
Drug Dependence as Masking: Escape from Escape

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Social problems are always changing as people react to differing attitudes and advancing technology. However, there is one social problem with a strong resistance to change. It looks and acts the same no matter what the times - drug dependence. The modus operandi is always the same – euphemistically creating social situations in which one goal is celebrated in lieu of the real goal – drugs. Twelve-step programs which substitute one dependence for another are excellent examples. Drug dependents prevaricate as they construct an existential social façade in the hope it masks their real intentions based on dependence. The origin of this dependence mask is not chemical, not medical, not genetic -it is learned. Masking is a significant factor in understanding some forms of dependence, i.e., the true goal of dependent behavior may be hidden by another goal that is consciously considered as the dominant theme (Goodman, 1978). Masking as double dependence is paramount in understanding dependence problems. Escape is the prime operative in masking and this paper will suggest escape from escape becomes the fundamental process superseding contemporary physical arguments for assessing drug dependence.

Masking Defined

To understand the characteristics of masking, let us first look at a parallel example, then dependence. Abortion exemplifies an issue that often involves elements of masking in the maneuvering away from a central point as contending groups posit pro-life and pro-choice agendas (Lauer, 2002). Each side argues they are “right” and presents discourse in their favor. Most people know the fundamental concepts involved in the arguments (Abrahamson, 2006). It is a social problem in the purest sense – competing for public approval of a single position that is considered the “rightest” and vying to be winner of the contentions (Konradi and Schmidt, 2001). Masking is not in the contentions, but in the subtle presentation of word choice.

Consider the prefix “pro.” This has come to be an often-used politically correct word inferring beneficial action (MacLoed, 1995). Pro- “life” is appropriate in its context because humans value children and the sustaining

of human life in general. It is this labeling (McLuhan and Fiore, 1967) that has much emotional power. This is generally justified by the idea that all life is “sacred.” To infer active lethal action has negative public sentiment and is just bad public relations. Here is where masking comes in. To move away from the idea that a mother may choose to abort “killing” her child, the label becomes pro- “choice” (Rigney, 2001). The use of “pro” is deliberate in both cases because it takes the concept out of any directly perceived unacceptable area and rhetorically transforms it to acceptance by using masking by transformation via “preface engineering.” Both prefixes are intended to persuade others (and themselves) that the position is desirable and defuses actual intent (primary goal) by masking. Drug use has its parallel in employing the word “recreational” to sanction dependence. Recreational attitudes define dependence and euphemizes it in such a manner as to minimize the actual functions by masking. “Recreational” is a generic mask with the same intent as “pro”life and “pro”choice. It is also customary to describe drug dependence as a disease. This disease has certainly ruined families, careers, and personalities. As such, drug dependents are often viewed as morally bad people because they did not have to take alcohol or drugs in the first place. A “good” person would know the consequences! On the other hand, if dependence is a “disease,” there is a guilt-free placid attitude aligned with dependency. One can not just come home and say, “I was walking down the street a year or two ago, caught that disease “dependency” and couldn’t help spending our life savings on cocaine.” Clearly the use of “disease” is masking and ubiquitous as a non-apologetic reason for dependent behavior. It is understood, however, that a “disease” orientation is a viable ploy for a dependent’s more opening their discussion to the problem, but it still is masking and not an excuse for abusing themselves and others through drug use. Dependence is of the mind characterized by emergence of being, not DNA and viruses (Sartre, Jean-Paul, 1956).

“Goals” are another key in understanding masking (Vazzana, 2008). The goal of a drug dependent could be a subsidiary goal in another dependence to mask the original process (Heiner, 2008). This process is consciously what the dependent wants, although their overt understanding may be generally subconscious. This process is coincident to Goffman’s (1959) impression management, but still dependence, nevertheless. At this point, it is worthwhile to look at Goffman’s impression management for a deeper

understanding of masking. A codicil: certainly one may argue the previous reminds one of Goffman's (1963) spoiled identity. It is the spoiled identity the dependent is often unwittingly struggling with. The dependent is turning the spoiled identity into a pseudo functioning entity. It may even be suggested a spoiled identity is instrumental in giving birth to masking, constructed phenomenologically, as personal reality far outdistancing any personality discrediting and ultimately projecting a bogus, but believed competent personality (Barrett, 1962).

