



Consumption and its discontents: addiction, identity and the problems of freedom

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Abstract

The focus of this paper is on the notion of 'addictive consumption', conceived as a set of discourses that are embedded within wider socio-historical processes of governance and control. It examines the discursive convergences and conflicts between practices of consumption and notions of addiction, which it notes are consistently represented in terms of the oppositional categories of self-control vs. compulsion and freedom vs. determinism. These interrelations are explored with reference to the development of notions of addiction, and their relation to shifting configurations of identity, subjectivity and governance.

Finally, it suggests that the notion of 'addiction' has particular valence in advanced liberal societies, where an unprecedented emphasis on the values of freedom, autonomy and choice not only encourage the conditions for its proliferation into ever wider areas of social life, but also reveal deep tensions within the ideology of consumerism itself.

Keywords: Addiction, consumption; freedom; governance; identity

'Every age develops its own peculiar forms of pathology, which express in exaggerated form, its underlying character structure'

(Christopher Lasch 1979: 41)

1. Introduction

The focus of this paper is on the development of a paradox within affluent western consumer societies, whereby the values of freedom, autonomy and choice associated with the spread of consumerism have been accompanied by the emergence of an oppositional set of discourses concerned with a vitiation

of freedom, an undermining of agency, and a lack of choice, and characterized by the expansion of myriad so-called 'addictive' states. In this context, the paper aims to examine the processes involved in the 'pathologizing' of increasing forms of consumption – from substances like drugs and alcohol, to activities like gambling and shopping – as well as the corresponding proliferation of various 'addict identities', that has occurred during the last few decades.

In his essay, 'Civilisation and its Discontents' (1985 [1930]), Freud wrote that civilization is created through restraint – is 'built up upon a renunciation of instinct' – and this is also the source of tension; of its discontents. The argument here is that today, such concerns are articulated in terms of consumption and their interaction with oppositional discourses of addiction. It is suggested that ideas about 'addiction' or 'pathology' are actually cyphers for concerns about issues of control – whether of individuals, or wider social groups – that are part of a dynamic process located within a matrix of socio-economic relations of power and governance, and within which particular configurations of identity and subjectivity are embedded.

It is argued that the construction of discourses of 'addiction' and the creation of 'addict identities' is part of a process that has been described by Foucault as the 'constitution of subjects', whereby the intersection of various forms of power, knowledge and authority create new ways of conceiving and 'thinking of' types of person. Beginning around the nineteenth century, such processes have involved new ways of critically conceptualizing consumers, as well as new ways of shaping and controlling patterns of consumption.

Initially, the figure of the addict was constructed as the outcome of an interaction between the properties of specific substances, regarded as dangerous and powerful, and the consumption patterns of certain disruptive social groups. However, along with the development of new techniques of governance associated with the shift to post industrial, neo-liberal societies, 'addict identities' have increasingly come to be defined in terms of subjective, individual evaluations of a loss of control. As its subject has shifted from the group to the individual, the potential field of addiction itself has expanded to include an increasingly large range of commodities and experiences that ever-wider sections of the population fear undermines their sense of personal agency, and threatens their very freedom as consumers.

These 'consumer pathologies' proliferate within wider discourses of addiction, which tend to be defined in terms that are oppositional to the core neo-liberal values of freedom, autonomy and choice, and in this status as 'the other', reveal the deep tensions that exist within contemporary practices and discourses of consumption, governance and freedom themselves.

Over the following pages, this article attempts to examine these relationships by outlining a genealogy of 'addictive consumption', which, due to the breadth of its subject matter and the constraints of space, is put forward more

as a suggestive interpretation than as an analytical critique of the material covered.

2. Free to choose?

During the period of late modernity, practices and discourses of consumption have become increasingly central throughout the affluent societies of the West. This is especially the case in the political and economic formations of neo-liberalism, where issues of freedom and control, and identity and subjectivity coalesce in very specific ways.

In these formations, consumption tends to be presented as a creative, symbolic force that plays a crucial role in shaping identity into what Anthony Giddens (1991) calls a 'narrative of the self'. With an increasing number of commodities and lifestyles on offer, identity comes to be defined as a fluid construct rather than an essential, core category, and one whose formation is a matter of personal choice: as Ewen and Ewen (1982: 250) put it, today, there are 'no rules only choices . . . Everyone can be anyone'.

