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By-Blum, Richard H.

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Patterns of drug use on college campuses are studied. An increasingly secular society has resulted in more private drug use for nonmedical purposes. Characteristics of drug diffusion are presented. Reasons for becoming committed to drugs are frequently different from those which promote experimentation with drugs. Reasons why people use drugs are organized in terms of the functions drugs serve. Drugs may serve psychopathological functions. As such they may reduce psychological pain, provide partial resolution of maturational difficulties and aid in the reduction of intimacy in human relationships. Drug use in terms of interpersonal pathology is studied as is the problem of ethnocentrism in groups of drug users. Other aspects of drug use are examined. These functions include the use of drugs as: (1) a source of mystical and religious feeling, (2) a creative and esthetic experience, (3) an escape from the constant obligations of society or from computer reality, (4) a way to induce feelings of invulnerability, (5) a reflection of the new morality, (6) a mild form of rebellion, and (7) simply as a source of fun. (PS)

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Nature and Extent of the Problem <sup>1</sup>

Richard H. Blum, Ph.D.

Director, Psychopharmacology Project,  
Institute for the Study of Human Problems  
Stanford University <sup>2</sup>

I am supposed to bring you facts, but what I bring is ignorance, and in that dilemma the only way I can resolve my anxiety is to share it with you. Perhaps we can grope together, for I am afraid the kind of data we have at the present time is not such that I can say, "Well, dear friends, here we are; and it is quite clear this is what we know, and tomorrow we may all go home to do A, B, and C and the problem will be solved." It "ain't" so, or at least as far as I can see it, it is not so.

First, I want to tell you, so that you can understand my biases and be forewarned about them, some of the kinds of things we have been doing in the drug research area, for it is important for you to know the kinds of limitations and blinders that I wear.

We have been involved primarily in studies of the social and psychological aspects of drug use. Some years ago we started by doing some cultural studies attending to the cultural context of alcohol use in Greece. Then we got interested in the problem of LSD use and did a series of studies on people using LSD, what they were like and why they were using it, what changes seemed to occur and what it meant to be using this drug.

Since drug use is not restricted to one drug or very rarely restricted to one drug, our LSD work was really a study of people who were involved in the "drug movement", as it can be called, or in the exploration of exotic drugs. That phenomenon has expanded so rapidly that whatever we studied three or four years ago is by now ancient history. As you know, in California especially, two years is a long, long time.

Another area we have been working in has been the study of the historical diffusion of drugs. We started with some of the earliest written records as well as with some of the archeological data, and we have been trying to trace how mind-altering drugs are diffused, what are the typical patterns of transmission and the kinds of settings into which a new drug is introduced. This work has been a source of reflection, and in a sense reassuring, for things are not so different now from what they were five hundred or even two thousand years ago, at least in some ways.

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In traditional societies one finds the simultaneous use of drugs for healing and religious ends. In such societies one also finds, but more rarely, a third orientation associated with the individual use of drugs. Here the drug is associated with a decrease in the individual's ability to function and in his capacity for both work and experience, as seen in the disabled drug user. Such inadequacy is sometimes disguised behind a philosophy of drug enjoyment or a commitment to a drug-using group. I do not think we should overlook this function in those who use drugs ostensibly for other purposes. It may well be that people want to withdraw.

Historically one sees that the motives and values associated with drug use cannot be disassociated from the kinds of people using the drug. Nevertheless, in traditional societies drug use tended to be ritualized and institutionalized and to be surrounded with social controls. Behavior under the drugs was dictated by clear expectancies. Drug use was put aside as but a little part of life, a very formal arrangement involving several people in prescribed social roles. Private use was discouraged. Drugs were not a secular commodity.

But today we are a secular society. The world has changed a lot since the Industrial Revolution and the Reformation. We now have secular use of drugs and a great diversity of motives and values associated with their use -- and of course in less homogeneous societies there is a diversity of persons and beliefs as well. In drug-taking, secularization means the accentuation of private motives. It means we no longer have one or another single set of values associated with the use of these substances, and no longer have formal controls built into drug-taking settings.

