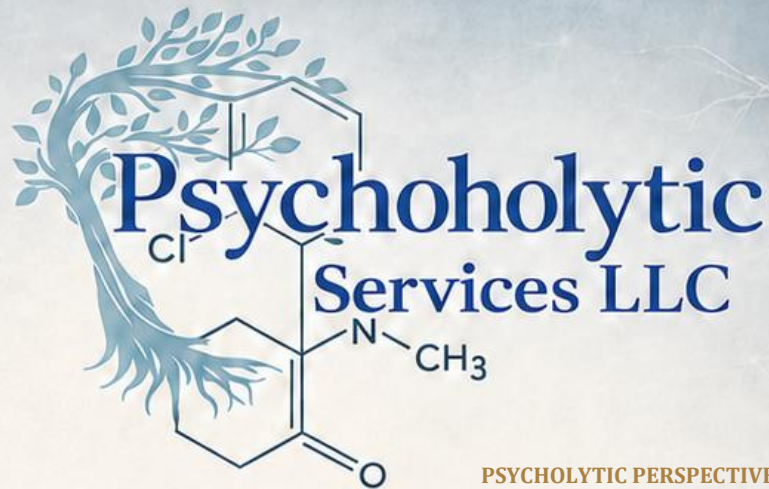




PSYCHOLYTIC PERSPECTIVES • ARTICLE [01]

A Nation Regulating Its Pain: Opioids and the American Delusion of Comfort

How a nation representing less than 5% of the world's population came to consume a disproportionate share of its prescription opioids, and what that discrepancy reveals about American life.

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Less than 5 percent

During the height of the prescription opioid era, the United States represented less than 5% of the world's population yet consumed an extraordinarily disproportionate share of the world's prescription opioids. Historical international consumption data showed the United States accounting for nearly all global hydrocodone consumption and a substantial majority of global oxycodone consumption.

These historical figures are so disproportionate that they almost resist comprehension. How did such a small portion of humanity come to require such an extraordinary share of the world's chemical pain relief?

Access is part of the answer. The United States possessed an enormous pharmaceutical industry, an expansive medical infrastructure, prescribing practices that increasingly treated pain as something to be rapidly eliminated, and financial systems that rewarded the distribution of medication at scale. Aggressive promotion of prescription opioids also contributed to their normalization and widespread availability.



PSYCHOLYTIC PERSPECTIVES • A NATION REGULATING ITS PAIN

Other countries' lower consumption cannot automatically be interpreted as evidence of greater health. In many parts of the world, people experiencing cancer, surgical pain, traumatic injury, and terminal illness have inadequate access to medically appropriate pain relief. Any serious comparison must acknowledge this disparity.

Yet access alone does not fully explain what happened in the United States. It can explain how opioids reached so many communities, but not why the promise of relief found such fertile ground. It does not tell us why distress became so readily medicalized, why the elimination of pain became an expectation, or why so many people were already searching for something capable of helping them continue.

To understand that, we may need to examine more than the medication, the prescriber, or the pharmaceutical company. We may need to examine the society into which these medications were introduced—and ask what American life has required people to suppress, tolerate, and continue functioning through.

The opioid crisis may not be evidence of individual pathology alone. It may also represent a national attempt to regulate suffering produced, intensified, or left unresolved by the systems in which people were living.

AN FSRT PERSPECTIVE - Regulatory Burden Precedes the Search for Relief

FSRT understands regulatory burden as the accumulated demand placed upon a living system when stress, pain, relational disruption, environmental pressure, and unmet needs exceed what the system can comfortably carry. A substance may not create that burden. It may become compelling because it temporarily changes the person's relationship to it.

The question is therefore not only why opioids were so widely available, but why externally supplied regulation became so necessary to so many people. Access can explain how a substance reaches a population. Regulatory burden helps explain why the promise of relief becomes so powerful once it arrives.

Understanding the Discrepancy

The story of America's opioid consumption is often told as a story of irresponsible prescribing, corporate misconduct, physiological dependence, and illicit drug markets. Each belongs in the account. None, however, is sufficient by itself.



A medication does not enter an empty environment. It enters a living system already shaped by economic conditions, family histories, social expectations, medical practices, cultural beliefs, and the regulatory capacities of the people receiving it.

For many Americans, the surrounding environment has included chronic overwork, economic insecurity, physical pain, limited access to sustained mental healthcare, social isolation, unresolved trauma, and pressure to remain productive regardless of internal cost. Distress is often treated as an obstacle to performance rather than information about what a person or community can no longer sustain.

Within that environment, rapid relief becomes extraordinarily valuable.