This ideal of fluid identity is founded on the premise of freedom – the supreme political, even ethical, ideology of western societies – at least in the politics of neo-liberalism, as exemplified in Milton Friedman's (1980) famous shibboleth 'free to choose'. As well as being central, neo-liberal conceptions and practices of freedom are also distinctly ambivalent. Not only is freedom desirable, it is also an obligation, since it is through the exercise of freedom that individuals not only realize themselves, but also govern themselves. Such 'government through freedom' (Rose 1999: xxiii) is carried out largely through consumption, for as Rose notes, the same forces that de-legitimize public 'interference' in private life also expose the individual to a variety of new regulatory forms – namely those of the marketplace. Today, citizenship is demonstrated 'through the free exercise of personal choice among a variety of marketed options' (Rose 1999: 230).

In the face of ambivalent liberal practices and conceptions of freedom, consumers are presented with a paradox: on the one hand, they are, indeed, 'free to choose': to carve out a lifestyle and identity from the marketed options available, but on the other, they are also obliged to subjugate aspects of themselves, to mould their subjective states and inner desires in accordance with cultural norms and social institutions. We shall return to the implications of this dichotomy later in the paper. For now, we can note the association of such a conflict with aspects of what Daniel Bell (1976) first described as the 'cultural contradictions of capitalism' – the opposition between the values of asceticism and control, associated with the protestant work ethic, and those of a consumerist ethic based on hedonism and instant gratification.¹ The need to balance these becomes increasingly difficult as the dynamic of consumer

capitalism proliferates on a global scale, and as conspicuous consumption and self-fulfilment increasingly become elevated to the status of individual 'rights'.

3. Discourse(s) of 'addiction'

The argument here is that in modern society this tension is expressed through the interaction and convergence of practices of consumption with discourses of 'addiction'. The notion of addiction is a complex one. From its roots in Roman Law, where it denoted some kind of enslavement: 'A surrender, or dedication, of any one to a master' (Oxford English Dictionary [OED] 1991), it has come to assume a variety of meanings across various disciplines. In medicine, for example, it denotes physiological dependence (Peele 1985); legally, it is discussed in terms of mental illness which relieves afflicted individuals of responsibility for their actions (Rose 1986), while popular beliefs and media representations tend to be made up of a complex of moral, medical and mythological configurations, sometimes regarding addicts as helpless victims, sometimes criminals or lunatics, or simply distinct 'types' of person. It is not the intention of this paper to engage with these heterogeneous interpretations, nor with discussions of the material and physical factors associated with addiction. Rather, it attempts to transcend them and instead consider addiction in terms of a set of discourses that are embedded in socio-historical formations and caught up in particular relations of power and knowledge. In this sense, it is regarded as a discursive device that transmits the notion of disordered consumption, and that articulates a sense of loss of control; a subordination of personal agency to some external or unwilling mechanism.

This kind of configuration is defined in opposition to the core values of neoliberalism. The notion of addiction turns the sovereign consumer on its head, transforming freedom into determinism and desire into need. Rather than consuming to realize the self, in the state of addiction, the individual is consumed *by* consumption; the self destroyed. Whereas the consumer *chooses* to act, addicts are *forced* to do so. Now, there are no choices, only rules. Here, we return to the etymological root of 'consumption' – from the Latin *con sumere*: 'to devour, waste, destroy' (OED 2001), which alerts us to its dual nature – its destructive, enslaving potential, as well as its creative possibilities.

This image of 'addiction' is underpinned by what can be described as a deification of the commodity, whereby a substance – usually described as a 'drug' (or, increasingly, an experience, described as 'drug-like') – is attributed with influential powers – no less than the ability to overwhelm the sovereign individual and transform them into something else entirely – an addict. As the bearer of these 'addictive' properties, the commodity appears to take on a demonic life of its own, and swallows up everything – reason, volition and autonomy – it comes into contact with.

A useful point of departure here can be found in Marx's deconstruction of the commodity. In Volume One of *Capital*, he explains how its fetishization as an inherently valuable natural object actually conceals the social relations that create it. He begins his analysis of capitalism with an analysis of the commodity which, he writes, is a mysterious thing 'abounding in metaphysical subtleties and theological niceties' and surrounded by 'magic and necromancy' (Marx 1976: 163, 169). Although commodities only embody the objectified labour of workers, value is actually ascribed to them as things, and it is this that 'transforms every product of labour into a social hieroglyphic' (Marx 1976: 167). Marx describes this transformation as 'fetishism' – the process whereby the social relations congealed within the commodity form appear as a relation between things. The transformative power is taken a step further when commodities actually appear to assume an autonomous power, and come to dominate the workers themselves.

