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Deleuze and the Theory of Addiction

Atte Oksanen, Dr. Soc. Sci.

Abstract — This theoretical article presents and applies the theories of the French philosopher Gilles Deleuze. The article takes as its starting point the observation that current biomedical, social and psychological research does not provide a coherent view of the nature of addiction and there is a great deal of controversy in the field. The material philosophy of Deleuze provides the opportunity to introduce new ideas and bridge the gaps between different theories and approaches. Deleuze's philosophy is especially useful since neurological research on addiction has developed rapidly. Deleuzian concepts have implications not only for the general theory of addiction, but also for different theories on treatment and recovery. A Deleuzian theory, developed in this article, analyzes addictions as situational and interactional processes. Alcohol and drugs are used because they are connected with situations and interactions that enable the production of desire. They change and alter the body. Addiction alters the production of desire and life itself begins to be reduced to alcohol, drugs or a specific mode of behavior. Recovery from addictions is connected with the changes in life that offer subjects an open future. A recovering body must increase its capacity to be affected and be capable of creating new biopsychosocial connections of desire.

Keywords — addiction, alcoholism, body, Deleuze, health, theory

Research on alcohol and drugs has struggled for years with different concepts describing problematic or excessive use. Furthermore, the notion that people get hooked not only on alcohol and drugs, but also on gambling, sex, eating, shopping and the Internet has proved to be conceptually problematic. Current biomedical, social and psychological research does not provide a coherent view of the nature of addiction, and there is a great deal of controversy in the field (Robbins, Everitt & Nutt 2010; Miller & Carroll 2006; West 2006; Orford 2001). Consequently, there is a lack of theoretical ideas that would enable researchers to combine findings from the social sciences, psychology and neurology.

During the past ten years, neurological studies of addiction have undergone tremendous development, but the approach still suffers from theoretical limitations. Sociologists in particular have criticized the reductive tendencies of the neurological approach that claims a causal link between addiction and physiological processes (Reith 2004: 291; Weinberg 2002: 6). Indeed, neuroscientists have themselves acknowledged the gap in their theory (Robbins, Everitt & Nutt 2010; Hyman 2007; Spanagel & Heilig 2005). In effect, current neurological theory fails to take account of the complexity of human behavior.

Oxford philosopher and bioethicist Bennett Foddy (2011, 2010) has recently challenged the notion of addiction as a psychiatric disease that drives the subject into compulsive behavior. According to Foddy, addictions share similarities to other pleasure-orientated desires. Addictions are, however, particularly strong, but addicts do not completely lack autonomy and cognitive control – as is often stated in neurology and psychiatry (Foddy & Savulescu 2010, 2007). This notion does not contradict some of the theories in the field, including Jim Orford's (2001) psychological theory of excessive appetites, which are seen as rewarding and habit-forming, but involve high costs and various psychological and social conflicts.

Much of the current Anglo-American theoretical and philosophical writing on addiction concentrates on the

Senior Researcher, Finnish Youth Research Network; Adjunct Professor of Social Psychology, University of Tampere, Finland; Adjunct Professor of Sociology, University of Turku, Finland; Adjunct Professor of Sociology, University of Helsinki, Finland.

Please address correspondence to Atte Oksanen, Finnish Youth Research Network, Asemapäällikönkatu 1, 00520 Helsinki, Finland; phone: +358 20 755 2690; email: Atte.oksanen@utu.fi

concept of self-control. Psychological theories usually emphasize addiction as a failure of the motivational system (West 2006) or as a problem related to strong attachment (Orford 2001). Philosophical theories have contributed to the analytical understanding of the concepts of freedom, willpower and choice (Foddy & Savulescu 2010; Ainslie 2001; Elster 2000, 1999). These writings have serious implications for both science and policy. However, new perspectives would be needed to understand addiction as a process and as a situational and material phenomenon.

The material philosophy of French thinker Gilles Deleuze provides the opportunity to introduce new ideas and bridge the gaps between different theories and approaches in the field of alcohol and drug research. The theoretical ideas advanced by Deleuze help us to understand human beings as fundamentally social and cultural creatures who interact with material realities. A Deleuzian approach does not necessarily contradict the existing theories in the field, but adds a new perspective to addictive desires as not only subjective, but also as situational and interactional phenomena.

Above all, Deleuze's writings provide theoretical tools rather than a fixed coherent theory. He did not write a coherent theory of addiction, but his concepts provide interesting theoretical openings for the field. Some earlier studies on alcohol and illegal drugs have integrated elements of Deleuzian theory (Boothroyd 2006; Fitzgerald & Threadgold 2004; Jordan 1995; Malins 2004; Malins, Fitzgerald & Threadgold 2006). Deleuze's ideas have also been applied in analyzing drugs such as Viagra in order to understand the different power-affect-subject relations of the medicalization of sexuality (Potts 2004). In contrast to previous developments, this article concentrates on addiction.

In this article addictions are considered more as processes than fixed categorical conditions. Very few addiction theorists have regarded addiction as a process, although the notion was promulgated by Alfred Lindesmith as early as the 1930s (Weinberg 2002: 3; see also Lindesmith 1938). Defining addictions as processes means that the temporal and spatial elements of addiction must be taken into account. Addictions are formed in time and space, and they are constantly transforming and developing. They usually involve an overwhelming predilection for a certain substance or activity. The processual nature of addiction makes it especially amenable to Deleuzian analysis, which is most applicable when one is studying subjects that undergo a transformative change.

