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THE USE OF DRUGS BY JAZZ MUSICIANS*

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A phenomenon which has attracted intermittent attention of a more or less sensational nature over the years is the association of jazz musicians with the use of narcotics. The general public makes such a direct connection between drug use and jazz musicians that it was recently occasion for a major news story when a prominent jazz artist announced that he was *not* taking drugs (15). The popular press has created an image of a typical wild-looking jazz musician who is a "hop-head."

How great a discrepancy there has been in the past between press accounts of the extent of addiction and scientific reports could perhaps be seen most clearly in 1924, when the U. S. Public Health Service reported that there were 110,000 addicts in the country, at a time when a number of newspapers said that there were four million. In the United States, carnival workers and other itinerant entertainers have had a tradition of taking morphine and opium and there have been various unsubstantiated guesses about the proportion of entertainers who use opiates.

Other than entertainers and musicians, it has traditionally been believed

*Many individuals and organizations cooperated in this study, but appreciation of their help cannot be acknowledged individually without compromising the anonymity of some respondents.

that physicians represent the occupational group most likely to be associated with narcotic use. The incidence of narcotic addiction among physicians has been estimated at about one half of one per cent by the Federal Bureau of Narcotics (7). Other estimates have gone as high as two per cent. In England, the narcotic control procedures which are so often contrasted with ours, approximately 17 per cent of the small number of known addicts are physicians, and "jazz band musicians" are the second most frequently found addict occupational group (6, p. 15).

This study was undertaken in order to determine how many jazz musicians use narcotic drugs, with what effects, and what the trends in drug use seem to be. It was conducted in New York City, both because it has 43 per cent of the nation's known addicts (16) and because it is the jazz music capital of the country. There are no reliable data available on how many of the approximately 30,000 professional musicians in New York play jazz. It can be speculated, on the basis of informal estimates by students of the industry, that about half are classical and half are non-classical musicians. Of the perhaps 15,000 non-classical musicians, it can be further speculated that some 5,000 are jazz musicians.

An attempt was made to explore the feasibility of interviewing a

probability sample of the jazz musicians. A pre-test indicated the difficulty in locating specific jazz musicians because of their frequent travels, the wariness of those who were approached directly, and the lack of adequate classificatory data on the basis of which a sample might be drawn. It was necessary therefore to abandon the probability sample approach. Instead it was decided to attempt to interview those musicians working in the New York area who could be asked to submit to an interview through the good offices of various cooperative organizations and persons associated with jazz. Contact was established with at least one member of each jazz group which performed in New York during this period, who was asked if he would consent to be interviewed. It was emphasized that no special knowledge of drug use was needed by the musician for the interview. Occasionally it was not possible to arrange for the interview until after the group's engagement was over, so that such a respondent would not be working at the time of the actual interview. Contact was also established with individual jazz musicians who lived in New York but who did not have any specific current band affiliation.

Of the 690 musicians who were approached for an interview, 409 consented to be and were interviewed, during 1954-1955. Of these interviews, 357 were usable. The 281 who refused did not appear to differ significantly from the interviewed group in terms of length of musical experience or race. Whether the incidence of contact with or use of drugs was greater in the refusal group than in the interviewee group is not known. It is possible that those who refused were concerned about being identified with drug use and thus may have been more familiar with it than were the musicians who were interviewed.

The age of the musicians interviewed ranged from 18 to 54. The mean age was 33. Sixty-nine per cent were white and 31 per cent were Negro. The mean length of time that the respondents had been professional musicians was 13 years. The lack of reliable data on the age, race or length of professional musical activity of the musicians in the New York area makes it impossible to tell how representative this sample is of working musicians in New York City in terms of customary classificatory criteria. However, representatives of 66 of the 89 important jazz bands in this area during this period were included in the group interviewed. No special attempt was made either to interview or avoid known drug users.

Slightly over half of the interviews were conducted in the author's office. The rest were conducted in various other locales and at times convenient to the respondents. Every attempt was made to keep the interview situation as non-threatening and informal as possible. An interview guide was followed, although the respondents were encouraged to speak as discursively as they liked. The interview guide covered the drug use of the members of the band in which the respondent was then playing. The mean respondent described 5.4 musicians. If he was unemployed, he was asked about the members of the band in which he had most recently been working. The nature of the contact among a jazz band's musicians is such that it is unlikely, though possible, that a user of either marijuana or heroin would not be known to his colleagues as a user.