Opioids can reduce physical pain and create temporary experiences of calm, warmth, distance, or emotional relief. These effects are not imaginary. For a person living with severe pain or overwhelming distress, relief may feel like the return of something essential. The danger emerges when relief is mistaken for restoration and temporary regulation is mistaken for healing.

The medication may quiet the signal without changing the conditions producing it. The person may return to work, tolerate an unbearable relationship, remain inside an unsustainable environment, or briefly escape a nervous system carrying more than it can regulate. From the outside, functioning has been restored. Inside, the underlying burden may remain.

The American Promise

American culture has long reinforced a particular sequence: work hard, become successful, achieve independence, accumulate security, and happiness will follow.

Productivity becomes associated with personal worth. Wealth becomes evidence of success. Independence becomes synonymous with strength. Discomfort is treated as something to conquer, manage, or remove as quickly as possible. When a person cannot maintain the expected pace, the failure is often understood as personal rather than relational, economic, cultural, or systemic.

For some people, the promised sequence works well enough to remain convincing. For many others, the reality is markedly different. The United States contains extraordinary wealth alongside profound economic disparity. Many people work continuously without reaching security. Communities have become more fragmented, social isolation has increased, and meaningful care is frequently expensive, brief, or inaccessible.



A person can appear highly functional while privately feeling exhausted, detached, frightened, or empty. Another may understand intellectually that life is stable while their body remains organized around danger. Someone may have professional success, material comfort, and social recognition while depending upon substances, medications, compulsive activity, or constant stimulation to remain regulated.

These contradictions do not mean the American promise is entirely false. They suggest that it is incomplete. Material opportunity can improve life, but productivity, consumption, and individual achievement cannot replace belonging, safety, meaning, participation, and the capacity to live within one's own experience.

America's extraordinary opioid consumption was not merely a story of excessive access. It was the meeting of widespread access with widespread regulatory burden, and a culture more prepared to commercialize relief than to reorganize the conditions producing so much pain. Alan Romano, LCSW

The Delusion of Comfort

Functional Systems Regulation Theory describes the **Delusion of Comfort** as the mistaken belief that the reduction of discomfort is equivalent to healing.

The desire for relief is not itself pathological. Pain naturally creates an impulse toward protection, distance, or resolution. Medication can be humane, necessary, and lifesaving. The problem is not that people want comfort. The problem arises when comfort becomes the primary evidence that something is working while the system producing the distress remains unchanged.

A symptom may be suppressed while its regulatory function remains necessary. A person may feel better temporarily without developing a greater capacity to participate in life. An environment may become more tolerable without becoming healthier. A society may distribute relief at enormous scale without asking why so many people require it.

This is the delusion: if the pain has become quieter, we assume the problem has been addressed.

But relief and healing are not interchangeable. Relief changes what a person feels in a particular moment. Healing changes what the larger system can recognize, carry, reorganize, and sustain.



AN FSRT PERSPECTIVE - Relief Is Not the Same as Reorganization

Relief may reduce pain, quiet awareness, or make continued functioning possible. Reorganization changes the conditions under which the distress is produced and increases what the person or system can sustainably carry.

FSRT does not dismiss relief. Relief may be necessary, humane, and protective. The concern arises when temporary comfort becomes the endpoint of care and prevents deeper examination of the relationships, environments, and patterns that continue to generate suffering. A system can feel better without becoming more whole.

When Distress Becomes a Market

A market does not necessarily have to create suffering to profit from it. It only needs to identify suffering, translate it into demand, and offer a scalable form of relief.

Prescription opioids entered a culture already organized around immediate solutions, continued performance, and the medical elimination of discomfort. Pharmaceutical marketing did not invent physical pain, trauma, loneliness, or despair. It did, however, encounter a society in which relief could be made extraordinarily valuable and sold as a means of continuing to live without fully confronting the burden that made relief necessary.

This creates a profound ethical conflict. On one side are revenue, market growth, prescribing expansion, and institutional success. On the other are dependence, overdose risk, adverse effects, family disruption, and community burden.

When the evidence points toward harm, what makes profit the easier choice?

The question extends beyond one company or one medication. It concerns what happens whenever human distress becomes commercially valuable. A system can profit by helping people adapt to damaging conditions without ever changing those conditions. It can sell sleep without addressing exhaustion, stimulation without addressing depletion, detachment without addressing trauma, and calm without addressing insecurity.

The individual receives temporary assistance. The larger system is permitted to remain intact.

From Prescription Opioids to an Expanding Chemical Landscape

The regulatory demand did not disappear when opioid prescribing declined. In many places, it migrated.

As prescription opioids became harder to obtain, some people transitioned to heroin and later to illicitly manufactured fentanyl. The consequences became even more dangerous as potency



increased, the drug supply became less predictable, and the distinction between a desired substance and an unknown analogue became increasingly difficult to determine.

