first thing I heard about marijuana. It was like the sex education films shown in health class, with their scare tactics focusing on venereal disease and pregnancy. In this film, issued by the government, a man discovers marijuana, quickly becomes addicted, and essentially turns into a werewolf without fur. He

rapes his girlfriend, commits a robbery, punches out his boss, and goes crazy. It was quite frightening—producing the effect they wanted. And this fear may have, at least in the short run, kept some adolescents from trying marijuana. However, the first time someone smoked marijuana or heard about the effect it had or saw someone who was "high," they realized pretty quickly that the film was propaganda and not to be believed.

As a matter of fact, just recently the governor of New Mexico addressed an audience of college students and had these words to share: "You're brought up learning that drugs make you crazy. Then you do marijuana for the first time, and it's not so bad. It's kind of cool. That's when kids find out it's been a lie"(29). Unfortunately, the governor only told them the other half of the truth, not the whole truth.

In fact, most people do experience the pleasurable, expansive sensations I described earlier. Unfortunately, it is an unnatural expansion, one that has come about by unnatural means—it has been artificially induced. Unlike the pleasurable expansive sensations that occur when there is little armoring, or that result from the systematic removal of armor with medical orgone therapy, the artificially induced "high," reflecting artificially induced expansion, cannot be maintained.

A contraction always follows an expansion. We observe that ocular armoring is intensified, while muscular armoring in the lower segments may actually be reduced. Respiratory rate and depth decrease, and general, bodily excitation is lowered. This phase corresponds to the "mellow" or "laid back" reflective experience that is felt after the initial stimulation. It also explains the "burnt out" marijuana hangover individuals experience after acute intoxication.

With the lowering of excitation, bioenergetic movement decreases below the level for sensation to be fully perceived. This results in *contactlessness.* The user prefers to be alone, as he can't relate well emotionally with others. The individual experiences a "flatness," or dulling of sensations, and often a sense of boredom.

These feelings lead him to further use in order to re-experience the artificial, expansive high. Over time, tolerance develops to the effect of the drug, and it is at this point that adolescents may begin to experiment with more potent drugs in an attempt to break through their armor and re-experience pleasure. It is a fact that the reported use of stimulants, hallucinogens, narcotics, and sedatives is almost entirely restricted to those adolescents who first used marijuana.

With continued use the drug induces further ocular armoring, and this contraction becomes chronic. It is because of this armoring that the effects are compounded long after the acute intoxication phase has passed, even long after the drug residues have left the body. What I am saying is that even if an individual hasn't smoked marijuana for months, or even years, if he was a chronic user he has induced some degree of permanent ocular armoring. This is yet another unique orgonomic addition to our understanding of the effects of drug use, and is one of the reasons marijuana is *particularly* harmful. We see the effect upon observation: dulling of the eyes, loss of "sparkle" and spontaneity, lowering of the energy level, and diffusion of the energy field. These changes result in a person who is "spaced out," "muddy," "not with it," or "way up in their heads." We also observe attitudes typical of such armoring in the ocular segment: individuals become vague, glib, and indifferent. This is reflected in currently popular phrases such as "whatever," "everything's cool," "let's just chill," or "what'r ya gonna do?" How long it takes before we observe these effects depends not only on the frequency of use of marijuana, but also on the preexisting armoring and character structure of the individual. In some vulnerable individuals we see these changes immediately, but eventually they can be observed in anyone who smokes marijuana over time.

With increased armoring, sensation, perception, and thought are even further distorted, and self-awareness further compromised. The marijuana user literally becomes less and less able to see himself clearly, or to see the effect the drug is having on his functioning. He becomes defensive, will rationalize and lie to himself and to others in order to

protect his relationship with the drug. As one patient later confided: "Nothing physically happened after smoking that first joint. I didn't turn into a monster or an ogre. But, what did happen was much worse. I started deceiving and lying to myself with the smoking of that first joint." Misperceptions and denial of negative personal changes are the rule. The user often falls "in love" with the drug, much like one who is involved in a destructive personal relationship. He becomes blinded to its adverse effects. It is not unusual for him to try to convince others that use of the drug is a good thing. One cannot reason or argue with the marijuana user. He literally cannot see its effect because of the distortions in self-perception. This altered perception is a function of an altered energy metabolism, and intensification of armor.