Impression Management and Masking Mechanics

Goffman's (1959) metaphor for social interaction is the theatre in that we are all actors acting, being acted upon. When one enters a social situation (the stage) they seek information concerning the nature and quality of relations (audience) in that time and place. The person (actor) wants to present him or herself in the most favorable light and does so by attempting to manage their impression (acting) on others (Goffman, 1963). These impressions are in terms of what they feel will be in their best interests (entertain the audience). To do this, they present a front (F1, Fig. 1) that is constructed from their catalogue of experience involving the



Fig. 1. The I in Me.

Experiential Self most individually advantageous. Social, sexual, religious, economic, philosophical, political, and other factors in infinite combinations create their personal front (F1, jagged vertical line). This front becomes individually fabricated according to the perceived immediate needs of the social situation (Hendrick, 2004). If this matches up with accepted behavior or a sufficient alternative is chosen, then the person marches on toward

their goal. If, however, the person is confronted with a situation or X1 (Fig. 2) and realizes that F1 does not “work,” then the Model dictates the person

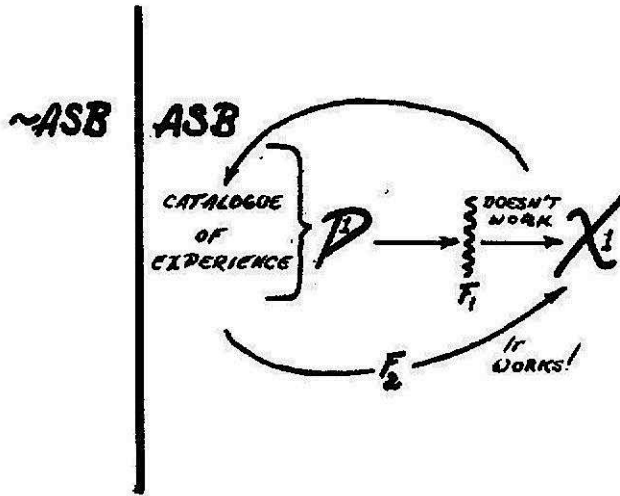


Fig. 2. Alternate Front Dynamics.

look for another form of behavior to modify their goal from alternatives presented for X1 to stay in accepted behavior. Berger and Luckmann (1967) suggest that because Front 1 is fabricated and does not reveal the entire “I in Me”, one should simply retreat into the “I in Me” and construct another Front more applicable to the situation. Note that this is NOT choosing from X2’s alternatives (Fig, 2). So, in Figure 2, one sees the original Front 1 (not working) and sneaking back to the existential self in order to fabricate Front 2. Front 2 is then presented to X1 and it “works.” The original goal is met and, in like fashion, F2 is presented in every instance that the situation appears like X1 until such time it does not work (Goffman, 1952). Of course, this is an oversimplification of Goffman (1963) and in no way would he suggest that a behavior alternative is presented. Even still, it is a realistic possibility when “fronts” and situations are complicated being predicated on a personal lifestyle (or dependent personality) confronted with collective social judgments.

A further consideration is double dependence. This occurs in a complex situation whereby the actual or primary deviance is not revealed. This can be conscious, but generally it is a subliminal phenomenon that is more in the eyes of those who define accepted behavior than perceived by the actual deviant. There is a certain dependency being masked by the previously discussed euphemism of "recreation." The person involved, however, realizes this is an escape and starts discussing how recreational drugs improve their social skills by interacting in frequent situations thanks to the recreational orientation. Now one has another escape pattern of one covering the other or double dependence. It is suggested drug dependency involves such a process.