We can recognize a similarly transformative power in the commodities involved in the discourse of addiction; and in fact, Derrida (1993) has already argued that the 'fetishism of [drug] addiction' exists only in a rhetorical sense; not as a 'real' feature of the world, but rather as a part of a complex of cultural norms and structural relations. In a similar vein, it is being suggested here that, just as the *general* commodity form mystifies human relations, so the *specific* commodities that are caught up in discourses of addiction also conceal wider social relations.

The aim here is to try to untangle some of the complex social forms that the consumption of commodities conceals, and we can begin this by turning to look at the intersection of socio-economic and political relations of power and domination that gave rise to the emergence of the concept of addiction itself.

4. The birth of the 'addict'

Towards the end of the nineteenth century, a convergence of interests between the industrial nation-state and the medical profession coalesced into a (fragmentary) discourse that postulated a state of 'addiction' as a 'disease of the will', and created a new type of individual – an 'addict' – as a distinct identity.

The industrialization of the West brought about economic and political upheaval, and ushered in new social relations based around urbanization, immigration, social class and gender. The bourgeois emphasis on industrial productivity and labour discipline elevated the properties of self regulation and control to personal as well as political virtues, and also gave rise to an increasing intolerance of behaviour regarded as potentially disruptive. In the midst of all this turmoil, and at the same time, seemingly symbolic of it, came dramatically increased levels of actual consumption throughout the population. Increased availability of consumer goods and rising material affluence

brought about a 'democratisation of luxury' (Williams 1982) that many social commentators watched with dread, with, for example, Durkheim (1970 [1897]) warning of the 'insatiable and bottomless abyss' of desire that would lead to suicide and anomie. The loss of control that was inherent in excessive behaviour – and especially one of its most visible manifestations in excessive consumption – was anathema to reason, and was understood as a clear threat to the moral and political order of industrial society.

Such social disruption provided a convenient backdrop for an embryonic medical profession keen to establish its legitimacy as a distinct and superior form of knowledge and authority. At this juncture, the concerns of both state and medicine coalesced around the moral-religious notion of the 'will' – the higher ethical faculty that controlled the body. Utilizing the new statistical techniques of government – the records of the Registrar General, mortality statistics and case studies – the medical profession introduced a new concept of pathology in the idea that the will could be diseased; a condition that left individuals unable to govern their impulses, and enslaved by forces beyond their control (Berridge and Edwards 1987; Levine 1978).² The relation between powerful substances and weak individuals was known as an 'addiction' – a physical disease that was part of a materialist epistemology, but also a moral vice: an ethical failing on the part of the individual. Although initially it referred to substances like alcohol and opium, its linking of physical pathology and vulnerable wills with the irresistible temptations of modern society saw the notion of addiction quickly expand to apply to a range of substances and activities, from tobacco and caffeine to shopping, that were coming to be seen as the pathologies of an increasingly consumerist society. The concept of addiction articulated the rising social tensions generated by the move to industrial modernity, thinly veiled in the language of medicine and morality. As Porter puts it, modernity itself was coming to be regarded as pathological: as 'morbidly self destructive and self-enslaving: the acquisitive society was the addictive society' (Porter 1992: 180).

The medical–moral discourse on addiction introduced new ways of conceiving the consumption of particular substances, and new ways of regarding certain types of behaviour, but more importantly, it also transformed the consumer into a new *type* of person – an addict.

This process can be seen as an element of what Ian Hacking (1986) describes as 'making up people', from Foucault's (1976) notion of 'the constitution of subjects', where the observation and classification of specific features and types of behaviour provides the tools for new ways of thinking and talking about subjects. How things are said, who says them, and what they say and do not say, create an order of knowledge, a taxonomy, a discourse, and so make a particular subject visible.

Foucault's genealogy of power has outlined the many categories that were 'made up' in this way during the modern period, including criminals,

homosexuals and the insane, and it is argued here that 'the addict' represents one more figure in such a process. The similarities of the processes of construction have been noted elsewhere (Kohn 1987; Sedgewick 1993), but are worth returning to here, in the following passage, in which 'addict' has replaced Foucault's original 'homosexual'

The 19th century [addict] became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology, with an indiscreet anatomy and possibly a mysterious physiology. Nothing that went into his total composition was unaffected by his [addiction]. It was everywhere present in him: at the root of all his actions because it was in their insidious and indefinitely active principle; written immodestly on his face and body because it was a secret that always gave itself away. It was cosubstantial with him, less as a habitual sin than as a singular nature. (Foucault 1976: 43)