Emotions, such as anxiety, are usually dulled, while sensations are often heightened during marijuana use. This is seen in observations of individuals when in an intoxicated state. They are awash in sensations. And they appear to attach great importance and deep meaning or significance to these heightened sensations. For example, they may become fascinated with the sun shining on the dust in the air, or the sound of their eyes blinking, or with usual textures or tastes of food. They may develop the delusion that they are especially sensitive, or that they possess unique knowledge. On the other hand, those under the drug's effect also can become increasingly "cool" and detached, losing interest or care for normal activities and the people they used to relate to, and love.

Reich stated that anything that serves to compromise consciousness will also compromise self-perception and vice-versa (26). Those who use marijuana become literally cut off from accurate information about themselves and the world around them. They have dropped out. In a most critical time of life, where so much is happening within and around them, they have lost the ability to see clearly and with perspective, to feel and respond to what they see. At a time when there is so much that is important, perception, contact, and clarity of thought are impaired. Altered perceptions always distort reality.

What is being integrated and solidified in their structure, to some degree, are distortions.

I recall another adolescent patient discussing his past experiences with marijuana. He recounted an evening when he, his girlfriend, and a buddy were all together, "stoned." He and the friend began teasing his girlfriend, saying that she was attracted to some other guy. At first he felt it was funny. They really got into it, teasing her about how she might have secretly slipped off with the guy the day before because she had not answered her phone. Or how she looked so tired, and maybe this was because she had left her parents' house to meet him late last night.

That my patient had been so mean to his girlfriend was one thing, but what was also interesting was how, later, he began to believe that perhaps something really was going on between his girlfriend and the other guy. He became increasingly suspicious of both of them and began distancing himself from the friend, and arguing with his girlfriend. This patient, who is not particularly paranoid, was clearly describing an alteration in perception, complete with projection and the loss of the ability to test reality. The marijuana had induced a temporary mild psychosis—the inability to accurately perceive reality.

Without accurate perception and with increased contactlessness, emotional development and the ability for what Reich called "self-regulation" is impaired. Self-regulation is not just a concept, but a biological process observed from birth (30). It is based on observations that man in a state of nature, that is, in an unarmored state, will function in all respects appropriately in accord with his biosocial needs. Self-regulation develops best where natural core impulses are allowed and neurotic secondary impulses, as they occur, are curbed.

Why is this so important and relevant when we consider developing adolescents, their use of marijuana, and the effect of their use on our society? Because adolescence is a peak of sexual activity. Yet, except for mention of physical growth and increases in hormone levels, the reality of adolescent sexuality is rarely acknowledged.

For example, a couple of years ago I reviewed a seven-hundred-page book written by a clinician who specializes in work with adolescents (31). There was a chapter of forty-eight pages on the "biological dimension of adolescence," a chapter of thirty-eight pages on sex typing and sex-role standards, and one of one hundred and twenty-four pages on the psychopathology of adolescent sexuality. In the entire book there was only one paragraph devoted to healthy adolescent sexual behavior, and in that paragraph the author never spoke of sexual intercourse, or love. It was as if they do not exist.

What are some of the unique challenges to self-regulation in adolescence? To mention just a few: learning how to relate socially in a contactful manner through integration and consolidation of experiences and influences, learning to function with independence, and learning to tolerate and master the anxiety of developing intimate sexual relationships. In chronic marijuana users these are all compromised, their development at least disturbed or slowed down. I recall an account told to me of a room full of adolescents, all high on marijuana. The thing that struck the observer as so odd was the absolute *lack* of sexual tension in the room. One can only wonder what the long-term effects of marijuana use will be on those who begin the drug just as they are entering puberty. How will they, for the rest of their lives, relate? What will be the long-term effect on their sexual relationships?

Not only are they disrupting their cognitive and emotional functioning, they are interfering with the development of all sorts of skills and abilities, the most important of which is their ability to find and commit to a satisfying intimate, sexual relationship.

When sexual tension isn't discharged, the individual remains trapped and pays a price. Even if they believe that all their planning and running around, all their desperate, sometimes reckless behavior, their "hooking up" in numerous casual sexual relationships (only slightly more serious than sharing a beer) makes them active and free, there is *no* genuine, satisfying discharge of sexual energy. If anything, tension is increased. As you may know, in virtually

every culture, most adolescents (as well as adults) are so armored that healthy, mature sexuality is rare. Most are simply not ready emotionally, despite their biological maturity. Reich estimated that two-thirds of adolescents were unprepared for such responsibility, even if society would allow it (32).

