

Rethinking “community”: addiction, recovery, and globalisation

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1. Introduction

The notion of “community” is central to the thought, philosophy, and practice of the emerging recovery movement. This presentation explores how the processes of globalisation engender reconfigured conceptions of “community” and how this reconfiguration impacts on the recovery movement. To do this, I will argue that the capitalisation of the addict in the treatment economy (a corollary of the first-cause of globalisation, the free market) has resulted in the subjugation of “recovery knowledge” and that grassroots communities of recovery represent key sites of resistance against this totalising, reductive trend.

The concept of globalisation encompasses a wide array of ideas and phenomena. It is also a somewhat hackneyed phrase - As Peter Berger wryly observes, the term globalisation now ‘serves to explain everything from the woes of the German coal industry to the sexual habits of Japanese teenagers’.¹

Broadly speaking, globalisation is used to describe the transformative effects of radical free-market trade on the global socio-economic landscape, and the increasing interconnectedness of individuals, nations, and states.² Globalisation indicates a reconfiguration of the relationships between the global and the local, the regional and communal, the state and the individual.

¹ Peter Berger, "Four Faces of Global Culture", *The National Interest*, 49, 1997, p. 23 [23-30].

² Following Held *et al.* David Held, Anthony McGrew, David Goldblatt, Jonathan Perraton, *Global Transformations: Politics, Economics, and Culture*, Stanford University Press, Chicago, IL, 1999.

Although the origins of these global processes have been located as far back as the 16th century with the European conquest of the New World, it was the enthusiastic adoption neoliberal economic policies by the Thatcher and Reagan administrations in the latter half of the 20th century that set the economic stage for an accelerated increase in mobility of world trade, capital, and labour.

2. The free market and public health

The economic dream of globalization is a singular global space, with the competitive free-market the *in absentia* sovereign. The collapse of the Soviet Union was neoliberal capitalism's *coup de grâce*. There is, as has been repeatedly pronounced, no alternative to the free-market: production and consumption are the two poles between which all our realities are now framed.

And so, the unrestrained forces of the free market have penetrated spaces that have been traditionally immune to the direct influence of enterprise - education, security and defense, and public health. The market colonization of public health by commercial enterprises has fostered the notion of individuals being consumers, rather than participants of health services.

To take illegal substance use as a case in point: the narcotic addict in the 21st century operates in one of two economies: as a consumer of substances in the illicit economies of global drugs trade, or as a conduit for economic gain in the licit bioeconomy of drug treatment. Irrespective of whether addiction is driven by irrational compulsion,³ disordered desires,⁴ excessive appetites,⁵ or rational economic choice,⁶ the totalizing effects of the neoliberal economics has resulted in a

³ See for example Gerda Reith, "Consumption and its discontents: addiction, identity and the problems of freedom", *The British Journal of Sociology*, 2, 2004, pp. 283-300; Marianna Valverde, *Diseases of the Will: Alcohol and the Dilemmas of Freedom*, Cambridge University Press, Cambridge, 1998.

⁴ See for example Pat O'Malley and Mariana Valverde, "Pleasure, Freedom, and Drugs: The Uses of 'Pleasure' in Liberal Governance of Drug and Alcohol Consumption", *Sociology*, 38:1, 2004, pp. 25-42; Helen Keane, "Disorders of Desire: Addiction and Problems of Intimacy", *Journal of Medical Humanities*, 25:3, 2004, pp. 189-204.

⁵ Jim Orford, "Addiction as excessive appetite", *Addiction*, 96:1, 2001, pp. 15-31.

