

On Self-Abuse
Robert S. Griffin
www.robertsgriffin.com

David Crosby was a singer/songwriter prominent in the 1960s and '70s as a member of two groups, The Byrds, and Crosby, Stills & Nash, (Stephen Stills and Graham Nash; later, Neil Young joined the group to make it a foursome). In subsequent years he recorded and performed as a solo artist. He still does concerts, both on his own and with his former partners. Crosby developed a very serious drug problem in the years of his prominence, the subject of this thought. The material below is from Crosby's autobiography--David Crosby, with Carl Gottlieb, *Long Time Gone: The Autobiography of David Crosby* (New York: Doubleday, 1988). Included are excerpts from two hospital in-take reports in late 1983. Following the excerpts is my commentary.

ROSS GENERAL HOSPITAL

11-22-83

CROSBY, DAVID:

42-year-old, single, white male, rock musician.

Patient describes chills and sweats five to six times a day beginning 24 hours after admission and says he "feels bad all over."

Describes ringing in the ears and a dull headache in the frontal and occipital areas.

He has a stomach ache with nausea. He notes increased bowel rumbling. He has constipation chronically. He last bowel movement, which was hard and dry, was approximately two days ago.

He states that he periodically notices a left pain in the costovertebral angle [abdomen] so that a question of urinary tract obstruction on a periodic or intermittent basis should be considered.

There is a past history of seizure on one occasion. This was apparently a gran mal seizure and may have been related to drug intake.

PHYSICAL EXAMINATION:

Reveals a disheveled man who appears his stated age and is slightly obese.

Reveals long hair that is in need of shampooing, scalp has some plaque build-up. The nasal septum is perforate [a hole in the inside wall of the nose, from cocaine use] with some purulent material [pus], dried and old on either side. Mouth exam reveals four teeth that are broken and badly carious [decayed], left upper, lower and right upper.

Reveals edema [retention of fluid] in the lower legs and hemorrhage of small capillary vessels with subsequent hemosiderin staining [discoloration from internal bleeding]. The skin of the feet is wrinkled and dry. On the upper extremities, his skin is characterized by healing staphylococcus lesions that are pink and slightly pigmented. There are lesions on his right hand, where he has apparently suffered flash fires handling the freebase unit needed to produce his cocaine for inhalation. There are several open draining wounds on the neck.

DIAGNOSTIC IMPRESSION:

Chemical dependency, opiate and cocaine.

Chronic staphylococcal neurodermatitis [infections].

Perforate nasal septum.

History of lower urinary tract obstruction and urinary retention with gross hematuria [blood in the urine] secondary to probable renolithiasis [urinary tract infection] and colic [gas].

Fixed tissue eruption [skin lesions].

Hemosiderin staining of both lower extremities.

DISPOSITION:

The patient will be treated for chemical dependency. He will be encouraged to participate in group activities, to begin a program of self care physically by washing and shampooing and then to move into daily exercises, group therapy, and stress management.

GLADMAN MEMORIAL HOSPITAL

A report a few weeks later from Gladman Memorial Hospital included the following: “The indications are that this patient has used drugs over the years to contain his agitations and depressions.”

MY COMMENTARY:

I would suppose that the drugs Crosby used did indeed contain his agitations and depressions—or at least for a time they did, a few hours. The problem, however, is they didn’t bring lasting containment: he was soon back to where he started and even worse. Not only had the agitations and depressions returned, they were more severe than before. Whatever self-abusive actions we take to make things better—drugs, alcohol, food, Internet surfing, shopping, promiscuity, gambling, masochistic relationships, whatever it is—works in the short run (or we wouldn’t be doing them), but they intensify whatever issue(s) we are masking, and at some level we knew that when we did those things; that’s what makes what we did self-abusive. Plus we now have new problems to deal with—read through Crosby’s list, constipation and infections and the rest. And if it isn’t Crosby’s list it is some other: broken relationships, lost jobs, lost opportunities, despair, hurt loved ones, etc., etc. “Collateral damage” is another indicator of self-abuse.

I believe that for just about all people who are torturing themselves, or perhaps it’s all people, the way out is clear, and it isn’t complicated, and they know what it is, and, even though it may be very tough sledding, it is within their power to go down that path. It isn’t that they—we--don’t know what to do, or that we know

what to do and can't do it; rather, we know what to do and can do it, but we don't do it. And, I offer, the knowledge that we could have done it and didn't persists within us and gnaws at us despite all the assurances from others and ourselves that things are bigger than we are. Deep down—or bubbling just beneath the surface—we know the truth about ourselves: we are failing ourselves and those in our lives, and we won't be self-respecting and at peace until we conduct our lives in alignment with that reality.

Other people can help us, programs can help, therapies can help, books can help, but when it is all said and done it comes down to invoking two powers that remain available to us no matter how low we get: our rational mind and our power of volition. Even when things hit rock bottom, as long as we are alive we can ask and answer an existential question and act accordingly: am I going to stop abusing myself and do what reason tells me is the best way to get out of the mess I've put myself in, or am I not? To his great credit, Crosby answered, "Yes, I am," and he carried through. He should be an inspiration to the rest of us.