The article starts with a general description of Deleuze's theories, especially in relation to the theme of addiction, which he mentions briefly in some of his books. The article continues with a more detailed discussion on how different Deleuzian concepts could be applied in understanding the process of addiction. Addictions are described as situational processes; how they affect the body and brain and how they could be coped with. Deleuze's philosophical theories and ideas allow data from neurology, psychology and the social sciences to be incorporated into the analysis. The resulting theory has practical implications for both policy and treatment where addictions are concerned.

SCHIZOANALYSIS, ALCOHOL AND DRUGS

Perhaps more than any other philosopher of the twentieth century, Gilles Deleuze (1925–1995) based his whole career on the formation of a new way of thinking and writing. Deleuze radically refigured Western ontology in terms of intensities, flows and becomings, rather than being and identity. He started his career in the 1950s, studying philosophers such as Hume, Spinoza, Bergson and Nietzsche. Deleuze's position in the field of philosophy and theory is perhaps best understood in terms of contradictions. He rejected both the structuralism and phenomenology of the previous generation. Later, he criticized psychoanalysis in works written in collaboration with his long-term colleague Félix Guattari (1930–1992), a French political radical, psychotherapist and former student of Jacques Lacan.

Deleuze could be loosely mapped in relation to the group of French post-structuralists. Although there are major differences, Michel Foucault is perhaps the closest point of reference. Deleuze's reading of Nietzsche influenced Foucault (Lash 1984: 5–6). After Foucault's death, Deleuze (1986) wrote a book on his philosophy. Deleuzian theory is often applied only as an expansion of Foucault's genealogical project. Despite certain similarities in their theories, a fundamental difference lies in the fact that Foucault's theory lacks an understanding of affective investment, agency and desire. For Foucault, the body becomes reactive and passive, in the worst case only a site of cultural inscription without the possibility of a prediscursive ontology of the body (Lash 1984; see Butler 1989).

Deleuze, unlike Foucault, underlines the material and prediscursive elements of the body. Deleuzian bodies are not just passive objects but, rather, fields of forces and investments. This also separates Deleuze from his other contemporaries, such as Lyotard and Baudrillard, who proposed a theory of postmodernism. Deleuze as well as Guattari were, in fact, highly skeptical about the central ideas of the postmodernism (Guattari 1989a: 9–10; 1996a; 1996b: 116). According to Clair Colebrook (2002: 155), Deleuze celebrated authors who were modernist or early twentieth century instead of postmodernists, due to the fact that he was interested in grasping the prepersonal affective forces, the very depths of life, namely aspects that are not easily found in postmodern metafiction that involves an interplay of signs and meaning systems.

Many of Deleuze's ideas were grounded in philosophy. Some of them started to make much more sense when he began to write with Guattari, whose influence on Deleuze's work is often underestimated. When the two started to collaborate, Guattari did not have as extensive a career as Deleuze, but his work on a realignment of Freud and Marx laid the foundations for Deleuze-Guattarian thinking (Bogue 1989: 85–89). In *L'Anti-Œdipe,* their first work together, they attacked the "poor technicians of desire—psychoanalysts and semiologists of every sign and symptom," as Foucault (1977: xiv) put it in the preface to the English edition of the book. Deleuze and Guattari dubbed their approach schizoanalysis, in contrast to psychoanalysis. Schizoanalytical thinking is best described in the two volumes on capitalism and schizophrenia: *L'Anti-Œdipe* (1972, *Anti-Oedipus*) and *Mille Plateaux* (1980, *A Thousand Plateaus*). They also wrote a book on Franz Kafka (1975) and late in their lives joined forces on the book *Qu'est-ce que la philosophie?* (1991, *What is Philosophy?*).

The main ideas in the works by Deleuze and Guattari are grounded in the notion of process or flux. The (social) world is a field of forces that involves connecting and breaking points. Their approach, schizoanalysis, deals with affective relations and mappings of desire that cross the boundaries between subject and object and self and the other. Schizoanalysis is a pragmatic philosophy. Instead of asking, for example, *What is a body?,* Deleuze and Guattari pose the question *What can a body do?* (Buchanan 1997: 79). They describe bodies in terms of a flow of affects and transitory moments of transformation arising from encounters with the other—a theme that is also crucial when analyzing the illegal drug-taking phenomenon (Fitzgerald & Threadgold 2004; Jordan 1995; Malins, Fitzgerald & Threadgold 2006).

Deleuze and Guattari do not propose a detailed and precise theory of addiction, but some of their most incisive lines of thinking were affected by the drug experimentations of several modern authors (Plant 1999: 138–9). Deleuze and Guattari's heroes were into heroin and methamphetamine (William Burroughs), peyote/mescaline (Antonin Artaud, Carlos Castaneda, Henri Michaux), and alcohol (F. Scott Fitzgerald, Malcolm Lowry) (Deleuze 1969: 180–9; Deleuze & Guattari 1980: 169, 346–49; Deleuze & Parnet 1996: 50).