⁶ Gary S. Becker and Kevin M. Murphy, "A Theory of Rational Addiction", *The Journal of Political Economy*, 96:4, 1988, pp. 675-701.

proliferation of markets that sell the *non*-consumption of substances, the “anti-markets” of addiction.⁷

The “anti-markets” of addiction are of course the ensemble of statutory and voluntary, private and public bodies, service providers, drug-treatment agencies, pharmaceutical conglomerates, funding bodies, and policy makers that seek to “deal with”, in their various ways, the “problem” of addiction. In increasingly deregulated, privatised free-markets, each of these bodies has an interest in nurturing and maintaining the “addict” as a vehicle for the production of capital, just as the narcotic producers have an interest in sustaining the addict as consumer. It is a classic case of co-dependency. What we have failed to recognise is that contrary to all expectations the dysfunction in the co-dependency between service and addict is weighted towards the institutional side of the relationship. As McKnight suggests in his critique of systems level approaches to social ills, the common enemy is not poverty, disease, or sickness... ‘The enemy is a set of interests that need dependency masked by service’.⁸

This set of interests, the anti-markets of addiction capitalise the most marginalised and dislocated members of society. As Claude Kamoouh enigmatically states; ‘In their squalor, the poor remain a source of potential profit in the globalizing sphere of consumption’.⁹ As gold is sieved from rivers of human suffering by the anti-markets of addiction, the social environment is polluted by the toxic effluence of service affluence.

Following Winston, McKnight and others,¹⁰ I am suggesting here that the opening of the free-market to public health creates anti-markets of addiction which capitalise the addict, fosters system and substance dependence, and further dislocates people from tradition sources of communal support. I will now explore whether the emerging

⁷ Gordon C. Winston, "Addiction and Backsliding: A Theory of Compulsive Consumption", *Journal of Economic Behavior and Organization*, 1, 1980, p. 299 [294-325].

⁸ John McKnight, *The Careless Society: Community and Its Counterparts*, Basic Books, New York, 1995, p. 95.

⁹ Claude Kamoouh, "Is the problem drug addiction or society? Amoral reflections on the postmodern", *Telos*, 108, 1996, p. 107 [105-117].

¹⁰ Winston, 1980; McKnight, 1995; Bruce K. Alexander, “The Roots of Addiction in Free Market Society”, Canadian Centre for Policy Alternatives, Vancouver, BC, 2001, pp. 1-31.

recovery paradigm offers a more wholesome alternative to this somewhat depressing state of affairs.

3. The bifurcation of “recovery”

Recovery can indicate one of two things. In a governmental sense, it can refer to a nuanced and more refined normalisation of the addict-as-subject; the addict as a “disordered self” in need of regulation and control. This type of recovery discourse can be distinguished by its focus on social reintegration and citizenship, and its interest in transferring the addict from a state of welfare to a state of economic productivity. Although harm-reductionists may bristle at the implicit moralism of such an approach, harm reduction itself as Miller has suggested— in theory and in practice - whilst claiming amorality and at first glance comprising an elegantly value-neutral ethic, is in fact implicitly moralistic – in that it promotes a prescriptive moralism based on the duty of individuals and populations to be healthy.¹¹

As Keane points out ‘government strategies which aim to produce a population of healthy, enterprising and productive citizens clearly require scrutiny and active forms of resistance because they subjectify individuals and limit the possibility of different forms of existence’.¹² Does then, “recovery” offer a point of ethical distinction, a discontinuity in this reductive trend? The answer, I suggest, is both yes and no. If, as Rose has compellingly argued, we are governed *through* our freedom – if “freedom” must actively be cultivated for neoliberal governance to function effectively,¹³ then the type of recovery that promotes freedom through a discourse of citizenship, autonomy and social reintegration can be viewed as an inevitable development of the governmental rationality of harm reduction. Furthermore “recovery” allows for the distribution of the cost of normalisation to be diffused through expansive new “anti-markets” of recovery – education, employment, training, pathways-to-work

¹¹ Peter G. Miller, "A critical review of the harm minimization ideology in Australia ", *Critical Public Health*, 11:2, 2001, pp. 167-178.

¹² Helen Keane, "Critiques of harm reduction and the promise of human rights", *International Journal of Drug Policy*, 14, 2003, pp. 231-232.

