



Research paper

Challenging the addiction/health binary with assemblage thinking: An analysis of consumer accounts

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ABSTRACT

Critical analyses of drug use and 'addiction' have identified a series of binary oppositions between addiction and free will, independence, self-control, responsibility, productivity and autonomy. This critical work has also examined how science, policy and popular discourses frequently characterise addiction as antithetical to health and well-being. Furthermore, those diagnosed with addiction are often understood as indifferent to health and well-being, or as lacking the knowledge or desire required to maintain them. In this article, we draw on data from 60 qualitative interviews with people who self-identify as living with an 'addiction', 'dependence' or 'habit', to argue that the binary opposition between addiction and health struggles to attend to their rich and varied health perspectives and experiences. We explore three themes in the interview data: reinscribing the binary opposition between addiction and health/well-being; strategies for maintaining health and well-being alongside addiction; and alcohol and other drug consumption as aiding health and well-being. Perhaps because addiction and health have been so thoroughly understood as antithetical, such perspectives and experiences have received surprisingly little research and policy attention. Yet they offer fertile ground for rethinking the strengths and capacities of those who self-identity as living with an addiction, dependence or habit, as well as untapped resources for responding to the harm sometimes associated with alcohol and other drug use.

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Introduction

An extensive body of sociological research has identified the political, ideological and symbolic role of health in the management of contemporary societies as well as the governing obligation of modern citizens to embrace and pursue health. These issues have informed critical analyses of drug use and 'addiction', which have identified a series of binary oppositions between addiction and free will, independence, self-control, responsibility, productivity and autonomy. This critical work has also examined how science, policy and popular discourses frequently characterise addiction as antithetical to health and well-being. Furthermore, those diagnosed with addiction are often understood as indifferent to health and well-being, or as lacking the knowledge or desire

required to maintain them. In this article, we draw on data from 60 qualitative interviews with people who self-identify as living with an 'addiction', 'dependence' or 'habit', to argue that the binary opposition between addiction and health struggles to attend to their rich and varied health perspectives and experiences. We explore three themes in the interview data: reinscribing the binary opposition between addiction and health/well-being; strategies for maintaining health and well-being alongside addiction; and consumption as aiding health and well-being. Perhaps because addiction and health have been so thoroughly understood as antithetical, such perspectives and experiences have received surprisingly little research and policy attention. Yet they offer fertile ground for rethinking the strengths and capacities of those who self-identity as living with an addiction, dependence or habit, as well as untapped resources for responding to the harm sometimes associated with alcohol and other drug use. In the next sections, we review critical literature that attends to the binary between addiction and health evident in science, policy and

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popular discourses; outline our theoretical approach; and detail our interview methods. We then analyse the qualitative material generated by the in-depth interviews and discuss the implications of our analysis for future policy.

Background

The political, ideological and symbolic role of health in the governing of contemporary societies and citizens has been the subject of sustained sociological analysis (e.g. Crawford, 1977, 1994, 2006). Poststructuralist accounts have analysed how the promotion of health in policy and practice has become the basis for 'technologies of the self' in neo-liberal societies, creating obligations on the part of individuals to lead 'healthy' lifestyles (e.g. Burrows, Nettleton, & Bunton, 1995; Lupton, 1995; Petersen, 1997; Petersen & Bunton, 1997; Petersen & Lupton, 1996). Those unwilling or unable to meet the obligation to pursue and achieve health fail the test of modern citizenship, and this has material implications for access to the rights and rewards attendant on citizenship status (e.g. Fraser & Seear, 2011; Fraser & Valentine, 2008; Pienaar, 2016; Squire, 2010). However, the widespread deployment of notions of 'health' in the governing of populations also conceals 'value judgments, hierarchies, and blind assumptions that speak as much about power and privilege as they do about well-being' (Metzl, 2010: 1–2; Tesh, 1990). 'Health', that is, involves a 'false neutrality' (Kirkland, 2010: 198), and 'appealing to health' introduces 'a set of moral assumptions that are allowed to fly stealthily under the radar' (Metzl, 2010: 2).