Multiple Masking - Drugs

The model in Fig. 03 represents a generic life situation and will begin the discussion on the "drug problem" and its relation to multiple masking. In the illustration, X1 stands for success in the life experience as a

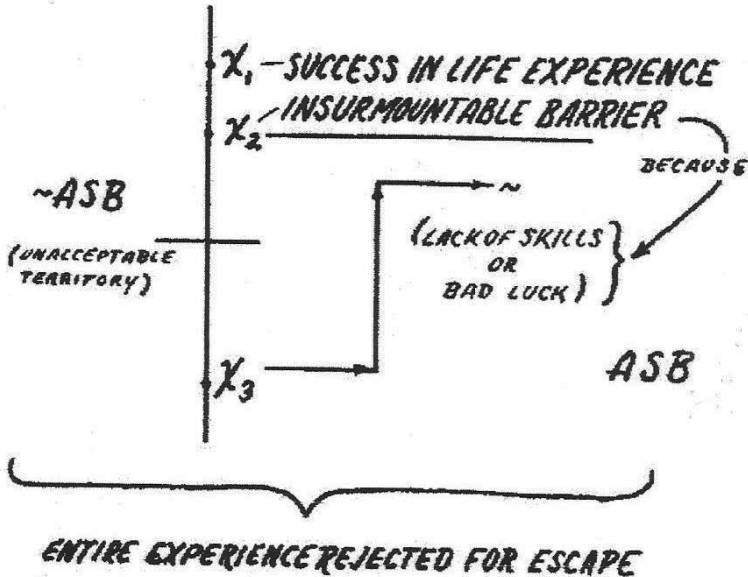


Fig. 3. Double Deviance Masking.

good job, economic, interactional success and other positive factors. Whatever one's concept of being more than they are (Barrett, 1962) is that which establishes the *goal* (X1). In this model, it is important to understand X2 has no viable alternatives and is an insurmountable barrier (Generally, the social order establishes alternative goals to compensate for thwarted primary goals. In this instance, that is not the case. Often there are no perceived alternatives to the immediate experience of the human condition). This is a rare occurrence, but it does happen especially when the economics of drug dependence are involved (Becker, 1963). The person (X3) may have a lack of money, opportunity, or just bad luck to prevent them from passing the drug barrier (X2). Here is an occasion for moving into the path of dependence (Clark, 2008). No, that is not their style, which is important to remember. If we now transfer this Model to a drug dependent personality, one then observes something different, and masking occurs.

The person wants to move away from the realization of the insurmountable X2 barrier yet knows that dependence is unacceptable as far as a normal lifestyle is concerned. So, one begins to see that both accepted social behavior (ASB) and unaccepted social behavior (~ASB) are not viable in terms of who they are. In other words, the entire experience of a certain life situation is itself undesirable and they begin to think of another way (masking) of living in terms of escaping from this untenable frustration in both social areas of interaction (ASB and ~ASB). Ultimately, through frustration or logic, they do not want to face the [X1, X2, X3] configuration anymore as in Fig. 4, therefore escape is the most viable alternative (Bennis et. al., 1968). Escape, however, is a difficult goal and not one that is universally approved by the social order, but it is their only solution to the problem. (Note there is a reference to "social problem"). Therefore, one desires to escape from escape through the process of masking with some other form of social mechanism (possibly dependent personality). This is where the "A, B, C" model (Fig. 4) becomes the new Model whose goal is escape from the (X1, X2, X3) model becoming A1 and forming a new