¹³ Nikolas Rose and Peter Miller, "Political Power beyond the State: Problematics of Government", *The British Journal of Sociology*, 43:2, 1992, pp. 173-205; Nikolas Rose, "Government, authority and expertise in advanced liberalism", *Economy and Society*, 22:3, 1993, pp. 283-298. See also Nikolas Rose, "The Death of the Social? Re-figuring the Territory of Government", *Economy and Society*, 25:3, 1996, pp. 327-356; Nikolas Rose, Pat O'Malley, *et al.*, "Governmentality", *Annual Review of Law and Social Science*, 2, 2006, pp. 83-104.

programmes etcetera: a bold new frontier for recovery enterprise. Although the modes and techniques of subjectification through which addicts are incited to transform themselves may vary - the result is more or less the same - a redeemed specimen of *homo economicus*, not simply “free to be” but merely “free to choose” and more insidiously “free to consume”. This type of “recovery”, I suggest, is simply an extension of the logic of harm reduction but is aligned much more closely with the values and demands of neoliberalism. What differs is not the *mode* of this economic rationality, but the greater depth and extent with which it penetrates the being of addicts, shapes who they are, produces their identities, and normalises their selves.

There is, however, another type of recovery. The unknown psalmist writing his penitential lament in early Judaic times new well this as he pleaded: “Out of the depths I cry to you, oh Lord/ Lord, hear my prayer/ Let your ears be attentive to the sound of my pleading”.¹⁴ This primal scream of existential despair written over 3,000 years ago in Jerusalem or Babylon will ring true to anyone whose lives have been blighted by addiction and can be heard, in one form or another, in the countless testimonials, life-stories, and confessional narratives of those in recovery. It is the expression of the intense subjectivity of the addict-self, and the space where these voices are invariably expressed is community – be they secular, spiritual, or religious - and they sing out in laments as emotive as those of the exiled Jews, for they too had lost the one thing that systems cannot produce. A system cannot produce a community.

4. Communities of recovery: a grassroots response to unmet needs

“Community” as a key element in the new recovery discourse can be deployed in a number of different contexts. In its broadest sense, it can refer to “community” as a source of healing,¹⁵ a repository of underexploited resources and knowledge, a certain type of cultural ecology that fosters and supports the recovery process and the fabric in which psychosocial integration and identity reconstruction occurs.

¹⁴ *De Profundis*, Psalm 129(130), Old Testament, version unknown.

¹⁵ See William L. White, “The mobilization of community resources to support long-term addiction recovery”, *Journal of Substance Abuse Treatment*, **36:2**, 2009, pp. 146-158.

In its narrowest sense, it refers to discrete “recovery communities” bounded by space, common interest, or identity. As Peter Cohen suggests,¹⁶ the presence of similarity implies difference – the very ideas that act as symbolic referents for a shared identity of one community act as unseen boundaries that demarcate one community from another. Different recovery communities have different modes of being, different recovery epistemologies, different ways of knowing and being in the world. In contrast to the reductive economic algebra of addiction’s anti-markets recovery communities allow for a comprehensive and polychromatic expression of human potential.

It is the glorious diversity of these recovery communities, combined with notion that community itself – as a value and localized space - is an underexploited source of knowledge that differentiates the emerging recovery movements and gives it its counter-cultural potency. But community in a globalizing world has been disrupted, and before I conclude, I will explore what impact these reconfigurations of community may have on the recovery movement.

5. Digital places

Community, Bauman suggests, is the ‘kind of world which is not, regrettably, available to us - but which we would dearly love to inhabit and which we hope to repossess’.¹⁷ The ephemeral territories of our globalising world have transformed social life and we would be forgiven for thinking we have been given an opportunity to repossess the romanticised past that Bauman alludes to. Communities have been de-placed: they extend beyond fixed locations, resist being tied to a shared physical territory and exist in virtual or hyperreal space. As communities are de-placed, so do they proliferate; individuals now have the mobility and technology to participate in numerous online communities in which they can assume unique identities and engage in highly plural, choice-driven relationships that stand in notable contradistinction to the largely instrumental relationships that dominate spatially embedded communities.

The exponential growth in communication technologies, a key characteristic of globalization, and the explosion of web-based social media platforms have enabled us

¹⁶ Peter Cohen, *The Symbolic Construction of Community*, Tavistock, London, 1985.

¹⁷ Zygmunt Bauman, *Seeking Safety in an Insecure World*, Polity Press, Cambridge, 2001, p. 3. See also Zygmunt Bauman, *Modernity and Ambivalence*, Polity Press, Oxford, 1991.

to re-imagine community in any number of new ways.¹⁸ These are dynamic but transient networks, flickering representations in a panoptic digital consciousness.