They also had a notion of behavioral addiction. Kafka, for example, was addicted to writing letters, according to their account (Deleuze & Guattari 1975: 52–63). Guattari later notes that Kafka's "drug use" extended to insomnia and anorexia, both capable of changing subjective reality (Guattari 1989b: 18). However, Deleuze and Guattari do not analyze the concept of addiction per se. They use well-known addicts as examples, but they fail to consider the limits of addiction. This is one of the many paradoxes in their thinking. Despite the fact that their philosophy was based on criticizing fixed concepts, they sometimes take certain concepts for granted and do not analyze them carefully enough.

Deleuze briefly discusses alcoholism in *Logique du sens* (1969) in the context of works by Fitzgerald and Lowry. The analysis starts with Fitzgerald's notion of life as a process of breaking down (Deleuze 1969: 180). Fitzgerald's literary work is based on a "crack" that is neither internal nor external. The crack is at the frontier (Deleuze 1969: 181), and the life of an alcoholic is one such crack. The alcoholic is trapped in a mode of "has been" (or *passé composé* in French) (Deleuze 1969: 186). What is left is neither a future nor a past that would extend until the present. The alcoholic is desperately searching for an effect from the bottle, but can no longer find it: "Everything culminates in a 'has been.' This effect of the flight of the past, this loss of the object in every sense and direction, constitutes the depressive aspect of alcoholism" (Deleuze 1993, 159).[1] A similar loss of future related addiction has subsequently been described in the empirical research on opiate addicts (Reith 1999).

Deleuze notes that there are different ways of being an alcoholic. The alcoholism described in Fitzgerald's books is not based on lack or need. Alcohol is just always there. In the counter-version to this, alcohol is something desired in the future. This is the typical example of an alcoholic or drug addict striving to get the next drink or fix. The future is experienced as future perfect (or *future-antérieur* in French) (Deleuze 1969: 186). The alcoholic or drug addict has ended up searching for an effect that is already an effect of something else: "The present moment is no longer that of the alcoholic effect, but that of effect of the effect" (Deleuze 1993: 159).[2] This is the life in the bottle, the crack or the life as demolition. Alcoholism is not based on a search for pleasure, but rather on a search for an effect (Deleuze 1969: 184).

In *Mille Plateaux* by Deleuze and Guattari (1980: 345–51), drugs appear as agents of becoming and involve a modification of speed and proximities. *Becoming*, an important concept for Deleuze and Guattari, can be understood as the creative flow, a process of change. It is this transformative flow of becoming that makes things change and opens up new ways of seeing, feeling and perceiving. Deleuze and Guattari were well aware that their attitudes might be interpreted as a positive statement about drugs. When *Mille Plateaux* was published in 1980, most of the failures of the counterculture and the hippie generation had already been discussed. Deleuze and Guattari wanted to make sure that their ideas of becoming would not be misinterpreted or used as tools in such drug-crazed discourses (Boothroyd 2006: 179–83).

The most crucial point expressed by Deleuze and Guattari (1980: 348) is that even though drugs might sometimes alter realities, change the speed of perception and enable creative processes, they also involve the most rigid

modes of acting. As they underline: "drug addicts continually fall back into what they wanted to escape" (Deleuze & Guattari 2004: 315).[3] Although drug addicts might be considered as experimenting with life, they end up following the conformist path (Deleuze & Guattari 1980: 349). In other words, the process of becoming fails in addiction. The next section will show how this kind of "conformist path" or ritualized and rigid activity is conceptualized in terms of the concept of desire that is the key to understanding addictions.

ADDICTION AND DESIRE

As noted by Deleuze and Guattari, alcohol and other drugs involve modifications of realities. They change and affect bodies. Drinking and doing drugs are loaded with different meanings, affects and series of events and connections that surround them. These connections include the diagnostic, moral discourses and different images of the use of alcohol and drugs that are circulated culturally, through the media for example. Alfred Lindesmith (1938: 607) already noted by applying the concepts of George Herbert Mead that drug use involves a symbolically shared reality: "Addiction . . . appears as a process, which goes on, on the level of 'significant symbols'." These symbols, as well as images of alcohol and drug use, are materialized in action. They pragmatically affect thinking and acting.

Different social, cultural and situational factors determine the choice of the addictive object. For example, people obviously do not drink alcohol just because it is available, but because it affects their bodies, it has situational meanings and it relates to cultural settings. Some authors have claimed that despite years of research, remarkably little attention has been paid to the situational aspects in the field of alcohol and drug research (Duff 2007; Tigerstedt & Törrönen 2007). Orford (2001: 184–85), whose theory concentrates for the most part on individual psychology, also notes that a wider social or cultural milieu is lacking in the studies.

Scholars from other fields have, however, written situation-sensitive studies on alcohol and drugs. Anthropologists, for example, have underlined that drinking is a social act that is performed in a socially recognized context (Douglas 2003). Researchers in the field of human geography also underline that drinking takes place at a specific time and in a specific place. They have emphasized, for example, that the affective potential of alcohol lies in its capacity to bring people together in urban places in the evenings and nights (Latham & McCormack 2004: 717; Shaw 2010).