Unable to regulate their own energetic functioning, they remain immature and unable to face the next challenges, or to take on the roles of adult life. This inability to take on rational functions as a member of a family, or as an adult, is a further example of how marijuana contributes to the breakdown of social structure.

Thus, marijuana is destructive to the health of our adolescents. Conversely, in terms of prevention of drug use, adolescents with some capacity for self-regulation will not be much interested in marijuana, or not for long. But, unfortunately, self-regulation cannot simply be "promoted" in adolescence. The problems of adolescence will be truly addressed only when infant and childhood armoring is prevented. In fact, Reich felt that respect for and protection of the process of self-regulation should govern the role of adults in the life of children:

> The basic and paramount task of all education, which is directed by the interest in the child, and not by interests in party programs, profits, church interests, etc., is to remove every obstacle in the way of this naturally given productivity and plasticity of the biological energy (30).

What about the effects of marijuana on the family, and on society? Contactless, armored adolescents tend to grow into contactless, armored young adults, and they too often turn out to be contactless parents. This is particularly true if they continue to use marijuana.

The mother of my patient Ann, whom I mentioned earlier, is a good example. Rather than appreciating and understanding the danger that smoking marijuana held for her daughter, and acting decisively as a parent to stop her, Ann's mother abdicated her natural responsibility as a parent. In fact, she went farther and became Ann's most dysfunctional peer, smoking pot with her daughter. This reflected an attitude that was not only passive and permissive, but

also one that was actively subversive of her own authority as a parent, as well as the authority of the law. This resulted in a void of parental guidance, and failure to see her daughter's primary or core needs, which was terribly confusing to Ann. It created anxiety, and caused frustration. Rather than feeling truly close, or, like her mother wished, that they were "friends," Ann developed a sense of being unloved, of being alone. This developed into real hatred and contempt for her mother, and became a characterological attitude: she had contempt for all forms of authority. The inevitable result was an increase in social anxiety manifested in her insensitivity, disrespect, and in acting out. Ann's mother reacted by getting upset and trying to get tough, but could not follow through on her threats with any real consequences or action. Only by involving the mother in her own individual therapy were any significant inroads made in attempting to correct this destructive family situation.

The structures of family and society are closely related. In fact, Reich noted that the characteristics of society originate from the structure of the family (33). When rational family structure and roles break down, society also breaks down. When there is contradictory inhibition and gratification of the child's impulses, impulsive and sociopathic behavior results. This permissive pattern of child rearing is a direct result of the weakening of the traditional authoritarian family and leads to further breakdown of social structure (34). As the traditional authoritarian family breaks down, the modern parent expresses his or her rebelliousness by adopting a negative attitude toward his/her own natural parental authority, which exists to protect and guide the child.

What can we conclude from all that I have said? First, that there is a *simple, but not easy* answer to the problem of marijuana use and its destructive effects on the individual and society. Adolescents turn to it to alleviate their anxiety and turmoil, but in doing so further compromise their ability to function naturally. Less armored adolescents would not be drawn to marijuana, or not for long. Its use occurs in adolescence, but its antecedents are set long before. Only

prevention of armoring, from the earliest moments, will strike at the heart of the issue, to prevent its use in later life.

What about in the world we live in today? While we cannot "promote" or "push" self-regulation, we can provide children with both the support for and encouragement of their natural functions. Protecting their ability to regulate themselves, including their sexual functioning, helps to prevent the buildup of armor as they develop. In terms of parenting, self-regulation consists of responding to, supporting, and encouraging the primary natural needs and expressions of the infant as he matures into childhood and adolescence, so that he functions biologically and spontaneously with little inner resistance or conflict, and little in the way of neurotic secondary impulses (35). In any given situation, the response that supports self-regulation is the contactful, flexible response. The primary result of such a response to a child's functioning is to bring that child into better contact, both with the parent and with himself. This includes the need to provide rational limits and controls for the child and adolescent as they grow in their ability to exercise both freedom and responsibility. Adolescent difficulty and turmoil are to be expected. However, there is nothing normal at all in the chaos seen today. Much of adolescent destructive, neurotic behavior can be traced back to a lack of control, where structure was not provided by the parents, as in the case of my patient Ann.