These new communal spaces lack critical elements of community-as-method – understood here in its most approximate sense. The raw transformative power, for example, of an encounter group, or that ineffable support yielded by a tender touch or empathic gaze simply cannot be replicated in the diaphanous dimensions of a digital space. Effective emotional communication, the lifeblood of recovery, requires the engagement of all of the senses - as anyone who has puzzled of the exact meaning of an ambiguous email or text message will attest. Furthermore, as Alexander intimates,¹⁹ the growing dependence on the Internet for our social lives is in itself an expression of psychosocial dislocation, and the profusion of online social networks are limpid, eviscerated simulacra of their more visceral, earthly precursors. The efficacy of community-as-method depends, in no short degree, on the *inability* to choose ones peers. The confrontation with some uncomfortable truth about oneself, or the transmission of a priceless, personal pearl of wisdom would simply not transpire were they subject to the easy censorship allowed by the click of a mouse. That being said, it is information, not communication, that is the hard-currency of the digital age, and there can be no questioning the effectiveness of the internet as an empowering source of valuable recovery information. But information is not knowledge, still less *self-knowledge*, which only arises with embodied praxis: reflective *action* in the world, reflective *being* in community. In short, online communities should be seen as incredibly valuable adjuncts to the recovery process, but not wholesale substitutions for it.

6. Conclusion

I have described how the forces of free trade and the ideals of neoliberal economics have colonized public health and produced an environment that produces profit from addiction and produces subjects who are orientated towards similarly monolithic ends.

¹⁸ Three key examples, each with a different emphasis and functionality: www.facebook.com - “Facebook helps you connect and share with the people in your life”; www.twitter.com - “Share and discover what’s happening right now, anywhere in the world”; <http://secondlife.com/> - “Second Life in an online, 3D virtual world imagined and created by its Residents”. Retrieved 14.10.09, 07.34.

¹⁹ Bruce K. Alexander, "The Globalisation of Addiction", *Addiction Research*, 8:6, 2000, pp. 501-526.

I have argued that in terms of the governance of individuals the emergent “recovery” movement can be mapped onto that continuum. I have suggested that although “community” can be expressed and supported in digital space, in terms of recovery from addiction, the true and enduring power of communities lies in their physicality, their materiality, their proximity, and their difference.

The energy and diversity of grassroots recovery communities resist the homogenous regimes of professional addiction services and can be seen as a grass-roots response to unmet needs – this is the radical idea that lies at the heart of the recovery movement. Grassroots communities of recovery, in all their colorful heterogeneity, expand the horizons of therapeutic space – they are places where identities can be nurtured to a fuller, more integrated extent – places that contrast sharply with the dull monochrome and clinical sterility of the community-drugs team, GP’s surgery, or psychiatric consulting room.

Grassroots communities of recovery are places of potential, furnaces where self and selfhood are forged in the white heat of physical affinity, where the individual’s acceptance of the group, and the groups’ acceptance of the individual fortify the alloy of human uniqueness. The faces and voices of recovery represent far more than a simple victory of clean and sober living – they stand as a profound testament to the limitless possibilities of being for all of us. In the words of Patricia Deegan:

The goal of the recovery process is not to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human. The goal is not normalization. The goal is to become [a] unique, awesome, never to be repeated human being... a question in search of an answer.²⁰

In that spirit, I hope this paper can be seen as crudely grasping towards a few worthy questions, and perhaps even suggesting where some interesting answers may lie.

²⁰ Patricia E. Deegan, “Recovery as a Journey of the Heart”, paper presented at *Recovery from Psychiatric Disability: Implications for the training of mental health professionals*, Massachusetts State House, Gardner Auditorium, May 10th, 1995. Available: <http://www.aterhamting.se/Recovery%20As%20a%20Journey%20of%20the%20heart.pdf>, retrieved 03.10.2009, 11.41. Published as Patricia E. Deegan, "Recovery as a Journey of the Heart", *Psychiatric Rehabilitation Journal*, **19**:3, 1996, pp. 91-97.