INCIDENCE

Each respondent was asked to describe the drug use (or non-use) behavior of every member of the band which he was describing, excluding himself. In spite of the interviewer's specific request that the respondent ex-

clude himself, 67 per cent included discussions of their own behavior. The incidence of drug behavior of these respondents correlated .87 with that of the total group described. The respondents were asked not to mention any names, although data on race and estimated age were obtained. Where necessary, the respondents referred to other musicians by the instrument which they played. On the basis of the respondent's description of each musician, he was later classified as a non-user, tried at least once, occasional user, or regular user of marijuana and/or heroin. The word "addict" was avoided wherever possible because of its ambiguity.

The reports of drug use were thus made of specific individuals within each band. No weighting procedures were employed, since each musician described was regarded as being as important as any other musician. Where there was more than one respondent describing the members of the same band, there was practically no disagreement about the drug status of any individual described. Where it was obvious that two respondents were describing the same individual, he was only counted once in computing the averages.

Some of the bands described had practically no marijuana or heroin use; others were reported as having all of their members involved in considerable drug activity; and some had both drug-using and non-drug using members. In terms of individual musicians, 82 per cent were reported as having tried marijuana at least once, 54 per cent were occasional users, and 23 per cent were regular users. A smaller degree of heroin use was reported among band colleagues. Fifty-three per cent were said to have used heroin at least once, 24 per cent were seen as occasional users, and 16 per cent as regular users. There tended to be more cer-

tainty about identifying the more regular than the more infrequent users.

Only a few musicians were said to be using cocaine, probably because of its very high cost and the extremely short period during which it is effective. A number of respondents (27 per cent) observed that some musicians experiment with various drugs, just as others try different kinds of liquor. They experiment with different kinds until they find the one that affords maximal satisfaction. Some may be taking several drugs simultaneously rather than remaining with one drug.

The interviewees said that almost everybody in the band knew who the drug users were. They reported that users varied in the extent to which they attempted to convert non-users, with some few trying to do so (4 per cent), some relatively indifferent (23 per cent) to doing so, and other drug users (7 per cent) who actively warned non-users against beginning the use of drugs. Approximately four times as much proselyting activity was reported on behalf of marijuana as on behalf of heroin.

Most of the drug-using musicians were said to be relatively discreet about the mechanics of drug ingestion. They almost never did so while performing, although the time just before (21 per cent) and after (17 per cent) performance was said to be favored. Fifty-four per cent felt that it was not possible to generalize about when drugs were taken. Almost all (83 per cent) felt that heroin users were more secretive about the manner in which they took the drug than were marijuana smokers.

A number of respondents (32 per cent) made comments to the effect that during the height of the period of drug use by musicians (which was a few years before the interviews were conducted), the use of drugs was al-

most taken for granted by some elements of the industry. Some respondents referred to the towns in which they had played by the generic name of "Porville." ("Pot" is slang for marijuana.) Some noted that cities like Billings, Montana, and Tacoma, Washington, were avoided by some jazz bookers, who knew that it was impossible to buy any drugs in these communities, and that there would be musicians who would be less than enthusiastic about spending time in a community which had no "merchant" (peddler).

EFFECTS OF DRUG USE ON PERFORMANCE

The effect of marijuana and heroin on jazz performance was a specific focus of questioning because of the paucity of empirical studies on the effect of drug use on musical performance. There are no studies of how opiates affect musical performance or response. Some authoritative studies have reported that marijuana sometimes causes temporary psychosis (12). Two widely quoted studies on a small number of subjects have demonstrated that marijuana use leads to a decline in performance on an objective musical aptitude test (1; 20). However, a test in which non-musicians are given objective questions on matters like the consonance of pitch between two sounds can hardly be compared to the musical creativity and expertise required of the jazz musician playing in a group situation which is based on mutual reinforcement and in which improvisation may be extremely important.

On the basis of their observation of fellow musicians who took either marijuana or heroin, the respondents were asked about the effects of each of the drugs on the performance of each musician whom they described as a user. They were also asked about the effects of drug use on the whole band.