What about dealing with the possibility that your adolescent may be interested in marijuana? What do you do if you actually discover that your teenager smokes marijuana? I want to end with a few observations about parenting and the role of parents regarding marijuana use by their adolescents.

First, we have to have done our homework, to develop a base of knowledge and awareness about the destructive effects of marijuana. We also must look at our own emotional reactions in discussing such a subject with our children.

Second, we cannot be moralistic or dishonest. If you have smoked marijuana, and your adolescent asks if you have, you need to be prepared with a thoughtful, honest response. Our experiences

and even our mistakes, properly presented, will do more than moralism and hypocritical judgment to provide the structure and support our teenagers need.

Third, we as parents must assume our natural responsibility to protect our children's health by preventing or stopping the use of marijuana. Do not wait for trouble to show itself. Your children need to know your thoughts and feelings about it right up front, ahead of time. It is a serious mistake to depend on others to speak about this with your child. Drug education in the schools can be valuable, but a contactful interaction is required between parent and child, between parent and adolescent. This issue is too subtle and important to be abdicated, or left to group education.

Fourth, we need to tell our children that, no matter what they see on television or in the movies, or hear in their music, despite the "spin" by so-called experts in the newspapers, and regardless of what their friends or even their friends' parents say, and even despite what President Clinton has said about his use, *marijuana is a very serious and very dangerous substance.* It is all the more so because usually its adverse effects are at first subtle and are hardly recognized. We also need to tell our teenagers that marijuana will definitely be available to them, that they will certainly be offered it, perhaps by a good and trusted friend. We need to be available if they want to discuss their thoughts and feelings.

Finally, we need to say that it is important and necessary for the normal anxieties of adolescent life to be faced and tolerated. That to distract oneself from them and dull them with marijuana in order to cope is to *literally* damage their eyes, and to give up their ability to see and think clearly. We need to educate our children that there is *no such thing* as a responsible occasional or "controlled" user of marijuana. Smoking once a month results, even without the sensation of being "high," in chronic intoxication, and exacerbates armoring even after all drug residues have left the body. We need to be clear with our children that we have *zero tolerance* for so-called experimental use of marijuana, that any use of marijuana is unacceptable. We do not want to encourage alcohol use, but we can teach our

children that there is a world of difference between alcohol and marijuana. A Budweiser® or glass of wine after a hard day, when all one's work is done, does not have the destructive effect on energetic pulsation or on development as smoking "pot." This, of course, assumes they are of legal age to drink in public or are in the privacy of your home.

What if you discover that your child has become involved in using marijuana? Unlike in the case of my patient Ann, a *very big deal* needs to be made of it. This would include having a long, serious talk with your child, trying to discover the supplier if possible, contacting the supplier's parents and possibly the authorities, even going to talk with the school's principal, and possibly entering into individual or family therapy.

Your adolescent needs to know, ahead of time, what the consequences will be, and you have to keep your side of the bargain and stick to those consequences if they are caught using the drug. In other words, we have to be *real*, and get *serious* with them.

They will know that you are doing this because you love them, and they will respect you for trying to protect them. It is a good "no." It is a stance that makes sense, and one they will one day thank you for taking.

References

1. "Marijuana Use by Youths Continues to Rise," *The New York Times*, A9–11, February 20, 1996.
2. Voth, E.A. "Marijuana Affects Athletes," The International Drug Strategy Institute. At http://www.estreet.com/orgs/dsi. February 1998.
3. "Study Finds Parents Lack Facts About Marijuana," *The New York Times*, April 13, 1998.
4. Fisher, W.S., & Boyle, C.M. *Drug and Alcohol Use Among New Jersey High School Students.* Trenton: New Jersey Department of Law and Public Safety, 1999.
5. Ibid.
6. "Pulse Check: National Trends in Drug Use. Part III: Marijuana," Office of National Drug Control Policy. At http://www.health.org/pulse98/trend3.htm. Winter 1997.