But in looking at the secular use of drugs, which is what we are concerned with in their nonmedical use on the campus, we must be cautious and not become overly psychological in attributing reasons to drug users. The substances being used are all social drugs. They are part of the social scene. They are part of what people do together. Anybody who smokes a cigarette in a conversation or who takes a drink with others knows this. Thus when we talk about newly popular drugs, like LSD or marihuana, we must note that some of the reasons for their adoption have to do, in part, with their function in sociability. The diffusion of drugs must be examined as a social exchange and as a learning phenomenon.

Some aspects of drug diffusion seem fairly consistent from campus to campus and are even consistent over the last few thousand years. For example, young people usually learn to take drugs from the people who are older. Females tend to take them from males. People with higher status give them to people of lower status. Leaders distribute them to followers.

Given such patterns, it is hard to infer a single set of values or of motives in the diffusion of drugs on campuses. Indeed as drug use becomes common among students, one can say that a sophomore is exhibiting normal social behavior in taking marihuana for the first time from a senior. Normal of course by no means implies that is is wise.

Another important feature which we find in the study of committed drug users, as opposed to people who are merely experimenting, is that the reasons for continuing to take the drug are frequently different from the reasons for starting it. For example, one starts to smoke because one's

friends and parents smoke, because it is the thing to do, or because one is sociable or curious about smoking. But the cigarette can become very personal. One gets to need the cigarette. Those of you who have become cigarette addicts, and clearly there are several of you in this room, are aware, as you examine yourself, that the present desire to stave off withdrawal symptoms, to stay content, to suppress tension -- or even the desire to have something to do with your hands -- is quite different from the original exploration and sociability that led you to smoke your first cigarette. For the confirmed user the value in smoking may stem from physiological responses to the use of the cigarette.

Here we can remark on a very curious and under-illustrated phenomenon, which is that people develop ideologies to support what they already want to do. We are grateful to Erik Erikson for telling us that ideologies are part of the identification pattern, that they help us find ourselves, that we select from this great cultural bazaar of available belief systems ones that we grow into. As we do so, we can become more complex, interesting and thoughtful. We have all watched ourselves make use of an ideology in this constructive way. Another use is essentially self-fooling or blinding, as in the case where the ideology provides an excuse for why we are behaving the way we are, a convenience which hides our motives and our very personal reasons even from ourselves.

So it is that we must consider the possibility that some of the profound and intrinsically interesting systems of belief which people tell us account for their drug use may, in fact, be elaborations, inventions, mythologies which are necessary but perhaps irrelevant to the reasons for initial use. They may also be irrelevant as reasons for continuing use, except insofar as the ideology binds the drug-using group together. People share it with each other and pat each other on the back and say, "This is what we believe, and we are all very fine fellows." And that, of course, is not just what drug users do but what all of us do.

If we are going to talk about personal values and motives as explanations of behavior, we are automatically in trouble, as we all know. Since why we behave in a particular way is frequently a mystery to ourselves as well as to our neighbors, to impute a value or motive can be just an after-the-fact exercise. In self-analysis, the difficulties are compounded by our tendency to portray ourselves in a favorable light. Consider how rarely you have met anybody who was not, by his own admission, a fine and decent fellow who did what he did for wonderful or at least compelling reasons -- or for fashionably psychological reasons -- but never for bad reasons. This is the basis for our difficulty when we interview people and ask them to account for their abuse of drugs.

The problem also exists for the analyst of another's behavior. I look at a piece of behavior and, if it is complex social behavior in which my own value systems are involved, I may well be making a lot of private judgments first, after which I think of a word -- either good or bad -- to fit the guy I am studying. So it is that we are all familiar with the common psychiatric insult system. We don't say he is a son of a gun or a bastard. We say he is a very obsessive compulsive neurotic who has a sadistic tendency. When we look at disapproved drug use or at drug users, and when as members of a committee group they look at us squares, there is an awful lot of this kind of elaboration upon what

is essentially mutual dislike or distrust. Each of us and each of them finds a nice system to account for why the person or group deserves to be disliked.