Rather than give the respondents multiple-choice questions based on logical alternatives, it was regarded as more important that the respondents express themselves in their own language on this subject. A content analysis was subsequently made of the responses by the author and independently by another analyst, into categories established by the author and delineated by specific rules. Any disagreements on where a given response should go were resolved by joint discussion, although there were few such cases. The various categories established for drug use were not mutually exclusive, so that any given musician being described might be classified in more than one category.

Very few (3 per cent) of the respondents expressed any morally toned comments on their colleagues' use of either marijuana or heroin. The majority (67 per cent) of the non-user respondents felt sorry for the users. "It's their business if they want to," was a common (42 per cent) reaction. Those respondents who said that they themselves were drug users tended to be more likely to attribute positive qualities to other musicians' drug use than those musicians who had not described themselves as drug users, although there is no way of knowing the extent to which such comments were unconsciously self-justificatory, or represented accurate perception. The users were also more detailed and precise in their comments than the non-users. The respondents were generally unaware of the existence of individual differences in response to drugs and saw the musicians' reaction as a kind of schematic, all-or-none response. "Drugs treat everybody the same," said one respondent who was himself a user.

Marijuana. A large majority (69 per cent) observed that marijuana smokers seldom behave in a "frantic" (agitated) manner, whereas heroin

users often do, usually because of their much more serious reaction to lack of the drug. Twenty-two per cent did not know the effects of marijuana on performance. It was believed by 31 per cent of all respondents to make a musician play worse than he would without the drug, and by very few (2 per cent) to be damaging to the body. It was believed by 19 per cent to help a musician to play better. A number of respondents (12 per cent) observed that this was especially true if the other members of the band were also on marijuana. Eight per cent of the respondents saw a musician playing better even if he were the only musician in the band who had taken marijuana. Eleven per cent observed that a musician who took marijuana regularly might need it in order to play at his optimal level.

The contagious effect of marijuana can be seen in the "contact high" referred to by a number (14 per cent) of respondents. This is the result of several musicians playing while "on" (having taken marijuana) and another musician who has not taken drugs walking in to the session and not knowing that the others were "on." An observer would note that the new person had picked up much of the special quality of the marijuana-using members of the group through a special kind of emotional group contagion—the "contact high." If, for example, a pianist on marijuana were playing a tune which had standard chords and unexpectedly changed the chords, a saxophonist would be more likely to pick up the change and integrate the new chords if he had a "contact high." It is, of course, possible that the "contact high" is part of the ideology which makes possible the use of narcotic drugs, and like other comments by some respondents on the effects of marijuana and heroin, it may be a part of a mythology which at this time can only be reported, until the

development of better objective procedures for measuring such phenomena.

A number (7 per cent) commented that marijuana lends itself to musical whimsy and humor. A few (2 per cent) spoke of the conflict between marijuana's activation of mental ability and its simultaneous braking effect on physical activity, so that a musician might be unable to translate his new perceptions into appropriate sounds. A few (2 per cent) observed that the musician's altered perception of time and space could permit him to perceive new space-time relationships which might enable him to play either better or worse on different occasions. They pointed out that by expanding the musician's conception of space and time, marijuana seemed to retard the beat of the music. The musician thus felt that he had leisure to express his musical ideas, which might be either an advantage or a disadvantage in individual cases.

A number of respondents (8 per cent) noted that even though a musician's technical facility may be slightly retarded while on marijuana, he is likely to have had so much practice that the impairment may not be serious, or even audible, especially if he is playing a relatively familiar piece. The drug is, these respondents believe, more likely to interfere with the marijuana user's ability to play a new and relatively unfamiliar piece. Over a third (36 per cent) of the respondents noted that most jazz musicians think that they play better while on marijuana, even if they may actually be playing worse, because they feel that "nothing's in the way" of their expression. It could be speculated that one reason for the frequently found subjective feeling that the musician is playing better when on drugs is perhaps that the kind of dependent person who takes the drug is having his dependency affirmed every time he

takes it (10). Thus having again re-established and satisfied his dependency, he feels relatively free to "let go" and express himself in music.

