

# MARIJUANA

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October 10, 2025

## RECOMMENDED CITATION

mohammad looti (2025). *MARIJUANA*. PSYCHOLOGICAL SCALES. Retrieved from <https://scales.arabpsychology.com/?p=41070>

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**Primary Disciplinary Field(s):** Pharmacology, Psychology, Sociology, Public Health

### 1. Core Definition

Marijuana, scientifically known as a preparation derived from the hemp plant, specifically **Cannabis indica** or **Cannabis sativa**, is categorized as a psychoactive drug primarily sought for its euphoric and altering effects on consciousness. The substance contains various compounds, most notably **tetrahydrocannabinol** (THC), which is responsible for the majority of the psychological effects experienced by users. While traditionally cultivated and used for its fibers and seeds, its modern notoriety stems from its use as a recreational intoxicant, commonly consumed by smoking the dried leaves, flowers, and stems, often prepared in a cigarette form known colloquially as a "reefer" or "pot."

The introduction of marijuana into the bloodstream, typically via inhalation, leads to the rapid onset of effects targeting the central nervous system. These effects are highly dose-dependent and vary based on the method of consumption and the potency of the specific cannabis preparation. The fundamental impact involves altered perception, mood elevation, and changes in cognitive function. Historically, the substance has been subject to intense legal, medical, and social debate concerning its classification, potential therapeutic applications, and public health ramifications, making it a critical topic within public health and sociological studies.

As a pharmacological agent, marijuana's mechanism involves interacting with the body's endocannabinoid system, a complex system regulating mood, memory, appetite, and pain sensation. This interaction causes the characteristic state of **euphoria** and **exhilaration** reported by users. The initial feeling is often one of heightened self-confidence and increased talkativeness, or volubility, which contributes to its appeal as a social drug in various settings. Understanding this core definition requires distinguishing between the plant source, the chemical compounds, and the resulting psychoactive state achieved upon ingestion.

### 2. Alternative Nomenclature and Global Use

Marijuana is known by a plethora of names globally, reflecting the varied methods of preparation and consumption across different cultures. In many Eastern countries, preparations derived from the cannabis plant take on distinct forms such as **hashish**, **bhang**, and **charas**. These preparations often involve concentrating the resin of the plant to achieve higher potencies or incorporating the substance into consumable beverages or foods, a stark contrast to the common Western practice of smoking the dried herb.

**Hashish**, for instance, is a concentrated resin typically smoked, while **bhang** often involves

crushing the leaves and buds into a paste used to create a drinkable liquid, particularly prevalent in South Asian traditions. **Charas** refers specifically to a handmade cannabis concentrate. These varying methods of preparation--whether chewed, smoked, or drunk--result in different pharmacological profiles and speeds of onset, influencing the overall subjective experience. The widespread global use of cannabis derivatives highlights its long-standing cultural and anthropological significance long before its mass adoption in Western recreational spheres.

The use of marijuana expanded significantly in Western countries, particularly among younger generations, during the mid-20th century. Terms such as "pot," "grass," and "weed" became common slang in the United States, signifying its integration into youth culture and recreational experimentation. While the method of delivery is often smoking, the sociological context of its use--shifting from traditional, ritualistic consumption in the East to primarily recreational and social use in the West--demonstrates a crucial divergence in its global history and perception.

### 3. Psychological and Physiological Effects

The psychological effects of marijuana are characterized by a distinct two-phase response. Initially, users experience a state of **euphoria** and **exhilaration**, accompanied by an often unfounded feeling of **increased self-confidence** and high efficiency. Users frequently report becoming voluble, feeling intellectually sharper, and generally more capable than their sober state. This subjective enhancement of capabilities is central to the drug's short-term appeal.

This initial excitatory phase is typically followed by a phase of profound relaxation. During this secondary phase, users often describe sensations of floating, drifting, or being lifted "on a cloud." This pleasurable, relaxed state contributes to the perceived tranquilizing qualities of the drug. However, this subjective feeling of enhanced or relaxed capability stands in direct opposition to verifiable objective measures of performance.