The relinquishing of control over one's consumption formed the basis of a specific *type* of person – a 'singular nature'. The figure of 'the addict' was characterized as a deviant identity; one that was lacking in willpower, and whose consumption was characterized by frenzied craving, repetition and loss of control. These individuals had failed to manage the new relations required by consumer modernity – rather than enriching their lives with moderate consumption, they were being overwhelmed and even destroyed by immoderate impulses. The fear of loss of control returned to the original meaning of addiction as literal enslavement when the contemporary physician, Thomas Trotter, bemoaned that the nation that had once ruled the waves 'had degenerated into a nation of slaves' (in Porter 1992: 186). Addicts destabilized the hierarchy of mind and body, and transgressed the boundary that kept production and consumption in balance. They were unable to do anything *but* consume, since disordered consumption also implies disordered production, and this was the problem – the antithesis of the Protestant work ethic, and a form of madness in an industrial age of reason.

Although the discourse on addiction was initially worked out with the supposedly sensitive temperaments and complex physiognomies of the middle classes in mind, such ideas converged with wider fears over social disorder, so that the notion of addiction as a general loss of control came to be associated with the 'problematic' behaviour of specific social groups. The willpower and self control of the working classes, women and immigrants was regarded as especially weak: a 'stratification of the will' (Valverde 1997) that encouraged a perception of their consumption practices as being inherently disruptive, and that corresponded to the stratification of industrial society itself. Excessive working-class consumption was regarded as a dangerous vice that threatened productivity, and, while addiction among middle-class women was tolerated and bound up with notions of hysteria and other 'female complaints', working

women's excesses were incorporated into eugenicist notions of degeneration and condemned as a hereditary trait that undermined the health of the population (Valverde 1998; McDonald 1994). Meanwhile, ideas about racial contagion were closely tied up with economic insecurity, with the figure of the Chinese addict 'polluting' the nation with foreign habits a thinly veiled disguise for fears of unemployment and instability in general (Kohn 1987; Berridge and Edwards 1987).

Accordingly, a range of disciplinary regimes were directed at those who were unable to regulate their consumption, from the moral training of the temperance movement, to the disciplinary control of inebriate homes, and, to a lesser extent, insane asylums and even prisons (Levine 1978; Valverde 1997), while various Acts outlawed or regulated forms of consumption amongst the working class, from alcohol and opium to gambling. Such techniques represented an overt exertion of what Foucault (1978) describes as disciplinary and bio-power – the disciplining of bodies and the regulation of populations. The 'disciplinary gaze' aimed to install the values of self-control and reason, and so modify the consumption practices of specific disorderly groups, by building up atrophied wills through discipline and hard work. If individuals were unable to control themselves, then the techniques and institutions of the state would do it for them.

The notion of addiction was not, then, the 'discovery' of some new disease; but rather, to return to Marx's phrase, the creation of a fetish. It was the emergence of a politically expedient discourse that articulated concerns about social disorder in a way that connected the consumption practices of particular groups with wider social trends. The addict was a 'made up' person, whose parents were a convergence of interests between the industrial state and the medical profession, and who linked the individual with the social body. Addicts served as a repository for widespread fears of unrest – a group who had a deviant identity stamped upon them, so that they could be just as forcibly 'cured'.

Although the 'expert' discourse of addiction never achieved epistemological hegemony, its influence was vast, and its legacy is still with us today, as the field of 'problematic' consumption expands, along with the exponential growth of consumer culture itself.

5. Disordered identities: the proliferation of 'addictions'

Towards the end of the twentieth century, the concept of addiction developed in ways that gave birth to a whole range of what can be described as 'disordered identities', and that were related to wider processes of governance and control in late modern, neo-liberal societies. The focus of the 'gaze' shifted away from the behaviour of groups and the properties of specific substances,

and on to individuals, where it bifurcated into an analysis of the physical processes of the body, underlined by the testimony of subjective mental states.

So, on the one hand, discussions of addiction today tend to be characterized by a strict reductionism that claims a causal link between excessive consumption and physiological processes. Medical and psychiatric explanations locate the root of problem consumption in the body of the individual, peering into the pathways of cellular activity, into the crevices of cortical functioning, and even examining the subject's past in the genetic codes of their DNA. Such a focus claims the existence of causal relationships between organic, physical processes and certain types of excessive behaviour, so establishing the existence of a disease state; a pathology. Such analyses, which hold chemicals and genes responsible for everything from taking drugs to eating chocolate, have been criticized by social scientists for their incorrect assumption of causation, and for their foundation in a biological determinism that undermines the basis of free will (Peele 1985; May 2001).