Anthropologists and human geographers stress that the use of alcohol and other drugs involves a capacity to produce new relations. This kind of capacity to form relations can be understood further through the concept of *desire*. Deleuze and Guattari (1972: 32–34) argue that desire is a productive force that does not lack anything. Desire is not imaginary, but real; desire produces reality. It activates real connections and investments within and between bodies. Deleuze and Guattari abandon the psychoanalytic notion of desire as something that people possess and are perhaps possessed with. Desire is not subjective; it is not an intentional desire for something. Rather, desire is something that intersects people, bodies and sociocultural realities. Desire is produced and present everywhere in life as an active life force. This interpretation of desire contradicts the entire philosophical tradition from Plato to Hegel and Freud (Patton 2000: 70). Deleuze and Guattari write on *desiring-production* in the famous opening lines of *Anti-Oedipus*:

> It works everywhere, functioning smoothly at times, at other times in fits and starts. It breathes, it heats, it eats. It shits and fucks. What a mistake to have ever said *the* id. Everywhere *it* is machines—real ones, not figurative ones: machines driving other machines, machines being driven by other machines, with all the necessary couplings and connections (Deleuze & Guattari 1977: 1).[4]

Desire connects through what Deleuze and Guattari call *desiring machines* (*machines désirantes*) in *Anti-Oedipus*. Later, in *Mille Plateaux*, they replace the concept of a desiring machine with the more neutral concept of *assemblage* (*agencement)*, due to constant misunderstandings (Massumi 1992: 82). The idea of machines or assemblages should not be understood mechanistically (Bogue 1989: 91–92). In contrast with mechanical machines, in which dependent parts form a whole, desiring machines involve heterogeneous, independent parts that split and re-form continually. Mechanical machines can work independently, but desiring machines couple with each other (Deleuze & Guattari 1972: 11). Desire needs connections. Some desiring machines can activate a flow, while others might disrupt it (Deleuze & Guattari 1972: 11–12). When a body connects to a cigarette, for example, it becomes a smoker, to LSD, a tripper and so on (Malins 2004: 85). A substance-using body further connects to the social setting and other bodies that activate or deactivate assemblages.

We can think of the use of drugs or alcohol in terms of assemblages, which channel desire through bodies and the sociocultural environment. Alcohol assemblage, for example, can be activated in a bar or pub in which different bodies connect. Alcohol brings people together and acts as a mediator between different subjects. In this respect Deleuzian theory resembles Bruno Latour's actor-network theory. Jakob Demant's (2009) work on actor-network theory describes the relationship between substance and body, normative expectations and materiality in the process of becoming a drinker. In the lives of the young people studied by Demant, alcohol enables things and forms complex

meaning systems; for example, alcohol at parties makes it possible for a shy girl to talk with boys.

While Latour's theory concentrates mainly on networks, Deleuze's theory involves a whole material ontology. According to Deleuze and Guattari (1980: 58, 185–204), desiring-production operates through a bodily base level that they call a *body without organs* (BwO, *le corps sans organs*). The body without organs is a pure intensity and a body without signification, fantasy and subjectification. Unlike psychoanalysis, for example, which translates everything into fantasy, the body without organs is a prediscursive material intensity. In the Deleuze-Guattarian vision of body, there is no inner and coherent representation of the bodily self. The body without organs cannot be reduced to any single signifier (Bray & Colebrook 1998, 56).

Deleuze and Guattari cite many examples of bodies without organs. All of these underline the fact that the whole idea is a body stripped down to the zero point. The examples Deleuze and Guattari draw on are purposefully extreme and serve to illustrate the concept of a body without organs. The body of an opiate addict, for example, has started to function through the drugs. This is not to say that the addict does not have any free will left. However, if they have taken their habit to the extreme, they might have no other desires left. Drug assemblages activated directly through the body have become primary. Another example provided by Deleuze and Guattari is the body of a masochist:

> The masochist has made himself a BwO under such conditions that the BwO can no longer be populated by anything but intensities of pain, *pain waves*. It is false to say that the masochist is looking for pain but just as false to say that he is looking for pleasure in a particularly suspensive or roundabout way. The masochist is looking for a type of BwO that only pain can fill, or travel over, due to the very conditions under which that BwO was constituted. Pains are populations, packs, modes of king-masochist-in-the-desert that he engenders and augments. The same goes for the drugged bodies and intensities of cold, *refrigerator waves* (Deleuze & Guattari 2004: 168).[5]

What is important here is that the masochist and the drug addict both engage in highly ritualized activity that seeks to eliminate other signifying components. The masochist and drug addict become channeled only through the material relation to their appetite. In the life of an addict, everything else is slowly taken away. This is the "crack" that Deleuze describes in the *Logique du sense*, the life in-between at the frontier. Other becomings of life, other desiring machines are breaking down. Addicts are trapped by their effort to become other by drugs: "Instead of making a body without organs sufficiently rich or full for the passage of intensities, drug addicts erect a vitrified or emptied body, or a cancerous one" (Deleuze & Guattari 2004: 314).

In the terms used by Deleuze and Guattari, addictions fundamentally alter the desiring-production. This means that life itself begins to be reduced to alcohol, drugs or some other mode of behavior, and other aspects of life do not produce desire like they used to. The addict is no longer activated by other assemblages. We can start to speak of addiction when the field of possible becomings is limiting. In other words, the Deleuzian formulation of addiction is based on a desiring-production that narrows down the possibilities in life. This definition does not contradict the existing studies in the field. Marsha Rosenbaum (1981), among others, has noted how options in life decrease during the process of addiction. Deleuzian theory regards addictive desire as situational. It is not an individual desire, but rather desire produced in complex situational interactions with the material world. The next section will concentrate on the direct consequences of alcohol and other drugs for bodies.