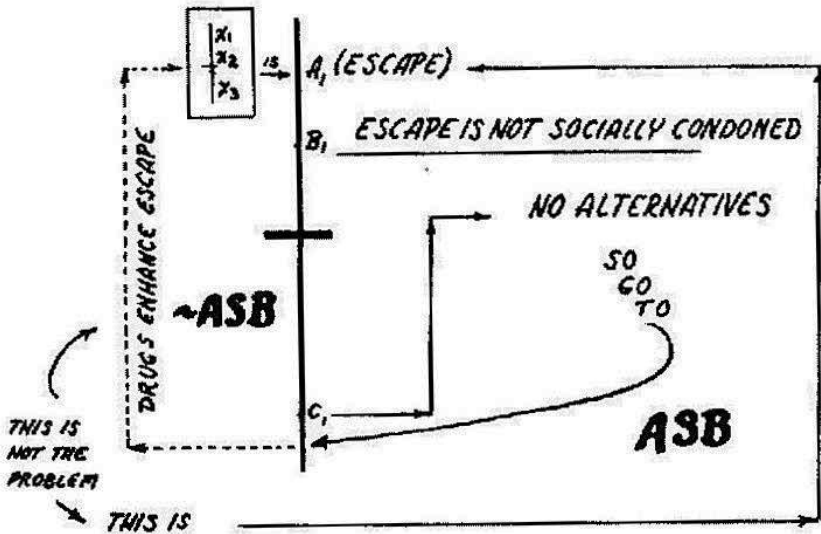


Fig. 4. Escape From Escape.

hierarchy (A1 here represents escape from escape!). Their new designation is C1 (formerly X3) and they progress up the hierarchy to B1, yet find that B1 is another insurmountable barrier because the social order does not condone escaping from escape. It is a sort of social “you can’t have your cake and eat it too” situation. So now C1 moves to deviance (~ASB) as a condoned, in their eyes, social retreat by taking alcohol or other drugs (masking) and achieves A1 or escape from escape. That being, the foundation of one’s life is based on “escape”, so one now wants to “escape” from “escape.” A great deal of attention is centered on the “drug problem” but the actual problem is the effort to “escape.” In other words, this is a multiple dependent situation. It is inadvertent masking used as a diversion to focus on one model that is not the main reason (or model) of the situation. The problem is the *mask* that hides the primary dependence.

Conclusion

It is suggested that multiple masking, seen as an analytical tool, may be a significant reason explaining drug dependence and hidden dynamics contributing to difficulty resolving the issue of escape from escape (Kornblum and Julian, 2004). Additionally, there has not been a definitive etiological process for drug dependency as proposed in medical models (Fingerett, 1988). This does not mean to imply medical aspects do not affect drug dependence or dependence in general. Here is an example of the complex relationship between the two. A baby was born and from that day the child suffered violent temper tantrums and discipline problems. It was believed a rather severe ear infection common to babies at that time caused the behavior. The infection was treated, and the radical behavior ended. The fact remained the child's entry into life was pain and suffering. This is how their common experience of life was defined. As the youth grew, he was reticent and did not do well in school. Asked about this attitude, the youth reported he saw nothing important in classes and learning. After counselling, it was discovered that the ear infection set up an understandable attitude of hostility to the world. In other words, the child was born in pain and related to the human experience that way. However, this is not an attitude that can be condoned because it is not seen as beneficial, so he learned to escape from this attitude of "pain" and moved onto another facet with the same predilection. Escape follows one and is hard to lose. The boy now saw nothing important in learning as an escape from escape. In a way, just living became something that reminded him of the past and this too was something to avoid or escape from escape through masking. In his own words, "I spend too much time with weed!" The seeds of the second escape were sown at birth and that attitude carried over into later life. Even still there are those who start life under less than beneficial circumstances and become very well adjusted leading positive lives. Life is a matter of choices and not all choices are negative just because they are preceded by sometimes overwhelming negative situations. This discussion, however, suggests drug dependency can be primarily socio-psychological and understood through masking. There is no doubt chemical

dependency and dependent masking are an interrelated dichotomy, but to base contemporary acumen and treatment primarily on a "disease" oriented medical model may be a step backwards in understanding drug dependence.