On the other hand, however, and perhaps most interestingly, these medical discourses are also characterized by a focus on internal, subjective states identified by individuals themselves. These concentrate on vague entities like feelings and emotions and the degree to which individuals feel able to exercise agency in the unfolding of their own lives. Fundamentally, their concern is with how people feel about their behaviour, and more specifically, how they feel about their ability to *control* it. This subjectivist focus lies at the heart of clinical definitions, largely thanks to E.M Jellineck's classic *The Disease Concept of Alcoholism* which, in 1960, used the notion of 'loss of control' as the criteria to distinguish between those who drank heavily but were not addicted and those who were truly diseased (Conrad and Schneider 1992). This focus was reflected in the redefinition of 'addiction', by the World Health Organization in 1964, as 'dependency' – a shift of attention onto individuals' perceived needs that made subjective evaluation of 'loss of control' central to diagnosis.

So, we are faced with a complex notion of addiction (or dependence), which, although ostensibly physical and determinist, is ultimately rooted in subjective criteria. Such dualism is apparent in the listings of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), the reference manual for medical and psychological disorders, which identifies 'pathological' behaviour on the basis of a range of non-medical factors, such as 'tolerance, withdrawal, compulsive use' or 'related problems' which include disruption to personal relationships, and vocational, financial and legal problems (American Psychiatric Association [APA] 1994). Such criteria are socially and culturally relative, and, because they depend on the individual's interpretation of their own experience and emotional states, are ultimately deeply subjective.

By making subjective assessments of loss of control themselves diagnostic criteria, the field of addiction becomes potentially infinite, expanding to embrace ever-increasing substances and behaviours, across ever wider swathes

of the population. And indeed, wherever it is applied we see consumer pathologies expand to embrace individuals who feel they are unable to control their consumption in a variety of areas, from shopping and gambling to eating McDonald's and surfing the Internet. It seems as if every aspect of human behaviour can exist in a pathological form! Eve Sedgewick (1993) describes these as 'epidemics of the will' – paralysis of the freedom that is so highly valued in consumer society.

Such 'epidemics' are built up through a combination of often divergent discourses, which contribute towards the creation of various consumer pathologies, or disordered identities: the 'making up' of many new 'types' of people. For example, over the past twenty years, the DSM-IV has developed an increasing number of formal, medical taxonomies of problematic consumer behaviour, out of which new types of medicalized identities – or patients – are constructed, including pathological gamblers, anorexics, bulimics, kleptomaniacs, and with the increasing likelihood of the newly-researched categories of 'shopaholics' and 'carboholics' being added to the list (Holden 2001; Eccles 2002). The pathological gambler is perhaps one of the most successful creations of this medical discourse; a distinct 'type' of person who was 'made up' through an association of statistical surveys, medical questionnaires and academic research at the same time that commercial gambling developed into a mass consumer activity during the 1980s (Collins 1996).

These 'disordered identities' are not merely limited to formal, medical discourses however, but actually exist in a far more fluid, dynamic sense in which they are constantly interpreted, adopted and modified by individuals themselves. Pathological gamblers, for instance, do not only exist in the surveys and diagnoses of public health and medicine, but as players who actively identify themselves as such. It is here that we encounter an apparent contradiction, in which, despite its status as a discursive object, the whole idea of 'addiction' nevertheless becomes something 'real' for those who subscribe to its determinist influence. Evidence of the adoption of a 'pathological' nomenclature can be seen in the growth of self-help groups that develop around forms of problematic consumption. A recent list includes groups for addictions to, amongst other things, shopping, pills, caffeine, credit, the internet, food and gambling (Becker 2000), and while they might not actually indicate the presence of new diseases, more interestingly, they act as testimony to individuals' subjective identification with behaviour they feel is out of control.

We can see this most clearly in the articulations of self help therapy groups such as Alcoholics Anonymous, Narcotics Anonymous and Gamblers Anonymous, whose philosophy rests on members' identification with an essential 'addict identity' that is fixed and unchanging, and whose very nature it is to consume to excess. The primary role of Gamblers Anonymous, for instance, is to help members come to accept their distinction from non-gamblers, and is

reinforced by the frequent, public admission that: 'I am a compulsive gambler'. The first step to recovery, the group argues, is

to concede fully to our innermost selves that we are compulsive gamblers
... the delusion that we are like other people, or presently may be, has to be smashed. We have lost the ability to control our gambling. We know that no real compulsive gambler ever regains control.

(www.gamblersanonymous.org)

This is an identification with an essential identity that is stable and unchanging; based on an incurable disease and defined by a complete and irreversible loss of control.