SPEEDS, RHYTHMS AND BRAIN MULTIPLICITIES

Deleuze and Guattari (1980: 346) noted that drugs involve modifications of speed. We could speak about different rhythms of desire in this respect. The most common view is that some of them speed up the taker, such as amphetamines or cocaine, while others slow the taker down, such as cannabis and heroin (Lenson 1995: 38–39). However, some authors claim that the whole distinction between stimulant and depressant drugs, or "uppers" and "downers," should be challenged, since many drugs have various potentialities depending on dosage and the speed of consumption (Carnwath & Smith 2002: 100–2; Little 2000).

In terms of the human organism, substances have various ways of affecting people. Even as common a substance as alcohol has been proven to be extremely complex psychophysiologically (Strizke, Lang & Patrick 1996). The consumption of alcohol provides various possibilities for different speeds depending on the pace at which it is consumed and the alcohol content of the drink. Alcohol mixed with other legal stimulants, such as coffee and energy drinks, is yet another example of how drinkers may modify the effects of alcohol on their bodies. In the brain, alcohol and drugs affect different neurotransmitter systems. Alcohol, for example, relates to dopamine, opioid peptides, gamma-aminobutyric acid and endocannabinoids. Furthermore, brain reward systems, such as the opioid and dopamine system, also activate brain stress systems (Koob 2006; Koob & Le Moal 2010).

Since alcohol and drugs have multiple concurrent effects on the brain they might also involve several different speeds at the same time. Drug users often try to control speeds and multiply the effects of different substances. Speedball, usually involving the use of heroin with

cocaine, is one such drug cocktail. Heroin calms the subject down, while cocaine stimulates the subject through the dopamine system. Speedball multiplies the rhythms of desire of the subject, and is used here as an extreme example of the ways of multiplying the effects of different drugs. In any case, everyday life may involve constant manipulation of the human organism with different forms of medication. In addition to alcohol and illegal drugs, bodies are modified by various legal psychoactive drugs, such as antidepressants. Bodies are flexible and can be manipulated and modified in various complex ways. This involves not only drugs, but also different forms of behavior.

Some recent neurological theories have argued that drug abuse is dependent on the activation of the mesolimbic dopamine system (Kalivas & Volkow 2005). Although it might be critical for the acute reward and initiation of addiction (Pierce & Kumaresan 2006), it would be quite rash to claim that the key to addiction could be found only in dopamine rewarding routes, since different drugs activate various other neurotransmitters. Furthermore, it is not clear whether these results, based on tests on rats and mice, would be reproduced in humans (West 2006: 97). A prevailing problem with the neurosciences is that they tend to reduce the complexity of human behavior to the causal mechanism of conditioning and learning. Humans are neither rats nor Pavlovian dogs, and even these laboratory animals would behave differently in natural settings. Furthermore, neurological research has not paid enough attention to normal pleasure-seeking behavior (Foddy & Savulescu 2010: 4).

The brain is a complexity, an overflowing organ, and researchers are nowhere near solving the puzzle. What is more, even if we found the answer to how drugs operate in the brain, we would still need to understand the effect of the social environment on the way the brain functions. As neuroscientist and science writer Kathleen Taylor (2009: 91) points out, no two events, even the simplest ones, have the exact same effect on the brain: "Even if we take a brain signal out of context and pin it down to a single neuron irritated by a single stimulus, the response to a second, identical stimulus may be different." In Deleuze's more philosophical terms, brains are constantly modified by the process of becoming. Deleuze made reference to the neurophysiology of the brain and to chaos theory in *Cinéma 2: L'image-temps* (1985) and stressed that the brain should be approached as a centered and uncertain system (Deleuze 1985: 204).

Although brain science has progressed within the last few decades, some of Deleuze's conceptual ideas since *Mille Plateaux* chime with the current scientific research findings on the brain (Johnston 1999: 40–43). John Rajchman (2001: 11) notes that although Deleuze's talk about connections, rhizomes and networks shares similarities with the subjects of neural networks and the Internet, he rejected the computer model and developed a view of the brain that did not follow a plan or program. Rather, it is the uncertain and probabilistic brain that was suggested by neurological research. The brain is a deterritorialized organ that functions both in and as a network (Johnston 1999: 45). As in every network, there are connecting points and coding, but also breaking points—or leaks in the system, that Deleuze and Guattari (1980: 249–250) call *lines of flight* (*les lignes de fuite*).

Deleuze's account of the brain continues his critique of the concept of representation that was formulated extensively in *Différence et répétition* (1968) and other works of his early philosophy. Images are in the brain, but the brain is just an image among others: "Images are constantly acting and reacting on each other, producing and consuming. There is no difference at all between images, things and motion" (see Deleuze 1995: 42).[6] An example of this is seeing; we do not perceive things as mental representations. Rather, perception is direct. We see a chair and not just a mental representation of the chair (Colebrook 2002: 163). Despite differences in approaches, the phenomenology of Maurice Merleau-Ponty (1945) and the theory of affordances by James J. Gibson (1986) similarly argue that perceptions are situated and direct.