Given these hazards raised by our own prejudices, perhaps it is safer to begin by examining the functions of drug use. What does it do for the guy? How does he act? What seems to be happening? What does his group do and what impact does it have on the social system of which it is a part? Then at the same time we are free to ask the previous questions: What is it that the drug user says he believes, says is his motivation for use? We can compare his actions with his statements and test them for consistency -- and as part of this analysis watch our own counterreactions to his behavior and statements, since our own reactions may very well be part of the system which underlies that which is happening among student drug users.

I trust that I have destroyed the basis for everything else that I am going to say, for I have suggested that I am not only wrong but not to be trusted because my own values are going to enter in. Now that you are forewarned, I would like to suggest some reasons why people use drugs and some reasons and values that are associated with drug use. And if you do not challenge me, something is wrong with this group. Let us see what happens. Let us see how much dissent and thought we can provoke. I suggest that one of the fundamental orientations which might be used to discriminate those who continue to use drugs (LSD in particular but marijuana and some of the others too) from those who reject their use is an inside versus outside orientation. Introversion and extraversion are terms for what we are dealing with here. In interviews with and observations of drug-using people, one senses an emphasis on the value of what is going on inside their heads, on looking at it, and on the importance of internal experience. But among non-users, I think there is more interest in external experience, in what is going on between people, with an emphasis on looking for explanations and for directions and solutions on the outside. In our LSD study this seemed very clear and, though I am not at all sure it was correct, this still seems evident as we continue our studies.

As alternate terms for inner-outer or for introversion-extra-version, one can say egocentric versus other-centered, selfish versus sociable, or **profound**, sensitive and esthetic versus materialistic and shallow. The terms you use depend on what system you buy and how you feel about it. In this initial concentration on the inner orientation, let us assume for a moment that there may be some worth to this category of experience. What are the satisfactions or values associated with an emphasis on internal experience? The kind we had better consider first -- which I think are rather important -- are essentially psychopathological functions.

Some people hurt themselves or others and can be said to be screwed-up characters. If we will accept this for the moment as a definition of "psychopathology", I suggest that some proportion of drug users, students and others, are fouled-up people. The drug serves them not in an unscrewing function but perhaps in a pain-reducing function. When a doctor ponders when to give morphine he weighs the utility of the drug in terms of its capability to reduce pain. In the case of a disturbed student's pondering when to self-medicate with a social drug, he may also weigh its utility for pain-reduction. His value or aim is, "I don't want to hurt." He is not

pursuing pleasure; he may merely hurt less than usual when on drugs.

A student I know is a very capable and sweet guy. He is also a rather heavy user. He uses it, he tells me -- and I have also watched him -- whenever he is going to be with a group, because he gets nervous and tense otherwise. A little LSD or marihuana calms him down and allows him to function. Others of us might take scotch or cigarettes but LSD does that for him. Such psychopathology as his is minor, but without much looking we can see serious illness among some drug users. Another important way of using drugs has to do with the partial resolution of maturational difficulties, of some of the difficulties of growing up. Many human beings are stuck with psychosexual complexes. A guy or a girl during college years can be exposed to all kinds of relationships and impulses which do not get handled as he would like. By using drugs he can sometimes succeed in reducing not only the anxiety but also the desire. An example, it is a curious thing that there is among the users of the mind-altering substances a lot of talk about "making out," about sex and free love -- but damned little activity. I think that the function of the drug in reducing sexuality cannot be ignored. It is not that sex is no longer important but rather that the student can accept a new value, one which says, "It is all right to be nonsexual and to concentrate on other things." That may or may not be a neurotic solution. I leave the decision to you. Another pathologically relevant use of drugs has to do with the reduction of intimacy in human relationships. In this society you cannot get away with that without lying. We are supposed to like each other. The acceptable thing is to go out and mix and be a good guy, get along, be affectionate or at least smooth, to love a lot or a little -- but above all to seek and be with others. The use of drugs may remove people from intimacy and may do it in a way which can be lied about very easily, because they say, "I am becoming more intimate. I am feeling loved. I am a lovely guy. You are a lovely guy. We are lovely together." Saying that they crawl back into their skulls where they do not have to look at one another again. One achieves this "lovingly" and has not hurt anyone and has learned a new value system to justify one's pathology. I watch it often. I believe it to be there. If it is, I will be delighted; if it is not, I will not be surprised. As I say, I am often wrong.