Osborne describes how modern medicine's concern with the symptoms of disease, rather than disease itself, makes a new notion of pathology possible. Now, he writes, 'the question posed by modern medicine is not "how do you feel?", nor even perhaps "what have you got?", but "what have you become?"' (Osborne 1998: 268). In this conception can be seen the expression of the effect of 'addiction' that has overtaken the individual; destroyed the possibility for choice over future options, and therefore of change in any way. The dynamic, self-expressing self has been replaced by its opposite: one for whom identity is static, and who out of necessity, must refuse the possibility of future choosing, since total abstinence is regarded as the only way of guaranteeing sobriety.

This is the polar opposite of the neo-liberal ideal – an ontological *state of being* that is immutable and unchanging, rather than a fluid 'narrative of the self' that is continually in flux, and freely constructed by the choosing individual.

These discourses of addiction and identity are in constant process of interaction with actors who modify, adopt and otherwise transform them. We see this when individuals articulate their perceived loss of control in quasi-medical terms, adopting the language of science to describe, and in some cases, lend authority to their condition (Davies 1992). It is in this context that people interpret notions of poly- or cross addictions to talk about their 'addictive personalities', and, for example, members of Gamblers Anonymous argue for pathological gambling to be recognized as a form of mental illness or an incurable disease. Meanwhile, legal arguments have been made, and contested, on the assumption of the existence of essential addict identities as distinct – legally irresponsible – types of person (Rose 1986; Peele 1985). Ironically, given their status as shifting assemblages of features or social constructs, these categories actually come to assume real status – for those who feel they 'belong' to them, as much as for those who ascribe them to others.³

We can see, then, that since its creation in the nineteenth century, the 'addict' has grown up and spawned many more 'types' of disordered consumer

identities that, like the proliferation of consumption itself, are increasingly widely dispersed throughout the population. But whereas the nineteenth century addict had a deviant identity stamped upon them, today's consumer pathologies are increasingly characterized by identification with subjective states, and freely expressed by individuals themselves.

6. Governance and freedom in consumer society

These narratives of identity and subjectivity are embedded in the particular modes of governance of neo-liberal consumer societies, where they play a crucial role in new forms of social control, as well as expressing the tensions inherent within them.

The gradual withdrawal of the state from the regulation of public life in recent years has seen an increased emphasis on the ongoing process that has been characterized as a shift from external regulation to internal forms of self government. As consumer culture becomes more global and prolific, and less restrained by formal mechanisms, so demands for control go deeper into the individual, and become more urgent. Control is individualized and internalized. This is epitomized by what has been described as the move from *act* to *identity* based governance, where individuals are governed not so much through what they do, but through who they *are* – through the shaping of particular kinds of subjectivity (Valverde 1997; Rose 1999). This is integral to what Foucault (1991) calls 'governmentality' – a set of practices based on 'the conduct of conduct' that are concerned with how to govern the self and others, and are carried out at the level of the individual in ways of acting and thinking that continually guide and modify behaviour.

Crucial to this project are the forms of knowledge and authority generated by what Nikolas Rose (1999) terms the 'psy sciences' – the disciplines and practices of psychology, psychiatry and psychoanalysis. By constantly refining their techniques for evaluating behaviour and establishing new standards of comparison, these define notions of normality and abnormality, and so continually 'make up' new types of people, situated along a continuum that stretches from pathology to health. They operate in symbiosis with their economic-political climate, constructing particular categories of identity and moulding forms of subjectivity in ways that are consonant with prevalent cultural values and social institutions. In terms of the ideology of advanced liberalism, this means shaping identities that are capable of managing their freedom through self-government, and of controlling their consumption through sovereign action. Ultimately, as Rose puts it, the psy sciences 'fabricate subjects capable of bearing the burdens of liberty' (Rose 1999: viii).

And it is quite a burden. As we saw earlier, the dual nature of freedom means that individuals are governed not *against* but *through* their freedom;

obliged to subjugate it by continually modifying and shaping not just their external behaviour, but also their internal states too. The values of autonomy, freedom and choice, are to be internalized as subjective states, and emotions and desires continually monitored to produce a well balanced individual – an appropriate, sovereign, consumer identity.

Although this governance of the self is the individual's responsibility, there are plenty of experts within the epistemological field of the 'psy sciences' – social workers, counsellors and therapists who Rose (1999: 3) calls 'engineers of the human soul' – to provide guidance on the management of every aspect of inner life, from relationships and work to emotions and, of course, consumption habits.

