Consuming habits: Today's subject of addiction

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This special issue of *Subjectivity* emerges from a conference organised through the Centre for Critical Theory at the University of Nottingham on 8–9 September 2013. Entitled *The Subject of Addiction: Culture and Clinic*, the conference invited clinicians, 'survivors' and academics from diverse disciplines to interrogate the new scope of the category of addiction which threatens to touch almost all aspects of everyday life in today's consumer culture, with corresponding effects on the perceived subjectivity of the 'addict'.

Once upon a time, the addicted subject was arguably thought of as a type or even a species, one predisposed because of some constitutional fault – whether moral, hereditary or environmentally acquired – to subjugating their will to the mind-altering effects of a particular substance, be that alcohol, opiates or more recently nicotine. In contrast to so-called 'pre-modern' and often shamanic uses of organic hallucinogens, Western modernity seems to have been characterised by anxieties about *uncontrollable* uses of drugs, linked to what Melley (2002) has called 'agency panic' (p. 39). By 'agency panic', Melley refers to the idea that the modern subject of supposedly autonomous free will is challenged by whatever is deemed to endanger his control over his own appetites and desires: such a subject panics about the extent to which, precisely in choosing from a range of marketised pleasures on the model of rational choice theory, he may be simultaneously ceding control to those seductive commodities which, as it were, he cannot *not* chose. Quite early on then, modern man begins to worry that any weakness of moral fibre in the exercise of self-restraint could lead him rapidly away from industry and towards indolence and even idiocy, by way of the bottle, the pipe or the syringe. As Hogarth's famous etchings of 'Gin Lane' powerfully suggest, already in the mid-Eighteenth Century addiction involved the image of a fragile social and moral order being shattered by a raucous mass too intoxicated to observe the virtues of work, motherhood and religious piety.

By the nineteenth century, however, science was responding to this agency panic by medicalising addiction as a physiological disease, termed 'toxicomania',

and defined in broad terms as an insane desire for a poisonous substance to which one has become habituated through repeated consumption. This psychiatric and medical discourse of 'toxicomania' was inextricably linked to what might be called 'taxonomania', that is, a compulsive deployment of a science of types, arranged in a hierarchy that was ultimately reassuring to bourgeois sensibilities. It is as if the logic of Lombroso's famous photographs taxonomising the criminal type was transposed to the hereditary drunkards of the dissolute classes: the poor obligingly displayed their class markers for the new 'medical gaze' (Foucault, 2010a) which could then 'see', and therefore police, their inherited propensity for addiction through tell-tale traits such as the closeness of their eyes, the size of their brows, the bumps of their skulls. Because this Victorian class politics equated lack of self-control with lack of civilisation, adjacent anxieties can be discerned in the nineteenth century colonial discourses around 'going native' and racial 'hygiene' (see Anderson, 2006), and a related sliding into the scandalous sensuousness of the opium den. As Roth (2002) has argued, the image of the opium den, whether in De Quincey or Dickens, both fuelled the Orientalist literary imagination and covered over the brutal economics of the British Opium Wars. It may have played a part, too, in Karl Marx's famous characterisation of religion as the 'opiate of the masses'. Thus, as bourgeois ideology was attempting to use a disease model of addiction to justify vicious social inequalities at home and in the colonies, radical discourses like Marxism were tapping into the same addictive tropes in order to articulate an agency panic in the face of capitalist ideology. One can see these complex overlappings in, for example, the history of the Temperance Movement which was at once socially progressive in terms of working class rights and female suffrage, yet combined the religious language of 'vice' and 'sin' with an increasingly medicalised rhetoric of 'disease' (Szymanski, 2003).