Heroin. Although there was a relatively tolerant attitude toward marijuana use, there was a much more cautious and concerned attitude about heroin, which a number of musicians called "the hard stuff." Many respondents (53 per cent) regarded heroin use as dangerous and damaging to the body. There was a general feeling that its procurement involved much more contact with the underworld than was necessary with marijuana. There was more difficulty in answering questions about what effect heroin had on a musician's performance than was the case with marijuana. Musicians were more aware of the dangers of a severe jail sentence for a heroin violation than they were of a sentence for a marijuana violation, although jail sentences and economic trouble were often (63 per cent) mentioned as being among the effects of any kind of drug use.

Many (32 per cent) pointed out that if a musician is a regular user of heroin, his musical norm would have to be his behavior while on drugs. Such a person can only play, or function at all, when he is taking heroin. If a musician is not a regular user, taking heroin irregularly may make him "go on the nod" (become sleepy) and be less alert, and thus less able to perform effectively as a musician. Some 27 per cent did not know the effects of heroin on performance. Over half (51 per cent) said that it decreased the quality of performance. Nine per cent felt that it might make the musician play better.

One respondent voiced a reaction which was mentioned by a few others and which exhibits considerable insight. "Heroin makes me feel better, but has little effect on my playing.

I do feel I can execute things a little more freely than when I'm off. Some days I'd love to be back in bed instead of playing, and on these days heroin helps me to play at all." An example of the kind of rationalization employed by some heroin users was a comment by one very successful musician, who compared taking heroin to ". . . going into a closet. It lets you concentrate and takes you away from everything. Heroin is a working drug, like the doctor who took it because he had a full schedule so he could concentrate better. It lets me concentrate on my sound."

SOCIAL FACTORS

The respondents were asked about a number of social factors which appeared to be related to musicians' drug use. One such factor was the drug climate of the band itself. For example, a number mentioned one noted band in which all the members but one took marijuana regularly. The one non-marijuana smoking member of the band was called an addict by the other members because he took Milton. In this band, marijuana use was thus the norm. The social acceptability of a marijuana smoker in a band which had no other users of the drug would be quite different. In each such case the attitude of the band's leader and the rest of the band toward drug use would create the climate. A related social dimension noted by some respondents (13 per cent) was that drug-using musicians might help other users get jobs in their bands in order to help maximize the available supply of the drug. Some respondents (12 per cent) observed that a few of the night clubs at which they performed had been fairly hospitable to the sale or even use of drugs by musicians or audience members, so that making a "buy" was not as difficult as it might otherwise have been.

Over half the musicians interviewed

(53 per cent) referred to reasons for musician drug use which can be translated into what sociologists would consider awareness of one's own upward or downward mobility. For example, a number of respondents said that young musicians may take drugs to accelerate their progress to the top, because some of their idols take drugs and they want to "blow" (play) like some famous addict musician with whom they identify. Every few years there is a new "only man who really blows," who has many idolators. Some respondents observed that a few of the undisputed geniuses of modern jazz were widely known as heroin addicts, and there is reason to believe that some younger musicians may have begun using the drug on the basis of some kind of magical identification with their heroes and the assumption that they would play better if they, too, were drug users. It could be speculated that once such musicians had become addicted, their realization that drugs were not helping them to play better or become famous, if they did develop such an insight, seldom could have any effect on their addiction if it had already developed.

A number of respondents (9 per cent) noted that some older musicians may believe that their chances for more recognition will be improved if they take drugs, especially as they see the years go by without what they regard as adequate recognition. On a less conscious level, it might be speculated that an older man who has not been successful may take drugs in order to try to compensate for what he may regard as failure.

Some respondents (18 per cent) made some connection between socioeconomic conditions and drug use. They observed that some musicians seem to have begun taking drugs at a time when they had difficulty in finding work, especially in the early 1950's, when "cool" jazz was tempo-

rarily on the downgrade. On the basis of such respondents' comments, it can be speculated that the vocational failure experiences of some musicians may have encouraged regressive behavior because of the attrition of their defenses resulting from their unemployment. Drugs may have seemed to such performers to be one way out of their problem, although they usually, of course, created new and extremely serious problems by becoming drug users.