Rigorous psychological testing has consistently demonstrated that, despite the user's strong internal conviction of improved ability, virtually all measurable abilities--including **motor coordination**, **intellectual function**, and **perceptual accuracy**--are actually diminished while under the influence of the drug. This dangerous combination of heightened self-assurance coupled with objectively reduced competence can lead to profoundly hazardous outcomes, particularly involving tasks requiring precision and rapid judgment. Furthermore, while marijuana smoking is reputed to increase sexual adequacy, this effect is largely psychological, rooted in reduced inhibitions and increased self-assurance rather than any true physiological enhancement of function.

### 4. Addiction, Tolerance, and Habituation

Historically, the classification of marijuana use has been a subject of intense debate, particularly

concerning the concepts of addiction and dependence. Unlike substances such as opiates, marijuana does not typically produce a state of **physical dependence** in the user. This is a critical distinction, meaning that if a regular user ceases consumption, they generally do not experience the severe physiological **withdrawal symptoms**--such as fever, vomiting, and tremors--that characterize true physical addiction.

Furthermore, users of marijuana generally do not acquire an increased tolerance that necessitates escalating doses to achieve the same desired effect, which is a hallmark of many physically addictive substances. Because the substance does not compel the user toward ever-increasing doses to stave off painful withdrawal, it cannot be classified as producing a "true addiction" in the classical pharmacological sense. The ability to cease use without physical distress further supports this differentiation.

Consequently, the term **habituation** is considered far more accurate than addiction when describing chronic marijuana use. Habituation describes a psychological reliance on the drug for pleasure, comfort, or coping, rather than a physical need dictated by altered body chemistry. While psychological dependence can certainly occur, leading to patterns of compulsive use, the absence of physical dependence mitigates the extreme clinical profile associated with substances that cause severe physical withdrawal.

## 5. Associated Risks and Pathological Reactions

While marijuana does not appear to cause significant long-term physical deterioration, its psychological risks are substantial due to the unpredictable nature of individual reactions. One of the primary dangers stems from the dissonance between perceived competence and actual capability, which frequently manifests as **reckless driving**, impulsive **antisocial acts**, or other forms of high-risk behavior stemming from reduced inhibition and impaired judgment.

Moreover, for certain susceptible individuals, marijuana use can precipitate acute adverse reactions. It sometimes induces a state of **pathological intoxication** characterized by severely disturbed behavior, confusion, and anxiety that can lead to dangerous situations. More critically, in individuals who are already predisposed to severe mental illness, marijuana use may trigger or accelerate an **acute psychotic reaction**, necessitating immediate psychiatric intervention.

These risks underscore the substance's powerful psychoactive potential. For example, clinical reports document severe reactions even from minimal exposure. Luria (1967) references a study illustrating this unpredictable danger, noting a case where "one subject smoked one cigarette and became restless, agitated, dizzy, fearful of his surroundings, afraid of death, and had three short attacks of unconsciousness." Such extreme, idiosyncratic reactions emphasize that while the majority of users may experience only mild effects, the drug carries an inherent risk of causing severe, acute mental distress and disturbed behavior in vulnerable populations.

## 6. Usage Patterns in Western Societies

The use of marijuana saw a sharp and sustained increase among young people in the United States and other Western nations beginning in the mid-20th century. This trend established marijuana, or "pot," as the most widely used illicit drug among adolescents and young adults for several decades. The primary method of consumption remains smoking, typically using hand-rolled cigarettes or pipes.

Data collected during the mid-to-late 1960s, a period of heightened social experimentation, indicated a remarkably high prevalence of use within academic environments. Estimates suggested that between **25 and 40 per cent of college students** had experimented with the drug. This high rate of experimentation underscores the sociological acceptance and normalization of cannabis use within this demographic.

It is important to note, however, that while experimentation rates were high, the frequency of use remained relatively low for the majority of these individuals. Statistics suggested that the majority of experimenters tried the drug on no more than one to four occasions. This pattern indicates a distinction between curiosity and habitual use, suggesting that while the drug was widely accessible and socially acceptable to try, continuous and heavy use was confined to a smaller, though still significant, subset of the population.

## 7. Further Reading

[Cannabis \(drug\)](#)

[Marijuana DrugFacts \(National Institute on Drug Abuse\)](#)

Louria, D. B. (1967). *The Drug Scene*. McGraw-Hill.