Moving into the twentieth and twenty-first centuries, the Alcoholics Anonymous movement (and its offshoots, Narcotics Anonymous and Gamblers Anonymous) has continued to walk the strange tightrope between spiritual appeals to a higher power and a strong insistence on the disease model of addiction (see Travis, 2009). In fact, within the 12-step structure of AA, the apparently ontological declaration 'I am an alcoholic' which borrows something from Catholic confession is much more of a rhetorical gesture for maintaining group identity and disciplined abstinence than it is a hard scientific claim (even if it leans on assumptions about scientific legitimacy). Nonetheless, there is plenty of neuroscientific evidence to support the notion of an 'addicted brain', with its impaired reward-circuits, skewed neurochemistry and faulty dopamine transmitters etc. (Koob *et al*, 2010). Indeed, a great deal of neuroscience funding is now going into research into preventative medicine that might screen 'addict's' brains before they ever develop an addiction, raising urgent ethical questions (Carter *et al*, 2012). In this form, it is probably right to claim that – 'plasticity' notwithstanding – the taxonomy of addictive types, organised around a susceptibility to

specific substances, does persist today in the neuroscience of compulsion (see also Rose and Abi-Rached, 2013).

And yet, very recently, we have seen this model being if not replaced, then certainly radically opened out, thereby expanding the field of pathological addiction well beyond what the taxonomic-toxicomanic approach had attempted to contain and organise.

In May 2013, the fifth edition of the much maligned *Diagnostic and Statistical Manual of Mental Health Disorders* (DSM) was published amidst the same controversy that had attended its long gestation and composition (Paris and Phillips, 2013). In its stormy wake, there appeared a glut of persuasive critiques of mainstream psychiatry and its entanglements with 'Big Pharma' (Leader, 2009; Frances, 2013; Moloney, 2013). Nonetheless, the logic of what looks a lot like the beginning of the end for the DSM – seemingly falling victim, like other empires in history, to its own expansionist zeal – is still worthy of critical attention, especially in the specific case of addiction. The previous DSM IV maintained two separate categories, 'substance abuse' and 'substance disorder', which reflected a conceptualisation of addiction as a progressive disease with distinct and discernible stages or phases. Substance abuse could then be used to refer to the early stages of excessive and therefore physically and socially damaging substance misuse, but without, *yet*, the full blown disorder characterised by chemical tolerance, withdrawal symptoms and destructive levels of dependence. The new DSM V, however, introduced two key innovations into the concept of addiction.

First, it merged the two previous categories into a single disorder, measured on a continuum ranging from 'mild', to 'moderate', to 'severe'. This recourse to a continuum of course reflects similar shifts in other diagnostic categories, such as depression and autism. Indeed, in the case of the latter, the DSM V's new distinction between 'high' and 'low' functioning autism has erased the specific diagnosis of Asperger's, although, testament to the conceptual mess that the DSM is now in, those who have already received an Asperger's diagnosis have been allowed to keep it (see American Psychiatric Association, 2013). But the second innovation may prove to be the more profound: the DSM V expanded addiction beyond substance-based addictions to include *behavioural* addictions which are no longer based on the introduction into the body of external pathogens. In this way, addiction expands to encompass compulsive behaviours of all sorts, implicitly leaving the logic of taxonomic types behind. The only behavioural addiction that finds its way into the 'Substance Related and Addictive Disorders' section of the DSM V is in fact gambling. Yet one can see the potential elasticity of this new understanding of addiction in the more speculative Section III of the DSM on 'Emerging Measures and Models'. There we find proposals for both 'Internet Gaming Disorder' as a possible second non-substance based addiction disorder, and for 'Caffeine Use Disorder', thereby extending the notion of drug dependence to what gets many millions of people across the world up in the morning and off to work.