Another environmental circumstance cited by some musicians (21 per cent), especially those over 30, in its relation to drug use is the effect of the "one-nighter" dance or night club date, which represents the most lucrative type of band work and which used to be very common. The musicians usually traveled by chartered bus, covering long distances in a day. They often arrived unkempt and tired, just before they were to perform before an audience relaxing with liquor and eager for fun. Some musicians could almost never be as fresh as they wanted to be, without the use of a stimulant. One heroin user interviewee described how he began taking the drug. "I was traveling on the road in 1952. We had terrible travel arrangements and traveled by special bus. We were so tired and beat that we didn't even have time to brush our teeth when we arrived in a town. We'd get up on the bandstand looking awful. The audience would say 'Why don't they smile? They look like they can't smile.' I found I could pep myself up more quickly with heroin than with liquor. If you drank feeling that tired, you'd fall on your face."

Although non-musician drug users generally do not drink and regard the "wino" (alcoholic) with disdain (21, p. 12), the respondents reported that most (72 per cent) of the marijuana users and over half (62 per cent) of the heroin users also occasionally or

regularly drank liquor. It might be speculated that the reason for drug-using musicians being relatively hospitable to liquor is its ready access at their places of employment, whereas non-musician drug users have to make more of an effort to get liquor. It is also possible that since the jazz musician is already a member of a special in-group because of his vocation, he does not need the kind of in-group reinforcement which the non-musician drug user gets by scoffing at liquor drinkers.

A factor related to drug use which was mentioned by some respondents (16 per cent) is that many musicians are fairly "keyed up" after playing emotionally demanding music like jazz for five or six hours, up to the early morning hours, and drugs help them to "unwind." It can be speculated that only musicians with some kind of personality predisposition responded to the rigors of traveling or tension by taking drugs and becoming habituated or addicted can hardly be unilinearly attributed to such external causes, since there clearly were persons who were in the same situation and did not ever experiment with drugs.

SOME SOCIOLOGICAL VARIABLES

Race. Of the musicians described as occasional or regular users of marijuana by the respondents, 73 per cent were white and 27 per cent were Negro. Of those described as occasional or regular users of heroin, 67 per cent were white and 33 per cent were Negro. There is no way of knowing whether these incidences are more or less than the proportion of Negroes in the jazz musician population. Previous studies of drug users have reported that a large proportion are Negroes, and that addiction is concentrated both racially and spatially (21, p. 18).

It is possible that the sample's composition is reflected in its perception

of drug use by race. It might be speculated, however, that Negroes are not over-represented among musician drug users. Negroes are disproportionately present in the general addict population because they represent the kind of low status and low income minority group in which drug use is concentrated in New York (3). The working Negro jazz musician is highly trained, generally enjoys high status and income, and represents a proud group which has given rise to most of the innovations in the whole jazz field.

It is possible that one partial explanation for the evident decline of the "blues" and of spirituals in the last decade is many Negro jazz musicians' regarding these genres as reminders of the inferior status of the Negro, and their desire to have jazz transcend some of its more narrow stereotypical racial elements. It is almost routine for jazz groups featuring Negroes to be sent abroad by the State Department as good will ambassadors. Thus we might speculate that the Negro in the jazz world cannot be said to have a depressed status like that of the Negro in the general population, and to be reflecting his marginality through drug use.

Age. Marijuana and heroin use are found at all age levels, although marijuana use was more common among the younger musicians described by the respondents. The mean age of the occasional or regular marijuana users was 24.3, and of the heroin users 29.6. Relatively few musicians (2 per cent) used both drugs simultaneously. Only a few respondents (8 per cent) knew whether any of the heroin users they described had used marijuana before beginning the use of heroin; almost all of those on whom there was information had done so.

Marijuana use was likely to be seen by the respondents as a kind of intermittent activity to which the musician

might return irregularly over an extended time period. Heroin use was generally seen as a more concentrated experience, more intensive but lasting over a shorter time span. The respondents' observations suggested that a musician who still had any interest in heroin by the time he was 30, had become addicted by the time he reached that age. There were disproportionately large numbers of marijuana users reported up to the age of 26, after which age the use of marijuana appeared to be almost evenly distributed to age 48, beyond which no users were reported. Heroin use was concentrated in the age group from 25 to 39, after which it fell off to very little.