7. "Drug Use Survey Shows Mixed Results for Nation's Youth," U.S. Department of Health and Human Services. At http://www.health.org/mtf/pressrel.htm. December 1997.
8. Apple, W.B. "Depressive Symptoms in Adolescent Substance Abusers," doctoral dissertation, University of South Dakota, 1987.
9. Nowinski, J. *Substance Abuse in Adolescents and Young Adults.* New York: W.W. Norton & Co., 1990.
10. Califano, J.A. "Jump in Marijuana Use by Children and Teens Signals that 820,000 Additional Americans Will Use Cocaine." At http://www.casacolumbia.org.newsletter1457/newsletter. December 1994.
11. Apple, W.B. "Marijuana Use by Adolescents: An Orgonomic Perspective," *Journal of Orgonomy,* 29(2): 100–14, 1995.
12. Abood, M.E., & Martin, B.R. "Neurobiology of Marijuana Abuse," *Trends in Pharmacological Science,* 13(5): 201–6, 1992.
13. De Fonseca, F., Carrera, M., et. al. "Activation of Corticotropin-Releasing Factor in the Limbic System During Cannibinoid Withdrawal," *Science,* 276:2050–54, June 1997.
14. Tanda, G., Pontieri, F. E., & Di Chiara, G. "Cannabinoid and Heroin Activation of Mesolimbic Dopamine Transmission by a Common Opioid Receptor Mechanism," *Science,* 276:2048–50, June 1997.
15. Smith, D.E., & Seymour, R.B. "Cannabis and Cannabis Withdrawal." At http://www.satcom.net/au/apfdfy/strategy.html. May 1996.
16. Asch, R.H., & Smith, C.G. "Effects of Delta-9-THC, the Principle Psychoactive Component of Marijuana, During Pregnancy in the Rhesus Monkey," *Journal of Reproductive Medicine,* 31:1071–81, 1986.
17. Day, N., Richardson, G., et. al. "Effects of Prenatal Marijuana Exposure on the Cognitive Development of Offspring at Age Three," *Neurotoxicology Teratology,* 16(2):169–75, 1994.
18. Perez-Reyes, M., & Wall, M.E. "Presence of Delta-9-Tetrahydrocannabinol in Human Milk," *New England Journal of Medicine,* 307: 819–20, 1982.
19. Tashkin, D.P. "Effects of Marijuana on the Lung and Immune Defenses," Secretary's Youth Substance Abuse Prevention Initiative: Resource Paper, Center for Substance Abuse Prevention, March 1997.
20. Kandel, D.B., & Davies, M. "High School Students Who Use Crack and Other Drugs," *Archives of General Psychiatry,* 53:71–80, 1996.
21. Solowij, N., et. al. "Differential Impairments of Selective Attention Due to Frequency and Duration of Cannabis Use," *Biological Psychiatry,* 37:731–39, 1995.
22. Department of Transportation. National Transportation Safety Board *Report,* Washington, D.C., February 5, 1990.

23. Soderstrom, C.A., et. al. "Marijuana and Alcohol Use Among 1,023 Trauma Patients," *Archives of Surgery*, 123:733–37, 1993.
24. Andreasson, S., Allebeck, P., Rydberg, U. "Schizophrenia in Users and Nonusers of Cannabis: A Longitudinal Study in Stockholm," *Acta Psychiatrica Scandinavia*, 79(5): 505–10, 1989.
25. Lundqvist, T. *Cognitive Dysfunctions in Chronic Cannabis Users Observed During Treatment: An Integrative Approach.* Stockholm, Sweden: Aknqvist & Wiksell International, 1995.
26. Reich, W. *Character Analysis*, 3rd edition. New York: Orgone Institute Press, 1949.
27. Tunving, K., et al. "Regional Cerebral Blood Flow in Long-term Heavy Cannabis Use," *Psychiatry Res.*, 17: 15–21, 1985.
28. Mathew, R.J., et. al. "Acute Changes in Cerebral Blood Flow Associated with Marijuana Smoking," *Acta Psychiatra Scandinavia*, 79: 118–29, 1989.
29. National News Brief. *The New York Times*, A16, October 5, 1999.
30. Reich, W. *The Invasion of Compulsory Sex-Morality.* New York: Farrar, Straus & Giroux, 1971.
31. Malmquist, C.P. *Handbook of Adolescence.* New York: Jason Aronson, Inc., 1985.
32. Baker, E. "The Adolescent Problem" (From *Man in the Trap*). At http://www.orgonomy.org/article_026.html.
33. Reich, W. *Mass Psychology of Fascism.* New York: Orgone Institute Press, 1946.
34. Konia, C. "Neither Left Nor Right, Part II: The Breakdown of Social Structure," *Journal of Orgonomy*, 30(1):58–84, 1996.
35. Raknes, O. *Wilhelm Reich and Orgonomy.* Baltimore: Penguin Press, 1970.