The Curious Reader
Exploring Personal and Academic Inquiry

Bruce Ballenger
Boise State University

Michelle Payne
Boise State University
Inquiries on Inquiry

1. Though the process of academic inquiry often involves exploration, the dominant approach in academic writing is argument not “essaying,” or attempting to prove rather than to find out. Of all the pieces in this chapter, “Let Them Eat Fat” is the most explicitly argumentative. The more exploratory essays are Sanders’ “Looking at Women” and Sim’s “My Secret History.” Choose one of those pieces to compare to “Let Them Eat Fat.” Draw a line down the middle of a notebook page, and compare the features of Critser’s argumentative article with a more exploratory essay. Are sources used differently? Are there differences in structure, or the writer’s ethos? As a reader do you experience an exploratory essay differently from an argumentative article?

2. Imagine that you were using Critser’s article for your own research on a different topic—say, anorexia. How would you read “Let Them Eat Fat” differently from how you just read it? How might you use Critser’s article if you were trying to figure out whether images of women in advertising have a significant impact on how they see their bodies?

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Reading

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Student Essay

An Experience in Acronyms

Jay Holmquist

Jay Holmquist, the writer of this essay, likes his drugs. And that’s what inspired him to take a closer look at them—that and the fact that his friend Eric’s heart stopped three times on the way to the hospital after an overdose. Personal motives are often the inspiration for a research essay, and “An Experience in Acronyms” is a good example of a work driven by curiosity. It’s also well-researched. One of the remarkable qualities of this essay is that the information Jay uncovers about drugs popular with ravers almost always seems to attach itself naturally to the narrative backbone of his essay. When Jay tells a story, his move to explain his findings or cite a fact is often timely; he answers a question about the time we might ask it.
The topic of drug use is much discussed, of course, and this essay in its most familiar form might be an argument for or against certain laws, or certain drugs. But like the rest of the writers in this chapter, Jay decides to essay his subject. Rather than taking a particular position or making a specific claim at the outset, Jay decides to explore the evidence about the hazards of three particular drugs popular with ravers. As a result, “An Experience in Acronyms” is the story of what he discovers as well as an account of his personal experiences. The essay is honest, and never surrenders to preachiness.

Consider as you read this essay how the writer’s approach to an exploratory essay might be different from his approach to an argumentative essay on the same topic. What are the limitations to such a mode of inquiry? What are the advantages? When Jay arrives at his conclusion towards the end of this essay, are you prepared for it? Does it follow logically from the information Jay shares? Is he convincing?

The beat pounded against the walls like the ocean against a cliff. Lights of every color imaginable traced imaginary figures across the floor. A green laser made an artificial ceiling through the dense man-made fog. The energy level was at an all time high, as people of all kinds danced in that old dusty warehouse. I was in one corner of the room showing my friend Eric a few dance moves I had learned the week before. It was a typical Saturday night for both of us. I had been in the rave scene for a few years and Eric had been going for about three months. But this night would prove to be not so ordinary. A few moments later, our friend Ben came up to us.

“Hey,” he said as he looked around to see if anyone could hear him, “you guys want any acid?” I gracefully declined. I was never much into the drug scene that occurs at raves, but Eric had a look on his face that I had never seen before.

Just before we had gone to the rave we were down at our favorite hangout, the Shari’s in Garden City, discussing that exact issue—whether or not we would do acid or any other “party drugs” at the rave we were going to. Most of our other friends had done it in the past but both Eric and I never had. Sure we were curious, but the opportunity had never presented itself.

Eric looked at me with a gleam in his eye, “I want to do it Jay. Will you do it with me?”

I was shocked. There I was, hit right in the face with something that I had been thinking about for such a long time. After a short battle with my conscience my curiosity got the best of me and I decided to do it. I was worried at first, but I had a lot of friends at the party who had done acid before and I was sure that they wouldn’t let things get out of hand.