According to Deleuzian theory, images are not platonic simulacra representing something that exists in the world, nor are they Cartesian internal or mental pictures of external objects. Rather, they are Bergsonian perceptual correlatives of actions in and reactions to milieux (Johnston 1999: 46). This is to say that we might have different images of drinking and doing drugs, but such images are themselves material realities. People do not drink or do drugs according to mental representations. They do not drink because they have a certain type of representation of a "drinking culture" in their heads. Rather, people are activated by different alcohol assemblages that exist because of certain sociocultural settings. Different settings themselves relate back to the biopsychology of drinking. Dave Boothroyd (2006: 197) provides another example in his Deleuzian reading of heroin films. The heroin effect extends to various sociocultural milieux, not only to art but also to politics, the pharmaceutical industry, crime and violence.

> Heroin's power ought not to be understood in the restricted sense given to it by pharmacology. The measure is its productive force, its scope from localised effects in the brain to the disseminated forms of its manifestation in the everyday life of society: in the street, the police cell, the hospital, the shooting gallery, through to the various discursive forms of its cultural mythologizing and political scapegoating (Boothroyd 2006: 197).

Boothroyd's argument underlines the inseparability of physical, psychological, cultural and social effects on bodies. Alcohol and other drugs have multiple biopsychosociocultural effects, connections and assemblages. Drinking

and doing drugs involves a process of becoming that has neither a beginning nor an end. Everything is in the milieu (Deleuze & Guattari 1980: 359–460). Deleuze (2002) stressed the process of becoming-other in his theories on literature and art. The creative process enables a becoming that has nothing to do with being or identity. It grants the subject a free-floating mode that is at least temporarily enjoyable. Such becoming is activated by desiring-production. Drinking and doing drugs try to imitate this kind of process, although the process of becoming via alcohol and drugs may be doomed to failure. Alcohol and drug assemblages multiply subjects by bringing forth other types of existence. They try to temporally distance them from everyday life. Such experimentation with life makes certain substances attractive to some of their users.

TOWARDS GOOD HEALTH

Addictions are created through assemblages that activate and channel desire. They modify and activate bodies and involve changes in the brain. Assemblages connect addicts with social situations that are meaningful to them. Eventually, most of the addictions become either physiologically or socio-psychologically disastrous for the subjects. The cost to their physical health and quality of life is high, but still many addicts are activated by assemblages that have led them into this kind of double bind. Ridding themselves of their addictions would mean changes in assemblages. Drinkers, for example, have to be separated from the social situations and physical settings that reinforce their addictions.

Deleuzian philosopher and theoretician Rosi Braidotti (2006, 211–213) argues that addictions are fundamentally based on addiction to life itself. Hence, coping with or recovering from such an addiction might, in the worst case, reduce the option of life itself. Dismantling assemblages kills the last chance of desiring-production, even though the addict may be trapped in a body without organs that is empty and cancerous. Deleuze underlines in *Logique du sense* (1969) the problem raised by Braidotti. The issue of health itself is problematic and not always desired. What does it really mean to be healthy, since addictions fundamentally involve living to the extreme?

> If one asks why health does not suffice, why the crack is desirable, it is perhaps because only by the means of the crack and its edges thought occurs, that anything that is good and great in humanity enters and exits through it, in people ready to destroy themselves —better death than the health which we are given (Deleuze 1993: 160).[7]

Deleuze's polemical and controversial statement has to be read in the context of the French antipsychiatric movement to which Deleuze and Guattari both contributed (Turkle 1980). Deleuze could also be criticized for romanticizing addicted artists. Despite this, the statement raises an important question. Who defines the metrics of our health and what does it mean to be healthy? These quite simple questions are sometimes only asked from the perspective of health professionals who define and control health issues. What we need to investigate are the limits of recovering from addiction.

There is a large number of terms related to treating and coping with addictions. These include, for example, reform, rehabilitation, recovery, sobriety, relapse prevention and harm reduction (Carroll & Miller 2006: 5). Research and treatment have typically emphasized such coping in terms of abstinence (from drugs or alcohol) or the absence of symptoms of illness. The disease concept of addiction has become widely accepted over the years. This concept, much criticized but successful, assumes by analogy that addiction is an entity and a disease comparable to physical illness (for example Levine 1978; Room 1983; Kurtz 2002). Although the notion of addiction as a disease or illness has been widespread for years, it was not until DSM-IV (1994) that the use of drugs and alcohol were formally medicalized as chronic substance use disorders (Kleinig 2008: 1688).

Joseph Dumit (2002) argues that the current pharmaceutical worldview regards sicknesses as inherent. Syndromes, such as depression or ADHD, are treated throughout a person's life. Different drugs, such as SSRIs, maintain life and optimize its capability. In other words, these syndromes are not regarded as temporary, but as permanent and lifelong. Such "dependent normality" involves addictions and harm minimizing policies, such as methadone programs (Schüll 2006: 230). These programs are based on the idea of a rational calculation of risks and harms (O'Malley & Valverde 2004).