This approach has resonance with what has been described by Pat O'Malley as 'prudentialism', and converges with discussions about risk and governance within neo-liberal societies, in which a shift in power, from the disciplining of individuals to the regulation of populations based on the management of risks, is said to have taken place. These debates are complex, and outside the scope of this paper.⁴ However, the notion of risk should at least be mentioned, since some of its features intersect – and indeed, sometimes counter – the arguments being made here. Discussions of risk are embedded within discourses and practices of neo-liberalism, where they contribute to the constitution of the subject as a calculative, prudent and autonomous agent. Here, individuals have a responsibility to consume rationally in order to safeguard their health and wellbeing, and to calculate, and so avoid, potential dangers – expressed as risks. In this discourse, focus shifts from the individual subject to the relationships between individuals and a variety of factors – social, physical, and environmental – where risks to the consumer are supposed to lie.

It has been argued that discourses of risk have overtaken or replaced discourses of addiction (May 2001), and also that they have dissolved the notion of a subject (Castel 1991; Dean 1999), replacing it with a combination of factors and relationships instead. Although some of this is persuasive, the argument here is that the existence of a regulatory shift to a bio-politics of the population does not necessarily entail either a dissolution of the subject, or a wholesale transition from one set of discourses to another, but rather a more 'messy' overlapping of dialogues and the forms of governance associated with them. The subject is not dissolved entirely, since, as we have seen, a robust – if multifarious 'addict identity' – persists in a number of dialogues and narratives, from sections of the medical profession, to self help groups and popular discourses. It exists both as a label among self defined addicts themselves, and as an (ultimately realizable and negatively defined) identity to be avoided by prudent risk negotiators. In fact, in some ways, the language of risk actually reinforces the notion of 'addiction' as a realist category, in its postulation of the existence of some state that the individual is actually at risk *from*. It is not,

then, a case of transition or dissolution, but rather a more complex intersection and convergence of discourses, and the forms of governance associated with them.

And in fact, notions of addiction and risk intersect in a very particular way. Both generate a general sense of insecurity, conceived in the former as a subjective sense of loss of control, and in the latter as vulnerability to potential danger. The location of risks in a miasma of interrelations expands the potential for danger across a range of factors, and spreads vulnerability throughout the entire population – anyone can be ‘at risk’ from a huge variety of – often invisible – elements. Similarly, the identification of addiction with a subjective sense of a loss of control creates a climate in which ‘addiction’ is felt to lurk everywhere; there are a potentially infinite number of situations and substances that can catch the consumer unawares and undermine agency – it could be said that addiction becomes a potential danger, a risk, in itself. The intense focus on the analysis and monitoring of their own subjective states makes individuals hyper sensitive, ever alert to signs of loss of control. And, because innermost thoughts and emotions are the medium through which freedom is controlled, as well as the measure of its loss, there seems to be no limit to the situations and substances that can erode it and undermine agency. In this inversion of the ideal of consumer freedom, we can rephrase Ewen and Ewen, so that now there are no choices, only rules, and everyone can be [addicted to] anything. Such a focus makes the burdens of liberty even greater, so that it becomes imperative to be vigilant, to regulate behaviour, to guard against risk and keep watch on subjective states – to continually monitor one’s freedom.

It is this vital role that the ‘addict’ has failed to do. By failing to manage their freedom, they have given up the crucial attributes of autonomy and choice, and replaced the dynamic, sovereign self that is constructed through consumption with an essential state of being that is destroyed by it. And in this, we can see the construction of a figure that both embodies the contradictions of consumption at the same time that it is expelled by them. At a time when the admonition to choose from a barrage of commodities and experiences is at its most insistent, the active adoption of the ‘addict identity’ may be interpreted as the embrace of a determined state that rejects the need for such choice. The spread of addictions can be seen as a counter to the global proliferation of consumption: a refusal of choice that has become overwhelming; a denial of freedom that is illusory.

In an ongoing and reflexive process, the forms of governance that contribute to the creation of these addict identities also attempt to regulate them and return them to their ‘normal’ state. Addicts’ refusal to regulate choice and exercise self control activates the ‘hidden despotism’ (Valverde 1997) of liberal society, whereby those deemed not to possess the attributes required for freedom are subject to various forms of intervention and discipline, or even denied it altogether. In general, this is a gentler form of governance than that