There were only two musicians referred to by the respondents who were over 40 and still taking heroin. There were five respondents who were over 40 and who had been regular heroin users but who had stopped using the drug in their late thirties or early forties, generally for reasons of which they were unaware. As one 43 year old musician said, "There were just longer and longer periods between the times when I took a shot. I guess you could say I diminuendoed out of it." Although the respondents were generally quite voluble on the subject of the various reasons for musicians' starting drug use, few had any observations or comments on how or why musicians stopped drug use.

It might be speculated that those musicians who became habituated to marijuana use do so for a combination of adventitious personality and social factors which seem to become less salient as they grow older, but from which the typical marijuana user becomes disassociated relatively gradually. The factors which lead to heroin use are likely to be experienced much more urgently and intensely felt by the musician, but over a shorter period of time. One possible theory to explain

the cessation of heroin addiction among musician addicts in their late thirties is that those who began taking heroin in their late teens or early twenties as a response to the problems of early adulthood, mature out of addiction by the time they are in their late thirties, for reasons which are not known but possibly because the stresses and strains of life are becoming stabilized for them and because the major challenges of adulthood have passed. This cycle is perhaps analogous to that of the prototypical delinquent whose delinquency increases during his teens and remains constant till he reaches his late twenties, when it declines.

It is possible that addict musicians see life as less likely to require aggressive action by the time they reach their late thirties, and problems like those involving the expression of sex and aggression which drug use has helped them to evade or solve or mask, have become less urgent. It is possible that maturing out of addiction is one possible explanation of the phenomenon, in addition to the accepted sociological explanation of drug-taking as a solution to withdrawal distress in the case of heroin addiction (8) or the undergoing of a certain sequence of events in the case of marijuana habituation (2). There is little reason to believe that withdrawal distress is less serious at age 40 than at age 25, unless some maturational process in the life cycle of the drug user is postulated.

Professional Success. Each of the musicians described was classified by the respondents as either a very successful, successful, or average musician. Each musician was also classified by the author into one of three subgroups: non-users of either marijuana or heroin, occasional or regular users of marijuana, and occasional or regular users of heroin. It was hypothesized that a significant positive corre-

lation existed between drug users and non-users and their degree of success. However, no significant difference was found between users and non-users by degree of success. When a comparison was made by degree of success for marijuana and heroin users, no significant differences were manifest between the two groups of drug users. Thus there appears to be no significant relationship between either the heroin or marijuana user and the degree of professional success attributed to him by his peers.

The success parity of drug users with non-users is all the more remarkable because the typical musician user is likely to have been arrested or convicted for a narcotics violation. A musician who has been arrested, even if not convicted, may be denied the police cabaret card which he needs in order to perform in a New York night club for more than three days. Many bandleaders dislike hiring drug users because of their unreliability as well as the possibility of their getting into trouble with the law. Since nine-tenths of the musicians in the New York area are unemployed at any one time (5), there is relatively keen competition for the jobs which are available.

The drug-using musician thus has a number of special handicaps which he must overcome before he can get work. If, in the face of all of these difficulties, he is still regarded as being as successful as non-drug users, it is possible that his special qualities may include more talent than a comparable non-user may have. Or, the respondents may have unconsciously applied their own correction factor and described the degree of success which each of these musicians might have achieved if he had not been a drug user, although the interview did not include any instructions to apply such a correction factor. Another possibility is that some of the drug users were

helped in achieving some kinds of success because they were users.

Addict physicians, the only other occupational group on which there are data, have been reported to be more successful than non-addict physicians (4). The widespread popular impression that there is a positive correlation between success in jazz and drug use is probably attributable to the publicity generated by a few famous jazz artists, and to the public's interest in the romantic legend which couples talent, drug use, and early death. Some of the most famous addict musicians used to say publicly that they performed better before they became drug users, but there is no way of knowing if they actually felt this way or if it was one procedure by which they expressed their regret at the young musicians whom they might have inspired to drug use, or whether it was a warning to others who were contemplating drug use.

Language. The respondents in this study, user and non-user alike, tended to talk in jazz jargon. Some used this jargon more than others, but almost all understood it. It is impossible to talk to either jazz musicians or addicts without becoming aware of the extent to which they share a special language of fantasy and alienation, in which values are reversed and in which "terrible" is a description of excellence. This language is also used by criminals (19). It is not only a secret language, but it is a means of expressing fantasies and discontent with ordinary language and reality. The professional names of some famous jazz musicians have a fantasy element: Duke, Count, Lord, President, Lady, King, Bird.