This was the beginning of a crazy year for me. It also was the point I was able to understand the “great safe drug debate.” This has been a long,
ongoing argument amongst many of my friends for quite some time now. It mainly involves three drugs: lysergic acid diethylamide (LSD), methylenedioxymethamphetamine (MDMA), and gamma-hydroxybutyrate (GHB). To my pro-drug friends, these drugs are completely safe to the body and have no adverse long-term effects, while my anti-drug friends insist that my pro-drug friends are blind to what really happens to them and they are going to kill themselves in the long run.

After another night of casual conversation a few weeks ago down at Shari’s, the debate started up again. This time two of my friends, Jarrett and Jesse, got into a heated debate about LSD. Eventually, the debate became a shouting match until things got out of hand and a fistfight almost broke out. What would make these people feel so passionately about their pro- or anti-drug views? Is something that the government finds harmful, yet so many people say is harmless, really that bad for you?

To understand this completely I think we need to first understand why people even do these drugs. For me personally it was an overwhelming curiosity, as it was with my friend Eric. We felt no peer pressure to do it. I had originally said no and Ben moved on. No one had pressured me into doing it before, though I had offers. A lot of the young people are taking these drugs without prior drug histories. These are the first drugs that they have done, sometimes even before alcohol or smoking (Pederson 1697). William Pedersen describes three main groups of people that use these drugs: “New age seekers: those seeking knowledge and a better relationship to others. Dancers: supporters of the band The Grateful Dead and rave participants. And Yuppies Hedonists: students and resourceful young people in independent occupations” (1696). To a majority of party drug users, they are seen as non-addictive, a craving for them doesn’t exist. The user takes the drug when he or she wants to, not when the drug wants to be taken (Pechnick 196; McDowell 297).

Most users also view party drugs as being “safe.” For LSD and MDMA, the amount needed for an overdose is extremely high, much higher than someone would need or want to take. There have been reports of people taking 100 times the normal dose of LSD without overdosing (Pechnick 197; McDowell 298).

They are also extremely easy to get. In a recent survey, 51 percent of twelfth graders could easily get MDMA (“Ecstasy Use Up Sharply”) and I know LSD and GHB are a lot easier to get.

And finally, these drugs are believed to not show up on urine tests, therefore the fear of losing one’s job or getting caught in that manner are nonexistent (Glass 22-23).

In my experience, for the most part, these drugs are taken at “raves” or “parties,” hence the name. According to one observer of the scene, “A rave
transcends—in spite of its lack of words and its sense for the external. Primitive impulses are interwoven with new technology (Collin qtd. in Pederson 1698). To me a rave is a place where I can escape from reality, a place where I can get out my aggression through dance and music. It's a place I am the master of my own world and no one can take anything from me. If we take a look at what these drugs do to a person we can see how these drugs have fit perfectly into the rave scene.

First, let's take a look at LSD. The way LSD works is still unknown. Its illegal status makes it difficult for scientists and doctors to do studies on human subjects (Glass 37). LSD (also called “acid,” “Uncle Sid,” or “fry”) is a hallucinogen by nature but rarely causes true hallucinations. A true hallucination manifests itself from thin air, but what LSD does is cause “illusions,” distorting objects that are already there to do unnatural things such as melting or “breathing” (Pechnick 195). These “illusions” vary wildly. I've been known to dance uncontrollably as I stop hearing the music in my ears but instead I hear it throughout my whole body. I no longer see light but instead feel it as it enters my eyes. I am able to move objects around with the power of my mind; I once changed the rotation of the Earth. These effects are not uncommon, shapes are often misshapen and tend to “undulate and flow.” Sounds are not as common but the sense of hearing is usually intensified, as are the senses of touch, taste, and smell. The sense of time also is affected (Pechnick 197). For me everything associated with time doesn't exist, including speed (as in miles per hour). I can recall one instance in which I was driving on the highway and it seemed that I was the one standing still while the world moved underneath me to get me to where I was going.