meted out to the nineteenth century underclass, however. Rather than diseased wills that have to be disciplined, now attempts to shape or 'cure' disorders of consumption tend to be therapeutic; based on the reshaping of subjectivity and the building up of self control and agency (Rose 1999). Here, therapy itself becomes a form of government; a 'technology of citizenship' for acting upon ourselves 'so that the police, the guards and the doctors do not have to do so' (Cruickshank 1996: 234). It is not surprising, then, that the solution to many modern problems – including disorders of consumption such as kleptomania, gambling, drug taking, compulsive spending and over-eating – is seen to lie in the raising of the esteem of the sufferer, and is conducted through a range of media, from rehabilitation clinics to talk shows and self help books. The intention is not narcissistic self regard, but a boosting of the ego so that it is able to resume control over life; literally, a returning to power of the self-actualizing self that was overtaken by the daemonic force of addiction. This type of governance is carried out by restoring control to the out-of-control individual; returning them to the status of consumers who are 'capable of bearing the burdens of liberty' so that they may be once more able and willing participants in the subjugation of their *own* freedom.⁵

7. Conclusions

Although the preceding discussion has focused on the convergence between broad historical shifts and cultural processes rather than on the specifics of particular forms of behaviour, it is hoped that such an approach has at least begun to draw attention to some of the complexities involved in the interaction of formations of consumption with discourses of addiction. In particular, it has attempted to demonstrate how the widespread adoption and proliferation of ever more disordered consumer identities – of pathological gamblers, kleptomaniacs, anorexics, bulimics, shopaholics, and the rest – highlights the discursive conflicts that exist between consumption, freedom and governance within late modern societies. At a time when the practice and ideology of consumption proliferates on a global scale, when the value of freedom is virtually hypostatized, and when the very definition of identity rests largely on the exercise of free choice among a range of consumer possibilities, problems of freedom become problems of consumption, and go to the very heart of the self. In a climate like this, the notion of dependency: the idea that the consumer might not be free after all, has a particular horror, and must be expelled.

What is new in modern society is not the emphasis on issues of freedom per se, but rather the unprecedented emphasis on freedom as a mode of governance by and through the individual. Innermost states are the medium through which freedom is controlled, as well as the measure of its loss. Today we are governed not against but through our freedom, which is why its loss or

vitiation is articulated in terms of its opposite: in determined states such as addiction – the ‘other’.

Ironically, it is this intense valuation placed on freedom that sows the seeds for its undermining. The promotion of the ideology of consumer sovereignty – as a subjective state, as well as a mode of governance – is the fertile soil out of which the shoots of ever more ‘addictions’ grow. This, then, is the fetishism of addiction – an apparently individual pathology that disguises the deep tensions that arise from the ambivalence of freedom as a form of control.

(Date accepted: March 2004)

Notes

1. Although it should be noted that recent analyses of consumption have attempted to transcend such dualism, arguing that in fact the two ethics exist in a symbiotic relation, and in many ways, are actually complementary (Campbell 1987; McCracken 1988).

2. The idea that individuals may suffer from a compulsion to act in ways beyond their control had existed from the late eighteenth century, when Benjamin Rush discussed the ‘disease of ineptitude’, although such notions were not formulated into the specific medical concept of addiction until later (Levine 1978).

3. It should be pointed out that, on the other hand, in recent years, discourses of ‘normalization’ have emerged that have sought to incorporate elements of behaviour previously marginalized as ‘addictive’ into the mainstream. The consumption of drugs in particular has been subject to such a process, with the case being made that these constitute a central part of youth culture, and have to be understood within locally situated values and lifestyles (Parker, Aldridge and Measham 1998). This has been accompanied by a shift in terminology that has seen the replacement of terms such as ‘addict’ with the less pejorative ‘user’, ‘consumer’ or ‘misuser’, in line with the shift to

policies of harm reduction (O’Malley 1999). Such a trend contributes to the complexity of discourses of addiction, and appears to exist alongside oppositional discourses of discrete addict identities.

4. There is a considerable literature on this, but relevant to the arguments put forward here, see, for example, Barry, Osborne and Rose (eds) 1996; Burchell, Gordon and Miller (eds) 1991; O’Malley 1996, 1999; Dean 1999.

5. Such therapeutic reshaping of subjectivity also has a darker side in modern society, whereby those who are not willing agents in their own subjection are exposed to more draconian measures, ranging from fines and compulsory rehabilitation to legal discipline and imprisonment, in a distribution that tends to reflect traditional social hierarchies. Although the external coercion and restrictive laws of sovereign and disciplinary control are largely superseded by governmental regulation, a variety of forms of governance can co-exist in what Foucault describes as a triangle of practices. As he puts it: ‘we need to see things not in terms of the replacement of a society of sovereignty by a disciplinary society by a society of government; in reality one has a triangle, sovereignty-discipline-government’ (Foucault 1991: 102).

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