The interest, whether conscious or not, of musicians, criminals and addicts in pathology is seen in the kind of phrases used to describe the music they like: frantic, it kills me, wild,

crazy, the end. To these groups, "tough" means good. Drug users probably developed most of the key phrases in this jargon as outgrowths of various aspects of drug-taking activity. For example, the key concept of being "hip" (a member of the in-group) derives from the slight atrophy of the hip which resulted from lying on one preferred hip and balancing opium equipment on the other hip (11). A "hip" person was thus originally an opium smoker.

Jazz has up to quite recently been an outsider's music, and its taking over so much narcotic slang has doubtless been a reflection of the marginal role of the musician. This language has been shared by a variety of those deviant groups which constitute the gray subculture with which jazz music has for so long been associated. The language's having been derived almost entirely from narcotics slang has meant, however, that a jazz musician was thus almost willy-nilly reminded of narcotics use almost every time he spoke to a colleague. It may therefore be speculated that the use of this "hip" talk by jazz artists was a factor in helping to create an environment in which it was relatively easy to regard drug use as an accepted kind of behavior.

Milieu. It would appear, on the basis of the respondents' remarks, that the jazz musician is in an environment in which drug use might almost be regarded as an accepted activity. He usually works at night, in night clubs where the patrons are likely to be mildly intoxicated and some of which may have some connection with the drug trade. Musicians' slang is that of the addict and the criminal. From the epidemiological point of view, which would regard addiction as a contagious disease, the world of jazz contains a large number of potential hosts to the disease of addiction and a number of carriers, some of them enjoying very

high status. The environment is a uniquely favorable one for the spread of the contagion. Even though the incidence of addiction may be relatively high, for the occupational group of jazz musicians, under the circumstances it is perhaps more surprising that host resistance to the disease is as high as it seems to be.

The only study of self-selection of drug users in a roughly comparable situation is a study of a group of American Indian peyote users, in whom drug use was not frowned upon (18). It was found that the members of the tribe who were most attracted to peyote had difficulty in identifying either with the tribe or with the world outside the tribe. It could therefore be speculated that drug use among jazz musicians might be found among the more socially alienated musicians.

Other Deviations. It is traditional for the behavior of drug addicts to be part of a larger pattern of deviant behavior, with men involved in burglary, women likely to be prostitutes, and other manifestations of criminal subculture (17). Sexual deviation is also sometimes found. The respondents reported that this larger pattern of anti-social behavior generally does not obtain among drug-using jazz musicians. When they are working, they often earn enough money to buy drugs without resort to theft. Their irregular night working hours and the connection between some night club proprietors and the drug traffic, help to make it relatively easier for them to get drugs than it is for the average user. Few (1 per cent) of musician users were described as being homosexual.

Classical Music. Previous studies report practically no classical musicians as drug users (13, pp. 53-56). Why should classical music be so relatively unlikely to spawn drug use compared to jazz? We might speculate that the

performance of a piece of classical music is a more integrated, fulfilling and complete experience than is the performance of a jazz piece, which is likely to be played differently each time it is performed, with far less closure than a classical performance is likely to have. Improvisation is a central element in jazz and it is possible that there are certain personality characteristics which attract the jazz musician to a field in which it is not necessary to follow a score literally, but in which hovering around the reality of the beat of the music is a desirable quality. One jazz musician who has openly discussed how marijuana use improved his playing has said: "Our rebel instincts broke music away from what I would call the handcuff and straitjacket discipline of the classical school. . . ." (14, p. 127).

Classical performers are also more likely to have social respectability and to be conformists than jazz musicians. The classical musician's work is likely to be much more regular and long-term than the jazz artist's "gig" (engagement), which may involve very extensive travel away from home, as well as very late hours. The audiences for classical music are relatively staid, whereas members of a jazz audience, up to fairly recently, were likely to be relatively non-staid. The symphony hall offers a sharp contrast to the jazz night club in terms of the expectations of the two audiences. Perhaps most important, the structure of classical music does not permit the individual musician to be as independent as the jazz "sideman" (instrumentalist) traditionally is, suggesting the possibility that different personality types self-select themselves to be either classical or jazz musicians, and that the characteristics of some jazz artists are likely to be consonant with some characteristics of narcotic users.