MDMA, or more commonly known as ecstasy or just simply “E,” is technically an amphetamine but also carries with it some stimulant and hallucinogenic effects. (“Ecstasy Use Up Sharply”). MDMA affects the serotonin and dopamine centers of the brain. Serotonin is a chemical in the brain that affects one’s mood; when you are happy it is because a stimulant has caused serotonin to be released, and when you are depressed, serotonin is absorbed. MDMA makes the brain release all the serotonin and dopamine it has stored up (McDowell 297). According to Pederson. “The substance has become popular because of its ability to create companionship and attachment for young people who are seeking, but feel weak ties to society” (1704). Ecstasy makes you feel completely at ease with your surroundings. You are instantly friends with everyone around you. The sense of touch is heightened to such a degree that energy pulses through you if someone else just grazes you (McDowell 297). Massages are a common sight at raves as others try to raise the level of the high. Rubbing the neck, ears, face, and hands are the most common. Hugging and cuddling are associated with the effects of the drug (Pederson 1704). “Cuddle puddles” and “Ecstasy tar pools” are a common at raves. The
only difference in the two is the number of participants. A "cuddle puddle" usually has between five to fifteen people in it. An "ecstasy jar pool" can have many more. I once saw one at a rave in Seattle that had at least two hundred people in it, cuddling, caressing, and kissing.

The final drug I would like to take a look at is GHB. It is not totally illegal either. Possession is legal but the manufacture of it is not. It can be bought by prescription under the name Xyrem ("Gamma Hydroxybutyrate") 10. It stimulates the release of growth hormones in the pituitary gland and causes the release of dopamine into the body, but the overall cause of GHB is unknown (McDowell 302). GHB is a naturally formed chemical found in most animal cells, but only in small amounts (McDowell 295). When taken in large amounts it acts as a sedative and creates a state of "euphoria" and "tranquility." It has some of the same effects as alcohol, such as lessened inhibitions and a tendency to verbalize" (McDowell 302). I personally have never tried it but I have some friends who swear by it. They say that it's like being drunk without the bad effects of being under the influence of alcohol such as the spins and nausea.

All three of these drugs are seen as nonaddictive. A tolerance is quickly built up and if the drug is taken the next day or even up to a week later no effect will be felt. Because of this tolerance, users tend to use the drugs on a periodic basis, only using them for "recreation and fun" instead of the need for a "fix" (Pechnick 196, McDowell 297, 302). However, sometimes cravings do develop. During my research for this paper there have been countless times that I've wanted LSD or MDMA because I was reminded of the times I've done them in the past and I'm sure this holds true for a lot of people.

But as with all drugs, there are bad side effects. First, I'll start with LSD. Although no one is known to have died from the direct use of LSD, behavior associated with LSD has killed people, as when people think they can break the laws of physics and try to fly by jumping out of a window (Pechnick 198). The closest I've had to this experience is when I had to coerce a friend down from the crane that was erected downtown when a local hotel was being built. He had gotten halfway up before I talked him into going down to the park to chase the ducks. Flashbacks, or the reoccurrence of the drug-induced state, can often occur after use. The flashbacks can last anywhere from a few seconds to seven hours and can happen at any time (Glass and Henderson 60–61). Whether or not the person knows what's going on can affect how "scary" a flashback can be. If one doesn't know what's going on, a panic attack might ensue and the person may become extremely frightened (Glass and Henderson 60). And then there is the famous "bad trip." A bad trip is set on because the intensity of emotions is greatly magnified, including bad emotions (Glass and
Henderson 59). Say someone is in a bad mood before they take LSD. That mood will be intensified by the drug and will bring on more unpleasant reactions. The most common that I have encountered are what I call “ghost webs” and “ghost spiders.” When someone experiences these it feels like invisible spiders and their webs are all over your body, going into your ears and mouth and no matter how hard you try to brush them off they won’t. Then there is the worse case scenario, the “perma-fry.” In this the person never comes down from the LSD episode. They are stuck for days, weeks, sometimes years in an LSD-induced state (Pechnick 199–200). My friend Chris is one such case. Chris was 18 and brilliant. He was an artist and often gave poetry readings down at the Dreamwalker Coffee House. He was headed for greatness until about three years ago one of our friends thought it would be “fun” to drop a vial (about 100 hits) of liquid LSD into his drink. He never came down from that trip. He no longer responds to his name but instead insists on being called “Tweak.” He often talks about how Satan is chasing him and describes the planes of color that run parallel to the ground.