Is it not noticeable that this shift from substances to behaviour participates in the broader pathologisation of many of the most fundamental aspects of human existence today? Eating tips over into anorexia, bulimia but also obesity; sex descends into 'sexual addiction' (included in the DSM III, although removed thereafter); flexible work produces the 'workaholic' who turns 'stress' into a kind of corporate version of virtuous suffering, precarity into a permanent mode of existence; and even consumption itself is medicalised as Hoarding Disorder (also a new addition to the DSM V, as Tracey Potts shows in this special issue). And yet, can we not also see this pathologisation of basic functions like eating, sex and work moving in tandem with the reluctant acknowledgement of the centrality of licit forms of drug use in attempting to meet the demands of life under late capitalism? This is perhaps clearest in the recent controversies surrounding performance enhancing drugs in elite competitive sports – a world that explicitly ritualises the values of capitalism. This issue has been famously embodied by the once-heroic professional cyclist, but now disgraced cheat, Lance Armstrong. On one level reprehensible, on another disturbingly honest, Armstrong's defence that 'it was part of the sport' reveals an inherent connection between drugs and cultures of competition that can surely be generalised. Nor is it any surprise, in the context of what some have called 'cognitive capitalism' (Boutang, 2011) to find similar debates in relation not to physical but to *mental* performance, as dramatised by so-called 'smart drugs' which promise increased concentration, retention, recall and all-round cognitive prowess. Increasing numbers of university students, entrepreneurs, 'creatives', stock market workers and CEOs are making use of 'nootropic' drugs to enhance their productivity, ultimately aiming, as Crary (2013) has argued, to erase the outdated need for something as pointless and indulgent as sleep.

Mainstream Hollywood movies like the 2011 film *Limitless*, directed by Neil Burger, quite explicitly stage the neoliberal fantasy behind the promise of smart drugs. At the beginning of the film, the main character, Eddie Morra, is presented as a kind of pathetic relic of some counter-cultural ideal of romantic creativity, the bankruptcy of which is conveyed by his abject poverty, failed love life and paralysing writer's block. All of this, however, is swept away the moment he ingests the wonder drug, NZT-48. Under its effects, Morra soon rattles off a brilliant novel rather as Jack Kerouac is said to have written *On The Road* during a Bensedrine high. Unlike Kerouac though, Morra starts dressing in suits, gets his hair cut, and dispenses with mere literary ambitions in order to go straight for the money, now as a stock market investor who can see trading patterns no-one else can perceive, thanks to NZCT-48. When he starts experiencing blackouts and realises that the drug has serious negative side-effects, the film appears to be in the process of becoming a standard cautionary tale regarding the hubristic dangers of excessive ambition and substance abuse. However, the moral of the story turns out to be something rather different. Morra uses his enormously boosted intellect whilst on the drug to gain control of its production and to work on a chemical

solution to its negative side effects. The film ends with his novel being published to universal acclaim, adding 'artistic integrity' to his growing financial wealth, and with his ambition finding a new target in the highest levels of political power: he is running for the US Senate. The story arc of *Limitless* recuperates a former counter-cultural position on drugs as some kind of existential experiment in altered consciousness linked to creativity (as with the Beat writers' attempts to pass through Aldous Huxley's *Doors of Perception*) into a neoliberal wet dream of 'limitless' innovation and productivity. One could argue that the film inadvertently performs on the cinematic level a version of the theoretical argument expounded in Chiappello and Boltanski's *The New Spirit of Capitalism* (2005), in which the liberatory promise of the sexual revolution and May '68 is shown to have been transformed into a Silicon Valley brand of libertarianism.