JAZZ MUSIC AND DRUG USE

It could be speculated that drug use

reinforces the feeling of estrangement from society of many musicians, so that they may express such estrangement in jazz music, which has traditionally been a protest music. Some respondents mentioned anecdotes which illustrated how jazz expression and drug use could be combined to engage in protest activity by mocking constituted authority. One anecdote, mentioned by six respondents, dealt with a jazz group, all the members of which smoked marijuana, and which played at a benefit for a police narcotic group. The jazz group played "Tea For Two," "Tumbling Tumbleweed," "Flying Home," and a number of other tunes which had synonyms for narcotics in their titles. Another dealt with the famous musician who is shown on the cover of a recent record album he made with the carrying case of his instrument. A number of respondents delighted in telling the interviewer that it was "well known" that the carrying case contained several pounds of marijuana.

Since the 1920's, one popular procedure for combining musical expression with interest in drugs was to make records or perform pieces with thinly veiled references to narcotics in their titles: Hophead, Muggles, Reefer Song, Viper's Drag, Sweet Marijuana Brown, Weed Smoker's Dream, Chant of the Weed, Pipe Dream Blues, Kicking the Gong Around, You're a Viper, Reefer Man, Doctor Freeze, and Vonce, are among many such titles, some of which achieved considerable success. The lyrics as well as the title of many jazz pieces have dealt with narcotics, at least up to fairly recently.

The continuing interest of jazz musicians in stimulants suggests the possibility that there may be a circular interrelationship among several factors: The degree to which a musician feels rejected by his culture, the stimu-

lant he takes, and the music he plays. This relationship may provide a social context for stimulant use independent of whatever individual personality variables may be relevant.

In the New Orleans period of jazz, in the early years of the twentieth century, the stimulant most widely used by jazz musicians was alcohol, the use of which was socially acceptable. Famous pianist Jelly Roll Morton reported that he and his fellow New Orleans musicians used to go out of their way to get funeral work because there was lots of beer and whiskey at funerals (9, p. 15). This period was one of the few when jazz musicians were an integral and accepted part of their community. Alcohol traditionally leads to aggressive and loud behavior, and Dixieland jazz music is notably aggressive and loud.

A similar circular relationship might have begun to manifest itself in the 1920's in Kansas City, when jazz moved north. Not only in Kansas City, but also in Chicago and New York, into the 1930's and the swing era, the stimulant most frequently used by jazz musicians was marijuana. During this period jazz became less acceptable to the larger culture and the self-concept of many musicians grew more alienated. Marijuana was not a socially acceptable stimulant. Its traditional effect is to make the user feel more light and "swinging," which is an accurate description of much of the jazz music of the period. The increase in marijuana use was especially noticeable during the depression, when musicians felt even more unwanted because of sparse employment opportunities.

This complex interrelationship could perhaps be seen most clearly in the post-World War II period, when jazz became "bop" and seemed to become almost a coterie music. For the first time in jazz history, heroin, a drug the

very existence of which is illegal in the United States, became popular among musicians. The effect of heroin is to make the user withdrawn, detached and "cool", which is also a description of much of the jazz of the post-World War II period. The upsurge of heroin use followed a war, like a number of previous spurts in drug use.

In the last few years there has been a tendency for jazz to move away from the "cool" and toward a more "funky" (earthy) kind of expression. Jazz has also become more respectable, developing an apparatus of college courses, schools, journals and scholarly monographs. Clubs which serve malted milks are replacing the old gin mills, cellar clubs and after-hours spots.

Jazz clubs now probably have among the best behaved audiences of any night clubs, in contrast to some earlier audiences which have been described as being themselves under the influence of drugs (14, pp. 72-73). A psychiatric clinic (which was sponsored and financed by an element of the jazz industry) to treat addict musicians, was established in New York in 1957, and got a number of volunteer patients soon after it opened. Its very existence may have helped to make drug-taking less of a socially approved phenomenon. It is possible that some of these changes may tend to work in the direction of making drug use less of a social problem than it has been among jazz musicians, but there is no evidence, as yet, to suggest how these changes will affect the larger social forces, which seem to have been related to jazz musician drug use in the past.

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