MDMA has even worse effects. MDMA suppresses the production of serotonin up to a week after taking a pill. This is the “ecstasy hangover” which can involve severe depression, loss of appetite, tiredness, “hot flashes,” and “tremors” (McDowell 297). Raves can make MDMA deadly. Since raves are not usually regulated, they are held in underventilated buildings where water is in short supply. People can get overheated and if not treated immediately death is possible (Boot 1818). The biggest hazard of MDMA use is that MDMA is rarely sold in a pure form. It is usually cut, or mixed, with other substances (Baggott 2190), “H-bombs,” MDMA cut with heroin, and “smurfs,” MDMA cut with PCP, are two of the more common kinds.

In a recent study by Dance Safe, people were asked to send in samples of Ecstasy pills. In their results they found that none of the pills sent in were pure MDMA and almost 30 percent of the pills sent in had no MDMA in them at all. Eight percent of the samples had no form of drug in them either (Baggott 2190). This is what really scares me about MDMA. You might be thinking you are getting this drug that will send you to a new level of happiness, but you are actually getting who knows what; it could be rat poison for all you know.

GHB is the worst of them all. At higher doses one “may experience loss of bladder control, temporary amnesia, and sleepwalking” (McDowell 302). Since GHB acts as a sedative it “slows down processes in the brain” (Haworth A31) causing other systems to slow down as well. “Seizures, and cardiopulmonary depression can occur. Coma and persistent vegetative states have been reported” (McDowell 302). What makes GHB worse than the other party drugs is that someone can overdose on
just five times the typical dose and when mixed with other drugs, especially alcohol, that amount is considerably less.

The fact that these drugs are so dangerous, yet a lot of my friends do them, scares me. They know, for the most part, the dangers of doing drugs but they see these as "safe," which they are, compared to heroin, cocaine, and other harsher drugs. But the fact is still there—they will kill you.

I personally stopped my drug use about a year and a half ago. I was pretty much scared into it after I had to call an ambulance for Eric. He had taken all three drugs. He was so out of it he couldn’t talk or even hold his head up. His breathing became sporadic so I called an ambulance. They let me ride with him on the way to the hospital because I was the only one who could calm him down. On the way to the hospital I held his hand as his heart stopped pumping three times on the ride there. We spent the next ten hours in the hospital waiting out the course of the drug.

After that we stopped doing drugs. Two months later we were at a rave and someone once again came up to us offering us drugs. I declined, but Eric accepted. He said that he could handle it this time and he would be more careful. I couldn’t believe that after almost dying he was going to do it again. I immediately left the rave and haven’t been back to one since, for two reasons. First, I can’t stand seeing my friends in states of uncontrollable behavior. They don’t act like themselves. It was different when I did it with them because we were in the same state of mind. Second, I don’t go because the temptation to do these drugs is way too high. I admit it. I like my drugs. That’s why I don’t do them any more. I like them too much. I have my whole life ahead of me and I don’t want to end up as another statistic or have one of my friends write a paper like this because of me.

A list of works cited in this reading can be found in the Appendix.

Discussion Questions: An Experience in Acronyms

1. Jay Holmqvist seems to arrive at his decision to quit drugs as a result of his research about their dangers and his experience with his friend, Eric. The essay genre frequently has a delayed thesis like this. Suppose Jay wanted to revise the essay, using much of the same information, as a more conventional argument against the use of these three drugs. How would you suggest he restructure the essay? In what ways could he reorganize the information? For example, how would you recommend that he begin?
2. In the middle of the essay, Jay interrupts his narrative and explains some background on each of the three drugs—LSD, ecstasy, and GHB. Do these explanations slow the movement of the essay? There is a lot of information in those few pages. How does Jay try to keep things interesting? Does he succeed?

3. The writer confesses to drug use. Does this undermine the authority of the essay?

4. When writing or reading about a controversial social issue, it’s particularly important to critically evaluate sources. Are the sources in “An Experience in Acronyms” credible?