The governing obligation of modern neo-liberal citizens to embrace and pursue health and all it entails has also been taken up in critical analyses of drug use and addiction. Encompassing historical, sociological and poststructuralist approaches, these works have identified a series of taken-for-granted binary oppositions between addiction and modernity's valorised attributes and capacities: free will, independence, self-control, responsibility, productivity and autonomy (e.g. Fraser & Moore, 2008; Keane, 2002; Levine, 1978; Moore, 2004; Moore & Fraser, 2006; O'Malley, 1999; Redfield & Brodie, 2002; Reinerman, 2005; Reith, 2004; Room, 1985, 2003; Seddon, 2010; Sedgwick, 1993; Valverde, 1998). Of most relevance here is Keane's (2002) identification of a series of closely related binary oppositions in medical, pharmacological and popular discourse on drug and other addictions: health/addiction, order/disorder, normality/pathology, good/evil and natural/artificial. Building on earlier sociological accounts of the role of health promotion in creating binaries between health and a pathologised other, Keane highlights how the rise of neuroscience has provided new ways of reinscribing these oppositions. As she (2002:26) argues, in one of the earliest critical studies of neuroscience, images of brain scans 'construct a simple and clear-cut visual distinction between health and disease', between 'healthy brains' and 'addicted brains' (see also Dumit, 2004). In a more recent critical analysis of science, policy and popular discourses, Fraser et al. (2014) identify a series of related binary oppositions contrasting the 'disease' or 'disorder' of addiction with health. For example, in two of the major contemporary scientific and clinical approaches to addiction, the brain disease model and the DSM-5:

The addicted individual is [...] realised as a target for particular forms of regulation and intervention in order to restore the idealised state of autonomy, control and productivity reified as *normal* and *healthy* existence. (Fraser et al., 2014: 58, emphasis added)

This critical literature identifies the persistence in science, policy and public discourses of a binary opposition between addiction and health as well as a series of closely related binaries: pathology/

normality, compulsion/freedom, disorder/order, disease/health. But how well do such binaries map onto the accounts and experiences of those who live under the sign of 'addiction'? As we will show, these binaries struggle to attend to the rich and varied health perspectives and experiences of those who self-identify as living with an addiction, dependence or habit. Perhaps because addiction and health have been so thoroughly understood as antithetical, such perspectives and experiences have received surprisingly little research and policy attention (Weinberg, 2011).

Approach

The approach to 'addiction' and 'health' we adopt in this article draws on the critical literature cited above. In this respect (as well as others), it differs from the accounts conventionally offered by neuroscience and psychology, which treat addiction 'as a more or less established medical fact, and like all medical facts, it is understood as pre-existing its "discovery" by medical science' (Fraser & Moore, 2011: 6). Rather than understanding addiction as a unified anterior object located within an individual subject, we employ Fraser et al.'s relational definition of addiction as an 'assemblage':

the assemblage can be seen as an ad hoc cluster of knowledges, technologies, bodies and practices that contingently gather to form a temporary phenomenon, be it abstract or material. The world is made up of such assemblages, not of stable natural objects or self-evident, foundational concepts. One of these assemblages is [...] addiction. (2014: 19) Furthermore, the addiction assemblage is: made in practice and – an effect of politics – it is multiple and contingent, its shape, scale and content dependent upon a range of other equally labile phenomena. (Fraser et al., 2014: 235–6)

The many and varied practices engaged in ongoing attempts to stabilise particular versions of addiction (to drugs but also to food, sex, love, the internet and so on) in specific ways and under specific circumstances (e.g. in genetics, neuroscience, psychiatry, self-help literature) constitute an 'epidemic of addicting' (Fraser et al., 2014: 236). Building on Sedgwick's (1993) observation that an 'epidemic of addiction attribution' is underway in contemporary Western societies, the term 'addicting' refers here to an active, emergent process that merits critical scholarly investigation.

Likewise, we approach 'health' as an assemblage. In an analysis that shares the relational ontology of Fraser et al.'s approach to addiction assemblages, Duff advocates:

a posthuman account of health, more attentive to the imbrications of matter, affect, biology, technology and politics that characterise so much of contemporary life (Rose 2007). If health may no longer be taken to be the preserve of a discrete biological agent – if it must instead be distributed among an assembled throng of human and nonhuman forces – then health should be regarded, in its turn, as a relational achievement, as the effect of bodies acting together in force and sympathy. (Duff, 2014: 185)

To operationalise this vision of health as an assemblage, Duff calls for 'renewed attention to the real experience of health and illness, and renewed focus on the spaces, bodies, forces, affects and relations active in each event of health and illness' (2014:199; for other accounts of alcohol and other drug-related health and harm assemblages, see Farrugia, 2015; Hart, 2015; McLeod, 2014; Race, 2014). In the analysis that follows, we attend carefully to the assemblages articulated by the research participants and in particular to the varied entanglements of addiction and health evident in them.

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