All drug use certainly cannot be conceived in terms of individual pathology, nor can all use be explained simply in terms of private feelings, or neurotic or even psychotic idiosyncrasies. We therefore have to deal with interpersonal pathology, the nasty things people do to one another with or without an excuse. Drugs do not produce any special new nastiness in human beings. We are all capable of all kinds of misbehavior without taking any drug. One of the great dangers, one of the great nonsenses in criminology and other fields is to blame bad behavior on drugs. You will hear someone say, "He took heroin and became a bad boy." The fact is that if he is a bad boy and takes heroin, he remains a bad boy and is going to stay a bad boy until something else -- not heroin -- happens. That he treats people badly can be accounted for not in terms of drug use but in terms of how others have treated him. Thus much psychopathology is really an interpersonal phenomenon. Much behavior under drugs is nasty, take the aggressive drunk for example, and we dare not ignore it. But the chances are that it is the person and the situation, not the drug, which are accountable. The drug just changes the emphasis.

If we are bad guys, it will be expressed in everything we do with or without drugs. In the business of drug using one of the ways to be a bad guy is to exploit another person, which is one of the things people do to each other with or without drugs. We all get sick and tired when we listen to the Federal Bureau of Narcotics give us this baloney about moral degeneration, about seductions and heroin crimes and drug exploitation. But we can over-react. We must not be led into the opposite view in which we insist that everybody who uses drugs is beautiful and behaves in a fashion which charms everyone else. It is just not so.

People can use drugs to be nasty to one another; they can use the drug for a nasty purpose; and some very unpleasant things do happen in the course of drug use. One occasionally finds the exploitation of the dependency of another and the control of others. All the young hoods do not grow up in the streets of Brooklyn. Some few young hoods are growing up on our campuses. With twenty thousand or more kids on a single campus one inevitably finds that a few are really quite sour. These may discover drugs as an interpersonal tool or weapon and they use them as such. Such behavior does occur but fortunately it is rare.

Another thing that happens in drug use -- it is not pathological but human and does not bode well for society -- is the ethnocentrism one sees in the development of drug-using groups. As in any other social group, an emphasis can be placed, call it tribal or fraternal, on valuing the insider and on denigrating or rejecting the outsider. In studying the way-out drug users one just cannot miss this characteristic. It hits you in the face and does not make for good conversation or pleasant relationships. For the in-group fellows a drug can become a symbol of group-belongingness and worth. That in-group feeling is accentuated simply by the realities of illicit drug use, which require a pseudodelinquent tie and a wariness about the punishment potential existing in the square out-group society. After a group has clustered about a supply source it can develop defensive justifications which say, "Wonderful, a fine bunch of people we are, but those who want to cut off our drug supply or to punish us are very bad fellows indeed."

All of the foregoing are, I would say, adverse effects of drug use. Perhaps that simply means I do not like them. It may not mean anything else, and it does not prove these aspects are even there.

Now let us look at some other aspects of use. We must not ignore the religious and mystical functions which students attribute to drugs and the religious and mystical experiences which they say they have under drugs. Have they indeed had them? Who is to say? Nobody knows really what goes on inside anybody else's head, not even with the aid of an EEG machine. Since all of our subjective experiences are private, it is very difficult to challenge one another about what is really going on inside. When something new happens in our heads, as in a drug reaction, one has to interpret it. That interpretation can be helped by teaching. There is no doubt that drug users tend to teach each other what is going on inside the head. Somebody joins a group of kids and, whether by accident or propensity, he likes them. They say to him, "We use marihuana or LSD and we are having a religious experience." They give him the drug in a setting where his experience is formulated as a religious one and he believes that is what happened. He may be correct, for that matter, as William James argued. On the other hand, when one's brain is turned off by a response to toxic drugs one has to substitute some-

thing else, something to lean on and to interpret the world with. At that moment of organic anxiety, it is critically important for somebody to come in with supports, with a belief system to replace that which disappeared when the complicated circuits were shorted out.