According to the 12-Step programs, recovery requires not only sustained abstinence, but also comprehensive work on the self. Twelve-Step programs help and save people, and activate new assemblages in their lives by using the power of the group. However, at the same time it is assumed that the disease can be controlled but not cured, and relapse is always possible (Keane 2000: 325). This means that the addict retains his or her identity as an addict for the rest of their life (*once an alcoholic, always an alcoholic*). AA practices may involve constant self-monitoring and repeated efforts to gain free will, which may turn into another kind of slavery (of being constantly in control and afraid of losing control) (Valverde 1998: 4, 124–25, 128–42).

As Deleuze noted polemically, sometimes people do not desire the health they are given. People might become terrorized by the very notion of health. In this case, recovery becomes reterritorialized. Deleuze and Guattari (1972) use the term territorialization (reterritorialization and deterritorialization) to describe a dynamic process between physical or psychosocial forces.

Reterritorialization functions like a barrier or a border. It blocks the desire. In contrast, deterritiorialization breaks down such barriers or borders of different territories. For example, in Alcoholics Anonymous the identity of an addict is reterritorialized in the narrative of *once an alcoholic, always an alcoholic*. Sometimes rigid, reterritorialized identities might save people, but they do not necessarily make them healthy, since the whole issue of health might involve things that reduce their possibilities in life. This explains why some people might prefer their self-destructive habits to the health that is offered to them.

Contrary to the beliefs put forward by 12-Step programs and the treatment industry, some people cope with their addictions on their own (Blomqvist 2002; Foddy & Savulescu 2010; Orford 2001, 299–304). It is a cultural paradox that addicts are represented as being totally out of control, though many of them in fact often control their lives to the very end by means of alcohol or other drugs. Even the use of hard drugs, such as heroin, can be controlled (Carnwath & Smith 2002: 74–75). Lindesmith (1938) already noted that theories of addiction are often moralistic rather than scientific. Foddy and Savulescu (2010) criticize the political bias in addiction research, which tends to support the stereotypical images of addicts as disordered slaves to drugs, which is not an accurate picture. They even propose that the idea of total abstinence should be rejected in treatment: "the optimal outcomes are those that permit a person to enjoy some of the pleasures he most desires" (Foddy & Savulescu 2010: 17).

From the Deleuzian perspective, the key issue is the desiring-production. If addictions are narrowing down the possibilities of life, treatment should expand them. This statement is basically in line with most treatment programs: treatment should offer the chance of a satisfying life that would obviate the craving to return to old habits (Laudet 2012). The question is about substituting the desiring-production with new biopsychosocial connections that are meaningful to subjects. Even though 12-Step programs might enforce the addict identity, they could also activate new assemblages and possibilities for desire. Extensive research on addiction treatment has indicated, for example, the general meaning of social context, including friendship and extended family (Orford 2001: 305–06).

Deleuze emphasized that we ought to keep in mind the possibility of gaining what he called *the great health*. According to Nick Fox's (2002) reading of Deleuze, "health" could be understood as the resistance of the body-self to the forces of territorialization. Health is a relational concept that underlines the capacities of what a body can do. A healthy body is capable of creating new biopsychosocial connections. In other words, health becomes a pragmatic and processual concept, and being healthy means not only the absence of the symptoms of disease as health professionals sometimes proclaim. Similarly, the Deleuzian theorist Ian Buchanan (1997) describes health as an open future that is something very different than, for example, AA's formulation of inherent sickness.

> Health means the actual measurable capacity to form new relations, which can always be increased . . . those relations which ensure an open future, which is to say, those which promote the formation of new compounds, are considered healthy (Buchanan 1997: 82).

Rosi Braidotti (2006: 205–09) discusses the possibility of a sustainability that would come to terms with the complex and hybrid structure of contemporary social problems. According to her, sustainability is an ethics of affirmation that involves the transformation of negative into positive passions. Braidotti emphasizes the question of a sustainable way of getting rid of both a laissez-faire ideology and repression and moralism. Sustainability becomes "good health" when it maintains affirmative becomings—in other words, when it maintains life. Instead of saying no to everything, we might think of some other possibilities that could still make life worth living.

Deleuze (1969: 188–89) highlighted the possibility of achieving the effects of alcohol and drugs without actually using them. The mistake made by drug users is to start again from ground zero, but why not start from the middle: "To succeed in getting drunk, but on pure water. . . . To succeed in getting high, but by abstention, to take and abstain, especially abstain."[8] The either/or question of whether or not to get high is no longer valid. Deleuze's formulation is radical since he is, in fact, stating that sometimes states of intoxication or drunkenness can actually be reached—and might even be better—without actual chemicals.

The practical consequence of Deleuze's ideas is that treatment should not narrow down the possibilities in life. Rather, it should activate different possibilities and ensure an open future. Such an effort to ensure an open future is, of course, related to the quality of life. Subjects would need sufficiently stable identities, but they should not be terrorized by the addict identity (*once an addict* . . .). A Deleuzian approach would put more emphasis on the fact that people change. Such change often starts from situations and assemblages that modify the everyday interactions between people and things.