This consonance between shifts in clinical categories and cultural values clearly calls for critical reflection on the contemporary subject of addiction. Several thinkers have paved the way for this kind of work. In a deconstructive manner, Ronell (1992) has argued that the phenomenology of addiction must remain the radically unthought dimension of Heidegger's analysis of Dasein as existentially oriented by 'sorge' or care, insofar as addicted Dasein is too stuck in a repetitive form of willing to project itself into a future. Before Ronell, Derrida's well-known reflection on the ambivalent notion of *pharmakon* in Plato's dialogue *Phaedrus* (Derrida, 1981) played productively with the undecideable *différance* between poison and cure – an argument taken up more recently in relation to technology by Stiegler (2013). In the interview 'The Rhetoric of Drugs' that appeared in *Points* (1995), Derrida is able to push the very philosophical intervention in 'Plato's Pharmacy' to more obviously contemporary and political matters, such as the-then vociferous 'War on Drugs' and the link to AIDS. Nonetheless, his position is still resolutely that of the philosopher: 'We do not object to the drug user's pleasure per se, but we cannot abide the fact that his is a pleasure taken in an experience without truth' (Derrida, 1995, p. 232). Dave Boothroyd has built on both Derrida's and Ronell's interventions to develop a 'critical approach to culture from the perspective of its articulations with and by drugs' (Boothroyd, 2006, p. 3) which he calls 'narco-analysis'. Perhaps reflecting in a theoretical register the expansion we have just outlined via the DSM V, Boothroyd can see for his narco-analytic approach 'no obvious limits to its zone of application' (ibid.), seemingly because '*we are all modern subjects of narco-power*' (p. 19). There is something beguiling about these neo-Heideggerian, deconstructive approaches to drugs and drug addiction, but also problematic, certainly from a clinical point of view, in their recourse to the a prioristic temporality of the 'always already'. If addiction is 'always already' part of the metaphysics of western culture, it can be hard to be analytical about specific effects at specific times, or to identify the suffering addiction brings. Indeed, one could even say that there is a troublesome echo between, on the one hand, the expansion of the semantic scope of addiction to touch on many practices of everyday life in

consumer culture, and on the other the deconstructive ‘dissemination’ of the terms ‘drugs’ and ‘addiction’ beyond their attempted definition by criminal law, medical science and political discourse.

Other approaches, perhaps more rooted in Cultural Studies than in deconstruction and continental philosophy, have arguably been more attendant to the links between discursive frameworks, habitual compulsions and subjective identities. Keane’s (2002) excellent *What’s Wrong With Addiction?*, for example, pays close textual attention to the policy documents, self-help literature and literary recovery testimonies that go into the discursive construction of addiction, but equally she finds, without lapsing into romanticism, something resistant in addictive behaviours that refuse to conform to the demand for relentless productivity. For all its undoubted health drawbacks, for example, Keane argues that smoking can involve the reclamation of unproductive, even meditative segments of suspended time from the essentially inhuman time of capital. Edited collections such as Brodie and Redfield’s *High Anxieties: Cultural Studies in Addiction* (2002) have also laid important ground work in the cultural and clinical history of representations of addiction in everything from Victorian novels to cinema to cyberspace.

But perhaps Foucault’s prescient work on neoliberalism gives us the best explanation for what has shifted with regard to the subject of addiction? In his 1978 Collège de France lecture series on biopolitics, Foucault (2010b) discusses the implications of a major shift in the legislative and criminological approach to drugs. While in the 1960s attempts were made by an interventionist state to limit the supply of drugs, he points out that neoliberal economists in the 1970s were highlighting just how destructive this had been, and advocating the opening up of a drugs ‘market’ in order to make use of price itself as a mechanism of deterrence: that is, the price for ‘new consumers’ or non-addicts should be kept prohibitively high to keep them out of the ‘market’, while the price for those addicts very much within the drug market, who would do anything to get their next fix, must be kept as low as possible in order to minimise the recourse to crime in the maintenance of their habit. More important than the morality or otherwise of such a drug enforcement policy, however, is the conclusion Foucault (2010b) draws at the level of the subject: he suggests such drug policies result in ‘an anthropological erasure of the criminal’ (p. 258). What he means by this is that whereas the taxonomy of types characteristic of disciplinary approaches to normality and abnormality (and the role of addiction within that) had tended to assert quasi-ontological differences between types, the emergence of the neoliberal model empties out that category of the subject, such that it becomes not a fixed type with an internal nature but rather a kind of pliable surface responsive to the constant marketized interventions of the neoliberal state. Just as, thanks to the DSM, depression becomes that which responds to anti-depressants or Attention Deficit Disorder that which responds to Ritalin, so, in the field of addiction, the addict becomes the subject that responds to methadone, or nicotine

patches or lithium (ironically, many of these drugs are of course in themselves addictive). It is undoubtedly useful to the biopolitical state that, with regard to the 'administering', in every sense, of addiction, 'there is an environmental type of intervention instead of the internal subjugation of individuals' (Foucault, 2010b, p. 260).