So it is that teaching goes on while one is taking drugs. Howard Becker, a sociologist and no square, has written a fine book (The Outsiders)<sup>3</sup> on how one learns to use pot and to accept the group values associated with it. After one has interpreted the drug reaction, the teaching system keeps going. If one is still a member of the group, and they keep saying what happened that day and what is going to happen the next day, lo and behold, a philosophy or religion is created and becomes institutionalized among drug users. The same thing may, of course, happen -- without drugs -- in the development of any belief system.

Time is short. I will run through a list of other things that I think are relevant to the use of drugs by students, and which we can see have belief systems built around them. One aspect is the disillusionment, the unhappy response of disillusionment with a harsh life and an unkind society that comes one day to all young people. Living anywhere is hard work. Living in a competitive society is hard work and often not much fun. It is very nice to find a way out through the back door or any other door we can find. A new system of values which promises a way out will be attractive. Some of the drug culture mechanisms allow one a private way out while maintaining a public facade of accommodation, for it does not go all the way out, just part of the way out. One goes one way and believes another -- or believes one believes. When that happens we have an ideology that seems to be working.

Another function of the drug we see expressed is a creative and "esthetic" one. Drug use is equated with beauty and sensitivity. Some quite competent artists feel a debt to LSD or pot for freeing them or for helping them to be creative. These are the reports of their personal experiences. When competent artists say that, we must respect their beliefs. I do, even though I suspect that they owe more credit to themselves and less to the drug.

Another aspect of drug use has to do with our much-vaunted rationality. As a society we have spent a lot of time trying to make love with or to the computer. I have a friend who is a good scientist. He spends at least eight hours daily, from five in the afternoon to about one at night, not with his wife but with the computer. That presumably rational machine holds a pre-eminent place in his life but I think some of us -- my friend's wife included -- get tired of the computer and what it represents. I think students are tired of rationality and things associated with it -- foresight, control, discipline, the Protestant ethic bit, grace gained only in later life -- for they are hard to live with. To be irrational, to be allowed to have an ecstatic experience, even a mushy one, that is not so bad if one must live with the rational computer night and day, as these kids are beginning to have to do.

I might add that this is happening to some while they watch their own parents and older friends and associates, their teachers and deans, and

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3. Becker, H. The Outsiders: Studies in the Sociology of Deviance. N.Y.: Free Press of Glencoe, Illinois (1963).



they say, "Is that going to be me? Help, I want out!" You may call that irrational until one day you also have had it and when that day comes you also look for the door that leads out.

Another set of notions I suspect may be associated with student drug use are those delightful feelings of invulnerability, the beautiful young belief that "Nothing can hurt me." Some have ways of proving it. "I climb mountains because I will not be killed mountain climbing, or I will drive ninety miles an hour because my car has a special charm." Drug use represents for some what a psychiatrist would call a counter-phobic response. For others, the invulnerable feeling results only because they have had a good life, well protected and pretty sweet, and they just never got the idea that something bad might happen. Sometimes they are struck with how they have to create a crisis to explain or make themselves find a way to move away from their parents or to create an independent self. Some of the kinds of crises and dangers, and independence, which some of the youngsters have to create are, to our way of thinking, very minor indeed. I suspect that this generation has not developed a suitable regard for what a nasty universe it can be, with earthquakes, wars, and what have you, things they have not learned to fear. That includes toxic response to chemicals. A drug used to prove a little independence can become a bigger crisis than they planned.

Another drug-relevant element that I think is part of the "I am a beautiful child" syndrome is the notion that "I am basically a fabulous person, and if I don't feel that way at the moment I can become that way by just seeing further into my real self -- the pure one uncontaminated by the adult cesspool world." That hope of being beautiful or complex is certainly understandable. It is a poetic desire, although others might call it vanity. I will leave it to you to make your choice.