We now live within a rapidly expanding chemical landscape that includes potent synthetic analogues, novel psychoactive substances, concentrated botanical extracts, loosely regulated compounds, high-potency cannabis products, and substances marketed as research chemicals before their risks are adequately understood.

The substances differ, and their uses should not be collapsed into a single category. Not all substance use is compulsive, destructive, or an attempt to escape. Medication and psychoactive substances can serve legitimate medical, ceremonial, therapeutic, and personal functions.

Still, the expansion of chemical self-regulation deserves attention. People increasingly have access to substances promising sleep, energy, calm, confidence, pleasure, intimacy, endurance, dissociation, or relief. The market evolves more quickly than many medical, legal, and public-health systems can respond.

The chemical changes. The underlying human need often remains recognizable.

What are people attempting to quiet? What are they trying to feel? What conditions have made ordinary consciousness, ordinary participation, or ordinary life so difficult to sustain?

AN FSRT PERSPECTIVE - The Substance Changes; the Regulatory Need Remains

When access to one form of regulation is restricted without addressing the burden beneath it, the need does not necessarily disappear. It may migrate toward another medication, substance, behavior, relationship, or compulsive pattern.

What Therapy Can Explore

Therapy cannot solve economic disparity, regulate pharmaceutical markets, or repair every social condition contributing to distress. It can, however, create a place where a person no longer has to reduce their experience to a symptom requiring immediate removal.

The therapeutic process may explore what a substance, behavior, or medication has made possible. Perhaps it offered sleep when the body could not settle, distance from traumatic memory, relief from physical pain, permission to stop performing, temporary connection, or a way to survive an environment that felt impossible to leave.

Understanding this function does not mean ignoring risk or minimizing harm. It means recognizing that lasting change rarely begins with condemnation. It begins by understanding why the pattern became necessary and what would need to exist before the person could safely rely upon it less.



Therapy may involve developing greater emotional and bodily awareness, strengthening the capacity to remain present with difficult experience, examining relationships and environments that reinforce dysregulation, and building more sustainable forms of support. The work should be collaborative and paced according to what the person can meaningfully integrate—not driven by pressure to surrender a protective strategy before another form of regulation is available.

Dependence in Context

From an FSRT perspective, widespread substance dependence should not be understood only as the accumulation of millions of isolated personal failures. It may also be understood as a regulatory response emerging within a larger living system. People adapt to what their lives require. When distress becomes chronic, relational support is inadequate, and meaningful structural change feels unavailable, externally supplied regulation can become highly compelling. A substance may reduce pain, interrupt awareness, create energy, facilitate connection, or make continued participation in an otherwise unsustainable life temporarily possible.

The central question is therefore not simply why a person will not stop. We must also ask what regulatory function the substance performs, what it makes accessible or helps the person avoid, and what burden may have exceeded their present capacity. Understanding the pattern also requires examining the relationships and environments that continue to reinforce it, as well as the capacities and supports that would need to develop before meaningful change could be sustained.

This perspective does not remove personal responsibility; it places responsibility within context. It considers both what the individual can change and what the surrounding system continues to demand. Capacity precedes intensity. Relief is not the same as integration, and systems return to what they can sustain. If patterns of dependence are to change meaningfully, we must help create lives, relationships, and communities capable of sustaining something different.

Signs It May Be Time to Seek Support

It may be time to seek professional support when a medication or substance has become your primary way of managing pain, sleep, anxiety, energy, loneliness, or emotional distress. Other signs may include needing increasing amounts to achieve the same effect, feeling unable to function without it, combining substances, or using products whose contents and potency are uncertain. Withdrawal, cravings, memory loss, emotional instability, and periods of disconnection may also indicate that the pattern has become increasingly difficult to regulate.

Concern may also arise when people close to you begin noticing changes, when you conceal the amount or frequency of your use, or when the pattern continues despite conflicting with your values and efforts to change. Substance use may be serving an especially important regulatory function when it becomes the primary means of tolerating a relationship, workplace, internal state, or way of living that otherwise feels unmanageable. Support should not begin with



shame. It should begin with safety, honesty, and a compassionate effort to understand what the pattern has been doing for you.

A QUESTION FOR REFLECTION

What has your need for relief been helping you endure, and what might need to change so that relief no longer must carry the entire burden?

Continue the Conversation

If something in this article reflects what you have been experiencing, therapy can offer a place to understand the pattern with greater depth, safety, and compassion.

Psycholytic Services offers in person therapy in Vero Beach and secure virtual therapy throughout Florida.

ABOUT THE AUTHOR

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Schedule a Consultation

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