References

- Abrahamson, Mark. *Urban Enclaves: Identity and Place in the World*. (Worth: New York) 2006.
- Anderson, Elijah. "The Code of the Streets" in Jacobs, Bruce A. *Investigating Deviance*. (Roxbury: Los Angeles) 2002. pp.43-53.
- Barrett, William. *Irrational Man: A Study in Existential Philosophy*. (Doubleday-Anchor: Garden City) 1962. Bennis, Warren G., Schein, Edgar H., Steele, Fred I., and Berlew, David E. *Interpersonal Dynamics*. (Dorsey Press: Homewood) 1968. pp.333-369.
- Becker, Howard S. *Outsiders: Studies in the Sociology of Deviance*. (Free Press: New York) 1963. Berger, Peter L. and Thomas Luckmann. *The Social Construction of Reality* (Doubleday-Anchor: Garden City) 1967.
- Blumer, Herbert. *Symbolic Interactionalism*. (Univ. of Calif. Press: Berkely) 1969.
- Cahill, Spencer E. *The Interaction Order of Public Bathrooms*. In *Urban Life* Vol. 14, 1985. pp. 33-58. Clarke, Edward J. *Deviant Behavior: A Text reader in the Sociology of Deviance* (Worth: New York) 2008.
- Clinard, Marshall B. and Meier, Robert F. *Sociology of Deviant Behavior*. (14th ed.) (Wadsworth: Belmont) 2011.
- Cockerham, William C. *Society of Risk-Takers: Living Life on the Edge*. (Worth: New York) 2006. pp. 79-82.
- Fingerette, Herbert. *Heavy Drinking: The Myth of Alcoholism as a Disease*. (University of California Press: Berkely) 1988.
- Goffman, Erving. *Frame Analysis* (Maple Press: York) 1974.
- _____. *Gender Advertisements* (Harper, Colophon: New York) 1979.
- _____. *Interaction Ritual*. (Pantheon: New York) 1967.
- _____. *On Cooling the Mark Out in Psychiatry*, 15(4) (Nov, 1952), 451-63.
- _____. *The Presentation of Self in Everyday Life* (Doubleday-Anchor: Garden City) 1959.

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- _____. Stigma: Notes on the Management of Spoiled Identity. (Prentice-Hall: New York) 1963.
- Goodman, Nelson. Ways of Worldmaking. (Hackett: Indianapolis) 1978.
- Guba, Egon G. and Lincoln, Yvonna S. Fourth Generation Evaluation (Sage: Newbury Park) 1989.
- Heidegger, Martin. Existence And Being. (Regnery Gateway: Washington D.C.) 1988. Heiner, Robert. Deviance Across Cultures (Oxford: New York) 2008. pp. 120-121.
- Hendrick, Susan S. Understanding Close Relationships. (Pearson: Boston) 2004. p. 224.
- Konradi, Amanda and Martha Schmidt. Reading Between the Lines: Toward an Understanding of Current Social Problems (Mayfield: Mountain View) 2001.
- Kornblum, William and Julian, Joseph. Social Problems. (11th ed.) (Pearson: Upper Saddle River) 2004.
- Kuhn, Thomas S. The Structure of Scientific Revolutions. (2ed.) (University of Chicago Press: Chicago) 1970. Lauer, Robert H. and Lauer, Jeanette C. Social Problems and the Quality of Life. McGraw-Hill: Boston) 2002. pp. 69-80.
- MacLoed, Jay. Ain't No Makin' It (Westview: Boulder), 1995. McLuhan, Marshall and Quentin Fiore. The Medium is the Massage (Bantam: New York) 1967.
- Mills, C. Wright. The Sociological Imagination. (40th anniv. Ed.) (Oxford University Press: Oxford) 2000. Patton, Michael Quinn. Qualitative Evaluation and Research Methods. (2ed.) (Sage: Newbury Park) 1990.
- Rigney, Daniel. The Metaphorical Society (Rowman and Littlefield: Lanham) 2001.
- Sartre, Jean-Paul. Being and Nothingness (Washington Square Press: New York) 1956.
- Vazzana, Jack. Deviance; Roaming Between the Functional and Existential (5th Ed.) (Kent State University: East Liverpool) 2008.

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