Another drug-relevant element which I think is part of the value-system, although I do not know how many people subscribe to it, is part of a new morality. I think it is called that, whether it is really a new morality or not. What is said is that there are a set of correlated notions some students have tied in with drug use. The new morality prizes private experience, inner sensation. It values freedom, art, nonrestraint, pacificism, protection of life, and nonaggressiveness. (I might add that some sociologists have suggested that heroin reduces violence and saves a lot of people from being hit over the head by those young hoods who have turned to heroin and who are thereby quiter people.) The new morality is associated with anarchistic beliefs, expressed optimism, a feeling of separateness from the adult world, and not too much respect for the sacred cows of middle-aged folk. College administrators are often in the sacred cow class. With the help of drugs, the new morality helps one accept the consequences of being a little flat emotionally, particularly if one wishes to be an aggressive person or if deep down is already a bit depressed or discouraged.

Of course, there can be irony in the new morality, as in the old. It values life and it values others, but an emphasis on inner experience can put the person in the position of not really being able to act in a way that can be of any help to another. The irony can be a feeling of private love unassociated with the capacity to love or to engage in a genuine community life.

Ironically too, one value that is rarely set forth is that of fun. A lot of people take a drug because it is fun, yet it is a curious fact that so few can admit to it. Instead, they may insist that one must take LSD or pot because it is good for you, because it is religious, or because it is

psychotherapeutic. You do not do it simply because you enjoy it, and yet you might. So people employ ideologies to excuse their simple pleasures or to justify pain, when that occurs.

In the new morality may also be found the "cool rebellion." To use marihuana or LSD confronts colleges and parents with something that shocks the hell out of them. One cannot ignore the fact that there is shock and rebellion in what is done, but this is a rebellion conducted for the most part behind the privacy of one's own walls. Such a rebellion, an undeclared war, if you will -- and I do not mean to exaggerate its importance since we all go through rebellions -- has the delightful capacity of letting one be a rebel without being identified as such, or letting one's most significant act of antagonism to and rebellion against authority occur in such a way that nobody can clobber the rebel for it. It is sneaky, of course, but fairly safe -- perhaps even discrete.

A final aspect of student drug use is critically important. It can put us in an awkward position, for the university is a place where people are supposed to do new things. The university is an institution for innovation, a place where new ideas are to be explored, a place where the old is supposed to be analyzed and challenged and where, when the old is not any good, one learns to throw it out. The university is a land of hope and promise. It demands experimentation.

There are all kinds of things going on in the university that reflect necessary dissatisfactions. One purpose of the university is to try to control at least one tiny segment of social change by having made a rational enterprise of society. If our students and friends are endeavoring to do what we ask them to do in the university, then they are going to have to explore a lot of things we did not expect them to and which may trouble us.

We say, "I don't mind if you look at nature critically and you can tear hell out of Shakespeare, Lysenko, Ronald Reagan or LBJ. You're a free critic, an explorer in ideas and in life." But then we say, "Still I don't really believe in drug use and I would just as soon that you didn't challenge that one, certainly not publicly, and I don't believe in beards; indeed, it offends me personally that you wear those outlandish clothes." How awkward for us indeed!

These kids accept challenges. All of us make experiments in life. So does a good scientist, many of whose experiments fail; they have to or a good science is not happening. So it is that a university is a place to do experiments which fail and experiments that succeed. That value is one which the kids have learned and I think we are all glad they have. We cannot forget that out of ten experiments which they conduct -- intellectually, socially, or personally -- we are very lucky if they win on one, because in winning on one presumably all of us have gained a bit and benefited. Nevertheless, they are going to be losers on the other nine.

I am only guessing on what the loss/win ratio is on collegiate experimentation. If we are at all lucky they will not lose too badly, and they will not lose in such a way that they are disabled forever.

We try to give them enough information from our own experience to help them. We tell them it is not safe to drink a pint of whisky at one time,

that it is not always safe to have intercourse with a prostitute, or that it is rarely safe to drive at ninety miles an hour. We hope they listen.

We hope to let them continue their experimentation and to be able to tell us to go to hell. At the same time we must try to warn them from what we know, if we know it, when a particular experiment might go sour in such a way that they are no longer able to conduct any further social or personal experiments. Let us guide our drug programs by these lights.