DISCUSSION – START FROM THE MIDDLE

The purpose of this article was to introduce a novel approach to addiction by applying the concepts and theories of Deleuze. The starting point was the need for theories that would help us to understand the biopsychosocial phenomenon of addiction. Drugs and alcohol not only cause changes in our brain and physiological organism, but also involve complex sociocultural settings. Deleuze did not write a coherent theory of addiction, but his approach is

useful in bridging the gaps between different approaches in the field. His material philosophy is especially beneficial in the light of recent developments in neurological studies. Deleuze remains perhaps one of the few philosophers who might help us to integrate findings from the biosciences into the social sciences.

A Deleuzian theory of addiction opens up the possibility of thinking in terms of multiplicities and becomings rather than identities. It underlines processes and transformations, which is particularly useful when confronted with complex phenomena such as addiction. Deleuzian theory acknowledges, as a philosophical enterprise, that we need to understand life in terms of interactions between things. Alcohol and other drugs not only cause changes in the brain and physiological organisms, but also involve complex settings that form assemblages. Instead of alcoholics, for example, we have different alcohol assemblages that affect bodies and biopsychosociocultural realities.

Addiction is seen in this article as a process that starts to narrow down the options in life. The key to addiction is the concept of desire. Deleuzian theory puts emphasis on the social and material context of alcohol and drug use. Alcohol and drugs are used because they are connected with situations and interactions that enable the production of desire. The effect of alcohol and drugs may be positive and desired for the subjects, even when no alcohol or drugs are actually used. At least in theory they enable a modification of bodily states that some people desire. Addiction alters the desiring-production and life itself begins to be reduced to alcohol, drugs or a specific mode of behavior. This involves both the biology and social psychology of addiction.

Deleuzian theory has similarities with the existing theories in the field. It underlines that addictions involve a particularly strong desire, which is commonly noted in the existing theories (e.g. Orford 2001). Deleuzian theory, however, puts the emphasis on what happens between things and people. This theory shares some similarities with other current philosophical approaches, which criticize the disease view of addiction (e.g. Foddy 2011, 2010). We lack the understanding that addictions and other mental problems relate to the social settings in people's lives. They are not only diseases to be diagnosed in the neurotransmitter activity of the brain. Instead of changing the psychosociocultural settings, the treatment often tries to manipulate the brain only. However, people do not live in a laboratory and there are ways to affect brain activity by changing habits, routines and procedures in everyday life.

The Deleuzian version of "the great health" would open up the possibility for an open future. This means that the body must increase, not decrease, its capacity to be affected (Buchanan 1997: 88). In this respect it does not necessarily contradict most of the treatment programs, but conceptualizes their relevance. Desire always plays a role in addictions, and coping with even the most severe addiction becomes easier for people who have something left to desire—something that guarantees them an open future. This might be something that distinguishes people who cope with their addictions (or who never become addicted despite heavy consumption). Those who cope have something left to desire—regular addicts have only the desire to fulfill their favorite appetites.

NOTES

1. "Tout culmine en *has been*. Cet effet de fuit du passé, cette perte de l'objet en tous sens, constitue l'aspect dépressif de l'alcoolisme" (Deleuze 1969 : 186).
2. "Le moment présent n'est plus celui d'effet alcoolique, mais celui de l'effet de l'effet" (Deleuze 1969 : 185).
3. "Les drogués ne cessent de retomber dans ce qu'ils voulaient fuir" (Deleuze & Guattari 1980: 349).
4. "Ça fonctionne partout, tantôt sans arrêt, tantôt discontinu. Ça respire, ça mange. Ça chie, ça baise. Quelle erreur d'avoir dit *le* ça. Partout ce sont des machines, pas du tout métaphoriquement: des machines de machines, avec leur couplages, leur connections" (Deleuze & Guattari 1972 : 7).
5. "Le masochiste s'est fait un CsO dans de telles conditions que celui-ci ne peut plus dès lors être peuplé que par des intensités de douleur, *ondes dolorifères*. Il est faux e dire que le maso cherche la douleur, mais non moins faux qu'il cherche le plaisir d'une manière particulièrement suspensive ou détournée. Il cherche un CsO, mais d'un tel type qu'il ne pourra être rempli, parcouru que par la douleur, en vertu des conditions mêmes où il a été constitué. Le douleur sont les populations, le meutes, les modes du maso-roi dans le désert qu'il a fait naître et croître. De même le corps drogué et les intensités de froid, les *ondes frigidaires"* (Deleuze & Guattari 1980: 188).
6. "Il y a des images, les choses mêmes sont des images, parce que les images ne sont dans la tête, dans le cerveau. C'est au contraire le cerveau qui est une image parmi d'autres. Les images ne cessent pas d'agir et de réagir les unes sur les autres, de produire et de consommer. Il n'a aucune différence entre les *images,* les *choses* et le *mouvement*" (Deleuze 1990 : 62).
7. "Si l'on demande pourquoi la santé ne suffirait pas, pourquoi la fêlure est souhaitable, c'est peut-être parce qu'on n'a jamais pensé que par elle et sur ses bords, et que tout ce qui fut bon et grand dans l'humanité entre et sort par elle, chez des gens prompts à se détruire eux-mêmes, et que plutôt la mort que la santé qu"on nous propose" (Deleuze 1969: 188).
8. "Arriver à se saoûler, mais à l'eau pure. . . . Arriver à se droguer mais par abstention, prendre et s'abstenir, surtout s'abstenir" (Deleuze & Guattari 1980: 350).

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