It is with a view to adding to this growing body of work on the links between addiction and subjectivity, but particularly in order to respond to the implications of the DSM V's move from substance-based to behavioural addictions which opens the category of addiction out so profoundly, that this special section has been composed. No doubt the four articles can and should speak for themselves. Nonetheless, it is perhaps worth pointing out the breadth of perspectives they cover.

Tracey Potts' article takes precisely the DSM V's inclusion of hoarding as a disorder as a point of entry into reality TV shows that pit hoarders against obsessive compulsive cleaners, and behind them, into the longstanding conceptual metaphor which relates the house to the mind and vice versa. Potts argues that if due attention is to be paid to the 'political ecology of things' and the non-human aspects of material culture adverted to in the work, for example, of Bennett (2010), then the 'domestication' of consumption within a house-mind metaphor requires a critical dismantling.

Like Potts, Eva Giraud also makes use of the DMS-V's inclusion of 'Internet Gaming Disorder' to track the pejorative use of the metaphor of addiction in some critical theory approaches to technology and network cultures. Giraud points out that the obdurate image of passive 'users' jacked into soporific circuits of digitised but mindless pleasure can act as a break on more granular analyses of the kinds of affordances enabled, often inadvertently, by digital technologies. To explore the kinds of agency enabled by such technical 'glitches', she reflects on a digital pervasive drama project which utilised smartphones to guide participants through an interactive, and relatively open-ended narrative drama that unfolded in the city of Bristol. By attending closely to the ways in which participants responded in unpredictable ways, Giraud challenges the simplistic discourse of 'media addiction'.

The next two articles draw on a quite different conceptual resource, but one with a great deal to offer to the critique of biopolitical psychiatry today: Lacanian psychoanalysis. Many Lacanian psychoanalysts (including this author) work clinically with addiction but have also long been developing coherent critiques of DSM categories.

Kareen Malone, Christopher Bell and John Robert's article reconsiders Giraud's focus on the relationship between technology and addiction by way of Lacan's late emphasis on the imbrication of science and capitalism. Drawing on a host of examples from film and television, everyday life and the analytic experience, the authors link a relative decline in the structuring effects of symbolically structured meanings and thus speech, to a much more direct,

technoscientifically facilitated *jouissance* that is relentless and thus always on the brink of overdose.

The final article by Rik Loose draws on similar arguments from Lacan but addresses both the politics of the ‘administration’ of addictive *jouissance* in the era of late capitalism, and the specific forms of suffering that attend the exposure of the body to this *jouissance* within what he goes so far as to describe as an ‘addictified’ consumer society. Testifying to the attempts by many Lacanians to keep up with transformations in the social link, Loose demonstrates the ways in which contemporary science deprives the subject of *symbolic* treatments of the ‘Real’, offering instead various objects and gadgets via the market. Even though psychoanalysis has played its part in the very prioritisation of libidinal satisfaction characteristic of consumer culture and its addictive effects, Loose suggests that it is also psychoanalysis that, as a clinical practice as well as an ongoing theoretical elaboration, can help the ‘addict’ treat the ‘Real’ with signifiers rather than pills or downloadable pornography.

In very different ways then, and utilising very different theoretical registers and resources, each of the four articles in this special section encourage us to reflect on the ‘consuming habits’ that contribute to the contemporary subjectivity of addiction and the addict.

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